

1.1 moves to amend S.F. No. 4410, the second engrossment, as amended, as
1.2 follows:

1.3 Delete everything after the enacting clause and insert:

1.4 "ARTICLE 1
1.5 DEPARTMENT OF HEALTH FINANCE

1.6 Section 1. 62J.811 PROVIDER BALANCE BILLING REQUIREMENTS.

1.7 Subdivision 1. Requirements. (a) Each health provider and health facility shall comply
1.8 with Division BB, Title I of the Consolidated Appropriations Act, 2021, also known as the
1.9 "No Surprises Act," including any federal regulations adopted under that act, to the extent
1.10 that it imposes requirements that apply in this state but are not required under the laws of
1.11 this state. This section does not require compliance with any provision of the No Surprises
1.12 Act before January 1, 2022.

1.13 (b) For the purposes of this section, "provider" or "facility" means any health care
1.14 provider or facility pursuant to section 62A.63, subdivision 2, or 62J.03, subdivision 8, that
1.15 is subject to relevant provisions of the No Surprises Act.

1.16 Subd. 2. Compliance and investigations. (a) The commissioner of health shall, to the
1.17 extent practicable, seek the cooperation of health care providers and facilities in obtaining
1.18 compliance with this section.

1.19 (b) A person who believes a health care provider or facility has not complied with the
1.20 requirements of the No Surprises Act or this section may file a complaint with the
1.21 commissioner of health. Complaints filed under this section must be filed in writing, either
1.22 on paper or electronically. The commissioner may prescribe additional procedures for the
1.23 filing of complaints.

2.1 (c) The commissioner may also conduct compliance reviews to determine whether health
2.2 care providers and facilities are complying with this section.

2.3 (d) The commissioner shall investigate complaints filed under this section. The
2.4 commissioner may prioritize complaint investigations, compliance reviews, and the collection
2.5 of any possible civil monetary penalties under paragraph (g), clause (2), based on factors
2.6 such as repeat complaints or violations, the seriousness of the complaint or violation, and
2.7 other factors as determined by the commissioner.

2.8 (e) The commissioner shall inform the health care provider or facility of the complaint
2.9 or findings of a compliance review and shall provide an opportunity for the health care
2.10 provider or facility to submit information the health care provider or facility considers
2.11 relevant to further review and investigation of the complaint or the findings of the compliance
2.12 review. The health care provider or facility must submit any such information to the
2.13 commissioner within 30 days of receipt of notification of a complaint or compliance review
2.14 under this section.

2.15 (f) If, after reviewing any information described in paragraph (e) and the results of any
2.16 investigation, the commissioner determines that the provider or facility has not violated this
2.17 section, the commissioner shall notify the provider or facility as well as any relevant
2.18 complainant.

2.19 (g) If, after reviewing any information described in paragraph (e) and the results of any
2.20 investigation, the commissioner determines that the provider or facility is in violation of
2.21 this section, the commissioner shall notify the provider or facility and take the following
2.22 steps:

2.23 (1) in cases of noncompliance with this section, the commissioner shall first attempt to
2.24 achieve compliance through successful remediation on the part of the noncompliant provider
2.25 or facility including completion of a corrective action plan or other agreement; and

2.26 (2) if, after taking the action in clause (1) compliance has not been achieved, the
2.27 commissioner of health shall notify the provider or facility that the provider or facility is in
2.28 violation of this section and that the commissioner is imposing a civil monetary penalty. If
2.29 the commissioner determines that more than one health care provider or facility was
2.30 responsible for a violation, the commissioner may impose a civil money penalty against
2.31 each health care provider or facility. The amount of a civil money penalty shall be up to
2.32 \$100 for each violation, but shall not exceed \$25,000 for identical violations during a
2.33 calendar year; and

3.1 (3) no civil money penalty shall be imposed under this section for violations that occur
3.2 prior to January 1, 2023. Warnings must be issued and any compliance issues must be
3.3 referred to the federal government for enforcement pursuant to the federal No Surprises Act
3.4 or other applicable federal laws and regulations.

3.5 (h) A health care provider or facility may contest whether the finding of facts constitute
3.6 a violation of this section according to the contested case proceeding in sections 14.57 to
3.7 14.62, subject to appeal according to sections 14.63 to 14.68.

3.8 (i) When steps in paragraphs (b) to (h) have been completed as needed, the commissioner
3.9 shall notify the health care provider or facility and, if the matter arose from a complaint,
3.10 the complainant regarding the disposition of complaint or compliance review.

3.11 (j) Any data collected by the commissioner of health as part of an active investigation
3.12 or active compliance review under this section are classified as protected nonpublic data
3.13 pursuant to section 13.02, subdivision 13, in the case of data not on individuals and
3.14 confidential pursuant to section 13.02, subdivision 3, in the case of data on individuals.
3.15 Data describing the final disposition of an investigation or compliance review are classified
3.16 as public.

3.17 (k) Civil money penalties imposed and collected under this subdivision shall be deposited
3.18 into the general fund and are appropriated to the commissioner of health for the purposes
3.19 of this section, including the provision of compliance reviews and technical assistance.

3.20 (l) Any compliance and investigative action taken by the department under this section
3.21 shall only include potential violations that occur on or after the effective date of this section.

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

3.23 Sec. 2. Minnesota Statutes 2020, section 62Q.021, is amended by adding a subdivision to
3.24 read:

3.25 **Subd. 3. Compliance with 2021 federal law.** Each health plan company, health provider,
3.26 and health facility shall comply with Division BB, Title I of the Consolidated Appropriations
3.27 Act, 2021, also known as the "No Surprises Act," including any federal regulations adopted
3.28 under that act, to the extent that it imposes requirements that apply in this state but are not
3.29 required under the laws of this state. This section does not require compliance with any
3.30 provision of the No Surprises Act before the effective date provided for that provision in
3.31 the Consolidated Appropriations Act. The commissioner shall enforce this subdivision.

4.1 Sec. 3. Minnesota Statutes 2020, section 62Q.55, subdivision 5, is amended to read:

4.2 Subd. 5. **Coverage restrictions or limitations.** If emergency services are provided by
 4.3 a nonparticipating provider, with or without prior authorization, the health plan company
 4.4 shall not impose coverage restrictions or limitations that are more restrictive than apply to
 4.5 emergency services received from a participating provider. Cost-sharing requirements that
 4.6 apply to emergency services received out-of-network must be the same as the cost-sharing
 4.7 requirements that apply to services received in-network and shall count toward the in-network
 4.8 deductible. All coverage and charges for emergency services must comply with all
 4.9 requirements of Division BB, Title I of the Consolidated Appropriations Act, 2021, including
 4.10 any federal regulations adopted under that act.

4.11 Sec. 4. Minnesota Statutes 2020, section 62Q.556, is amended to read:

4.12 **62Q.556 ~~UNAUTHORIZED PROVIDER SERVICES~~ CONSUMER**
 4.13 **PROTECTIONS AGAINST BALANCE BILLING.**

4.14 Subdivision 1. ~~Unauthorized provider services~~ Nonparticipating provider balance
 4.15 billing prohibition. (a) Except as provided in paragraph ~~(e)~~ (b), ~~unauthorized provider~~
 4.16 ~~services occur~~ balance billing is prohibited when an enrollee receives services:

4.17 (1) from a nonparticipating provider at a participating hospital or ambulatory surgical
 4.18 center, ~~when the services are rendered;~~ as described by Division BB, Title I of the
 4.19 Consolidated Appropriations Act, 2021, including any federal regulations adopted under
 4.20 that act;

4.21 ~~(i) due to the unavailability of a participating provider;~~

4.22 ~~(ii) by a nonparticipating provider without the enrollee's knowledge; or~~

4.23 ~~(iii) due to the need for unforeseen services arising at the time the services are being~~
 4.24 ~~rendered; or~~

4.25 (2) from a participating provider that sends a specimen taken from the enrollee in the
 4.26 participating provider's practice setting to a nonparticipating laboratory, pathologist, or other
 4.27 medical testing facility; or

4.28 ~~(b) Unauthorized provider services do not include emergency services as defined in~~
 4.29 ~~section 62Q.55, subdivision 3.~~

4.30 (3) from a nonparticipating provider or facility providing emergency services as defined
 4.31 in section 62Q.55, subdivision 3, and other services as described in the requirements of

5.1 Division BB, Title I of the Consolidated Appropriations Act, 2021, including any federal
5.2 regulations adopted under that act.

5.3 ~~(e)~~ (b) The services described in paragraph (a), ~~clause clauses (1) and (2), as defined in~~
5.4 Division BB, Title I of the Consolidated Appropriations Act, 2021, and any federal
5.5 regulations adopted under that act, are not unauthorized provider services subject to balance
5.6 billing if the enrollee gives advance written informed consent to the prior to receiving
5.7 services from the nonparticipating provider acknowledging that the use of a provider, or
5.8 the services to be rendered, may result in costs not covered by the health plan. The informed
5.9 consent must comply with all requirements of Division BB, Title I of the Consolidated
5.10 Appropriations Act, 2021, including any federal regulations adopted under that act.

5.11 Subd. 2. ~~Prohibition~~ Cost-sharing requirements and independent dispute
5.12 resolution. (a) An enrollee's financial responsibility for the ~~unauthorized~~ nonparticipating
5.13 provider services described in subdivision 1, paragraph (a), shall be the same cost-sharing
5.14 requirements, including co-payments, deductibles, coinsurance, coverage restrictions, and
5.15 coverage limitations, as those applicable to services received by the enrollee from a
5.16 participating provider. A health plan company must apply any enrollee cost sharing
5.17 requirements, including co-payments, deductibles, and coinsurance, for unauthorized provider
5.18 services to the enrollee's annual out-of-pocket limit to the same extent payments to a
5.19 participating provider would be applied.

5.20 (b) A health plan company ~~must attempt to negotiate the reimbursement, less any~~
5.21 ~~applicable enrollee cost sharing under paragraph (a), for the unauthorized provider services~~
5.22 ~~with the nonparticipating provider. If a health plan company's and nonparticipating provider's~~
5.23 ~~attempts to negotiate reimbursement for the health care services do not result in a resolution,~~
5.24 ~~the health plan company or provider may elect to refer the matter for binding arbitration,~~
5.25 ~~chosen in accordance with paragraph (c). A nondisclosure agreement must be executed by~~
5.26 ~~both parties prior to engaging an arbitrator in accordance with this section. The cost of~~
5.27 ~~arbitration must be shared equally between the parties and nonparticipating provider shall~~
5.28 initiate open negotiations of disputed amounts. If there is no agreement, either party may
5.29 initiate the federal independent dispute resolution process pursuant to Division BB, Title I
5.30 of the Consolidated Appropriations Act, 2021, including any federal regulations adopted
5.31 under that act.

5.32 ~~(e)~~ The commissioner of health, in consultation with the commissioner of the Bureau
5.33 ~~of Mediation Services, must develop a list of professionals qualified in arbitration, for the~~
5.34 ~~purpose of resolving disputes between a health plan company and nonparticipating provider~~

6.1 arising from the payment for unauthorized provider services. The commissioner of health
6.2 shall publish the list on the Department of Health website, and update the list as appropriate.

6.3 ~~(d) The arbitrator must consider relevant information, including the health plan company's~~
6.4 ~~payments to other nonparticipating providers for the same services, the circumstances and~~
6.5 ~~complexity of the particular case, and the usual and customary rate for the service based on~~
6.6 ~~information available in a database in a national, independent, not-for-profit corporation,~~
6.7 ~~and similar fees received by the provider for the same services from other health plans in~~
6.8 ~~which the provider is nonparticipating, in reaching a decision.~~

6.9 Subd. 3. **Annual data reporting.** (a) Beginning April 1, 2023, a health plan company
6.10 must report annually to the commissioner:

6.11 (1) the total number of claims and total billed and paid amount for nonparticipating
6.12 provider services, by service and provider type, submitted to the health plan in the prior
6.13 calendar year; and

6.14 (2) the total number of enrollee complaints received regarding the rights and protections
6.15 established by Division BB, Title I of the Consolidated Appropriations Act, 2021, including
6.16 any federal regulations adopted under that act, in the prior calendar year.

6.17 (b) The commissioners of commerce and health may develop the form and manner for
6.18 health plan companies to comply with paragraph (a).

6.19 Subd. 4. **Enforcement.** (a) Any provider or facility, including a health care provider or
6.20 facility pursuant to section 62A.63, subdivision 2, or 62J.03, subdivision 8, that is subject
6.21 to relevant provisions of the No Surprises Act is subject to the requirements of this section.

6.22 (b) The commissioner of commerce or health may enforce this section.

6.23 (c) If the commissioner of health has cause to believe that any hospital or facility licensed
6.24 under chapter 144 has violated this section, the commissioner may investigate, examine,
6.25 and otherwise enforce this section pursuant to chapter 144 or may refer the potential violation
6.26 to the relevant licensing board with regulatory authority over the provider.

6.27 (d) If a health-related licensing board has cause to believe that a provider has violated
6.28 this section, it may further investigate and enforce the provisions of this section pursuant
6.29 to chapter 214.

6.30 Sec. 5. Minnesota Statutes 2020, section 62Q.56, subdivision 2, is amended to read:

6.31 Subd. 2. **Change in health plans.** (a) If an enrollee is subject to a change in health plans,
6.32 the enrollee's new health plan company must provide, upon request, authorization to receive

7.1 services that are otherwise covered under the terms of the new health plan through the
7.2 enrollee's current provider:

7.3 (1) for up to 120 days if the enrollee is engaged in a current course of treatment for one
7.4 or more of the following conditions:

7.5 (i) an acute condition;

7.6 (ii) a life-threatening mental or physical illness;

7.7 (iii) pregnancy ~~beyond the first trimester of pregnancy~~;

7.8 (iv) a physical or mental disability defined as an inability to engage in one or more major
7.9 life activities, provided that the disability has lasted or can be expected to last for at least
7.10 one year, or can be expected to result in death; or

7.11 (v) a disabling or chronic condition that is in an acute phase; or

7.12 (2) for the rest of the enrollee's life if a physician certifies that the enrollee has an expected
7.13 lifetime of 180 days or less.

7.14 For all requests for authorization under this paragraph, the health plan company must grant
7.15 the request for authorization unless the enrollee does not meet the criteria provided in this
7.16 paragraph.

7.17 (b) The health plan company shall prepare a written plan that provides a process for
7.18 coverage determinations regarding continuity of care of up to 120 days for new enrollees
7.19 who request continuity of care with their former provider, if the new enrollee:

7.20 (1) is receiving culturally appropriate services and the health plan company does not
7.21 have a provider in its preferred provider network with special expertise in the delivery of
7.22 those culturally appropriate services within the time and distance requirements of section
7.23 62D.124, subdivision 1; or

7.24 (2) does not speak English and the health plan company does not have a provider in its
7.25 preferred provider network who can communicate with the enrollee, either directly or through
7.26 an interpreter, within the time and distance requirements of section 62D.124, subdivision
7.27 1.

7.28 The written plan must explain the criteria that will be used to determine whether a need for
7.29 continuity of care exists and how it will be provided.

7.30 (c) This subdivision applies only to group coverage and continuation and conversion
7.31 coverage, and applies only to changes in health plans made by the employer.

8.1 Sec. 6. Minnesota Statutes 2020, section 62Q.73, subdivision 7, is amended to read:

8.2 Subd. 7. **Standards of review.** (a) For an external review of any issue in an adverse
8.3 determination that does not require a medical necessity determination, the external review
8.4 must be based on whether the adverse determination was in compliance with the enrollee's
8.5 health benefit plan and any applicable state and federal law.

8.6 (b) For an external review of any issue in an adverse determination by a health plan
8.7 company licensed under chapter 62D that requires a medical necessity determination, the
8.8 external review must determine whether the adverse determination was consistent with the
8.9 definition of medically necessary care in Minnesota Rules, part 4685.0100, subpart 9b.

8.10 (c) For an external review of any issue in an adverse determination by a health plan
8.11 company, other than a health plan company licensed under chapter 62D, that requires a
8.12 medical necessity determination, the external review must determine whether the adverse
8.13 determination was consistent with the definition of medically necessary care in section
8.14 62Q.53, subdivision 2.

8.15 (d) For an external review of an adverse determination involving experimental or
8.16 investigational treatment, the external review entity must base its decision on all documents
8.17 submitted by the health plan company and enrollee, including medical records, the attending
8.18 physician, advanced practice registered nurse, or health care professional's recommendation,
8.19 consulting reports from health care professionals, the terms of coverage, federal Food and
8.20 Drug Administration approval, and medical or scientific evidence or evidence-based
8.21 standards.

8.22 Sec. 7. Minnesota Statutes 2020, section 62U.04, is amended by adding a subdivision to
8.23 read:

8.24 Subd. 5b. **Non-claims-based payments.** (a) Beginning in 2024, all health plan companies
8.25 and third-party administrators shall submit to a private entity designated by the commissioner
8.26 of health all non-claims-based payments made to health care providers. The data shall be
8.27 submitted in a form, manner, and frequency specified by the commissioner. Non-claims-based
8.28 payments are payments to health care providers designed to pay for value of health care
8.29 services over volume of health care services and include alternative payment models or
8.30 incentives, payments for infrastructure expenditures or investments, and payments for
8.31 workforce expenditures or investments. Non-claims-based payments submitted under this
8.32 subdivision must, to the extent possible, be attributed to a health care provider in the same
8.33 manner in which claims-based data are attributed to a health care provider and, where

9.1 appropriate, must be combined with data collected under subdivisions 4 and 5 in analyses
9.2 of health care spending.

9.3 (b) Data collected under this subdivision are nonpublic data as defined in section 13.02.
9.4 Notwithstanding the definition of summary data in section 13.02, subdivision 19, summary
9.5 data prepared under this subdivision may be derived from nonpublic data. The commissioner
9.6 shall establish procedures and safeguards to protect the integrity and confidentiality of any
9.7 data maintained by the commissioner.

9.8 (c) The commissioner shall consult with health plan companies, hospitals, and health
9.9 care providers in developing the data reported under this subdivision and standardized
9.10 reporting forms.

9.11 Sec. 8. Minnesota Statutes 2020, section 62U.04, subdivision 11, is amended to read:

9.12 Subd. 11. **Restricted uses of the all-payer claims data.** (a) Notwithstanding subdivision
9.13 4, paragraph (b), and subdivision 5, paragraph (b), the commissioner or the commissioner's
9.14 designee shall only use the data submitted under subdivisions 4 ~~and~~, 5, and 5b for the
9.15 following purposes:

9.16 (1) to evaluate the performance of the health care home program as authorized under
9.17 section 62U.03, subdivision 7;

9.18 (2) to study, in collaboration with the reducing avoidable readmissions effectively
9.19 (RARE) campaign, hospital readmission trends and rates;

9.20 (3) to analyze variations in health care costs, quality, utilization, and illness burden based
9.21 on geographical areas or populations;

9.22 (4) to evaluate the state innovation model (SIM) testing grant received by the Departments
9.23 of Health and Human Services, including the analysis of health care cost, quality, and
9.24 utilization baseline and trend information for targeted populations and communities; and

9.25 (5) to compile one or more public use files of summary data or tables that must:

9.26 (i) be available to the public for no or minimal cost by March 1, 2016, and available by
9.27 web-based electronic data download by June 30, 2019;

9.28 (ii) not identify individual patients, payers, or providers;

9.29 (iii) be updated by the commissioner, at least annually, with the most current data
9.30 available;

10.1 (iv) contain clear and conspicuous explanations of the characteristics of the data, such
10.2 as the dates of the data contained in the files, the absence of costs of care for uninsured
10.3 patients or nonresidents, and other disclaimers that provide appropriate context; and

10.4 (v) not lead to the collection of additional data elements beyond what is authorized under
10.5 this section as of June 30, 2015.

10.6 (b) The commissioner may publish the results of the authorized uses identified in
10.7 paragraph (a) so long as the data released publicly do not contain information or descriptions
10.8 in which the identity of individual hospitals, clinics, or other providers may be discerned.

10.9 (c) Nothing in this subdivision shall be construed to prohibit the commissioner from
10.10 using the data collected under subdivision 4 to complete the state-based risk adjustment
10.11 system assessment due to the legislature on October 1, 2015.

10.12 ~~(d) The commissioner or the commissioner's designee may use the data submitted under~~
10.13 ~~subdivisions 4 and 5 for the purpose described in paragraph (a), clause (3), until July 1,~~
10.14 ~~2023.~~

10.15 ~~(e)~~ (d) The commissioner shall consult with the all-payer claims database work group
10.16 established under subdivision 12 regarding the technical considerations necessary to create
10.17 the public use files of summary data described in paragraph (a), clause (5).

10.18 Sec. 9. Minnesota Statutes 2020, section 62U.10, subdivision 7, is amended to read:

10.19 Subd. 7. **Outcomes reporting; savings determination.** (a) ~~Beginning November 1,~~
10.20 ~~2016, and~~ Each November 1 ~~thereafter~~, the commissioner of health shall determine the
10.21 actual total private and public health care and long-term care spending for Minnesota
10.22 residents related to each health indicator projected in subdivision 6 for the most recent
10.23 calendar year available. The commissioner shall determine the difference between the
10.24 projected and actual spending for each health indicator and for each year, and determine
10.25 the savings attributable to changes in these health indicators. The assumptions and research
10.26 methods used to calculate actual spending must be determined to be appropriate by an
10.27 independent actuarial consultant. If the actual spending is less than the projected spending,
10.28 the commissioner, in consultation with the commissioners of human services and management
10.29 and budget, shall use the proportion of spending for state-administered health care programs
10.30 to total private and public health care spending for each health indicator for the calendar
10.31 year two years before the current calendar year to determine the percentage of the calculated
10.32 aggregate savings amount accruing to state-administered health care programs.

11.1 (b) The commissioner may use the data submitted under section 62U.04, subdivisions
11.2 4 ~~and~~, 5, and 5b, to complete the activities required under this section, but may only report
11.3 publicly on regional data aggregated to granularity of 25,000 lives or greater for this purpose.

11.4 Sec. 10. [115.7411] ADVISORY COUNCIL ON WATER SUPPLY SYSTEMS AND
11.5 WASTEWATER TREATMENT FACILITIES.

11.6 Subdivision 1. Purpose; membership. The advisory council on water supply systems
11.7 and wastewater treatment facilities shall advise the commissioners of health and the Pollution
11.8 Control Agency regarding classification of water supply systems and wastewater treatment
11.9 facilities, qualifications and competency evaluation of water supply system operators and
11.10 wastewater treatment facility operators, and additional laws, rules, and procedures that may
11.11 be desirable for regulating the operation of water supply systems and of wastewater treatment
11.12 facilities. The advisory council is composed of 11 voting members, of whom:

11.13 (1) one member must be from the Department of Health, Division of Environmental
11.14 Health, appointed by the commissioner of health;

11.15 (2) one member must be from the Pollution Control Agency, appointed by the
11.16 commissioner of the Pollution Control Agency;

11.17 (3) three members must be certified water supply system operators, appointed by the
11.18 commissioner of health, one of whom must represent a nonmunicipal community or
11.19 nontransient noncommunity water supply system;

11.20 (4) three members must be certified wastewater treatment facility operators, appointed
11.21 by the commissioner of the Pollution Control Agency;

11.22 (5) one member must be a representative from an organization representing municipalities,
11.23 appointed by the commissioner of health with the concurrence of the commissioner of the
11.24 Pollution Control Agency; and

11.25 (6) two members must be members of the public who are not associated with water
11.26 supply systems or wastewater treatment facilities. One must be appointed by the
11.27 commissioner of health and the other by the commissioner of the Pollution Control Agency.
11.28 Consideration should be given to one of these members being a representative of academia
11.29 knowledgeable in water or wastewater matters.

11.30 Subd. 2. Geographic representation. At least one of the water supply system operators
11.31 and at least one of the wastewater treatment facility operators must be from outside the
11.32 seven-county metropolitan area, and one wastewater treatment facility operator must be
11.33 from the Metropolitan Council.

12.1 Subd. 3. **Terms; compensation.** The terms of the appointed members and the
12.2 compensation and removal of all members are governed by section 15.059.

12.3 Subd. 4. **Officers.** When new members are appointed to the council, a chair must be
12.4 elected at the next council meeting. The Department of Health representative shall serve as
12.5 secretary of the council.

12.6 Sec. 11. Minnesota Statutes 2020, section 144.122, is amended to read:

12.7 **144.122 LICENSE, PERMIT, AND SURVEY FEES.**

12.8 (a) The state commissioner of health, by rule, may prescribe procedures and fees for
12.9 filing with the commissioner as prescribed by statute and for the issuance of original and
12.10 renewal permits, licenses, registrations, and certifications issued under authority of the
12.11 commissioner. The expiration dates of the various licenses, permits, registrations, and
12.12 certifications as prescribed by the rules shall be plainly marked thereon. Fees may include
12.13 application and examination fees and a penalty fee for renewal applications submitted after
12.14 the expiration date of the previously issued permit, license, registration, and certification.
12.15 The commissioner may also prescribe, by rule, reduced fees for permits, licenses,
12.16 registrations, and certifications when the application therefor is submitted during the last
12.17 three months of the permit, license, registration, or certification period. Fees proposed to
12.18 be prescribed in the rules shall be first approved by the Department of Management and
12.19 Budget. All fees proposed to be prescribed in rules shall be reasonable. The fees shall be
12.20 in an amount so that the total fees collected by the commissioner will, where practical,
12.21 approximate the cost to the commissioner in administering the program. All fees collected
12.22 shall be deposited in the state treasury and credited to the state government special revenue
12.23 fund unless otherwise specifically appropriated by law for specific purposes.

12.24 (b) The commissioner may charge a fee for voluntary certification of medical laboratories
12.25 and environmental laboratories, and for environmental and medical laboratory services
12.26 provided by the department, without complying with paragraph (a) or chapter 14. Fees
12.27 charged for environment and medical laboratory services provided by the department must
12.28 be approximately equal to the costs of providing the services.

12.29 (c) The commissioner may develop a schedule of fees for diagnostic evaluations
12.30 conducted at clinics held by the services for children with disabilities program. All receipts
12.31 generated by the program are annually appropriated to the commissioner for use in the
12.32 maternal and child health program.

13.1 (d) The commissioner shall set license fees for hospitals and nursing homes that are not
13.2 boarding care homes at the following levels:

13.3	Joint Commission on Accreditation of	\$7,655 plus \$16 per bed
13.4	Healthcare Organizations (JCAHO) and	
13.5	American Osteopathic Association (AOA)	
13.6	hospitals	
13.7	Non-JCAHO and non-AOA hospitals	\$5,280 plus \$250 per bed
13.8	Nursing home	\$183 plus \$91 per bed until June 30, 2018.
13.9		\$183 plus \$100 per bed between July 1, 2018,
13.10		and June 30, 2020. \$183 plus \$105 per bed
13.11		beginning July 1, 2020.

13.12 The commissioner shall set license fees for outpatient surgical centers, boarding care
13.13 homes, supervised living facilities, assisted living facilities, and assisted living facilities
13.14 with dementia care at the following levels:

13.15	Outpatient surgical centers	\$3,712
13.16	Boarding care homes	\$183 plus \$91 per bed
13.17	Supervised living facilities	\$183 plus \$91 per bed.
13.18	Assisted living facilities with dementia care	\$3,000 plus \$100 per resident.
13.19	Assisted living facilities	\$2,000 plus \$75 per resident.

13.20 Fees collected under this paragraph are nonrefundable. The fees are nonrefundable even if
13.21 received before July 1, 2017, for licenses or registrations being issued effective July 1, 2017,
13.22 or later.

13.23 (e) Unless prohibited by federal law, the commissioner of health shall charge applicants
13.24 the following fees to cover the cost of any initial certification surveys required to determine
13.25 a provider's eligibility to participate in the Medicare or Medicaid program:

13.26	Prospective payment surveys for hospitals	\$	900
13.27	Swing bed surveys for nursing homes	\$	1,200
13.28	Psychiatric hospitals	\$	1,400
13.29	Rural health facilities	\$	1,100
13.30	Portable x-ray providers	\$	500
13.31	Home health agencies	\$	1,800
13.32	Outpatient therapy agencies	\$	800
13.33	End stage renal dialysis providers	\$	2,100
13.34	Independent therapists	\$	800
13.35	Comprehensive rehabilitation outpatient facilities	\$	1,200
13.36	Hospice providers	\$	1,700
13.37	Ambulatory surgical providers	\$	1,800

14.1	Hospitals	\$ 4,200
14.2	Other provider categories or additional	Actual surveyor costs: average surveyor cost x number of hours for the survey process.
14.3	resurveys required to complete initial	
14.4	certification	

14.5 These fees shall be submitted at the time of the application for federal certification and
 14.6 shall not be refunded. All fees collected after the date that the imposition of fees is not
 14.7 prohibited by federal law shall be deposited in the state treasury and credited to the state
 14.8 government special revenue fund.

14.9 (f) Notwithstanding section 16A.1283, the commissioner may adjust the fees assessed
 14.10 on assisted living facilities and assisted living facilities with dementia care under paragraph
 14.11 (d), in a revenue-neutral manner in accordance with the requirements of this paragraph:

14.12 (1) a facility seeking to renew a license shall pay a renewal fee in an amount that is up
 14.13 to ten percent lower than the applicable fee in paragraph (d) if residents who receive home
 14.14 and community-based waiver services under chapter 256S and section 256B.49 comprise
 14.15 more than 50 percent of the facility's capacity in the calendar year prior to the year in which
 14.16 the renewal application is submitted; and

14.17 (2) a facility seeking to renew a license shall pay a renewal fee in an amount that is up
 14.18 to ten percent higher than the applicable fee in paragraph (d) if residents who receive home
 14.19 and community-based waiver services under chapter 256S and section 256B.49 comprise
 14.20 less than 50 percent of the facility's capacity during the calendar year prior to the year in
 14.21 which the renewal application is submitted.

14.22 The commissioner may annually adjust the percentages in clauses (1) and (2), to ensure this
 14.23 paragraph is implemented in a revenue-neutral manner. The commissioner shall develop a
 14.24 method for determining capacity thresholds in this paragraph in consultation with the
 14.25 commissioner of human services and must coordinate the administration of this paragraph
 14.26 with the commissioner of human services for purposes of verification.

14.27 (g) The commissioner shall charge hospitals an annual licensing base fee of \$1,150 per
 14.28 hospital, plus an additional \$15 per licensed bed/bassinet fee. Revenue shall be deposited
 14.29 to the state government special revenue fund and credited toward trauma hospital designations
 14.30 under sections 144.605 and 144.6071.

14.31 Sec. 12. Minnesota Statutes 2021 Supplement, section 144.1501, subdivision 1, is amended
 14.32 to read:

14.33 Subdivision 1. **Definitions.** (a) For purposes of this section, the following definitions
 14.34 apply.

15.1 (b) "Acupuncture practitioner" means an individual licensed to practice acupuncture
15.2 under chapter 147B.

15.3 ~~(b)~~ (c) "Advanced dental therapist" means an individual who is licensed as a dental
15.4 therapist under section 150A.06, and who is certified as an advanced dental therapist under
15.5 section 150A.106.

15.6 (d) "Advanced practice provider" means a nurse practitioner, nurse-midwife, nurse
15.7 anesthetist, clinical nurse specialist, or physician assistant.

15.8 ~~(e)~~ (e) "Alcohol and drug counselor" means an individual who is licensed as an alcohol
15.9 and drug counselor under chapter 148F.

15.10 ~~(d)~~ (f) "Dental therapist" means an individual who is licensed as a dental therapist under
15.11 section 150A.06.

15.12 ~~(e)~~ (g) "Dentist" means an individual who is licensed to practice dentistry.

15.13 ~~(f)~~ (h) "Designated rural area" means a statutory and home rule charter city or township
15.14 that is outside the seven-county metropolitan area as defined in section 473.121, subdivision
15.15 2, excluding the cities of Duluth, Mankato, Moorhead, Rochester, and St. Cloud.

15.16 ~~(g)~~ (i) "Emergency circumstances" means those conditions that make it impossible for
15.17 the participant to fulfill the service commitment, including death, total and permanent
15.18 disability, or temporary disability lasting more than two years.

15.19 ~~(h)~~ (j) "Mental health professional" means an individual providing clinical services in
15.20 the treatment of mental illness who is qualified in at least one of the ways specified in section
15.21 245.462, subdivision 18.

15.22 ~~(i)~~ (k) "Medical resident" means an individual participating in a medical residency in
15.23 family practice, internal medicine, obstetrics and gynecology, pediatrics, or psychiatry.

15.24 ~~(j)~~ "Midlevel practitioner" means a nurse practitioner, nurse-midwife, nurse anesthetist,
15.25 advanced clinical nurse specialist, or physician assistant.

15.26 ~~(k)~~ (l) "Nurse" means an individual who has completed training and received all licensing
15.27 or certification necessary to perform duties as a licensed practical nurse or registered nurse.

15.28 ~~(l)~~ (m) "Nurse-midwife" means a registered nurse who has graduated from a program
15.29 of study designed to prepare registered nurses for advanced practice as nurse-midwives.

15.30 ~~(m)~~ (n) "Nurse practitioner" means a registered nurse who has graduated from a program
15.31 of study designed to prepare registered nurses for advanced practice as nurse practitioners.

16.1 ~~(n)~~ (o) "Pharmacist" means an individual with a valid license issued under chapter 151.

16.2 ~~(o)~~ (p) "Physician" means an individual who is licensed to practice medicine in the areas
16.3 of family practice, internal medicine, obstetrics and gynecology, pediatrics, or psychiatry.

16.4 ~~(p)~~ (q) "Physician assistant" means a person licensed under chapter 147A.

16.5 (r) "Public health employee" means an individual working in a local, Tribal, or state
16.6 public health department.

16.7 ~~(q)~~ (s) "Public health nurse" means a registered nurse licensed in Minnesota who has
16.8 obtained a registration certificate as a public health nurse from the Board of Nursing in
16.9 accordance with Minnesota Rules, chapter 6316.

16.10 ~~(r)~~ (t) "Qualified educational loan" means a government, commercial, or foundation loan
16.11 for actual costs paid for tuition, reasonable education expenses, and reasonable living
16.12 expenses related to the graduate or undergraduate education of a health care professional.

16.13 (u) "Underserved patient population" means patients who are state public program
16.14 enrollees or patients receiving sliding fee schedule discounts through a formal sliding fee
16.15 schedule meeting the standards established by the United States Department of Health and
16.16 Human Services under Code of Federal Regulations, title 42, section 51c.303.

16.17 ~~(s)~~ (v) "Underserved urban community" means a Minnesota urban area or population
16.18 included in the list of designated primary medical care health professional shortage areas
16.19 (HPSAs), medically underserved areas (MUAs), or medically underserved populations
16.20 (MUPs) maintained and updated by the United States Department of Health and Human
16.21 Services.

16.22 Sec. 13. Minnesota Statutes 2021 Supplement, section 144.1501, subdivision 2, is amended
16.23 to read:

16.24 Subd. 2. **Creation of account.** (a) A health professional education loan forgiveness
16.25 program account is established. The commissioner of health shall use money from the
16.26 account to establish a loan forgiveness program:

16.27 (1) for medical residents, mental health professionals, and alcohol and drug counselors
16.28 agreeing to practice in designated rural areas or in underserved urban communities, agreeing
16.29 to provide at least 25 percent of the provider's yearly patient encounters to patients in an
16.30 underserved patient population, or specializing in the area of pediatric psychiatry;

16.31 (2) for ~~midlevel practitioners~~ advanced practice providers agreeing to practice in
16.32 designated rural areas or to teach at least 12 credit hours, or 720 hours per year in the nursing

17.1 field in a postsecondary program at the undergraduate level or the equivalent at the graduate
17.2 level;

17.3 (3) for nurses who agree to practice in a Minnesota nursing home; an intermediate care
17.4 facility for persons with developmental disability; a hospital if the hospital owns and operates
17.5 a Minnesota nursing home and a minimum of 50 percent of the hours worked by the nurse
17.6 is in the nursing home; a housing with services establishment as defined in section 144D.01,
17.7 subdivision 4; a school district or charter school; or for a home care provider as defined in
17.8 section 144A.43, subdivision 4; or agree to teach at least 12 credit hours, or 720 hours per
17.9 year in the nursing field in a postsecondary program at the undergraduate level or the
17.10 equivalent at the graduate level;

17.11 (4) for other health care technicians agreeing to teach at least 12 credit hours, or 720
17.12 hours per year in their designated field in a postsecondary program at the undergraduate
17.13 level or the equivalent at the graduate level. The commissioner, in consultation with the
17.14 Healthcare Education-Industry Partnership, shall determine the health care fields where the
17.15 need is the greatest, including, but not limited to, respiratory therapy, clinical laboratory
17.16 technology, radiologic technology, and surgical technology;

17.17 (5) for pharmacists, advanced dental therapists, dental therapists, acupuncture
17.18 practitioners, and public health nurses who agree to practice in designated rural areas; ~~and~~

17.19 (6) for dentists agreeing to deliver at least 25 percent of the dentist's yearly patient
17.20 encounters to ~~state public program enrollees or patients receiving sliding fee schedule~~
17.21 ~~discounts through a formal sliding fee schedule meeting the standards established by the~~
17.22 ~~United States Department of Health and Human Services under Code of Federal Regulations,~~
17.23 ~~title 42, section 51, chapter 303.~~ patients in an underserved patient population;

17.24 (7) for mental health professionals agreeing to provide up to 768 hours per year of clinical
17.25 supervision in their designated field; and

17.26 (8) for public health employees serving in a local, Tribal, or state public health department
17.27 in an area of high need as determined by the commissioner.

17.28 (b) Appropriations made to the account do not cancel and are available until expended,
17.29 except that at the end of each biennium, any remaining balance in the account that is not
17.30 committed by contract and not needed to fulfill existing commitments shall cancel to the
17.31 fund.

18.1 Sec. 14. Minnesota Statutes 2021 Supplement, section 144.1501, subdivision 3, is amended
18.2 to read:

18.3 Subd. 3. **Eligibility.** (a) To be eligible to participate in the loan forgiveness program, an
18.4 individual must:

18.5 (1) be a medical or dental resident; a licensed pharmacist; or be enrolled in a training or
18.6 education program to become a dentist, dental therapist, advanced dental therapist, mental
18.7 health professional, alcohol and drug counselor, pharmacist, public health employee, public
18.8 health nurse, ~~midlevel practitioner~~ advanced practice provider, acupuncture practitioner,
18.9 registered nurse, or a licensed practical nurse. The commissioner may also consider
18.10 applications submitted by graduates in eligible professions who are licensed and in practice;
18.11 and

18.12 (2) submit an application to the commissioner of health.

18.13 (b) Except as provided in paragraph (c), an applicant selected to participate must sign a
18.14 contract to agree to serve a minimum three-year full-time service obligation according to
18.15 subdivision 2, which shall begin no later than March 31 following completion of required
18.16 training, with the exception of a nurse, who must agree to serve a minimum two-year
18.17 full-time service obligation according to subdivision 2, which shall begin no later than
18.18 March 31 following completion of required training.

18.19 (c) An applicant selected to participate who is a public health employee is eligible for
18.20 loan forgiveness within three years after completion of required training. An applicant
18.21 selected to participate who is a nurse and who agrees to teach according to subdivision 2,
18.22 paragraph (a), clause (3), must sign a contract to agree to teach for a minimum of two years.

18.23 Sec. 15. Minnesota Statutes 2020, section 144.1501, subdivision 4, is amended to read:

18.24 Subd. 4. **Loan forgiveness.** (a) The commissioner of health may select applicants each
18.25 year for participation in the loan forgiveness program, within the limits of available funding.
18.26 In considering applications from applicants who are mental health professionals, the
18.27 commissioner shall give preference to applicants who work in rural or culturally specific
18.28 organizations. In considering applications from all other applicants, the commissioner shall
18.29 give preference to applicants who document diverse cultural competencies. Except as
18.30 provided in paragraph (b), the commissioner shall distribute available funds for loan
18.31 forgiveness proportionally among the eligible professions according to the vacancy rate for
18.32 each profession in the required geographic area, facility type, teaching area, patient group,
18.33 or specialty type specified in subdivision 2. The commissioner shall allocate funds for

19.1 physician loan forgiveness so that 75 percent of the funds available are used for rural
19.2 physician loan forgiveness and 25 percent of the funds available are used for underserved
19.3 urban communities, physicians agreeing to provide at least 25 percent of the physician's
19.4 yearly patient encounters to patients in an underserved patient population, and pediatric
19.5 psychiatry loan forgiveness. If the commissioner does not receive enough qualified applicants
19.6 each year to use the entire allocation of funds for any eligible profession, the remaining
19.7 funds may be allocated proportionally among the other eligible professions according to
19.8 the vacancy rate for each profession in the required geographic area, patient group, or facility
19.9 type specified in subdivision 2. Applicants are responsible for securing their own qualified
19.10 educational loans. The commissioner shall select participants based on their suitability for
19.11 practice serving the required geographic area or facility type specified in subdivision 2, as
19.12 indicated by experience or training. The commissioner shall give preference to applicants
19.13 closest to completing their training. Except as specified in paragraph (c), for each year that
19.14 a participant meets the service obligation required under subdivision 3, up to a maximum
19.15 of four years, the commissioner shall make annual disbursements directly to the participant
19.16 equivalent to 15 percent of the average educational debt for indebted graduates in their
19.17 profession in the year closest to the applicant's selection for which information is available,
19.18 not to exceed the balance of the participant's qualifying educational loans. Before receiving
19.19 loan repayment disbursements and as requested, the participant must complete and return
19.20 to the commissioner a confirmation of practice form provided by the commissioner verifying
19.21 that the participant is practicing as required under subdivisions 2 and 3. The participant
19.22 must provide the commissioner with verification that the full amount of loan repayment
19.23 disbursement received by the participant has been applied toward the designated loans.
19.24 After each disbursement, verification must be received by the commissioner and approved
19.25 before the next loan repayment disbursement is made. Participants who move their practice
19.26 remain eligible for loan repayment as long as they practice as required under subdivision
19.27 2.

19.28 (b) The commissioner shall distribute available funds for loan forgiveness for public
19.29 health employees according to areas of high need as determined by the commissioner.

19.30 (c) For each year that a participant who is a nurse and who has agreed to teach according
19.31 to subdivision 2 meets the teaching obligation required in subdivision 3, the commissioner
19.32 shall make annual disbursements directly to the participant equivalent to 15 percent of the
19.33 average annual educational debt for indebted graduates in the nursing profession in the year
19.34 closest to the participant's selection for which information is available, not to exceed the
19.35 balance of the participant's qualifying educational loans.

20.1 Sec. 16. Minnesota Statutes 2020, section 144.1501, subdivision 5, is amended to read:

20.2 Subd. 5. **Penalty for nonfulfillment.** If a participant does not fulfill the required
20.3 minimum commitment of service according to subdivision 3, the commissioner of health
20.4 shall collect from the participant the total amount paid to the participant under the loan
20.5 forgiveness program plus interest at a rate established according to section 270C.40. The
20.6 commissioner shall deposit the money collected in ~~the health care access fund to be credited~~
20.7 ~~to the health professional education loan forgiveness program account established in~~
20.8 ~~subdivision 2~~ an account in the special revenue fund. The balance of the account does not
20.9 expire and is appropriated to the commissioner of health for health professional education
20.10 loan forgiveness awards under this section. The commissioner shall allow waivers of all or
20.11 part of the money owed the commissioner as a result of a nonfulfillment penalty if emergency
20.12 circumstances prevented fulfillment of the minimum service commitment.

20.13 Sec. 17. **[144.1504] HOSPITAL NURSING LOAN FORGIVENESS PROGRAM.**

20.14 Subdivision 1. Definition. (a) For purposes of this section, the following definitions
20.15 apply.

20.16 (b) "Nurse" means an individual who is licensed as a registered nurse and who is
20.17 providing direct patient care in a nonprofit hospital.

20.18 (c) "PSLF program" means the federal Public Student Loan Forgiveness program
20.19 established under Code of Federal Regulations, title 34, section 685.21.

20.20 Subd. 2. Eligibility. (a) To be eligible to participate in the hospital nursing loan
20.21 forgiveness program, a nurse must be:

20.22 (1) enrolled in the PSLF program;

20.23 (2) employed full time as a registered nurse by a nonprofit hospital that is an eligible
20.24 employer under the PSLF program; and

20.25 (3) providing direct care to patients at the nonprofit hospital.

20.26 (b) An applicant for loan forgiveness must submit to the commissioner of health:

20.27 (1) a completed application on forms provided by the commissioner;

20.28 (2) proof that the applicant is enrolled in the PSLF program; and

20.29 (3) confirmation that the applicant is employed full time as a registered nurse by a
20.30 nonprofit hospital and is providing direct patient care.

21.1 (c) The applicant selected to participate must sign a contract to agree to continue to
21.2 provide direct patient care as a registered nurse at a nonprofit hospital for the repayment
21.3 period of the participant's eligible loan under the PSLF program.

21.4 Subd. 3. **Loan forgiveness.** (a) The commissioner of health shall select applicants each
21.5 year for participation in the hospital nursing loan forgiveness program, within limits of
21.6 available funding. Applicants are responsible for applying for and maintaining eligibility
21.7 for the PSLF program.

21.8 (b) For each year that a participant meets the eligibility requirements described in
21.9 subdivision 2, the commissioner shall make an annual disbursement directly to the participant
21.10 in an amount equal to the minimum loan payments required to be paid by the participant
21.11 under the participant's repayment plan under the PSLF program for the previous loan year.
21.12 Before receiving the annual loan repayment disbursement, the participant must complete
21.13 and return to the commissioner a confirmation of practice form provided by the
21.14 commissioner, verifying that the participant continues to meet the eligibility requirements
21.15 under subdivision 2.

21.16 (c) The participant must provide the commissioner with verification that the full amount
21.17 of loan repayment disbursement received by the participant has been applied toward the
21.18 loan for which forgiveness is sought under the PSLF program.

21.19 Subd. 4. **Penalty for nonfulfillment.** If a participant does not fulfill the required
21.20 minimum commitment of service as required under subdivision 2, or the secretary of
21.21 education determines that the participant does not meet eligibility requirements for the PSLF
21.22 program, the commissioner shall collect from the participant the total amount paid to the
21.23 participant under the hospital nursing loan forgiveness program plus interest at a rate
21.24 established according to section 270C.40. The commissioner shall deposit the money
21.25 collected in the health care access fund to be credited to the health professional education
21.26 loan forgiveness program account established in section 144.1501, subdivision 2. The
21.27 commissioner shall allow waivers of all or part of the money owed to the commissioner as
21.28 a result of a nonfulfillment penalty if emergency circumstances prevent fulfillment of the
21.29 service commitment or if the PSLF program is discontinued before the participant's service
21.30 commitment is fulfilled.

22.1 Sec. 18. Minnesota Statutes 2020, section 144.1505, is amended to read:

22.2 **144.1505 HEALTH PROFESSIONALS CLINICAL TRAINING EXPANSION**
 22.3 **AND RURAL AND UNDERSERVED CLINICAL ROTATIONS GRANT PROGRAM**
 22.4 **PROGRAMS.**

22.5 Subdivision 1. **Definitions.** For purposes of this section, the following definitions apply:

22.6 (1) "eligible advanced practice registered nurse program" means a program that is located
 22.7 in Minnesota and is currently accredited as a master's, doctoral, or postgraduate level
 22.8 advanced practice registered nurse program by the Commission on Collegiate Nursing
 22.9 Education or by the Accreditation Commission for Education in Nursing, or is a candidate
 22.10 for accreditation;

22.11 (2) "eligible dental program" means a dental residency training program that is located
 22.12 in Minnesota and is currently accredited by the accrediting body or is a candidate for
 22.13 accreditation;

22.14 ~~(2)~~ (3) "eligible dental therapy program" means a dental therapy education program or
 22.15 advanced dental therapy education program that is located in Minnesota and is either:

22.16 (i) approved by the Board of Dentistry; or

22.17 (ii) currently accredited by the Commission on Dental Accreditation;

22.18 ~~(3)~~ (4) "eligible mental health professional program" means a program that is located
 22.19 in Minnesota and is listed as a mental health professional program by the appropriate
 22.20 accrediting body for clinical social work, psychology, marriage and family therapy, or
 22.21 licensed professional clinical counseling, or is a candidate for accreditation;

22.22 ~~(4)~~ (5) "eligible pharmacy program" means a program that is located in Minnesota and
 22.23 is currently accredited as a doctor of pharmacy program by the Accreditation Council on
 22.24 Pharmacy Education;

22.25 ~~(5)~~ (6) "eligible physician assistant program" means a program that is located in
 22.26 Minnesota and is currently accredited as a physician assistant program by the Accreditation
 22.27 Review Commission on Education for the Physician Assistant, or is a candidate for
 22.28 accreditation;

22.29 (7) "eligible physician program" means a physician residency training program that is
 22.30 located in Minnesota and is currently accredited by the accrediting body or is a candidate
 22.31 for accreditation;

23.1 ~~(6)~~ (8) "mental health professional" means an individual providing clinical services in
 23.2 the treatment of mental illness who meets one of the qualifications under section 245.462,
 23.3 subdivision 18; and

23.4 ~~(7)~~ (9) "project" means a project to establish or expand clinical training for physician
 23.5 assistants, advanced practice registered nurses, pharmacists, physicians, dentists, dental
 23.6 therapists, advanced dental therapists, or mental health professionals in Minnesota.

23.7 Subd. 2. **Health professionals clinical training expansion grant program.** (a) The
 23.8 commissioner of health shall award health professional training site grants to eligible
 23.9 physician assistant, advanced practice registered nurse, pharmacy, dental therapy, and mental
 23.10 health professional programs to plan and implement expanded clinical training. A planning
 23.11 grant shall not exceed \$75,000, and a training grant shall not exceed \$150,000 for the first
 23.12 year, \$100,000 for the second year, and \$50,000 for the third year per program.

23.13 (b) Funds may be used for:

23.14 (1) establishing or expanding clinical training for physician assistants, advanced practice
 23.15 registered nurses, pharmacists, dental therapists, advanced dental therapists, and mental
 23.16 health professionals in Minnesota;

23.17 (2) recruitment, training, and retention of students and faculty;

23.18 (3) connecting students with appropriate clinical training sites, internships, practicums,
 23.19 or externship activities;

23.20 (4) travel and lodging for students;

23.21 (5) faculty, student, and preceptor salaries, incentives, or other financial support;

23.22 (6) development and implementation of cultural competency training;

23.23 (7) evaluations;

23.24 (8) training site improvements, fees, equipment, and supplies required to establish,
 23.25 maintain, or expand a physician assistant, advanced practice registered nurse, pharmacy,
 23.26 dental therapy, or mental health professional training program; and

23.27 (9) supporting clinical education in which trainees are part of a primary care team model.

23.28 Subd. 2a. **Health professional rural and underserved clinical rotations grant**
 23.29 **program.** (a) The commissioner of health shall award health professional training site grants
 23.30 to eligible physician, physician assistant, advanced practice registered nurse, pharmacy,
 23.31 dentistry, dental therapy, and mental health professional programs to augment existing
 23.32 clinical training programs by adding rural and underserved rotations or clinical training

24.1 experiences, such as credential or certificate rural tracks or other specialized training. For
24.2 physician and dentist training, the expanded training must include rotations in primary care
24.3 settings such as community clinics, hospitals, health maintenance organizations, or practices
24.4 in rural communities.

24.5 (b) Funds may be used for:

24.6 (1) establishing or expanding rotations and clinical trainings;

24.7 (2) recruitment, training, and retention of students and faculty;

24.8 (3) connecting students with appropriate clinical training sites, internships, practicums,
24.9 or externship activities;

24.10 (4) travel and lodging for students;

24.11 (5) faculty, student, and preceptor salaries, incentives, or other financial support;

24.12 (6) development and implementation of cultural competency training;

24.13 (7) evaluations;

24.14 (8) training site improvements, fees, equipment, and supplies required to establish,
24.15 maintain, or expand training programs; and

24.16 (9) supporting clinical education in which trainees are part of a primary care team model.

24.17 Subd. 3. **Applications.** Eligible physician assistant, advanced practice registered nurse,
24.18 pharmacy, dental therapy, ~~and~~ mental health professional, physician, and dental programs
24.19 seeking a grant shall apply to the commissioner. Applications must include a description
24.20 of the number of additional students who will be trained using grant funds; attestation that
24.21 funding will be used to support an increase in the number of clinical training slots; a
24.22 description of the problem that the proposed project will address; a description of the project,
24.23 including all costs associated with the project, sources of funds for the project, detailed uses
24.24 of all funds for the project, and the results expected; and a plan to maintain or operate any
24.25 component included in the project after the grant period. The applicant must describe
24.26 achievable objectives, a timetable, and roles and capabilities of responsible individuals in
24.27 the organization. Applicants applying under subdivision 2a must also include information
24.28 about the length of training and training site settings, the geographic locations of rural sites,
24.29 and rural populations expected to be served.

24.30 Subd. 4. **Consideration of applications.** The commissioner shall review each application
24.31 to determine whether or not the application is complete and whether the program and the
24.32 project are eligible for a grant. In evaluating applications, the commissioner shall score each

25.1 application based on factors including, but not limited to, the applicant's clarity and
25.2 thoroughness in describing the project and the problems to be addressed, the extent to which
25.3 the applicant has demonstrated that the applicant has made adequate provisions to ensure
25.4 proper and efficient operation of the training program once the grant project is completed,
25.5 the extent to which the proposed project is consistent with the goal of increasing access to
25.6 primary care and mental health services for rural and underserved urban communities, the
25.7 extent to which the proposed project incorporates team-based primary care, and project
25.8 costs and use of funds.

25.9 Subd. 5. **Program oversight.** The commissioner shall determine the amount of a grant
25.10 to be given to an eligible program based on the relative score of each eligible program's
25.11 application and rural locations if applicable under subdivision 2b, other relevant factors
25.12 discussed during the review, and the funds available to the commissioner. Appropriations
25.13 made to the program do not cancel and are available until expended. During the grant period,
25.14 the commissioner may require and collect from programs receiving grants any information
25.15 necessary to evaluate the program.

25.16 Sec. 19. [144.1507] PRIMARY CARE RURAL RESIDENCY TRAINING GRANT
25.17 PROGRAM.

25.18 Subdivision 1. Definitions. (a) For purposes of this section, the following terms have
25.19 the meanings given.

25.20 (b) "Eligible program" means a program that meets the following criteria:

25.21 (1) is located in Minnesota;

25.22 (2) trains medical residents in the specialties of family medicine, general internal
25.23 medicine, general pediatrics, psychiatry, geriatrics, or general surgery; and

25.24 (3) is accredited by the Accreditation Council for Graduate Medical Education or presents
25.25 a credible plan to obtain accreditation.

25.26 (c) "Rural residency training program" means a residency program that utilizes local
25.27 clinics and community hospitals and that provides an initial year of training in an existing
25.28 accredited residency program in Minnesota. The subsequent years of the residency program
25.29 are based in rural communities with specialty rotations in nearby regional medical centers.

25.30 (d) "Eligible project" means a project to establish and maintain a rural residency training
25.31 program.

26.1 Subd. 2. Rural residency training program. (a) The commissioner of health shall
26.2 award rural residency training program grants to eligible programs to plan and implement
26.3 rural residency training programs. A rural residency training program grant shall not exceed
26.4 \$250,000 per resident per year for the first year of planning and development, and \$225,000
26.5 for each of the following years.

26.6 (b) Funds may be spent to cover the costs of:

26.7 (1) planning related to establishing an accredited rural residency training program;

26.8 (2) obtaining accreditation by the Accreditation Council for Graduate Medical Education
26.9 or another national body that accredits rural residency training programs;

26.10 (3) establishing new rural residency training programs;

26.11 (4) recruitment, training, and retention of new residents and faculty;

26.12 (5) travel and lodging for new residents;

26.13 (6) faculty, new resident, and preceptor salaries related to a new rural residency training
26.14 program;

26.15 (7) training site improvements, fees, equipment, and supplies required for a new rural
26.16 residency training program; and

26.17 (8) supporting clinical education in which trainees are part of a primary care team model.

26.18 Subd. 3. Applications for rural residency training program grants. (a) Eligible
26.19 programs seeking a grant shall apply to the commissioner. Applications must include: (1)
26.20 the number of new primary care rural residency training program slots planned, under
26.21 development, or under contract; (2) a description of the training program, including the
26.22 location of the established residency program and rural training sites; (3) a description of
26.23 the project, including all costs associated with the project; (4) all sources of funds for the
26.24 project; (5) detailed uses of all funds for the project; (6) the results expected; and (7) a plan
26.25 to seek federal funding for graduate medical education for the site if eligible.

26.26 (b) The applicant must describe achievable objectives, a timetable, and the roles and
26.27 capabilities of responsible individuals in the organization.

26.28 Subd. 4. Consideration of grant applications. The commissioner shall review each
26.29 application to determine if the residency program application is complete, if the proposed
26.30 rural residency program and residency slots are eligible for a grant, and if the program is
26.31 eligible for federal graduate medical education funding, and when funding becomes available.

27.1 The commissioner shall award grants to support training programs in family medicine,
27.2 general internal medicine, general pediatrics, psychiatry, geriatrics, and general surgery.

27.3 Subd. 5. **Program oversight.** During the grant period, the commissioner may require
27.4 and collect from grantees any information necessary to evaluate the program. Appropriations
27.5 made to the program do not cancel and are available until expended.

27.6 Sec. 20. [144.1508] MENTAL HEALTH PROVIDER SUPERVISION GRANT
27.7 PROGRAM.

27.8 Subdivision 1. **Definitions.** (a) For purposes of this section, the following terms have
27.9 the meanings given.

27.10 (b) "Mental health professional" means an individual with a qualification specified in
27.11 section 245I.04, subdivision 2.

27.12 (c) "Underrepresented community" has the meaning given in section 148E.010,
27.13 subdivision 20.

27.14 Subd. 2. **Grant program established.** The commissioner of health shall award grants
27.15 to licensed or certified mental health providers who meet the criteria in subdivision 3 to
27.16 fund supervision of interns and clinical trainees who are working toward becoming a licensed
27.17 mental health professional and to subsidize the costs of mental health professional licensing
27.18 applications and examination fees for clinical trainees.

27.19 Subd. 3. **Eligible providers.** In order to be eligible for a grant under this section, a mental
27.20 health provider must:

27.21 (1) provide at least 25 percent of the provider's yearly patient encounters to state public
27.22 program enrollees or patients receiving sliding fee schedule discounts through a formal
27.23 sliding fee schedule meeting the standards established by the United States Department of
27.24 Health and Human Services under Code of Federal Regulations, title 42, section 51c.303;
27.25 or

27.26 (2) primarily serve persons from communities of color or underrepresented communities.

27.27 Subd. 4. **Application; grant award.** A mental health provider seeking a grant under
27.28 this section must apply to the commissioner at a time and in a manner specified by the
27.29 commissioner. The commissioner shall review each application to determine if the application
27.30 is complete, the mental health provider is eligible for a grant, and the proposed project is
27.31 an allowable use of grant funds. The commissioner shall give preference to grant applicants
27.32 who work in rural or culturally specific organizations. The commissioner must determine

28.1 the grant amount awarded to applicants that the commissioner determines will receive a
28.2 grant.

28.3 Subd. 5. Allowable uses of grant funds. A mental health provider must use grant funds
28.4 received under this section for one or more of the following:

28.5 (1) to pay for direct supervision hours for interns and clinical trainees, in an amount up
28.6 to \$7,500 per intern or clinical trainee;

28.7 (2) to establish a program to provide supervision to multiple interns or clinical trainees;
28.8 or

28.9 (3) to pay mental health professional licensing application and examination fees for
28.10 clinical trainees.

28.11 Subd. 6. Program oversight. During the grant period, the commissioner may require
28.12 grant recipients to provide the commissioner with information necessary to evaluate the
28.13 program.

28.14 Sec. 21. [144.1509] MENTAL HEALTH PROFESSIONAL SCHOLARSHIP GRANT
28.15 PROGRAM.

28.16 Subdivision 1. Definitions. (a) For purposes of this section, the following terms have
28.17 the meanings given.

28.18 (b) "Mental health professional" means an individual with a qualification specified in
28.19 section 245I.04, subdivision 2.

28.20 (c) "Underrepresented community" has the meaning given in section 148E.010,
28.21 subdivision 20.

28.22 Subd. 2. Grant program established. A mental health professional scholarship program
28.23 is established to assist mental health providers in funding employee scholarships for master's
28.24 level education programs in order to create a pathway to becoming a mental health
28.25 professional.

28.26 Subd. 3. Provision of grants. The commissioner of health shall award grants to licensed
28.27 or certified mental health providers who meet the criteria in subdivision 4 to provide tuition
28.28 reimbursement for master's level programs and certain related costs for individuals who
28.29 have worked for the mental health provider for at least the past two years in one or more of
28.30 the following roles:

28.31 (1) a mental health behavioral aide who meets a qualification in section 245I.04,
28.32 subdivision 16;

29.1 (2) a mental health certified family peer specialist who meets the qualifications in section
29.2 245I.04, subdivision 12;

29.3 (3) a mental health certified peer specialist who meets the qualifications in section
29.4 245I.04, subdivision 10;

29.5 (4) a mental health practitioner who meets a qualification in section 245I.04, subdivision
29.6 4;

29.7 (5) a mental health rehabilitation worker who meets the qualifications in section 245I.04,
29.8 subdivision 14;

29.9 (6) an individual employed in a role in which the individual provides face-to-face client
29.10 services at a mental health center or certified community behavioral health center; or

29.11 (7) a staff person who provides care or services to residents of a residential treatment
29.12 facility.

29.13 Subd. 4. **Eligibility.** In order to be eligible for a grant under this section, a mental health
29.14 provider must:

29.15 (1) primarily provide at least 25 percent of the provider's yearly patient encounters to
29.16 state public program enrollees or patients receiving sliding fee schedule discounts through
29.17 a formal sliding fee schedule meeting the standards established by the United States
29.18 Department of Health and Human Services under Code of Federal Regulations, title 42,
29.19 section 51c.303; or

29.20 (2) primarily serve people from communities of color or underrepresented communities.

29.21 Subd. 5. **Request for proposals.** The commissioner must publish a request for proposals
29.22 in the State Register specifying provider eligibility requirements, criteria for a qualifying
29.23 employee scholarship program, provider selection criteria, documentation required for
29.24 program participation, the maximum award amount, and methods of evaluation. The
29.25 commissioner must publish additional requests for proposals each year in which funding is
29.26 available for this purpose.

29.27 Subd. 6. **Application requirements.** An eligible provider seeking a grant under this
29.28 section must submit an application to the commissioner. An application must contain a
29.29 complete description of the employee scholarship program being proposed by the applicant,
29.30 including the need for the mental health provider to enhance the education of its workforce,
29.31 the process the mental health provider will use to determine which employees will be eligible
29.32 for scholarships, any other funding sources for scholarships, the amount of funding sought

30.1 for the scholarship program, a proposed budget detailing how funds will be spent, and plans
30.2 to retain eligible employees after completion of the education program.

30.3 Subd. 7. **Selection process.** The commissioner shall determine a maximum award amount
30.4 for grants and shall select grant recipients based on the information provided in the grant
30.5 application, including the demonstrated need for the applicant provider to enhance the
30.6 education of its workforce, the proposed process to select employees for scholarships, the
30.7 applicant's proposed budget, and other criteria as determined by the commissioner. The
30.8 commissioner shall give preference to grant applicants who work in rural or culturally
30.9 specific organizations.

30.10 Subd. 8. **Grant agreements.** Notwithstanding any law or rule to the contrary, funds
30.11 awarded to a grant recipient in a grant agreement do not lapse until the grant agreement
30.12 expires.

30.13 Subd. 9. **Allowable uses of grant funds.** A mental health provider receiving a grant
30.14 under this section must use the grant funds for one or more of the following:

30.15 (1) to provide employees with tuition reimbursement for a master's level program in a
30.16 discipline that will allow the employee to qualify as a mental health professional; or

30.17 (2) for resources and supports, such as child care and transportation, that allow an
30.18 employee to attend a master's level program specified in clause (1).

30.19 Subd. 10. **Reporting requirements.** A mental health provider receiving a grant under
30.20 this section shall submit to the commissioner an invoice for reimbursement and a report,
30.21 on a schedule determined by the commissioner and using a form supplied by the
30.22 commissioner. The report must include the amount spent on scholarships; the number of
30.23 employees who received scholarships; and, for each scholarship recipient, the recipient's
30.24 name, current position, amount awarded, educational institution attended, name of the
30.25 educational program, and expected or actual program completion date.

30.26 Sec. 22. **[144.1511] CLINICAL HEALTH CARE TRAINING.**

30.27 Subdivision 1. **Definitions.** (a) For purposes of this section, the following terms have
30.28 the meanings given.

30.29 (b) "Accredited clinical training" means the clinical training provided by a medical
30.30 education program that is accredited through an organization recognized by the Department
30.31 of Education, the Centers for Medicare and Medicaid Services, or another national body
30.32 that reviews the accrediting organizations for multiple disciplines and whose standards for

31.1 recognizing accrediting organizations are reviewed and approved by the commissioner of
31.2 health.

31.3 (c) "Commissioner" means the commissioner of health.

31.4 (d) "Clinical medical education program" means the accredited clinical training of
31.5 physicians, medical students and residents, doctor of pharmacy practitioners, doctors of
31.6 chiropractic, dentists, advanced practice registered nurses, clinical nurse specialists, certified
31.7 registered nurse anesthetists, nurse practitioners, certified nurse midwives, physician
31.8 assistants, dental therapists and advanced dental therapists, psychologists, clinical social
31.9 workers, community paramedics, community health workers, and other medical professions
31.10 as determined by the commissioner.

31.11 (e) "Eligible entity" means an organization that is located in Minnesota, provides a
31.12 clinical medical education experience, and hosts students, residents or other trainee types
31.13 as determined by the commissioner and are from an accredited Minnesota teaching program
31.14 and institution.

31.15 (f) "Teaching institution" means a hospital, medical center, clinic, or other organization
31.16 that conducts a clinical medical education program in Minnesota and which is accountable
31.17 to the accrediting body.

31.18 (g) "Trainee" means a student, resident, fellow, or other postgraduate involved in a
31.19 clinical medical education program from an accredited Minnesota teaching program and
31.20 institution.

31.21 (h) "Eligible trainee FTEs" means the number of trainees, as measured by full-time
31.22 equivalent counts, that are training in Minnesota at an entity with either currently active
31.23 medical assistance enrollment status and a National Provider Identification (NPI) number
31.24 or documentation that they provide sliding fee services. Training may occur in an inpatient
31.25 or ambulatory patient care setting or alternative setting as determined by the commissioner.
31.26 Training that occurs in nursing facility settings is not eligible for funding under this section.

31.27 Subd. 2. **Application process.** (a) An eligible entity hosting clinical trainees from a
31.28 clinical medical education program and teaching institution is eligible for funds under
31.29 subdivision 3 if the entity:

31.30 (1) is funded in part by sliding fee scale services or enrolled in the Minnesota health
31.31 care program;

31.32 (2) faces increased financial pressure as a result of competition with nonteaching patient
31.33 care entities; and

32.1 (3) emphasizes primary care or specialties that are in undersupply in rural or underserved
32.2 areas of Minnesota.

32.3 (b) An entity hosting a clinical medical education program for advanced practice nursing
32.4 is eligible for funds under subdivision 3 if the program meets the eligibility requirements
32.5 in paragraph (a) and is sponsored by the University of Minnesota Academic Health Center,
32.6 the Mayo Foundation, or an institution that is part of the Minnesota State Colleges and
32.7 Universities system or a member of the Minnesota Private College Council.

32.8 (c) An application must be submitted to the commissioner by an eligible entity or teaching
32.9 institution and contain the following information:

32.10 (1) the official name and address and the site address of the clinical medical education
32.11 program where eligible trainees are hosted;

32.12 (2) the name, title, and business address of those persons responsible for administering
32.13 the funds; and

32.14 (3) for each applicant: (i) the type and specialty orientation of trainees in the program;
32.15 (ii) the name, entity address, and medical assistance provider number and national provider
32.16 identification number of each training site used in the program, as appropriate; (iii) the
32.17 federal tax identification number of each training site, where available; (iv) the total number
32.18 of trainees at each training site; (v) the total number of eligible trainee FTEs at each site;
32.19 and (vi) other supporting information the commissioner deems necessary.

32.20 (d) An applicant that does not provide information requested by the commissioner shall
32.21 not be eligible for funds for the current funding cycle.

32.22 Subd. 3. **Distribution of funds.** (a) The commissioner may distribute funds for clinical
32.23 training in areas of Minnesota and for professions listed in subdivision 1, paragraph (d)
32.24 determined by the commissioner as a high need area and profession shortage. The
32.25 commissioner shall annually distribute medical education funds to qualifying applicants
32.26 under this section based on costs to train, service level needs, and profession or training site
32.27 shortages. Use of funds is limited to related clinical training costs for eligible programs.

32.28 (b) To ensure the quality of clinical training, eligible entities must demonstrate that they
32.29 hold contracts in good standing with eligible educational institutions that specify the terms,
32.30 expectations, and outcomes of the clinical training conducted at sites. Funds shall be
32.31 distributed in an administrative process determined by the commissioner to be efficient.

32.32 Subd. 4. **Report.** (a) Teaching institutions receiving funds under this section must sign
32.33 and submit a medical education grant verification report (GVR) to verify that the correct

33.1 grant amount was forwarded to each eligible entity. If the teaching institution fails to submit
33.2 the GVR by the stated deadline, or to request and meet the deadline for an extension, the
33.3 sponsoring institution is required to return the full amount of funds received to the
33.4 commissioner within 30 days of receiving notice from the commissioner. The commissioner
33.5 shall distribute returned funds to the appropriate training sites in accordance with the
33.6 commissioner's approval letter.

33.7 (b) Teaching institutions receiving funds under this section must provide any other
33.8 information the commissioner deems appropriate to evaluate the effectiveness of the use of
33.9 funds for medical education.

33.10 **Sec. 23. [144.2182] CHANGE OF SEX.**

33.11 Subdivision 1. **Request to make change.** A person whose birth is registered in Minnesota
33.12 may request that the commissioner change or remove the sex, if any, assigned to that person
33.13 on the person's original birth certificate. If the person is a minor, a parent or guardian may
33.14 make the request on behalf of the minor.

33.15 Subd. 2. **Documentation required.** A person making a request under this section must
33.16 submit any forms or fees required by the commissioner and provide acceptable documentation
33.17 to satisfy to the commissioner that granting the request will not harm the integrity and
33.18 accuracy of vital records. Acceptable documentation includes but is not limited to:

33.19 (1) a written statement from a provider of medical services that the requested change is
33.20 appropriate in their medical opinion;

33.21 (2) a certified copy of a court order from a court of competent jurisdiction in this or
33.22 another state granting the requested change; or

33.23 (3) a sworn statement provided by the person who is the subject of the birth certificate,
33.24 or by the parent or guardian of the minor who is the subject of the birth certificate, that the
33.25 request is not based upon an intent to defraud or mislead and is made in good faith and, if
33.26 the subject is a minor, that the change is in the minor's best interest.

33.27 Subd. 3. **Court orders.** A person may file a petition in district court to change or remove
33.28 the sex assigned on their original birth certificate. If the person is a minor, a parent or
33.29 guardian may file a petition on behalf of the minor. The court shall consider petitions filed
33.30 by persons over whom the court has jurisdiction for an order granting a change of sex on
33.31 an original birth certificate irrespective of the jurisdiction in which the original birth
33.32 certificate was issued. The court shall issue an order under this section upon a finding that

34.1 the request is not based upon an intent to defraud or mislead and is made in good faith and,
 34.2 if the subject of the birth certificate is a minor, that the change is in the minor's best interest.

34.3 Subd. 4. **Records sealed.** When the commissioner has received the necessary information
 34.4 and made the requested change on the birth certificate, the commissioner shall provide a
 34.5 certified copy of the corrected birth certificate to the person requesting the change. Upon
 34.6 issuance of a corrected birth certificate under this section, the original record of birth shall
 34.7 be classified as confidential data pursuant to section 13.02, subdivision 3, and shall not be
 34.8 disclosed except pursuant to court order or section 144.2252.

34.9 Sec. 24. Minnesota Statutes 2020, section 144.383, is amended to read:

34.10 **144.383 AUTHORITY OF COMMISSIONER; SAFE DRINKING WATER.**

34.11 In order to ~~insure~~ ensure safe drinking water in all public water supplies, the commissioner
 34.12 has the ~~following powers~~ power to:

34.13 ~~(a) To~~ (1) approve the site, design, and construction and alteration of all public water
 34.14 supplies and, for community and nontransient noncommunity water systems as defined in
 34.15 Code of Federal Regulations, title 40, section 141.2, to approve documentation that
 34.16 demonstrates the technical, managerial, and financial capacity of those systems to comply
 34.17 with rules adopted under this section;

34.18 ~~(b) To~~ (2) enter the premises of a public water supply, or part thereof, to inspect the
 34.19 facilities and records kept pursuant to rules promulgated by the commissioner, to conduct
 34.20 sanitary surveys and investigate the standard of operation and service delivered by public
 34.21 water supplies;

34.22 ~~(c) To~~ (3) contract with community health boards as defined in section 145A.02,
 34.23 subdivision 5, for routine surveys, inspections, and testing of public water supply quality;

34.24 ~~(d) To~~ (4) develop an emergency plan to protect the public when a decline in water
 34.25 quality or quantity creates a serious health risk, and to issue emergency orders if a health
 34.26 risk is imminent;

34.27 ~~(e) To~~ (5) promulgate rules, pursuant to chapter 14 but no less stringent than federal
 34.28 regulation, which may include the granting of variances and exemptions; and

34.29 (6) maintain a database of lead service lines, provide technical assistance to community
 34.30 water systems, and ensure the lead service inventory data is accessible to the public with
 34.31 relevant educational materials about health risks related to lead and ways to reduce exposure.

35.1 Sec. 25. Minnesota Statutes 2020, section 144.554, is amended to read:

35.2 **144.554 HEALTH FACILITIES CONSTRUCTION PLAN SUBMITTAL AND**
 35.3 **FEES.**

35.4 For hospitals, nursing homes, boarding care homes, residential hospices, supervised
 35.5 living facilities, freestanding outpatient surgical centers, and end-stage renal disease facilities,
 35.6 the commissioner shall collect a fee for the review and approval of architectural, mechanical,
 35.7 and electrical plans and specifications submitted before construction begins for each project
 35.8 relative to construction of new buildings, additions to existing buildings, or remodeling or
 35.9 alterations of existing buildings. All fees collected in this section shall be deposited in the
 35.10 state treasury and credited to the state government special revenue fund. Fees must be paid
 35.11 at the time of submission of final plans for review and are not refundable. The fee is
 35.12 calculated as follows:

35.13	Construction project total estimated cost	Fee
35.14	\$0 - \$10,000	\$30 <u>\$45</u>
35.15	\$10,001 - \$50,000	\$150 <u>\$225</u>
35.16	\$50,001 - \$100,000	\$300 <u>\$450</u>
35.17	\$100,001 - \$150,000	\$450 <u>\$675</u>
35.18	\$150,001 - \$200,000	\$600 <u>\$900</u>
35.19	\$200,001 - \$250,000	\$750 <u>\$1,125</u>
35.20	\$250,001 - \$300,000	\$900 <u>\$1,350</u>
35.21	\$300,001 - \$350,000	\$1,050 <u>\$1,575</u>
35.22	\$350,001 - \$400,000	\$1,200 <u>\$1,800</u>
35.23	\$400,001 - \$450,000	\$1,350 <u>\$2,025</u>
35.24	\$450,001 - \$500,000	\$1,500 <u>\$2,250</u>
35.25	\$500,001 - \$550,000	\$1,650 <u>\$2,475</u>
35.26	\$550,001 - \$600,000	\$1,800 <u>\$2,700</u>
35.27	\$600,001 - \$650,000	\$1,950 <u>\$2,925</u>
35.28	\$650,001 - \$700,000	\$2,100 <u>\$3,150</u>
35.29	\$700,001 - \$750,000	\$2,250 <u>\$3,375</u>
35.30	\$750,001 - \$800,000	\$2,400 <u>\$3,600</u>
35.31	\$800,001 - \$850,000	\$2,550 <u>\$3,825</u>
35.32	\$850,001 - \$900,000	\$2,700 <u>\$4,050</u>
35.33	\$900,001 - \$950,000	\$2,850 <u>\$4,275</u>
35.34	\$950,001 - \$1,000,000	\$3,000 <u>\$4,500</u>
35.35	\$1,000,001 - \$1,050,000	\$3,150 <u>\$4,725</u>
35.36	\$1,050,001 - \$1,100,000	\$3,300 <u>\$4,950</u>

36.1	\$1,100,001 - \$1,150,000	\$3,450 <u>\$5,175</u>
36.2	\$1,150,001 - \$1,200,000	\$3,600 <u>\$5,400</u>
36.3	\$1,200,001 - \$1,250,000	\$3,750 <u>\$5,625</u>
36.4	\$1,250,001 - \$1,300,000	\$3,900 <u>\$5,850</u>
36.5	\$1,300,001 - \$1,350,000	\$4,050 <u>\$6,075</u>
36.6	\$1,350,001 - \$1,400,000	\$4,200 <u>\$6,300</u>
36.7	\$1,400,001 - \$1,450,000	\$4,350 <u>\$6,525</u>
36.8	\$1,450,001 - \$1,500,000	\$4,500 <u>\$6,750</u>
36.9	\$1,500,001 and over	\$4,800 <u>\$7,200</u>

36.10 **Sec. 26. [144.7051] DEFINITIONS.**

36.11 Subdivision 1. **Applicability.** For the purposes of sections 144.7051 to 144.7059, the
 36.12 terms defined in this section have the meanings given.

36.13 Subd. 2. **Commissioner.** "Commissioner" means the commissioner of health.

36.14 Subd. 3. **Daily staffing schedule.** "Daily staffing schedule" means the actual number
 36.15 of full-time equivalent nonmanagerial care staff assigned to an inpatient care unit and
 36.16 providing care in that unit during a 24-hour period and the actual number of patients assigned
 36.17 to each direct care registered nurse present and providing care in the unit.

36.18 Subd. 4. **Direct care registered nurse.** "Direct care registered nurse" means a registered
 36.19 nurse, as defined in section 148.171, subdivision 20, who is nonsupervisory and
 36.20 nonmanagerial and who directly provides nursing care to patients more than 60 percent of
 36.21 the time.

36.22 Subd. 5. **Hospital.** "Hospital" means any setting that is licensed as a hospital under
 36.23 sections 144.50 to 144.56.

36.24 **EFFECTIVE DATE.** This section is effective April 1, 2024.

36.25 **Sec. 27. [144.7053] HOSPITAL NURSE STAFFING COMMITTEES.**

36.26 Subdivision 1. **Hospital nurse staffing committee required.** Each hospital must establish
 36.27 and maintain a functioning hospital nurse staffing committee. A hospital may assign the
 36.28 functions and duties of a hospital nurse staffing committee to an existing committee, provided
 36.29 the existing committee meets the membership requirements applicable to a hospital nurse
 36.30 staffing committee.

36.31 Subd. 2. **Committee membership.** (a) At least 35 percent of the committee's membership
 36.32 must be direct care registered nurses typically assigned to a specific unit for an entire shift,

37.1 and at least 15 percent of the committee's membership must be other direct care workers
37.2 typically assigned to a specific unit for an entire shift. Direct care registered nurses and
37.3 other direct care workers who are members of a collective bargaining unit shall be appointed
37.4 or elected to the committee according to the guidelines of the applicable collective bargaining
37.5 agreement. If there is no collective bargaining agreement, direct care registered nurses shall
37.6 be elected to the committee by direct care registered nurses employed by the hospital, and
37.7 other direct care workers shall be elected to the committee by other direct care workers
37.8 employed by the hospital.

37.9 (b) The hospital shall appoint no more than 50 percent of the committee's membership.

37.10 Subd. 3. **Compensation.** A hospital must treat participation in committee meetings by
37.11 any hospital employee as scheduled work time and compensate each committee member at
37.12 the employee's existing rate of pay. A hospital must relieve all direct care registered nurse
37.13 members of the hospital nurse staffing committee of other work duties during the times at
37.14 which the committee meets.

37.15 Subd. 4. **Meeting frequency.** Each hospital nurse staffing committee must meet at least
37.16 quarterly.

37.17 Subd. 5. **Committee duties.** (a) Each hospital nurse staffing committee shall create,
37.18 implement, continuously evaluate, and update as needed evidence-based written core staffing
37.19 plans to guide the creation of daily staffing schedules for each inpatient care unit of the
37.20 hospital.

37.21 (b) Each hospital nurse staffing committee must:

37.22 (1) establish a secure and anonymous method for any hospital employee or patient to
37.23 submit directly to the committee any concerns related to safe staffing;

37.24 (2) review each concern related to safe staffing submitted directly to the committee;

37.25 (3) review the documentation of compliance maintained by the hospital under section
37.26 144.7056, subdivision 5;

37.27 (4) conduct a trend analysis of the data related to all reported concerns regarding safe
37.28 staffing;

37.29 (5) develop a mechanism for tracking and analyzing staffing trends within the hospital;

37.30 (6) submit to the commissioner a nurse staffing report; and

38.1 (7) record in the committee minutes for each meeting a summary of the discussions and
38.2 recommendations of the committee. Each committee must maintain the minutes, records,
38.3 and distributed materials for five years.

38.4 **EFFECTIVE DATE.** This section is effective April 1, 2024.

38.5 Sec. 28. Minnesota Statutes 2020, section 144.7055, is amended to read:

38.6 **144.7055 HOSPITAL CORE STAFFING PLAN REPORTS.**

38.7 Subdivision 1. **Definitions.** ~~(a) For the purposes of this section, the following terms have~~
38.8 ~~the meanings given:~~

38.9 ~~(b) (a) "Core staffing plan" means the projected number of full-time equivalent~~
38.10 ~~nonmanagerial care staff that will be assigned in a 24-hour period to an inpatient care unit~~
38.11 ~~a plan described in subdivision 2.~~

38.12 ~~(e) (b) "Nonmanagerial care staff" means registered nurses, licensed practical nurses,~~
38.13 ~~and other health care workers, which may include but is not limited to nursing assistants,~~
38.14 ~~nursing aides, patient care technicians, and patient care assistants, who perform~~
38.15 ~~nonmanagerial direct patient care functions for more than 50 percent of their scheduled~~
38.16 ~~hours on a given patient care unit.~~

38.17 ~~(d) (c) "Inpatient care unit" or "unit" means a designated inpatient area for assigning~~
38.18 ~~patients and staff for which a distinct staffing plan daily staffing schedule exists and that~~
38.19 ~~operates 24 hours per day, seven days per week in a hospital setting. Inpatient care unit does~~
38.20 ~~not include any hospital-based clinic, long-term care facility, or outpatient hospital~~
38.21 ~~department.~~

38.22 ~~(e) (d) "Staffing hours per patient day" means the number of full-time equivalent~~
38.23 ~~nonmanagerial care staff who will ordinarily be assigned to provide direct patient care~~
38.24 ~~divided by the expected average number of patients upon which such assignments are based.~~

38.25 ~~(f) "Patient acuity tool" means a system for measuring an individual patient's need for~~
38.26 ~~nursing care. This includes utilizing a professional registered nursing assessment of patient~~
38.27 ~~condition to assess staffing need.~~

38.28 Subd. 2. **Hospital core staffing report plans.** ~~(a) The chief nursing executive or nursing~~
38.29 ~~designee hospital nurse staffing committee of every reporting hospital in Minnesota under~~
38.30 ~~section 144.50 will must develop a core staffing plan for each patient inpatient care unit.~~

38.31 (b) Core staffing plans ~~shall~~ must specify all of the following:

39.1 (1) the projected number of full-time equivalent for nonmanagerial care staff that will
39.2 be assigned in a 24-hour period to each patient inpatient care unit for each 24-hour period;

39.3 (2) the maximum number of patients on each inpatient care unit for whom a direct care
39.4 registered nurse can be assigned and for whom a licensed practical nurse or certified nursing
39.5 assistant can typically safely care;

39.6 (3) criteria for determining when circumstances exist on each inpatient care unit such
39.7 that a direct care nurse cannot safely care for the typical number of patients and when
39.8 assigning a lower number of patients to each nurse on the inpatient unit would be appropriate;

39.9 (4) a procedure for each inpatient care unit to make shift-to-shift adjustments in staffing
39.10 levels when such adjustments are required by patient acuity and nursing intensity in the
39.11 unit;

39.12 (5) a contingency plan for each inpatient unit to safely address circumstances in which
39.13 patient care needs unexpectedly exceed the staffing resources provided for in a daily staffing
39.14 schedule. A contingency plan must include a method to quickly identify for each daily
39.15 staffing schedule additional direct care registered nurses who are available to provide direct
39.16 care on the inpatient care unit; and

39.17 (6) strategies to enable direct care registered nurses to take breaks to which they are
39.18 entitled under law or under an applicable collective bargaining agreement.

39.19 (c) Core staffing plans must ensure that:

39.20 (1) the person creating a daily staffing schedule has sufficiently detailed information to
39.21 create a daily staffing schedule that meets the requirements of the plan;

39.22 (2) daily staffing nurse schedules do not rely on assigning individual nonmanagerial
39.23 care staff to work overtime hours in excess of 16 hours in a 24-hour period or to work
39.24 consecutive 24-hour periods requiring 16 or more hours;

39.25 (3) a direct care registered nurse is not required or expected to perform functions outside
39.26 the nurse's professional license;

39.27 (4) light duty direct care registered nurses are given appropriate assignments; and

39.28 (5) daily staffing schedules do not interfere with applicable collective bargaining
39.29 agreements.

39.30 **Subd. 2a. Development of hospital core staffing plans.** (a) Prior to submitting
39.31 completing or updating the core staffing plan, as required in subdivision 3, hospitals shall
39.32 a hospital nurse staffing committee must consult with representatives of the hospital medical

40.1 staff, managerial and nonmanagerial care staff, and other relevant hospital personnel about
40.2 the core staffing plan and the expected average number of patients upon which the core
40.3 staffing plan is based.

40.4 (b) When developing a core staffing plan, a hospital nurse staffing committee must
40.5 consider all of the following:

40.6 (1) the individual needs and expected census of each inpatient care unit;

40.7 (2) unit-specific patient acuity, including fall risk and behaviors requiring intervention,
40.8 such as physical aggression toward self or others, or destruction of property;

40.9 (3) unit-specific demands on direct care registered nurses' time, including: frequency of
40.10 admissions, discharges, and transfers; frequency and complexity of patient evaluations and
40.11 assessments; frequency and complexity of nursing care planning; planning for patient
40.12 discharge; assessing for patient referral; patient education; and implementing infectious
40.13 disease protocols;

40.14 (4) the architecture and geography of the inpatient care unit, including the placement of
40.15 patient rooms, treatment areas, nursing stations, medication preparation areas, and equipment;

40.16 (5) mechanisms and procedures to provide for one-to-one patient observation for patients
40.17 on psychiatric or other units;

40.18 (6) the stress under which direct care nurses are placed when required to work extreme
40.19 amounts of overtime, such as shifts in excess of 12 hours or multiple consecutive double
40.20 shifts;

40.21 (7) the need for specialized equipment and technology on the unit;

40.22 (8) other special characteristics of the unit or community patient population, including
40.23 age, cultural and linguistic diversity and needs, functional ability, communication skills,
40.24 and other relevant social and socioeconomic factors;

40.25 (9) the skill mix of personnel other than direct care registered nurses providing or
40.26 supporting direct patient care on the unit;

40.27 (10) mechanisms and procedures for identifying additional registered nurses who are
40.28 available for direct patient care when patients' unexpected needs exceed the planned workload
40.29 for direct care staff; and

40.30 (11) demands on direct care registered nurses' time not directly related to providing
40.31 direct care on a unit, such as involvement in quality improvement activities, professional

41.1 development, service to the hospital, including serving on the hospital nurse staffing
 41.2 committee, and service to the profession.

41.3 **Subd. 3. Standard electronic reporting developed of core staffing plans.** ~~(a)~~ Hospitals
 41.4 Each hospital must submit the core staffing plans approved by the hospital's nurse staffing
 41.5 committee to the Minnesota Hospital Association ~~by January 1, 2014.~~ The Minnesota
 41.6 Hospital Association shall include each ~~reporting~~ hospital's core staffing ~~plan~~ plans on the
 41.7 Minnesota Hospital Association's Minnesota Hospital Quality Report website ~~by April 1,~~
 41.8 ~~2014~~ by June 1, 2024. Hospitals shall submit to the Minnesota Hospital Association any
 41.9 substantial changes updates to the a core staffing plan shall be updated within 30 days of
 41.10 the approval of the updates by the hospital's nurse staffing committee or of amendment
 41.11 through arbitration. The Minnesota Hospital Association shall update the Minnesota Hospital
 41.12 Quality Report website with the updated core staffing plans within 30 days of receipt of the
 41.13 updated plan.

41.14 **Subd. 4. Standard electronic reporting of direct patient care report.** ~~(b)~~ The Minnesota
 41.15 Hospital Association shall include on its website for each reporting hospital on a quarterly
 41.16 basis the actual direct patient care hours per patient and per unit. Hospitals must submit the
 41.17 direct patient care report to the Minnesota Hospital Association ~~by July 1, 2014, and~~ quarterly
 41.18 ~~thereafter.~~

41.19 **Subd. 5. Mandatory submission of core staffing plan to commissioner.** Each hospital
 41.20 must submit the core staffing plans and any updates to the commissioner on the same
 41.21 schedule described in subdivision 3. Core staffing plans held by the commissioner are public.

41.22 **EFFECTIVE DATE.** This section is effective April 1, 2024.

41.23 **Sec. 29. [144.7056] IMPLEMENTATION OF HOSPITAL CORE STAFFING PLANS.**

41.24 **Subdivision 1. Plan implementation required.** A hospital must implement the core
 41.25 staffing plans approved by a majority vote of the hospital nurse staffing committee.

41.26 **Subd. 2. Public posting of core staffing plans.** A hospital must post the core staffing
 41.27 plan for the inpatient care unit in a public area on the unit.

41.28 **Subd. 3. Public posting of compliance with plan.** For each publicly posted core staffing
 41.29 plan, a hospital must post a notice stating whether the current staffing on the unit complies
 41.30 with the hospital's core staffing plan for that unit. The public notice of compliance must
 41.31 include a list of the number of nonmanagerial care staff working on the unit during the
 41.32 current shift and the number of patients assigned to each direct care registered nurse working
 41.33 on the unit during the current shift. The list must enumerate the nonmanagerial care staff

42.1 by health care worker type. The public notice of compliance must be posted immediately
42.2 adjacent to the publicly posted core staffing plan.

42.3 Subd. 4. **Public distribution of core staffing plan and notice of compliance.** (a) A
42.4 hospital must include with the posted materials described in subdivisions 2 and 3, a statement
42.5 that individual copies of the posted materials are available upon request to any patient on
42.6 the unit or to any visitor of a patient on the unit. The statement must include specific
42.7 instructions for obtaining copies of the posted materials.

42.8 (b) A hospital must, within four hours after the request, provide individual copies of all
42.9 the posted materials described in subdivisions 2 and 3 to any patient on the unit or to any
42.10 visitor of a patient on the unit who requests the materials.

42.11 Subd. 5. **Documentation of compliance.** Each hospital must document compliance with
42.12 its core staffing plans and maintain records demonstrating compliance for each inpatient
42.13 care unit for five years. Each hospital must provide its hospital nurse staffing committee
42.14 with access to all documentation required under this subdivision.

42.15 Subd. 6. **Dispute resolution.** (a) If hospital management objects to a core staffing plan
42.16 approved by a majority vote of the hospital nurse staffing committee, the hospital may elect
42.17 to attempt to amend the core staffing plan through arbitration.

42.18 (b) During an ongoing dispute resolution process, a hospital must continue to implement
42.19 the core staffing plan as written and approved by the hospital nurse staffing committee.

42.20 (c) If the dispute resolution process results in an amendment to the core staffing plan,
42.21 the hospital must implement the amended core staffing plan.

42.22 **EFFECTIVE DATE.** This section is effective June 1, 2024.

42.23 Sec. 30. **[144.7059] RETALIATION PROHIBITED.**

42.24 Neither a hospital or nor a health-related licensing board may retaliate against or discipline
42.25 a hospital employee regulated by the health-related licensing board, either formally or
42.26 informally, for:

42.27 (1) challenging the process by which a hospital nurse staffing committee is formed or
42.28 conducts its business;

42.29 (2) challenging a core staffing plan approved by a hospital nurse staffing committee;

42.30 (3) objecting to or submitting a grievance related to a patient assignment that leads to a
42.31 direct care registered nurse violating medical restrictions recommended by the nurse's
42.32 medical provider; or

43.1 (4) submitting a report of unsafe staffing conditions.

43.2 **EFFECTIVE DATE.** This section is effective April 1, 2024.

43.3 Sec. 31. **[144.8611] DRUG OVERDOSE AND SUBSTANCE ABUSE PREVENTION.**

43.4 Subdivision 1. **Strategies.** The commissioner of health shall support collaboration and
43.5 coordination between state and community partners to develop, refine, and expand
43.6 comprehensive funding to address the drug overdose epidemic by implementing three
43.7 strategies: (1) regional multidisciplinary overdose prevention teams to implement overdose
43.8 prevention in local communities and local public health organizations; (2) enhance supportive
43.9 services for the homeless who are at risk of overdose by providing emergency and short-term
43.10 housing subsidies through the Homeless Overdose Prevention Hub; and (3) enhance employer
43.11 resources to promote health and well-being of employees through the recovery friendly
43.12 workplace initiative. These strategies address the underlying social conditions that impact
43.13 health status.

43.14 Subd. 2. **Regional teams.** The commissioner of health shall establish community-based
43.15 prevention grants and contracts for the eight regional multidisciplinary overdose prevention
43.16 teams. These teams shall be geographically aligned with the eight emergency medical
43.17 services regions described in section 144E.52. The regional teams shall implement prevention
43.18 programs, policies, and practices that are specific to the challenges and responsive to the
43.19 data of the region.

43.20 Subd. 3. **Homeless Overdose Prevention Hub.** The commissioner of health shall
43.21 establish a community-based grant to enhance supportive services for the homeless who
43.22 are at risk of overdose by providing emergency and short-term housing subsidies through
43.23 the Homeless Overdose Prevention Hub. The Homeless Overdose Prevention Hub serves
43.24 primarily urban American Indians in Minneapolis and Saint Paul and is managed by the
43.25 Native American Community Clinic.

43.26 Subd. 4. **Workplace health.** The commissioner of health shall establish a grants and
43.27 contracts program to strengthen the recovery friendly workplace initiative. This initiative
43.28 helps create work environments that promote employee health, safety, and well-being by:
43.29 (1) preventing abuse and misuse of drugs in the first place; (2) providing training to
43.30 employers; and (3) reducing stigma and supporting recovery for people seeking services
43.31 and who are in recovery.

43.32 Subd. 5. **Eligible grantees.** (a) Organizations eligible to receive grant funding under
43.33 subdivision 4 include not-for-profit agencies or organizations with existing organizational

44.1 structure, capacity, trainers, facilities, and infrastructure designed to deliver model workplace
44.2 policies and practices; that have training and education for employees, supervisors, and
44.3 executive leadership of companies, businesses, and industry; and that have the ability to
44.4 evaluate the three goals of the workplace initiative specified in subdivision 4.

44.5 (b) At least one organization may be selected for a grant under subdivision 4 with
44.6 statewide reach and influence. Up to five smaller organizations may be selected to reach
44.7 specific geographic or population groups.

44.8 Subd. 6. **Evaluation.** The commissioner of health shall design, conduct, and evaluate
44.9 each of the components of the drug overdose and substance abuse prevention program using
44.10 measures such as mortality, morbidity, homelessness, workforce wellness, employee
44.11 retention, and program reach.

44.12 Subd. 7. **Report.** Grantees must report grant program outcomes to the commissioner on
44.13 the forms and according to the timelines established by the commissioner.

44.14 Sec. 32. Minnesota Statutes 2020, section 144.9501, subdivision 9, is amended to read:

44.15 Subd. 9. **Elevated blood lead level.** "Elevated blood lead level" means a diagnostic
44.16 blood lead test with a result that is equal to or greater than ~~ten~~ 3.5 micrograms of lead per
44.17 deciliter of whole blood in any person, unless the commissioner finds that a lower
44.18 concentration is necessary to protect public health.

44.19 Sec. 33. [144.9981] **CLIMATE RESILIENCY.**

44.20 Subdivision 1. **Climate resiliency program.** The commissioner of health shall implement
44.21 a climate resiliency program to:

44.22 (1) increase awareness of climate change;

44.23 (2) track the public health impacts of climate change and extreme weather events;

44.24 (3) provide technical assistance and tools that support climate resiliency to local public
44.25 health organizations, Tribal health organizations, soil and water conservation districts, and
44.26 other local governmental and nongovernmental organizations; and

44.27 (4) coordinate with the commissioners of the Pollution Control Agency, natural resources,
44.28 agriculture, and other state agencies in climate resiliency related planning and
44.29 implementation.

44.30 Subd. 2. **Grants authorized; allocation.** (a) The commissioner of health shall manage
44.31 a grant program for the purpose of climate resiliency planning. The commissioner shall

45.1 award grants through a request for proposals process to local public health organizations,
45.2 Tribal health organizations, soil and water conservation districts, or other local organizations
45.3 for planning for the health impacts of extreme weather events and developing adaptation
45.4 actions. Priority shall be given to small rural water systems and organizations incorporating
45.5 the needs of private water supplies into their planning. Priority shall also be given to
45.6 organizations that serve communities that are disproportionately impacted by climate change.

45.7 (b) Grantees must use the funds to develop a plan or implement strategies that will reduce
45.8 the risk of health impacts from extreme weather events. The grant application must include:

45.9 (1) a description of the plan or project for which the grant funds will be used;

45.10 (2) a description of the pathway between the plan or project and its impacts on health;

45.11 (3) a description of the objectives, a work plan, and a timeline for implementation; and

45.12 (4) the community or group the grant proposes to focus on.

45.13 Sec. 34. [145.361] LONG COVID; SUPPORTING SURVIVORS AND MONITORING
45.14 IMPACT.

45.15 Subdivision 1. **Definition.** For the purpose of this section, "long COVID" means health
45.16 problems that people experience four or more weeks after being infected with SARS-CoV-2,
45.17 the virus that causes COVID-19. Long COVID is also called post COVID, long-haul COVID,
45.18 chronic COVID, post-acute COVID, or post-acute sequelae of COVID-19 (PASC).

45.19 Subd. 2. **Statewide monitoring.** The commissioner of health shall establish a program
45.20 to conduct community needs assessments, perform epidemiologic studies, and establish a
45.21 population-based surveillance system to address long COVID. The purposes of these
45.22 assessments, studies, and surveillance system are to:

45.23 (1) monitor trends in incidence, prevalence, mortality, care management, health outcomes,
45.24 quality of life, and needs of individuals with long COVID and to detect potential public
45.25 health problems, predict risks, and assist in investigating long COVID health disparities;

45.26 (2) more accurately target intervention resources for communities and patients and their
45.27 families;

45.28 (3) inform health professionals and citizens about risks, early detection, and treatment
45.29 of long COVID known to be elevated in their communities; and

45.30 (4) promote high quality studies to provide better information for long COVID prevention
45.31 and control and to address public concerns and questions about long COVID.

46.1 Subd. 3. **Partnerships.** The commissioner of health shall, in consultation with health
46.2 care professionals, the Department of Human Services, local public health organizations,
46.3 health insurers, employers, schools, long COVID survivors, and community organizations
46.4 serving people at high risk of long COVID, routinely identify priority actions and activities
46.5 to address the need for communication, services, resources, tools, strategies, and policies
46.6 to support long COVID survivors and their families.

46.7 Subd. 4. **Grants and contracts.** The commissioner of health shall coordinate and
46.8 collaborate with community and organizational partners to implement evidence-informed
46.9 priority actions, including through community-based grants and contracts.

46.10 Subd. 5. **Grant recipient and contractor eligibility.** The commissioner of health shall
46.11 award contracts and competitive grants to organizations that serve communities
46.12 disproportionately impacted by COVID-19 and long COVID including but not limited to
46.13 rural and low-income areas, Black and African Americans, African immigrants, American
46.14 Indians, Asian American-Pacific Islanders, Latino, LGBTQ+, and persons with disabilities.
46.15 Organizations may also address intersectionality within such groups.

46.16 Subd. 6. **Grants and contracts authorized.** The commissioner of health shall award
46.17 grants and contracts to eligible organizations to plan, construct, and disseminate resources
46.18 and information to support survivors of long COVID, their caregivers, health care providers,
46.19 ancillary health care workers, workplaces, schools, communities, local and Tribal public
46.20 health, and other entities deemed necessary.

46.21 Sec. 35. Minnesota Statutes 2020, section 145.56, is amended by adding a subdivision to
46.22 read:

46.23 Subd. 6. **988; National Suicide Prevention Lifeline number.** The National Suicide
46.24 Prevention Lifeline is expanded to improve the quality of care and access to behavioral
46.25 health crisis services and to further health equity and save lives.

46.26 Sec. 36. Minnesota Statutes 2020, section 145.56, is amended by adding a subdivision to
46.27 read:

46.28 Subd. 7. **Definitions.** (a) For the purposes of this section, the following terms have the
46.29 meanings given.

46.30 (b) "Commissioner" means the commissioner of health.

46.31 (c) "Department" means the Department of Health.

47.1 (d) "National Suicide Prevention Lifeline" means a national network of certified local
47.2 crisis centers maintained by the federal Substance Abuse and Mental Health Services
47.3 Administration that provides free and confidential emotional support to people in suicidal
47.4 crisis or emotional distress 24 hours a day, seven days a week.

47.5 (e) "988 administrator" means the administrator of the 988 National Suicide Prevention
47.6 Lifeline.

47.7 (f) "988 Hotline" or "Lifeline Center" means a state-identified center that is a member
47.8 of the National Suicide Prevention Lifeline network that responds to statewide or regional
47.9 988 contacts.

47.10 (g) "Veterans Crisis Line" means the Veterans Crisis Line maintained by the Secretary
47.11 of Veterans Affairs under United States Code, title 38, section 170F(h).

47.12 Sec. 37. Minnesota Statutes 2020, section 145.56, is amended by adding a subdivision to
47.13 read:

47.14 Subd. 8. **988 National Suicide Prevention Lifeline.** (a) The commissioner of health
47.15 shall administer the designated lifeline and oversee a Lifeline Center or a network of Lifeline
47.16 Centers to answer contacts from individuals accessing the National Suicide Prevention
47.17 Lifeline 24 hours per day, seven days per week.

47.18 (b) The designated Lifeline Center(s) shall:

47.19 (1) have an active agreement with the administrator of the 988 National Suicide
47.20 Prevention Lifeline for participation within the network;

47.21 (2) meet the 988 administrator requirements and best practice guidelines for operational
47.22 and clinical standards;

47.23 (3) provide data, report, and participate in evaluations and related quality improvement
47.24 activities as required by the 988 administrator and the department;

47.25 (4) use technology that is interoperable across crisis and emergency response systems
47.26 used in the state, such as 911 systems, emergency medical services, and the National Suicide
47.27 Prevention Lifeline;

47.28 (5) deploy crisis and outgoing services, including mobile crisis teams in accordance with
47.29 guidelines established by the 988 administrator and the department;

47.30 (6) actively collaborate with local mobile crisis teams to coordinate linkages for persons
47.31 contacting the 988 Hotline for ongoing care needs;

48.1 (7) offer follow-up services to individuals accessing the Lifeline Center that are consistent
48.2 with guidance established by the 988 administrator and the department; and

48.3 (8) meet the requirements set by the 988 administrator and the department for serving
48.4 high risk and specialized populations.

48.5 (c) The department shall collaborate with the National Suicide Prevention Lifeline and
48.6 Veterans Crisis Line networks for the purpose of ensuring consistency of public messaging
48.7 about 988 services.

48.8 **Sec. 38. [145.871] UNIVERSAL, VOLUNTARY HOME VISITING PROGRAM.**

48.9 Subdivision 1. **Grant program.** (a) The commissioner of health shall award grants to
48.10 eligible individuals and entities to establish voluntary home visiting services to families
48.11 expecting or caring for an infant, including families adopting an infant. The following
48.12 individuals and entities are eligible for a grant under this section: community health boards;
48.13 nonprofit organizations; Tribal Nations; and health care providers, including doulas,
48.14 community health workers, perinatal health educators, early childhood family education
48.15 home visiting providers, nurses, community health technicians, and local public health
48.16 nurses.

48.17 (b) The grant money awarded under this section must be used to establish home visiting
48.18 services that:

48.19 (1) provide a range of one to six visits that occur prenatally or within the first four months
48.20 of the expected birth or adoption of an infant; and

48.21 (2) improve outcomes in two or more of the following areas:

48.22 (i) maternal and newborn health;

48.23 (ii) school readiness and achievement;

48.24 (iii) family economic self-sufficiency;

48.25 (iv) coordination and referral for other community resources and supports;

48.26 (v) reduction in child injuries, abuse, or neglect; or

48.27 (vi) reduction in crime or domestic violence.

48.28 (c) The commissioner shall ensure that the voluntary home visiting services established
48.29 under this section are available to all families residing in the state by June 30, 2025. In
48.30 awarding grants prior to the home visiting services being available statewide, the
48.31 commissioner shall prioritize applicants serving high-risk or high-need populations of

49.1 pregnant women and families with infants, including populations with insufficient access
49.2 to prenatal care, high incidence of mental illness or substance use disorder, low
49.3 socioeconomic status, and other factors as determined by the commissioner.

49.4 Subd. 2. **Home visiting services.** (a) The home visiting services provided under this
49.5 section must, at a minimum:

49.6 (1) offer information on infant care, child growth and development, positive parenting,
49.7 preventing diseases, preventing exposure to environmental hazards, and support services
49.8 in the community;

49.9 (2) provide information on and referrals to health care services, including information
49.10 on and assistance in applying for health care coverage for which the child or family may
49.11 be eligible, and provide information on the availability of group prenatal care, preventative
49.12 services, developmental assessments, and public assistance programs as appropriate;

49.13 (3) include an assessment of the physical, social, and emotional factors affecting the
49.14 family and provide information and referrals to address each family's identified needs;

49.15 (4) connect families to additional resources available in the community, including early
49.16 care and education programs, health or mental health services, family literacy programs,
49.17 employment agencies, and social services, as needed;

49.18 (5) utilize appropriate racial, ethnic, and cultural approaches to providing home visiting
49.19 services; and

49.20 (6) be voluntary and free of charge to families.

49.21 (b) Home visiting services under this section may be provided through telephone or
49.22 video communication when the commissioner determines the methods are necessary to
49.23 protect the health and safety of individuals receiving the visits and the home visiting
49.24 workforce.

49.25 Subd. 3. **Administrative costs.** The commissioner may use up to seven percent of the
49.26 annual appropriation under this section to provide training and technical assistance, to
49.27 administer the program, and to conduct ongoing evaluations of the program. The
49.28 commissioner may contract for training, capacity-building support for grantees or potential
49.29 grantees, technical assistance, and evaluation support.

50.1 Sec. 39. Minnesota Statutes 2020, section 145.924, is amended to read:

50.2 **145.924 AIDS PREVENTION GRANTS.**

50.3 (a) The commissioner may award grants to community health boards as defined in section
50.4 145A.02, subdivision 5, state agencies, state councils, or nonprofit corporations to provide
50.5 evaluation and counseling services to populations at risk for acquiring human
50.6 immunodeficiency virus infection, including, but not limited to, minorities, adolescents,
50.7 intravenous drug users, and homosexual men.

50.8 (b) The commissioner may award grants to agencies experienced in providing services
50.9 to communities of color, for the design of innovative outreach and education programs for
50.10 targeted groups within the community who may be at risk of acquiring the human
50.11 immunodeficiency virus infection, including intravenous drug users and their partners,
50.12 adolescents, gay and bisexual individuals and women. Grants shall be awarded on a request
50.13 for proposal basis and shall include funds for administrative costs. Priority for grants shall
50.14 be given to agencies or organizations that have experience in providing service to the
50.15 particular community which the grantee proposes to serve; that have policy makers
50.16 representative of the targeted population; that have experience in dealing with issues relating
50.17 to HIV/AIDS; and that have the capacity to deal effectively with persons of differing sexual
50.18 orientations. For purposes of this paragraph, the "communities of color" are: the
50.19 American-Indian community; the Hispanic community; the African-American community;
50.20 and the Asian-Pacific community.

50.21 (c) All state grants awarded under this section for programs targeted to adolescents shall
50.22 include the promotion of abstinence from sexual activity and drug use.

50.23 (d) The commissioner may manage a program and award grants to agencies experienced
50.24 in syringe services programs for expanding access to harm reduction services and improving
50.25 linkages to care to prevent HIV/AIDS, hepatitis, and other infectious diseases for those
50.26 experiencing homelessness or housing instability.

50.27 Sec. 40. [145.9271] COMMUNITY SOLUTIONS FOR HEALTHY CHILD
50.28 DEVELOPMENT GRANT PROGRAM.

50.29 Subdivision 1. Establishment. The commissioner of health shall establish the community
50.30 solutions for a healthy child development grant program. The purposes of the program are
50.31 to:

50.32 (1) improve child development outcomes related to the well-being of children of color
50.33 and American Indian children from prenatal to grade 3 and their families, including but not

51.1 limited to the goals outlined by the Department of Human Service's early childhood systems
51.2 reform effort that include: early learning; health and well-being; economic security; and
51.3 safe, stable, nurturing relationships and environments, by funding community-based solutions
51.4 for challenges that are identified by the affected communities;

51.5 (2) reduce racial disparities in children's health and development from prenatal to grade
51.6 3; and

51.7 (3) promote racial and geographic equity.

51.8 Subd. 2. Commissioner's duties. The commissioner of health shall:

51.9 (1) develop a request for proposals for the healthy child development grant program in
51.10 consultation with the community solutions advisory council established in subdivision 3;

51.11 (2) provide outreach, technical assistance, and program development support to increase
51.12 capacity for new and existing service providers in order to better meet statewide needs,
51.13 particularly in greater Minnesota and areas where services to reduce health disparities have
51.14 not been established;

51.15 (3) review responses to requests for proposals, in consultation with the community
51.16 solutions advisory council, and award grants under this section;

51.17 (4) ensure communication with the ethnic councils, Minnesota Indian Affairs Council,
51.18 and the Children's Cabinet on the request for proposal process;

51.19 (5) establish a transparent and objective accountability process, in consultation with the
51.20 community solutions advisory council, focused on outcomes that grantees agree to achieve;

51.21 (6) provide grantees with access to data to assist grantees in establishing and
51.22 implementing effective community-led solutions;

51.23 (7) maintain data on outcomes reported by grantees; and

51.24 (8) contract with an independent third-party entity to evaluate the success of the grant
51.25 program and to build the evidence base for effective community solutions in reducing health
51.26 disparities of children of color and American Indian children from prenatal to grade 3.

51.27 Subd. 3. Community solutions advisory council; establishment; duties;

51.28 compensation. (a) The commissioner of health shall establish a community solutions
51.29 advisory council. By October 1, 2022, the commissioner shall convene a 12-member
51.30 community solutions advisory council. Members of the advisory council are:

51.31 (1) two members representing the African Heritage community;

- 52.1 (2) two members representing the Latino community;
- 52.2 (3) two members representing the Asian-Pacific Islander community;
- 52.3 (4) two members representing the American Indian community;
- 52.4 (5) two parents who are Black, indigenous, or nonwhite people of color with children
52.5 under nine years of age;
- 52.6 (6) one member with research or academic expertise in racial equity and healthy child
52.7 development; and
- 52.8 (7) one member representing an organization that advocates on behalf of communities
52.9 of color or American Indians.
- 52.10 (b) At least three of the 12 members of the advisory council must come from outside
52.11 the seven-county metropolitan area.
- 52.12 (c) The community solutions advisory council shall:
- 52.13 (1) advise the commissioner on the development of the request for proposals for
52.14 community solutions healthy child development grants. In advising the commissioner, the
52.15 council must consider how to build on the capacity of communities to promote child and
52.16 family well-being and address social determinants of healthy child development;
- 52.17 (2) review responses to requests for proposals and advise the commissioner on the
52.18 selection of grantees and grant awards;
- 52.19 (3) advise the commissioner on the establishment of a transparent and objective
52.20 accountability process focused on outcomes the grantees agree to achieve;
- 52.21 (4) advise the commissioner on ongoing oversight and necessary support in the
52.22 implementation of the program; and
- 52.23 (5) support the commissioner on other racial equity and early childhood grant efforts.
- 52.24 (d) Each advisory council member shall be compensated as provided in section 15.059,
52.25 subdivision 3.
- 52.26 Subd. 4. **Eligible grantees.** Organizations eligible to receive grant funding under this
52.27 section include:
- 52.28 (1) organizations or entities that work with Black, indigenous, and non-Black people of
52.29 color communities;
- 52.30 (2) Tribal nations and Tribal organizations as defined in section 658P of the Child Care
52.31 and Development Block Grant Act of 1990; and

53.1 (3) organizations or entities focused on supporting healthy child development.

53.2 **Subd. 5. Strategic consideration and priority of proposals; eligible populations;**

53.3 **grant awards. (a) The commissioner, in consultation with the community solutions advisory**

53.4 **council, shall develop a request for proposals for healthy child development grants. In**

53.5 **developing the proposals and awarding the grants, the commissioner shall consider building**

53.6 **on the capacity of communities to promote child and family well-being and address social**

53.7 **determinants of healthy child development. Proposals must focus on increasing racial equity**

53.8 **and healthy child development and reducing health disparities experienced by children of**

53.9 **Black, nonwhite people of color, and American Indian communities from prenatal to grade**

53.10 **3 and their families.**

53.11 (b) In awarding the grants, the commissioner shall provide strategic consideration and

53.12 give priority to proposals from:

53.13 (1) organizations or entities led by Black and other nonwhite people of color and serving

53.14 Black and nonwhite communities of color;

53.15 (2) organizations or entities led by American Indians and serving American Indians,

53.16 including Tribal nations and Tribal organizations;

53.17 (3) organizations or entities with proposals focused on healthy development from prenatal

53.18 to age three;

53.19 (4) organizations or entities with proposals focusing on multigenerational solutions;

53.20 (5) organizations or entities located in or with proposals to serve communities located

53.21 in counties that are moderate to high risk according to the Wilder Research Risk and Reach

53.22 Report; and

53.23 (6) community-based organizations that have historically served communities of color

53.24 and American Indians and have not traditionally had access to state grant funding.

53.25 (c) The advisory council may recommend additional strategic considerations and priorities

53.26 to the commissioner.

53.27 (d) The first round of grants must be awarded no later than April 15, 2023.

53.28 **Subd. 6. Geographic distribution of grants. To the extent possible, the commissioner**

53.29 **and the advisory council shall ensure that grant funds are prioritized and awarded to**

53.30 **organizations and entities that are within counties that have a higher proportion of Black,**

53.31 **nonwhite people of color, and American Indians than the state average.**

54.1 Subd. 7. **Report.** Grantees must report grant program outcomes to the commissioner on
54.2 the forms and according to the timelines established by the commissioner.

54.3 Sec. 41. **[145.9272] LEAD TESTING AND REMEDIATION GRANT PROGRAM;**
54.4 **SCHOOLS, CHILD CARE CENTERS, FAMILY CHILD CARE PROVIDERS.**

54.5 Subdivision 1. **Establishment; purpose.** The commissioner of health shall establish a
54.6 grant program to test drinking water in licensed child care centers and licensed family child
54.7 care providers for the presence of lead and to remediate identified sources of lead in drinking
54.8 water in schools, licensed child care centers, and licensed family child care providers.

54.9 Subd. 2. **Grant awards.** (a) The commissioner shall award grants through a request for
54.10 proposals process to schools, licensed child care centers, and licensed family child care
54.11 providers. The commissioner shall award grants in the following order of priority:

54.12 (1) statewide testing of drinking water in licensed child care centers and licensed family
54.13 child care providers for the presence of lead and remediating identified sources of lead in
54.14 these settings; and

54.15 (2) remediating identified sources of lead in drinking water in schools.

54.16 (b) The commissioner shall prioritize grant awards for the purposes specified in paragraph
54.17 (a), clause (1), or paragraph (a), clause (2), to settings with higher levels of lead detected
54.18 in water samples, with evidence of lead service lines or lead plumbing materials, or that
54.19 serve or are in school districts that serve disadvantaged communities.

54.20 Subd. 3. **Uses of grant funds.** Licensed child care centers and licensed family child care
54.21 providers must use grant funds under this section to test their drinking water for lead;
54.22 remediate sources of lead contamination within the building, including lead service lines
54.23 and premises plumbing; and implement best practices for water management within the
54.24 building. Schools must use grant funds under this section to remediate sources of lead
54.25 contamination within the building and implement best practices for water management
54.26 within the building.

54.27 Sec. 42. **[145.9275] SKIN-LIGHTENING PRODUCTS PUBLIC AWARENESS AND**
54.28 **EDUCATION GRANT PROGRAM.**

54.29 Subdivision 1. **Grant program.** The commissioner of health shall award grants through
54.30 a request for proposal process to community-based organizations that serve ethnic
54.31 communities and focus on public health outreach to Black and people of color communities
54.32 on the issues of colorism, skin-lightening products, and chemical exposures from these

55.1 products. Priority in awarding grants shall be given to organizations that have historically
55.2 provided services to ethnic communities on the skin-lightening and chemical exposure issue
55.3 for the past four years.

55.4 Subd. 2. **Uses of grant funds.** Grant recipients must use grant funds awarded under this
55.5 section to conduct public awareness and education activities that are culturally specific and
55.6 community-based and that focus on:

55.7 (1) increasing public awareness and providing education on the health dangers associated
55.8 with using skin-lightening creams and products that contain mercury and hydroquinone and
55.9 are manufactured in other countries, brought into this country, and sold illegally online or
55.10 in stores; the dangers of exposure to mercury through dermal absorption, inhalation,
55.11 hand-to-mouth contact, and contact with individuals who have used these skin-lightening
55.12 products; the health effects of mercury poisoning, including the permanent effects on the
55.13 central nervous system and kidneys; and the dangers to mothers and infants of using these
55.14 products or being exposed to these products during pregnancy and while breastfeeding;

55.15 (2) identifying products that contain mercury and hydroquinone by testing skin-lightening
55.16 products;

55.17 (3) developing a train the trainer curriculum to increase community knowledge and
55.18 influence behavior changes by training community leaders, cultural brokers, community
55.19 health workers, and educators;

55.20 (4) continuing to build the self-esteem and overall wellness of young people who are
55.21 using skin-lightening products or are at risk of starting the practice of skin lightening; and

55.22 (5) building the capacity of community-based organizations to continue to combat
55.23 skin-lightening practices and chemical exposure.

55.24 **Sec. 43. [145.9282] COMMUNITY HEALTH WORKERS; REDUCING HEALTH**
55.25 **DISPARITIES WITH COMMUNITY-LED CARE.**

55.26 Subdivision 1. **Establishment.** The commissioner of health shall support collaboration
55.27 and coordination between state and community partners to develop, refine, and expand the
55.28 community health workers profession across the state equipping them to address health
55.29 needs and to improve health outcomes by addressing the social conditions that impact health
55.30 status. Community health professionals' work expands beyond health care to bring health
55.31 and racial equity into public safety, social services, youth and family services, schools,
55.32 neighborhood associations, and more.

56.1 Subd. 2. **Grants authorized; eligibility.** The commissioner of health shall establish a
56.2 community-based grant to expand and strengthen the community health workers workforce
56.3 across the state. The grantee must be a not-for-profit community organization serving,
56.4 convening, and supporting community health workers (CHW) statewide.

56.5 Subd. 3. **Evaluation.** The commissioner of health shall design, conduct, and evaluate
56.6 the CHW initiative using measures of workforce capacity, employment opportunity, reach
56.7 of services, and return on investment, as well as descriptive measures of the extant CHW
56.8 models as they compare with the national community health workers' landscape. These
56.9 more proximal measures are collected and analyzed as foundational to longer-term change
56.10 in social determinants of health and rates of death and injury by suicide, overdose, firearms,
56.11 alcohol, and chronic disease.

56.12 Subd. 4. **Report.** Grantees must report grant program outcomes to the commissioner on
56.13 the forms and according to the timelines established by the commissioner.

56.14 Sec. 44. **[145.9283] REDUCING HEALTH DISPARITIES AMONG PEOPLE WITH**
56.15 **DISABILITIES; GRANTS.**

56.16 Subdivision 1. **Goal and establishment.** The commissioner of health shall support
56.17 collaboration and coordination between state and community partners to address equity
56.18 barriers to health care and preventative services for chronic diseases among people with
56.19 disabilities. The commissioner of health, in consultation with the Olmstead Implementation
56.20 Office, Department of Human Services, Board on Aging, health care professionals, local
56.21 public health organizations, and other community organizations that serve people with
56.22 disabilities, shall routinely identify priorities and action steps to address identified gaps in
56.23 services, resources, and tools.

56.24 Subd. 2. **Assessment and tracking.** The commissioner of health shall conduct community
56.25 needs assessments and establish a health surveillance and tracking plan in collaboration
56.26 with community and organizational partners to identify and address health disparities.

56.27 Subd. 3. **Grants authorized.** The commissioner of health shall establish
56.28 community-based grants to support establishing inclusive evidence-based chronic disease
56.29 prevention and management services to address identified gaps and disparities.

56.30 Subd. 4. **Technical assistance.** The commissioner of health shall provide and evaluate
56.31 training and capacity-building technical assistance on accessible preventive health care for
56.32 public health and health care providers of chronic disease prevention and management
56.33 programs and services.

57.1 Subd. 5. **Report.** Grantees must report grant program outcomes to the commissioner on
57.2 the forms and according to the timelines established by the commissioner.

57.3 Sec. 45. **[145.9292] PUBLIC HEALTH AMERICORPS.**

57.4 The commissioner may award a grant to a statewide, nonprofit organization to support
57.5 Public Health AmeriCorps members. The organization awarded the grant shall provide the
57.6 commissioner with any information needed by the commissioner to evaluate the program
57.7 in the form and at the timelines specified by the commissioner.

57.8 Sec. 46. **[145.987] HEALTHY BEGINNINGS, HEALTHY FAMILIES ACT.**

57.9 Subdivision 1. **Purposes.** The purposes of the Healthy Beginnings, Healthy Families
57.10 Act are to: (1) address the significant disparities in early childhood outcomes and increase
57.11 the number of children who are school ready through establishing the Minnesota collaborative
57.12 to prevent infant mortality; (2) sustain the Help Me Connect online navigator; (3) improve
57.13 universal access to developmental and social-emotional screening and follow-up; and (4)
57.14 sustain and expand the model jail practices for children of incarcerated parents in Minnesota
57.15 jails.

57.16 Subd. 2. **Minnesota collaborative to prevent infant mortality.** (a) The Minnesota
57.17 collaborative to prevent infant mortality is established. The goals of the Minnesota
57.18 collaborative to prevent infant mortality program are to:

57.19 (1) build a statewide multisectoral partnership including the state government, local
57.20 public health organizations, Tribes, the private sector, and community nonprofit organizations
57.21 with the shared goal of decreasing infant mortality rates among populations with significant
57.22 disparities, including among Black, American Indian, and other nonwhite communities,
57.23 and rural populations;

57.24 (2) address the leading causes of poor infant health outcomes such as premature birth,
57.25 infant sleep-related deaths, and congenital anomalies through strategies to change social
57.26 and environmental determinants of health; and

57.27 (3) promote the development, availability, and use of data-informed, community-driven
57.28 strategies to improve infant health outcomes.

57.29 (b) The commissioner of health shall establish a statewide partnership program to engage
57.30 communities, exchange best practices, share summary data on infant health, and promote
57.31 policies to improve birth outcomes and eliminate preventable infant mortality.

58.1 Subd. 3. Grants authorized. (a) The commissioner of health shall award grants to
58.2 eligible applicants to convene, coordinate, and implement data-driven strategies and culturally
58.3 relevant activities to improve infant health by reducing preterm births, sleep-related infant
58.4 deaths, and congenital malformations and by addressing social and environmental
58.5 determinants of health. Grants shall be awarded to support community nonprofit
58.6 organizations, Tribal governments, and community health boards. Grants shall be awarded
58.7 to all federally recognized Tribal governments whose proposals demonstrate the ability to
58.8 implement programs designed to achieve the purposes in subdivision 2 and other requirements
58.9 of this section. An eligible applicant must submit an application to the commissioner of
58.10 health on a form designated by the commissioner and by the deadline established by the
58.11 commissioner. The commissioner shall award grants to eligible applicants in metropolitan
58.12 and rural areas of the state and may consider geographic representation in grant awards.

58.13 (b) Grantee activities shall:

58.14 (1) address the leading cause or causes of infant mortality;

58.15 (2) be based on community input;

58.16 (3) be focused on policy, systems, and environmental changes that support infant health;

58.17 and

58.18 (4) address the health disparities and inequities that are experienced in the grantee's
58.19 community.

58.20 (c) The commissioner shall review each application to determine whether the application
58.21 is complete and whether the applicant and the project are eligible for a grant. In evaluating
58.22 applications under this subdivision, the commissioner shall establish criteria including but
58.23 not limited to: (1) the eligibility of the project; (2) the applicant's thoroughness and clarity
58.24 in describing the infant health issues grant funds are intended to address; (3) a description
58.25 of the applicant's proposed project; (4) a description of the population demographics and
58.26 service area of the proposed project; and (5) evidence of efficiencies and effectiveness
58.27 gained through collaborative efforts.

58.28 (d) Grant recipients shall report their activities to the commissioner in a format and at
58.29 a time specified by the commissioner.

58.30 Subd. 4. Technical assistance. (a) The commissioner shall provide content expertise,
58.31 technical expertise, training to grant recipients, and advice on data-driven strategies.

59.1 (b) For the purposes of carrying out the grant program under subdivision 3, including
59.2 for administrative purposes, the commissioner shall award contracts to appropriate entities
59.3 to assist in training and to provide technical assistance to grantees.

59.4 (c) Contracts awarded under paragraph (b) may be used to provide technical assistance
59.5 and training in the areas of:

59.6 (1) partnership development and capacity building;

59.7 (2) Tribal support;

59.8 (3) implementation support for specific infant health strategies;

59.9 (4) communications, convening, and sharing lessons learned; and

59.10 (5) health equity.

59.11 Subd. 5. **Help Me Connect.** The Help Me Connect online navigator is established. The
59.12 goal of Help Me Connect is to connect pregnant and parenting families with young children
59.13 from birth to eight years of age with services in their local communities that support healthy
59.14 child development and family well-being. The commissioner of health shall work
59.15 collaboratively with the commissioners of human services and education to implement this
59.16 subdivision.

59.17 Subd. 6. **Duties of Help Me Connect.** (a) Help Me Connect shall facilitate collaboration
59.18 across sectors covering child health, early learning and education, child welfare, and family
59.19 supports by:

59.20 (1) providing early childhood provider outreach to support early detection, intervention,
59.21 and knowledge about local resources; and

59.22 (2) linking children and families to appropriate community-based services.

59.23 (b) Help Me Connect shall provide community outreach that includes support for and
59.24 participation in the help me connect system, including disseminating information and
59.25 compiling and maintaining a current resource directory that includes but is not limited to
59.26 primary and specialty medical care providers, early childhood education and child care
59.27 programs, developmental disabilities assessment and intervention programs, mental health
59.28 services, family and social support programs, child advocacy and legal services, public
59.29 health and human services and resources, and other appropriate early childhood information.

59.30 (c) Help Me Connect shall maintain a centralized access point for parents and
59.31 professionals to obtain information, resources, and other support services.

60.1 (d) Help Me Connect shall provide a centralized mechanism that facilitates
60.2 provider-to-provider referrals to community resources and monitors referrals to ensure that
60.3 families are connected to services.

60.4 (e) Help Me Connect shall collect program evaluation data to increase the understanding
60.5 of all aspects of the current and ongoing system under this section, including identification
60.6 of gaps in service, barriers to finding and receiving appropriate service, and lack of resources.

60.7 **Subd. 7. Universal and voluntary developmental and social-emotional screening**
60.8 **and follow-up.** (a) The commissioner shall establish a universal and voluntary developmental
60.9 and social-emotional screening to identify young children at risk for developmental and
60.10 behavioral concerns. Follow-up services shall be provided to connect families and young
60.11 children to appropriate community-based resources and programs. The commissioner of
60.12 health shall work with the commissioners of human services and education to implement
60.13 this subdivision and promote interagency coordination with other early childhood programs
60.14 including those that provide screening and assessment.

60.15 (b) The commissioner shall:

60.16 (1) increase the awareness of universal and voluntary developmental and social-emotional
60.17 screening and follow-up in coordination with community and state partners;

60.18 (2) expand existing electronic screening systems to administer developmental and
60.19 social-emotional screening of children from birth to kindergarten entrance;

60.20 (3) provide universal and voluntary periodic screening for developmental and
60.21 social-emotional delays based on current recommended best practices;

60.22 (4) review and share the results of the screening with the child's parent or guardian;

60.23 (5) support families in their role as caregivers by providing typical growth and
60.24 development information, anticipatory guidance, and linkages to early childhood resources
60.25 and programs;

60.26 (6) ensure that children and families are linked to appropriate community-based services
60.27 and resources when any developmental or social-emotional concerns are identified through
60.28 screening; and

60.29 (7) establish performance measures and collect, analyze, and share program data regarding
60.30 population-level outcomes of developmental and social-emotional screening, and make
60.31 referrals to community-based services and follow-up activities.

61.1 Subd. 8. Grants authorized. The commissioner shall award grants to community health
61.2 boards and Tribal nations to support follow-up services for children with developmental or
61.3 social-emotional concerns identified through screening in order to link children and their
61.4 families to appropriate community-based services and resources. The commissioner shall
61.5 provide technical assistance, content expertise, and training to grant recipients to ensure
61.6 that follow-up services are effectively provided.

61.7 Subd. 9. Model jails practices for incarcerated parents. (a) The commissioner of
61.8 health may make special grants to counties, groups of counties, or nonprofit organizations
61.9 to implement model jails practices to benefit the children of incarcerated parents.

61.10 (b) "Model jail practices" means a set of practices that correctional administrators can
61.11 implement to remove barriers that may prevent a child from cultivating or maintaining
61.12 relationships with the child's incarcerated parent or parents during and immediately after
61.13 incarceration without compromising the safety or security of the correctional facility.

61.14 Subd. 10. Grants authorized. (a) The commissioner of health shall award grants to
61.15 eligible county jails to implement model jail practices and separate grants to county
61.16 governments, Tribal governments, or nonprofit organizations in corresponding geographic
61.17 areas to build partnerships with county jails to support children of incarcerated parents and
61.18 their caregivers.

61.19 (b) Grantee activities may include but are not limited to:

61.20 (1) parenting classes or groups;

61.21 (2) family-centered intake and assessment of inmate programs;

61.22 (3) family notification, information, and communication strategies;

61.23 (4) correctional staff training;

61.24 (5) policies and practices for family visits; and

61.25 (6) family-focused reentry planning.

61.26 (c) Grant recipients shall report their activities to the commissioner in a format and at a
61.27 time specified by the commissioner.

61.28 Subd. 11. Technical assistance and oversight. (a) The commissioner shall provide
61.29 content expertise, training to grant recipients, and advice on evidence-based strategies,
61.30 including evidence-based training to support incarcerated parents.

62.1 (b) For the purposes of carrying out the grant program under subdivision 10, including
62.2 for administrative purposes, the commissioner shall award contracts to appropriate entities
62.3 to assist in training and provide technical assistance to grantees.

62.4 (c) Contracts awarded under paragraph (b) may be used to provide technical assistance
62.5 and training in the areas of:

62.6 (1) evidence-based training for incarcerated parents;

62.7 (2) partnership building and community engagement;

62.8 (3) evaluation of process and outcomes of model jail practices; and

62.9 (4) expert guidance on reducing the harm caused to children of incarcerated parents and
62.10 application of model jail practices.

62.11 **Sec. 47. [145.988] MINNESOTA SCHOOL HEALTH INITIATIVE.**

62.12 Subdivision 1. **Purpose.** (a) The purpose of the Minnesota School Health Initiative is
62.13 to implement evidence-based practices to strengthen and expand health promotion and
62.14 health care delivery activities in schools to improve the holistic health of students. To better
62.15 serve students, the Minnesota School Health Initiative shall unify the best practices of the
62.16 school-based health center and Whole School, Whole Community, Whole Child models.

62.17 (b) The commissioner of health and the commissioner of education shall coordinate the
62.18 projects and initiatives funded under this section with other efforts at the local, state, or
62.19 national level to avoid duplication and promote complementary efforts.

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

62.22 (b) "School-based health center" or "comprehensive school-based health center" means
62.23 a safety net health care delivery model that is located in or near a school facility and that
62.24 offers comprehensive health care, including preventive and behavioral health services, by
62.25 licensed and qualified health professionals in accordance with federal, state, and local law.
62.26 When not located on school property, the school-based health center must have an established
62.27 relationship with one or more schools in the community and operate primarily to serve those
62.28 student groups.

62.29 (c) "Sponsoring organization" means any of the following that operate a school-based
62.30 health center:

62.31 (1) health care providers;

63.1 (2) community clinics;

63.2 (3) hospitals;

63.3 (4) federally qualified health centers and look-alikes as defined in section 145.9269;

63.4 (5) health care foundations or nonprofit organizations;

63.5 (6) higher education institutions; or

63.6 (7) local health departments.

63.7 Subd. 3. **Expansion of Minnesota school-based health centers.** (a) The commissioner
63.8 of health shall administer a program to provide grants to school districts, school-based health
63.9 centers, and sponsoring organizations to support existing school-based health centers and
63.10 facilitate the growth of school-based health centers in Minnesota.

63.11 (b) Grant funds distributed under this subdivision shall be used to support new or existing
63.12 school-based health centers that:

63.13 (1) operate in partnership with a school or district and with the permission of the school
63.14 or district board;

63.15 (2) provide health services through a sponsoring organization; and

63.16 (3) provide health services to all students and youth within a school or district regardless
63.17 of ability to pay, insurance coverage, or immigration status, and in accordance with federal,
63.18 state, and local law.

63.19 (c) Grant recipients shall report their activities and annual performance measures as
63.20 defined by the commissioner in a format and time specified by the commissioner.

63.21 Subd. 4. **School-based health center services.** Services provided by a school-based
63.22 health center may include but are not limited to:

63.23 (1) preventative health care;

63.24 (2) chronic medical condition management, including diabetes and asthma care;

63.25 (3) mental health care and crisis management;

63.26 (4) acute care for illness and injury;

63.27 (5) oral health care;

63.28 (6) vision care;

63.29 (7) nutritional counseling;

64.1 (8) substance abuse counseling;

64.2 (9) referral to a specialist, medical home, or hospital for care;

64.3 (10) additional services that address social determinants of health; and

64.4 (11) emerging services such as mobile health and telehealth.

64.5 Subd. 5. **Sponsoring organization.** A sponsoring organization that agrees to operate a
64.6 school-based health center must enter into a memorandum of agreement with the school or
64.7 district. The memorandum of agreement must require the sponsoring organization to be
64.8 financially responsible for the operation of school-based health centers in the school or
64.9 district and must identify the costs that are the responsibility of the school or district, such
64.10 as Internet access, custodial services, utilities, and facility maintenance. To the greatest
64.11 extent possible, a sponsoring organization must bill private insurers, medical assistance,
64.12 and other public programs for services provided in the school-based health center in order
64.13 to maintain the financial sustainability of the school-based health center.

64.14 Subd. 6. **Oral health in school settings.** (a) The commissioner of health shall administer
64.15 a program to provide competitive grants to schools, oral health providers, and other
64.16 community groups to build capacity and infrastructure to establish, expand, link, or strengthen
64.17 oral health services in school settings.

64.18 (b) Grant funds distributed under this subdivision must be used to support new or existing
64.19 oral health services in schools that:

64.20 (1) provide oral health risk assessment, screening, education, and anticipatory guidance;

64.21 (2) provide oral health services, including fluoride varnish and dental sealants;

64.22 (3) make referrals for restorative and other follow-up dental care as needed; and

64.23 (4) provide free access to fluoridated drinking water to give students a healthy alternative
64.24 to sugar-sweetened beverages.

64.25 (c) Grant recipients must collect, monitor, and submit to the commissioner of health
64.26 baseline and annual data and provide information to improve the quality and impact of oral
64.27 health strategies.

64.28 Subd. 7. **Whole School, Whole Community, Whole Child grants.** (a) The commissioner
64.29 of health shall administer a program to provide competitive grants to local public health
64.30 organizations, schools, and community organizations using the evidence-based Whole
64.31 School, Whole Community, Whole Child (WSCC) model to increase alignment, integration,

65.1 and collaboration between public health and education sectors to improve each child's
65.2 cognitive, physical, oral, social, and emotional development.

65.3 (b) Grant funds distributed under this subdivision must be used to support new or existing
65.4 programs that implement elements of the WSCC model in schools that:

65.5 (1) align health and learning strategies to improve health outcomes and academic
65.6 achievement;

65.7 (2) improve the physical, nutritional, psychological, social, and emotional environments
65.8 of schools;

65.9 (3) create collaborative approaches to engage schools, parents and guardians, and
65.10 communities; and

65.11 (4) promote and establish lifelong healthy behaviors.

65.12 (c) Grant recipients shall report grant activities and progress to the commissioner in a
65.13 time and format specified by the commissioner.

65.14 Subd. 8. **Technical assistance and oversight.** (a) The commissioner shall provide
65.15 content expertise, technical expertise, and training to grant recipients under subdivisions 6
65.16 and 7.

65.17 (b) For the purposes of carrying out the grant program under this section, including for
65.18 administrative purposes, the commissioner shall award contracts to appropriate entities to
65.19 assist in training and provide technical assistance to grantees.

65.20 (c) Contracts awarded under paragraph (b) may be used to provide technical assistance
65.21 and training in the areas of:

65.22 (1) needs assessment;

65.23 (2) community engagement and capacity building;

65.24 (3) community asset building and risk behavior reduction;

65.25 (4) dental provider training in calibration;

65.26 (5) dental services related equipment, instruments, supplies;

65.27 (6) communications;

65.28 (7) community, school, health care, work site, and other site-specific strategies;

65.29 (8) health equity;

65.30 (9) data collection and analysis; and

66.1 (10) evaluation.

66.2 Sec. 48. Minnesota Statutes 2020, section 145A.131, subdivision 1, is amended to read:

66.3 Subdivision 1. **Funding formula for community health boards.** (a) Base funding for
66.4 each community health board eligible for a local public health grant under section 145A.03,
66.5 subdivision 7, shall be determined by each community health board's fiscal year 2003
66.6 allocations, prior to unallotment, for the following grant programs: community health
66.7 services subsidy; state and federal maternal and child health special projects grants; family
66.8 home visiting grants; TANF MN ENABL grants; TANF youth risk behavior grants; and
66.9 available women, infants, and children grant funds in fiscal year 2003, prior to unallotment,
66.10 distributed based on the proportion of WIC participants served in fiscal year 2003 within
66.11 the CHS service area.

66.12 (b) Base funding for a community health board eligible for a local public health grant
66.13 under section 145A.03, subdivision 7, as determined in paragraph (a), shall be adjusted by
66.14 the percentage difference between the base, as calculated in paragraph (a), and the funding
66.15 available for the local public health grant.

66.16 (c) Multicounty or multicity community health boards shall receive a local partnership
66.17 base of up to \$5,000 per year for each county or city in the case of a multicity community
66.18 health board included in the community health board.

66.19 (d) The State Community Health Services Advisory Committee may recommend a
66.20 formula to the commissioner to use in distributing funds to community health boards.

66.21 (e) Notwithstanding any adjustment in paragraph (b), community health boards, all or
66.22 a portion of which are located outside of the counties of Anoka, Chisago, Carver, Dakota,
66.23 Hennepin, Isanti, Ramsey, Scott, Sherburne, Washington, and Wright, are eligible to receive
66.24 an increase equal to ten percent of the grant award to the community health board under
66.25 paragraph (a) starting July 1, 2015. The increase in calendar year 2015 shall be prorated for
66.26 the last six months of the year. For calendar years beginning on or after January 1, 2016,
66.27 the amount distributed under this paragraph shall be adjusted each year based on available
66.28 funding and the number of eligible community health boards.

66.29 (f) Funding for foundational public health responsibilities shall be distributed based on
66.30 a formula determined by the commissioner in consultation with the State Community Health
66.31 Services Advisory Committee. Community health boards must use these funds as specified
66.32 in subdivision 5.

67.1 Sec. 49. Minnesota Statutes 2020, section 145A.131, subdivision 5, is amended to read:

67.2 Subd. 5. **Use of funds.** (a) Community health boards may use the base funding of their
67.3 local public health grant funds distributed according to subdivision 1, paragraphs (a) to (e),
67.4 to address the areas of public health responsibility and local priorities developed through
67.5 the community health assessment and community health improvement planning process.

67.6 (b) A community health board must use funding for foundational public health
67.7 responsibilities that is distributed according to subdivision 1, paragraph (f), to fulfill
67.8 foundational public health responsibilities as defined by the commissioner in consultation
67.9 with the State Community Health Services Advisory Committee.

67.10 (c) Notwithstanding paragraph (b), if a community health board can demonstrate that
67.11 foundational public health responsibilities are fulfilled, the community health board may
67.12 use funding for foundational public health responsibilities for local priorities developed
67.13 through the community health assessment and community health improvement planning
67.14 process.

67.15 (d) Notwithstanding paragraphs (a) to (c), by July 1, 2026, community health boards
67.16 must use all local public health funds first to fulfill foundational public health responsibilities.
67.17 Once a community health board can demonstrate foundational public health responsibilities
67.18 are fulfilled, funds may be used for local priorities developed through the community health
67.19 assessment and community health improvement planning process.

67.20 Sec. 50. Minnesota Statutes 2020, section 145A.14, is amended by adding a subdivision
67.21 to read:

67.22 Subd. 2b. **Tribal governments; foundational public health responsibilities.** The
67.23 commissioner shall distribute grants to Tribal governments for foundational public health
67.24 responsibilities as defined by each Tribal government.

67.25 Sec. 51. Minnesota Statutes 2020, section 149A.01, subdivision 2, is amended to read:

67.26 Subd. 2. **Scope.** In Minnesota no person shall, without being licensed or registered by
67.27 the commissioner of health:

67.28 (1) take charge of or remove from the place of death a dead human body;

67.29 (2) prepare a dead human body for final disposition, in any manner; or

67.30 (3) arrange, direct, or supervise a funeral, memorial service, or graveside service.

68.1 Sec. 52. Minnesota Statutes 2020, section 149A.01, subdivision 3, is amended to read:

68.2 Subd. 3. **Exceptions to licensure.** (a) Except as otherwise provided in this chapter,
68.3 nothing in this chapter shall in any way interfere with the duties of:

68.4 (1) an anatomical bequest program located within an accredited school of medicine or
68.5 an accredited college of mortuary science;

68.6 (2) a person engaged in the performance of duties prescribed by law relating to the
68.7 conditions under which unclaimed dead human bodies are held subject to anatomical study;

68.8 (3) authorized personnel from a licensed ambulance service in the performance of their
68.9 duties;

68.10 (4) licensed medical personnel in the performance of their duties; or

68.11 (5) the coroner or medical examiner in the performance of the duties of their offices.

68.12 (b) This chapter does not apply to or interfere with the recognized customs or rites of
68.13 any culture or recognized religion in the ceremonial washing, dressing, casketing, and public
68.14 transportation of their dead, to the extent that all other provisions of this chapter are complied
68.15 with.

68.16 (c) Noncompensated persons with the right to control the dead human body, under section
68.17 149A.80, subdivision 2, may remove a body from the place of death; transport the body;
68.18 prepare the body for disposition, except embalming; or arrange for final disposition of the
68.19 body, provided that all actions are in compliance with this chapter.

68.20 (d) Persons serving internships pursuant to section 149A.20, subdivision 6, ~~or~~ students
68.21 officially registered for a practicum or clinical through a program of mortuary science
68.22 accredited by the American Board of Funeral Service Education, or transfer care specialists
68.23 registered pursuant to section 149A.47 are not required to be licensed, provided that the
68.24 persons or students are registered with the commissioner and act under the direct and
68.25 exclusive supervision of a person holding a current license to practice mortuary science in
68.26 Minnesota.

68.27 (e) Notwithstanding this subdivision, nothing in this section shall be construed to prohibit
68.28 an institution or entity from establishing, implementing, or enforcing a policy that permits
68.29 only persons licensed by the commissioner to remove or cause to be removed a dead body
68.30 or body part from the institution or entity.

68.31 (f) An unlicensed person may arrange for and direct or supervise a memorial service if
68.32 that person or that person's employer does not have charge of the dead human body. An

69.1 unlicensed person may not take charge of the dead human body, unless that person has the
69.2 right to control the dead human body under section 149A.80, subdivision 2, or is that person's
69.3 noncompensated designee.

69.4 Sec. 53. Minnesota Statutes 2020, section 149A.02, is amended by adding a subdivision
69.5 to read:

69.6 Subd. 12c. **Dead human body or body.** "Dead human body" or "body" includes an
69.7 identifiable human body part that is detached from a human body.

69.8 Sec. 54. Minnesota Statutes 2020, section 149A.02, subdivision 13a, is amended to read:

69.9 Subd. 13a. **Direct supervision.** "Direct supervision" means overseeing the performance
69.10 of an individual. For the purpose of a clinical, practicum, ~~or~~ internship, or registration, direct
69.11 supervision means that the supervisor is available to observe and correct, as needed, the
69.12 performance of the trainee or registrant. The mortician supervisor is accountable for the
69.13 actions of the clinical student, practicum student, ~~or~~ intern, or registrant throughout the
69.14 course of the training. The supervising mortician is accountable for any violations of law
69.15 or rule, in the performance of their duties, by the clinical student, practicum student, ~~or~~
69.16 intern, or registrant.

69.17 Sec. 55. Minnesota Statutes 2020, section 149A.02, is amended by adding a subdivision
69.18 to read:

69.19 Subd. 37d. **Registrant.** "Registrant" means any person who is registered as a transfer
69.20 care specialist under section 149A.47.

69.21 Sec. 56. Minnesota Statutes 2020, section 149A.02, is amended by adding a subdivision
69.22 to read:

69.23 Subd. 37e. **Transfer care specialist.** "Transfer care specialist" means an individual who
69.24 is registered with the commissioner in accordance with section 149A.47 and is authorized
69.25 to perform the removal of a dead human body from the place of death under the direct
69.26 supervision of a licensed mortician.

69.27 Sec. 57. Minnesota Statutes 2020, section 149A.03, is amended to read:

69.28 **149A.03 DUTIES OF COMMISSIONER.**

69.29 The commissioner shall:

69.30 (1) enforce all laws and adopt and enforce rules relating to the:

- 70.1 (i) removal, preparation, transportation, arrangements for disposition, and final disposition
70.2 of dead human bodies;
- 70.3 (ii) licensure, registration, and professional conduct of funeral directors, morticians,
70.4 interns, transfer care specialists, practicum students, and clinical students;
- 70.5 (iii) licensing and operation of a funeral establishment;
- 70.6 (iv) licensing and operation of an alkaline hydrolysis facility; and
- 70.7 (v) licensing and operation of a crematory;
- 70.8 (2) provide copies of the requirements for licensure, registration, and permits to all
70.9 applicants;
- 70.10 (3) administer examinations and issue licenses, registrations, and permits to qualified
70.11 persons and other legal entities;
- 70.12 (4) maintain a record of the name and location of all current licensees, registrants, and
70.13 interns;
- 70.14 (5) perform periodic compliance reviews and premise inspections of licensees;
- 70.15 (6) accept and investigate complaints relating to conduct governed by this chapter;
- 70.16 (7) maintain a record of all current preneed arrangement trust accounts;
- 70.17 (8) maintain a schedule of application, examination, permit, registration, and licensure
70.18 fees, initial and renewal, sufficient to cover all necessary operating expenses;
- 70.19 (9) educate the public about the existence and content of the laws and rules for mortuary
70.20 science licensing and the removal, preparation, transportation, arrangements for disposition,
70.21 and final disposition of dead human bodies to enable consumers to file complaints against
70.22 licensees and others who may have violated those laws or rules;
- 70.23 (10) evaluate the laws, rules, and procedures regulating the practice of mortuary science
70.24 in order to refine the standards for licensing and to improve the regulatory and enforcement
70.25 methods used; and
- 70.26 (11) initiate proceedings to address and remedy deficiencies and inconsistencies in the
70.27 laws, rules, or procedures governing the practice of mortuary science and the removal,
70.28 preparation, transportation, arrangements for disposition, and final disposition of dead
70.29 human bodies.

71.1 Sec. 58. Minnesota Statutes 2020, section 149A.09, is amended to read:

71.2 **149A.09 DENIAL; REFUSAL TO REISSUE; REVOCATION; SUSPENSION;**
71.3 **LIMITATION OF LICENSE, REGISTRATION, OR PERMIT.**

71.4 Subdivision 1. **Denial; refusal to renew; revocation; and suspension.** The regulatory
71.5 agency may deny, refuse to renew, revoke, or suspend any license, registration, or permit
71.6 applied for or issued pursuant to this chapter when the person subject to regulation under
71.7 this chapter:

71.8 (1) does not meet or fails to maintain the minimum qualification for holding a license,
71.9 registration, or permit under this chapter;

71.10 (2) submits false or misleading material information to the regulatory agency in
71.11 connection with a license, registration, or permit issued by the regulatory agency or the
71.12 application for a license, registration, or permit;

71.13 (3) violates any law, rule, order, stipulation agreement, settlement, compliance agreement,
71.14 license, registration, or permit that regulates the removal, preparation, transportation,
71.15 arrangements for disposition, or final disposition of dead human bodies in Minnesota or
71.16 any other state in the United States;

71.17 (4) is convicted of a crime, including a finding or verdict of guilt, an admission of guilt,
71.18 or a no contest plea in any court in Minnesota or any other jurisdiction in the United States.
71.19 "Conviction," as used in this subdivision, includes a conviction for an offense which, if
71.20 committed in this state, would be deemed a felony or gross misdemeanor without regard to
71.21 its designation elsewhere, or a criminal proceeding where a finding or verdict of guilty is
71.22 made or returned, but the adjudication of guilt is either withheld or not entered;

71.23 (5) is convicted of a crime, including a finding or verdict of guilt, an admission of guilt,
71.24 or a no contest plea in any court in Minnesota or any other jurisdiction in the United States
71.25 that the regulatory agency determines is reasonably related to the removal, preparation,
71.26 transportation, arrangements for disposition or final disposition of dead human bodies, or
71.27 the practice of mortuary science;

71.28 (6) is adjudicated as mentally incompetent, mentally ill, developmentally disabled, or
71.29 mentally ill and dangerous to the public;

71.30 (7) has a conservator or guardian appointed;

71.31 (8) fails to comply with an order issued by the regulatory agency or fails to pay an
71.32 administrative penalty imposed by the regulatory agency;

72.1 (9) owes uncontested delinquent taxes in the amount of \$500 or more to the Minnesota
72.2 Department of Revenue, or any other governmental agency authorized to collect taxes
72.3 anywhere in the United States;

72.4 (10) is in arrears on any court ordered family or child support obligations; or

72.5 (11) engages in any conduct that, in the determination of the regulatory agency, is
72.6 unprofessional as prescribed in section 149A.70, subdivision 7, or renders the person unfit
72.7 to practice mortuary science or to operate a funeral establishment or crematory.

72.8 Subd. 2. **Hearings related to refusal to renew, suspension, or revocation of license,**
72.9 **registration, or permit.** If the regulatory agency proposes to deny renewal, suspend, or
72.10 revoke a license, registration, or permit issued under this chapter, the regulatory agency
72.11 must first notify, in writing, the person against whom the action is proposed to be taken and
72.12 provide an opportunity to request a hearing under the contested case provisions of sections
72.13 14.57 to 14.62. If the subject of the proposed action does not request a hearing by notifying
72.14 the regulatory agency, by mail, within 20 calendar days after the receipt of the notice of
72.15 proposed action, the regulatory agency may proceed with the action without a hearing and
72.16 the action will be the final order of the regulatory agency.

72.17 Subd. 3. **Review of final order.** A judicial review of the final order issued by the
72.18 regulatory agency may be requested in the manner prescribed in sections 14.63 to 14.69.
72.19 Failure to request a hearing pursuant to subdivision 2 shall constitute a waiver of the right
72.20 to further agency or judicial review of the final order.

72.21 Subd. 4. **Limitations or qualifications placed on license, registration, or permit.** The
72.22 regulatory agency may, where the facts support such action, place reasonable limitations
72.23 or qualifications on the right to practice mortuary science ~~or~~, to operate a funeral
72.24 establishment or crematory, or to conduct activities or actions permitted under this chapter.

72.25 Subd. 5. **Restoring license, registration, or permit.** The regulatory agency may, where
72.26 there is sufficient reason, restore a license, registration, or permit that has been revoked,
72.27 reduce a period of suspension, or remove limitations or qualifications.

72.28 Sec. 59. Minnesota Statutes 2020, section 149A.11, is amended to read:

72.29 **149A.11 PUBLICATION OF DISCIPLINARY ACTIONS.**

72.30 The regulatory agencies shall report all disciplinary measures or actions taken to the
72.31 commissioner. At least annually, the commissioner shall publish and make available to the
72.32 public a description of all disciplinary measures or actions taken by the regulatory agencies.
72.33 The publication shall include, for each disciplinary measure or action taken, the name and

73.1 business address of the licensee, registrant, or intern; the nature of the misconduct; and
73.2 the measure or action taken by the regulatory agency.

73.3 **Sec. 60. [149A.47] TRANSFER CARE SPECIALIST.**

73.4 **Subdivision 1. General.** A transfer care specialist may remove a dead human body from
73.5 the place of death under the direct supervision of a licensed mortician if the transfer care
73.6 specialist is registered with the commissioner in accordance with this section. A transfer
73.7 care specialist is not licensed to engage in the practice of mortuary science and shall not
73.8 engage in the practice of mortuary science except as provided in this section.

73.9 **Subd. 2. Registration.** To be eligible for registration as a transfer care specialist, an
73.10 applicant must submit to the commissioner:

73.11 (1) a complete application on a form provided by the commissioner that includes at a
73.12 minimum:

73.13 (i) the applicant's name, home address and telephone number, business name, and business
73.14 address and telephone number; and

73.15 (ii) the name, license number, business name, and business address and telephone number
73.16 of the supervising licensed mortician;

73.17 (2) proof of completion of a training program that meets the requirements specified in
73.18 subdivision 4; and

73.19 (3) the appropriate fees specified in section 149A.65.

73.20 **Subd. 3. Duties.** A transfer care specialist registered under this section is authorized to
73.21 perform the removal of a dead human body from the place of death in accordance with this
73.22 chapter to a licensed funeral establishment. The transfer care specialist must work under
73.23 the direct supervision of a licensed mortician. The supervising mortician is responsible for
73.24 the work performed by the transfer care specialist. A licensed mortician may supervise up
73.25 to six transfer care specialists at any one time.

73.26 **Subd. 4. Training program.** (a) Each transfer care specialist must complete a training
73.27 program that has been approved by the commissioner. To be approved, a training program
73.28 must be at least seven hours long and must cover, at a minimum, the following:

73.29 (1) ethical care and transportation procedures for a deceased person;

73.30 (2) health and safety concerns to the public and the individual performing the transfer
73.31 of the deceased person; and

74.1 (3) all relevant state and federal laws and regulations related to the transfer and
74.2 transportation of deceased persons.

74.3 (b) A transfer care specialist must complete a training program every five years.

74.4 Subd. 5. **Registration renewal.** (a) A registration issued under this section expires one
74.5 year after the date of issuance and must be renewed to remain valid.

74.6 (b) To renew a registration, the transfer care specialist must submit a completed renewal
74.7 application as provided by the commissioner and the appropriate fees specified in section
74.8 149A.65. Every five years, the renewal application must include proof of completion of a
74.9 training program that meets the requirements in subdivision 4.

74.10 Sec. 61. Minnesota Statutes 2020, section 149A.60, is amended to read:

74.11 **149A.60 PROHIBITED CONDUCT.**

74.12 The regulatory agency may impose disciplinary measures or take disciplinary action
74.13 against a person whose conduct is subject to regulation under this chapter for failure to
74.14 comply with any provision of this chapter or laws, rules, orders, stipulation agreements,
74.15 settlements, compliance agreements, licenses, registrations, and permits adopted, or issued
74.16 for the regulation of the removal, preparation, transportation, arrangements for disposition
74.17 or final disposition of dead human bodies, or for the regulation of the practice of mortuary
74.18 science.

74.19 Sec. 62. Minnesota Statutes 2020, section 149A.61, subdivision 4, is amended to read:

74.20 Subd. 4. **Licensees, registrants, and interns.** A licensee, registrant, or intern regulated
74.21 under this chapter may report to the commissioner any conduct that the licensee, registrant,
74.22 or intern has personal knowledge of, and reasonably believes constitutes grounds for,
74.23 disciplinary action under this chapter.

74.24 Sec. 63. Minnesota Statutes 2020, section 149A.61, subdivision 5, is amended to read:

74.25 Subd. 5. **Courts.** The court administrator of district court or any court of competent
74.26 jurisdiction shall report to the commissioner any judgment or other determination of the
74.27 court that adjudges or includes a finding that a licensee, registrant, or intern is a person who
74.28 is mentally ill, mentally incompetent, guilty of a felony or gross misdemeanor, guilty of
74.29 violations of federal or state narcotics laws or controlled substances acts; appoints a guardian
74.30 or conservator for the licensee, registrant, or intern; or commits a licensee, registrant, or
74.31 intern.

75.1 Sec. 64. Minnesota Statutes 2020, section 149A.62, is amended to read:

75.2 **149A.62 IMMUNITY; REPORTING.**

75.3 Any person, private agency, organization, society, association, licensee, registrant, or
75.4 intern who, in good faith, submits information to a regulatory agency under section 149A.61
75.5 or otherwise reports violations or alleged violations of this chapter, is immune from civil
75.6 liability or criminal prosecution. This section does not prohibit disciplinary action taken by
75.7 the commissioner against any licensee, registrant, or intern pursuant to a self report of a
75.8 violation.

75.9 Sec. 65. Minnesota Statutes 2020, section 149A.63, is amended to read:

75.10 **149A.63 PROFESSIONAL COOPERATION.**

75.11 A licensee, clinical student, practicum student, registrant, intern, or applicant for licensure
75.12 under this chapter that is the subject of or part of an inspection or investigation by the
75.13 commissioner or the commissioner's designee shall cooperate fully with the inspection or
75.14 investigation. Failure to cooperate constitutes grounds for disciplinary action under this
75.15 chapter.

75.16 Sec. 66. Minnesota Statutes 2020, section 149A.65, subdivision 2, is amended to read:

75.17 Subd. 2. **Mortuary science fees.** Fees for mortuary science are:

75.18 (1) \$75 for the initial and renewal registration of a mortuary science intern;

75.19 (2) \$125 for the mortuary science examination;

75.20 (3) \$200 for issuance of initial and renewal mortuary science licenses;

75.21 (4) \$100 late fee charge for a license renewal; ~~and~~

75.22 (5) \$250 for issuing a mortuary science license by endorsement; and

75.23 (6) \$687 for the initial and renewal registration of a transfer care specialist.

75.24 Sec. 67. Minnesota Statutes 2020, section 149A.70, subdivision 3, is amended to read:

75.25 Subd. 3. **Advertising.** No licensee, registrant, clinical student, practicum student, or
75.26 intern shall publish or disseminate false, misleading, or deceptive advertising. False,
75.27 misleading, or deceptive advertising includes, but is not limited to:

76.1 (1) identifying, by using the names or pictures of, persons who are not licensed to practice
76.2 mortuary science in a way that leads the public to believe that those persons will provide
76.3 mortuary science services;

76.4 (2) using any name other than the names under which the funeral establishment, alkaline
76.5 hydrolysis facility, or crematory is known to or licensed by the commissioner;

76.6 (3) using a surname not directly, actively, or presently associated with a licensed funeral
76.7 establishment, alkaline hydrolysis facility, or crematory, unless the surname had been
76.8 previously and continuously used by the licensed funeral establishment, alkaline hydrolysis
76.9 facility, or crematory; and

76.10 (4) using a founding or establishing date or total years of service not directly or
76.11 continuously related to a name under which the funeral establishment, alkaline hydrolysis
76.12 facility, or crematory is currently or was previously licensed.

76.13 Any advertising or other printed material that contains the names or pictures of persons
76.14 affiliated with a funeral establishment, alkaline hydrolysis facility, or crematory shall state
76.15 the position held by the persons and shall identify each person who is licensed or unlicensed
76.16 under this chapter.

76.17 Sec. 68. Minnesota Statutes 2020, section 149A.70, subdivision 4, is amended to read:

76.18 Subd. 4. **Solicitation of business.** No licensee shall directly or indirectly pay or cause
76.19 to be paid any sum of money or other valuable consideration for the securing of business
76.20 or for obtaining the authority to dispose of any dead human body.

76.21 For purposes of this subdivision, licensee includes a registered intern or transfer care
76.22 specialist or any agent, representative, employee, or person acting on behalf of the licensee.

76.23 Sec. 69. Minnesota Statutes 2020, section 149A.70, subdivision 5, is amended to read:

76.24 Subd. 5. **Reimbursement prohibited.** No licensee, clinical student, practicum student,
76.25 ~~or~~ intern, or transfer care specialist shall offer, solicit, or accept a commission, fee, bonus,
76.26 rebate, or other reimbursement in consideration for recommending or causing a dead human
76.27 body to be disposed of by a specific body donation program, funeral establishment, alkaline
76.28 hydrolysis facility, crematory, mausoleum, or cemetery.

77.1 Sec. 70. Minnesota Statutes 2020, section 149A.70, subdivision 7, is amended to read:

77.2 Subd. 7. **Unprofessional conduct.** No licensee, registrant, or intern shall engage in or
77.3 permit others under the licensee's, registrant's, or intern's supervision or employment to
77.4 engage in unprofessional conduct. Unprofessional conduct includes, but is not limited to:

77.5 (1) harassing, abusing, or intimidating a customer, employee, or any other person
77.6 encountered while within the scope of practice, employment, or business;

77.7 (2) using profane, indecent, or obscene language within the immediate hearing of the
77.8 family or relatives of the deceased;

77.9 (3) failure to treat with dignity and respect the body of the deceased, any member of the
77.10 family or relatives of the deceased, any employee, or any other person encountered while
77.11 within the scope of practice, employment, or business;

77.12 (4) the habitual overindulgence in the use of or dependence on intoxicating liquors,
77.13 prescription drugs, over-the-counter drugs, illegal drugs, or any other mood altering
77.14 substances that substantially impair a person's work-related judgment or performance;

77.15 (5) revealing personally identifiable facts, data, or information about a decedent, customer,
77.16 member of the decedent's family, or employee acquired in the practice or business without
77.17 the prior consent of the individual, except as authorized by law;

77.18 (6) intentionally misleading or deceiving any customer in the sale of any goods or services
77.19 provided by the licensee;

77.20 (7) knowingly making a false statement in the procuring, preparation, or filing of any
77.21 required permit or document; or

77.22 (8) knowingly making a false statement on a record of death.

77.23 Sec. 71. Minnesota Statutes 2020, section 149A.90, subdivision 2, is amended to read:

77.24 Subd. 2. **Removal from place of death.** No person subject to regulation under this
77.25 chapter shall remove or cause to be removed any dead human body from the place of death
77.26 without being licensed or registered by the commissioner. Every dead human body shall be
77.27 removed from the place of death by a licensed mortician or funeral director, except as
77.28 provided in section 149A.01, subdivision 3, or 149A.47.

77.29 Sec. 72. Minnesota Statutes 2020, section 149A.90, subdivision 4, is amended to read:

77.30 Subd. 4. **Certificate of removal.** No dead human body shall be removed from the place
77.31 of death by a mortician ~~or~~, funeral director, or transfer care specialist or by a noncompensated

78.1 person with the right to control the dead human body without the completion of a certificate
78.2 of removal and, where possible, presentation of a copy of that certificate to the person or a
78.3 representative of the legal entity with physical or legal custody of the body at the death site.
78.4 The certificate of removal shall be in the format provided by the commissioner that contains,
78.5 at least, the following information:

78.6 (1) the name of the deceased, if known;

78.7 (2) the date and time of removal;

78.8 (3) a brief listing of the type and condition of any personal property removed with the
78.9 body;

78.10 (4) the location to which the body is being taken;

78.11 (5) the name, business address, and license number of the individual making the removal;

78.12 and

78.13 (6) the signatures of the individual making the removal and, where possible, the individual
78.14 or representative of the legal entity with physical or legal custody of the body at the death
78.15 site.

78.16 Sec. 73. Minnesota Statutes 2020, section 149A.90, subdivision 5, is amended to read:

78.17 Subd. 5. **Retention of certificate of removal.** A copy of the certificate of removal shall
78.18 be given, where possible, to the person or representative of the legal entity having physical
78.19 or legal custody of the body at the death site. The original certificate of removal shall be
78.20 retained by the individual making the removal and shall be kept on file, at the funeral
78.21 establishment to which the body was taken, for a period of three calendar years following
78.22 the date of the removal. If the removal was performed by a transfer care specialist not
78.23 employed by the funeral establishment to which the body was taken, the transfer care
78.24 specialist shall retain a copy of the certificate on file at the transfer care specialist's business
78.25 address as registered with the commissioner for a period of three calendar years following
78.26 the date of removal. Following this period, and subject to any other laws requiring retention
78.27 of records, the funeral establishment may then place the records in storage or reduce them
78.28 to microfilm, microfiche, laser disc, or any other method that can produce an accurate
78.29 reproduction of the original record, for retention for a period of ten calendar years from the
78.30 date of the removal of the body. At the end of this period and subject to any other laws
78.31 requiring retention of records, the funeral establishment may destroy the records by shredding,
78.32 incineration, or any other manner that protects the privacy of the individuals identified in
78.33 the records.

79.1 Sec. 74. Minnesota Statutes 2020, section 149A.94, subdivision 1, is amended to read:

79.2 Subdivision 1. **Generally.** (a) Every dead human body lying within the state, except
79.3 unclaimed bodies delivered for dissection by the medical examiner, those delivered for
79.4 anatomical study pursuant to section 149A.81, subdivision 2, or lawfully carried through
79.5 the state for the purpose of disposition elsewhere; and the remains of any dead human body
79.6 after dissection or anatomical study, shall be decently buried or entombed in a public or
79.7 private cemetery, alkaline hydrolyzed, or cremated within a reasonable time after death.
79.8 Where final disposition of a body will not be accomplished within 72 hours following death
79.9 or release of the body by a competent authority with jurisdiction over the body, the body
79.10 must be properly embalmed, refrigerated, or packed with dry ice. A body may not be kept
79.11 in refrigeration for a period exceeding six calendar days, or packed in dry ice for a period
79.12 that exceeds four calendar days, from the time of death or release of the body from the
79.13 coroner or medical examiner. A body may be kept in refrigeration for up to 30 calendar
79.14 days from the time of death or release of the body from the coroner or medical examiner,
79.15 provided the dignity of the body is maintained and the funeral establishment complies with
79.16 paragraph (b) if applicable. A body may be kept in refrigeration for more than 30 calendar
79.17 days from the time of death or release of the body from the coroner or medical examiner in
79.18 accordance with paragraphs (c) and (d).

79.19 (b) For a body to be kept in refrigeration for between 15 and 30 calendar days, no later
79.20 than the 14th day of keeping the body in refrigeration the funeral establishment must notify
79.21 the person with the right to control final disposition that the body will be kept in refrigeration
79.22 for more than 14 days and that the person with the right to control final disposition has the
79.23 right to seek other arrangements.

79.24 (c) For a body to be kept in refrigeration for more than 30 calendar days, the funeral
79.25 establishment must:

79.26 (1) report at least the following to the commissioner on a form and in a manner prescribed
79.27 by the commissioner: body identification details determined by the commissioner, the funeral
79.28 establishment's plan to achieve final disposition of the body within the permitted time frame,
79.29 and other information required by the commissioner; and

79.30 (2) store each refrigerated body in a manner that maintains the dignity of the body.

79.31 (d) Each report filed with the commissioner under paragraph (c) authorizes a funeral
79.32 establishment to keep a body in refrigeration for an additional 30 calendar days.

79.33 (e) Failure to submit a report required by paragraph (c) subjects a funeral establishment
79.34 to enforcement under this chapter.

80.1 Sec. 75. Minnesota Statutes 2020, section 152.22, is amended by adding a subdivision to
80.2 read:

80.3 Subd. 1a. **Bona fide labor organization.** "Bona fide labor organization" means a labor
80.4 union that represents or is actively seeking to represent workers of a medical cannabis
80.5 manufacturer.

80.6 Sec. 76. Minnesota Statutes 2020, section 152.22, is amended by adding a subdivision to
80.7 read:

80.8 Subd. 5d. **Indian lands.** "Indian lands" means all lands within the limits of any Indian
80.9 reservation within the boundaries of Minnesota and any lands within the boundaries of
80.10 Minnesota title which are either held in trust by the United States or over which an Indian
80.11 Tribe exercises governmental power.

80.12 Sec. 77. Minnesota Statutes 2020, section 152.22, is amended by adding a subdivision to
80.13 read:

80.14 Subd. 5e. **Labor peace agreement.** "Labor peace agreement" means an agreement
80.15 between a medical cannabis manufacturer and a bona fide labor organization that protects
80.16 the state's interests by, at a minimum, prohibiting the labor organization from engaging in
80.17 picketing, work stoppages, or boycotts against the manufacturer. This type of agreement
80.18 shall not mandate a particular method of election or certification of the bona fide labor
80.19 organization.

80.20 Sec. 78. Minnesota Statutes 2020, section 152.22, is amended by adding a subdivision to
80.21 read:

80.22 Subd. 15. **Tribal medical cannabis board.** "Tribal medical cannabis board" means an
80.23 agency established by each federally recognized Tribal government and duly authorized by
80.24 each Tribe's governing body to perform regulatory oversight and monitor compliance with
80.25 a Tribal medical cannabis program and applicable regulations.

80.26 Sec. 79. Minnesota Statutes 2020, section 152.22, is amended by adding a subdivision to
80.27 read:

80.28 Subd. 16. **Tribal medical cannabis program.** "Tribal medical cannabis program" means
80.29 a program established by a federally recognized Tribal government within the boundaries
80.30 of Minnesota regarding the commercial production, processing, sale or distribution, and
80.31 possession of medical cannabis and medical cannabis products.

81.1 Sec. 80. Minnesota Statutes 2020, section 152.22, is amended by adding a subdivision to
81.2 read:

81.3 Subd. 17. **Tribal medical cannabis program patient.** "Tribal medical cannabis program
81.4 patient" means a person who possesses a valid registration verification card or equivalent
81.5 document that is issued under the laws or regulations of a Tribal Nation within the boundaries
81.6 of Minnesota and that verifies that the person is enrolled in or authorized to participate in
81.7 that Tribal Nation's Tribal medical cannabis program.

81.8 Sec. 81. Minnesota Statutes 2020, section 152.25, subdivision 1, is amended to read:

81.9 Subdivision 1. **Medical cannabis manufacturer registration and renewal.** (a) The
81.10 commissioner shall register ~~two~~ at least four and up to ten in-state manufacturers for the
81.11 production of all medical cannabis within the state. ~~A~~ The registration agreement between
81.12 ~~the commissioner and a manufacturer~~ is valid for two years, unless revoked under subdivision
81.13 ~~1a, and is nontransferable. The commissioner shall register new manufacturers or reregister~~
81.14 ~~the existing manufacturers by December 1 every two years, using the factors described in~~
81.15 ~~this subdivision. The commissioner shall accept applications after December 1, 2014, if one~~
81.16 ~~of the manufacturers registered before December 1, 2014, ceases to be registered as a~~
81.17 ~~manufacturer. The commissioner's determination that no manufacturer exists to fulfill the~~
81.18 ~~duties under sections 152.22 to 152.37 is subject to judicial review in Ramsey County~~
81.19 ~~District Court.~~ Once the commissioner has registered more than two manufacturers,
81.20 registration renewal for at least one manufacturer must occur each year. The commissioner
81.21 shall begin registering additional manufacturers by December 1, 2022. The commissioner
81.22 shall renew a registration if the manufacturer meets the factors described in this subdivision
81.23 and submits the registration renewal fee under section 152.35.

81.24 (b) An individual or entity seeking registration or registration renewal under this
81.25 subdivision must apply to the commissioner in a form and manner established by the
81.26 commissioner. As part of the application, the applicant must submit an attestation signed
81.27 by a bona fide labor organization stating that the applicant has entered into a labor peace
81.28 agreement. Before accepting applications for registration or registration renewal, the
81.29 commissioner must publish on the Office of Medical Cannabis website the application
81.30 scoring criteria established by the commissioner to determine whether the applicant meets
81.31 requirements for registration or registration renewal. Data submitted during the application
81.32 process are private data on individuals or nonpublic data as defined in section 13.02 until
81.33 the manufacturer is registered under this section. Data on a manufacturer that is registered
81.34 are public data, unless the data are trade secret or security information under section 13.37.

82.1 ~~(b)~~ (c) As a condition for registration, ~~a manufacturer must agree to~~ or registration
82.2 renewal:

82.3 ~~(1) begin supplying medical cannabis to patients by July 1, 2015; and~~

82.4 ~~(2)~~ (1) a manufacturer must comply with all requirements under sections 152.22 to
82.5 152.37;

82.6 (2) if the manufacturer is a business entity, the manufacturer must be incorporated in
82.7 the state or otherwise formed or organized under the laws of the state; and

82.8 (3) the manufacturer must fulfill commitments made in the application for registration
82.9 or registration renewal, including but not limited to maintenance of a labor peace agreement.

82.10 ~~(e)~~ (d) The commissioner shall consider the following factors when determining which
82.11 manufacturer to register or when determining whether to renew a registration:

82.12 (1) the technical expertise of the manufacturer in cultivating medical cannabis and
82.13 converting the medical cannabis into an acceptable delivery method under section 152.22,
82.14 subdivision 6;

82.15 (2) the qualifications of the manufacturer's employees;

82.16 (3) the long-term financial stability of the manufacturer;

82.17 (4) the ability to provide appropriate security measures on the premises of the
82.18 manufacturer;

82.19 (5) whether the manufacturer has demonstrated an ability to meet the medical cannabis
82.20 production needs required by sections 152.22 to 152.37; ~~and~~

82.21 (6) the manufacturer's projection and ongoing assessment of fees on patients with a
82.22 qualifying medical condition;

82.23 (7) the manufacturer's inclusion of leadership or beneficial ownership, as defined in
82.24 section 302A.011, subdivision 41, by:

82.25 (i) minority persons as defined in section 116M.14, subdivision 6;

82.26 (ii) women;

82.27 (iii) individuals with disabilities as defined in section 363A.03, subdivision 12; or

82.28 (iv) military veterans who satisfy the requirements of section 197.447;

82.29 (8) the extent to which registering the manufacturer or renewing the registration will
82.30 expand service to a currently underserved market;

83.1 (9) the extent to which registering the manufacturer or renewing the registration will
83.2 promote development in a low-income area as defined in section 116J.982, subdivision 1,
83.3 paragraph (e);

83.4 (10) beneficial ownership as defined in section 302A.011, subdivision 41, of the
83.5 manufacturer by Minnesota residents; and

83.6 (11) other factors the commissioner determines are necessary to protect patient health
83.7 and ensure public safety.

83.8 (e) Commitments made by an applicant in the application for registration or registration
83.9 renewal, including but not limited to maintenance of a labor peace agreement, shall be an
83.10 ongoing material condition of maintaining a manufacturer registration.

83.11 ~~(d)~~ (f) If an officer, director, or controlling person of the manufacturer pleads or is found
83.12 guilty of intentionally diverting medical cannabis to a person other than allowed by law
83.13 under section 152.33, subdivision 1, the commissioner may decide not to renew the
83.14 registration of the manufacturer, provided the violation occurred while the person was an
83.15 officer, director, or controlling person of the manufacturer.

83.16 ~~(e) The commissioner shall require each medical cannabis manufacturer to contract with~~
83.17 ~~an independent laboratory to test medical cannabis produced by the manufacturer. The~~
83.18 ~~commissioner shall approve the laboratory chosen by each manufacturer and require that~~
83.19 ~~the laboratory report testing results to the manufacturer in a manner determined by the~~
83.20 ~~commissioner.~~

83.21 Sec. 82. Minnesota Statutes 2020, section 152.25, is amended by adding a subdivision to
83.22 read:

83.23 Subd. 1d. **Background study.** (a) Before the commissioner registers a manufacturer or
83.24 renews a registration, each officer, director, and controlling person of the manufacturer
83.25 must consent to a background study and must submit to the commissioner a completed
83.26 criminal history records check consent form, a full set of classifiable fingerprints, and the
83.27 required fees. The commissioner must submit these materials to the Bureau of Criminal
83.28 Apprehension. The bureau must conduct a Minnesota criminal history records check, and
83.29 the superintendent is authorized to exchange fingerprints with the Federal Bureau of
83.30 Investigation to obtain national criminal history record information. The bureau must return
83.31 the results of the Minnesota and federal criminal history records checks to the commissioner.

84.1 (b) The commissioner must not register a manufacturer or renew a registration if an
84.2 officer, director, or controlling person of the manufacturer has been convicted of, pled guilty
84.3 to, or received a stay of adjudication for:

84.4 (1) a violation of state or federal law related to theft, fraud, embezzlement, breach of
84.5 fiduciary duty, or other financial misconduct that is a felony under Minnesota law or would
84.6 be a felony if committed in Minnesota; or

84.7 (2) a violation of state or federal law relating to unlawful manufacture, distribution,
84.8 prescription, or dispensing of a controlled substance that is a felony under Minnesota law
84.9 or would be a felony if committed in Minnesota.

84.10 Sec. 83. Minnesota Statutes 2020, section 152.29, subdivision 4, is amended to read:

84.11 Subd. 4. **Report.** (a) Each manufacturer shall report to the commissioner on a monthly
84.12 basis the following information on each individual patient for the month prior to the report:

84.13 (1) the amount and dosages of medical cannabis distributed;

84.14 (2) the chemical composition of the medical cannabis; and

84.15 (3) the tracking number assigned to any medical cannabis distributed.

84.16 (b) For transactions involving Tribal medical cannabis program patients, each
84.17 manufacturer shall report to the commissioner on a weekly basis the following information
84.18 on each individual Tribal medical cannabis program patient for the week prior to the report:

84.19 (1) the name of the Tribal medical cannabis program in which the Tribal medical cannabis
84.20 program patient is enrolled;

84.21 (2) the amount and dosages of medical cannabis distributed;

84.22 (3) the chemical composition of the medical cannabis; and

84.23 (4) the tracking number assigned to the medical cannabis distributed.

84.24 Sec. 84. Minnesota Statutes 2020, section 152.29, is amended by adding a subdivision to
84.25 read:

84.26 Subd. 5. **Distribution to Tribal medical cannabis program patient.** (a) A manufacturer
84.27 may distribute medical cannabis in accordance with subdivisions 1 to 4 to a Tribal medical
84.28 cannabis program patient.

84.29 (b) Prior to distribution, the Tribal medical cannabis program patient must provide to
84.30 the manufacturer:

85.1 (1) a valid medical cannabis registration verification card or equivalent document issued
85.2 by a Tribal medical cannabis program that indicates that the Tribal medical cannabis program
85.3 patient is authorized to use medical cannabis on Indian lands over which the Tribe has
85.4 jurisdiction; and

85.5 (2) a valid photographic identification card issued by the Tribal medical cannabis
85.6 program, valid driver's license, or valid state identification card.

85.7 (c) A manufacturer shall distribute medical cannabis to a Tribal medical cannabis program
85.8 patient only in a form allowed under section 152.22, subdivision 6.

85.9 **Sec. 85. [152.291] TRIBAL MEDICAL CANNABIS PROGRAM;**
85.10 **MANUFACTURERS.**

85.11 Subdivision 1. **Manufacturer.** Notwithstanding the requirements and limitations in
85.12 section 152.29, subdivision 1, paragraph (a), a Tribal medical cannabis program operated
85.13 by a federally recognized Indian Tribe located in Minnesota shall be recognized as a medical
85.14 cannabis manufacturer.

85.15 Subd. 2. **Manufacturer transportation.** (a) A manufacturer registered with a Tribal
85.16 medical cannabis program may transport medical cannabis to testing laboratories and to
85.17 other Indian lands in the state.

85.18 (b) A manufacturer registered with a Tribal medical cannabis program must staff a motor
85.19 vehicle used to transport medical cannabis with at least two employees of the manufacturer.
85.20 Each employee in the transport vehicle must carry identification specifying that the employee
85.21 is an employee of the manufacturer, and one employee in the transport vehicle must carry
85.22 a detailed transportation manifest that includes the place and time of departure, the address
85.23 of the destination, and a description and count of the medical cannabis being transported.

85.24 Sec. 86. Minnesota Statutes 2020, section 152.30, is amended to read:

85.25 **152.30 PATIENT DUTIES.**

85.26 (a) A patient shall apply to the commissioner for enrollment in the registry program by
85.27 submitting an application as required in section 152.27 and an annual registration fee as
85.28 determined under section 152.35.

85.29 (b) As a condition of continued enrollment, patients shall agree to:

85.30 (1) continue to receive regularly scheduled treatment for their qualifying medical
85.31 condition from their health care practitioner; and

86.1 (2) report changes in their qualifying medical condition to their health care practitioner.

86.2 (c) A patient shall only receive medical cannabis from a registered manufacturer or
86.3 Tribal medical cannabis program but is not required to receive medical cannabis products
86.4 from only a registered manufacturer or Tribal medical cannabis program.

86.5 Sec. 87. Minnesota Statutes 2020, section 152.32, is amended to read:

86.6 **152.32 PROTECTIONS FOR REGISTRY PROGRAM PARTICIPATION OR**
86.7 **PARTICIPATION IN A TRIBAL MEDICAL CANNABIS PROGRAM.**

86.8 Subdivision 1. **Presumption.** (a) There is a presumption that a patient enrolled in the
86.9 registry program under sections 152.22 to 152.37 or a Tribal medical cannabis program
86.10 patient enrolled in a Tribal medical cannabis program is engaged in the authorized use of
86.11 medical cannabis.

86.12 (b) The presumption may be rebutted:

86.13 (1) by evidence that a patient's conduct related to use of medical cannabis was not for
86.14 the purpose of treating or alleviating the patient's qualifying medical condition or symptoms
86.15 associated with the patient's qualifying medical condition; or

86.16 (2) by evidence that a Tribal medical cannabis program patient's use of medical cannabis
86.17 was not for a purpose authorized by the Tribal medical cannabis program.

86.18 Subd. 2. **Criminal and civil protections.** (a) Subject to section 152.23, the following
86.19 are not violations under this chapter:

86.20 (1) use or possession of medical cannabis or medical cannabis products by a patient
86.21 enrolled in the registry program, ~~or~~; possession by a registered designated caregiver or the
86.22 parent, legal guardian, or spouse of a patient if the parent, legal guardian, or spouse is listed
86.23 on the registry verification; or use or possession of medical cannabis or medical cannabis
86.24 products by a Tribal medical cannabis program patient;

86.25 (2) possession, dosage determination, or sale of medical cannabis or medical cannabis
86.26 products by a medical cannabis manufacturer, employees of a manufacturer, a laboratory
86.27 conducting testing on medical cannabis, or employees of the laboratory; and

86.28 (3) possession of medical cannabis or medical cannabis products by any person while
86.29 carrying out the duties required under sections 152.22 to 152.37.

86.30 (b) Medical cannabis obtained and distributed pursuant to sections 152.22 to 152.37 and
86.31 associated property is not subject to forfeiture under sections 609.531 to 609.5316.

87.1 (c) The commissioner, members of a Tribal medical cannabis board, the commissioner's
87.2 or Tribal medical cannabis board's staff, the commissioner's or Tribal medical cannabis
87.3 board's agents or contractors, and any health care practitioner are not subject to any civil or
87.4 disciplinary penalties by the Board of Medical Practice, the Board of Nursing, or by any
87.5 business, occupational, or professional licensing board or entity, solely for the participation
87.6 in the registry program under sections 152.22 to 152.37 or in a Tribal medical cannabis
87.7 program. A pharmacist licensed under chapter 151 is not subject to any civil or disciplinary
87.8 penalties by the Board of Pharmacy when acting in accordance with the provisions of
87.9 sections 152.22 to 152.37. Nothing in this section affects a professional licensing board
87.10 from taking action in response to violations of any other section of law.

87.11 (d) Notwithstanding any law to the contrary, the commissioner, the governor of
87.12 Minnesota, or an employee of any state agency may not be held civilly or criminally liable
87.13 for any injury, loss of property, personal injury, or death caused by any act or omission
87.14 while acting within the scope of office or employment under sections 152.22 to 152.37.

87.15 (e) Federal, state, and local law enforcement authorities are prohibited from accessing
87.16 the patient registry under sections 152.22 to 152.37 except when acting pursuant to a valid
87.17 search warrant.

87.18 (f) Notwithstanding any law to the contrary, neither the commissioner nor a public
87.19 employee may release data or information about an individual contained in any report,
87.20 document, or registry created under sections 152.22 to 152.37 or any information obtained
87.21 about a patient participating in the program, except as provided in sections 152.22 to 152.37.

87.22 (g) No information contained in a report, document, or registry or obtained from a patient
87.23 or a Tribal medical cannabis program patient under sections 152.22 to 152.37 may be
87.24 admitted as evidence in a criminal proceeding unless independently obtained or in connection
87.25 with a proceeding involving a violation of sections 152.22 to 152.37.

87.26 (h) Notwithstanding section 13.09, any person who violates paragraph (e) or (f) is guilty
87.27 of a gross misdemeanor.

87.28 (i) An attorney may not be subject to disciplinary action by the Minnesota Supreme
87.29 Court, a Tribal court, or the professional responsibility board for providing legal assistance
87.30 to prospective or registered manufacturers or others related to activity that is no longer
87.31 subject to criminal penalties under state law pursuant to sections 152.22 to 152.37, or for
87.32 providing legal assistance to a Tribal medical cannabis program.

87.33 (j) Possession of a registry verification or application for enrollment in the program by
87.34 a person entitled to possess or apply for enrollment in the registry program, or possession

88.1 of a verification or equivalent issued by a Tribal medical cannabis program by a person
88.2 entitled to possess such verification, does not constitute probable cause or reasonable
88.3 suspicion, nor shall it be used to support a search of the person or property of the person
88.4 possessing or applying for the registry verification or equivalent, or otherwise subject the
88.5 person or property of the person to inspection by any governmental agency.

88.6 Subd. 3. **Discrimination prohibited.** (a) No school or landlord may refuse to enroll or
88.7 lease to and may not otherwise penalize a person solely for the person's status as a patient
88.8 enrolled in the registry program under sections 152.22 to 152.37 or for the person's status
88.9 as a Tribal medical cannabis program patient enrolled in a Tribal medical cannabis program,
88.10 unless failing to do so would violate federal law or regulations or cause the school or landlord
88.11 to lose a monetary or licensing-related benefit under federal law or regulations.

88.12 (b) For the purposes of medical care, including organ transplants, a registry program
88.13 enrollee's use of medical cannabis under sections 152.22 to 152.37, or a Tribal medical
88.14 cannabis program patient's use of medical cannabis as authorized by the Tribal medical
88.15 cannabis program, is considered the equivalent of the authorized use of any other medication
88.16 used at the discretion of a physician or advanced practice registered nurse and does not
88.17 constitute the use of an illicit substance or otherwise disqualify a patient from needed medical
88.18 care.

88.19 (c) Unless a failure to do so would violate federal law or regulations or cause an employer
88.20 to lose a monetary or licensing-related benefit under federal law or regulations, an employer
88.21 may not discriminate against a person in hiring, termination, or any term or condition of
88.22 employment, or otherwise penalize a person, if the discrimination is based upon ~~either~~ any
88.23 of the following:

88.24 (1) the person's status as a patient enrolled in the registry program under sections 152.22
88.25 to 152.37; ~~or~~

88.26 (2) the person's status as a Tribal medical cannabis program patient enrolled in a Tribal
88.27 medical cannabis program; or

88.28 ~~(2)~~ (3) a patient's positive drug test for cannabis components or metabolites, unless the
88.29 patient used, possessed, or was impaired by medical cannabis on the premises of the place
88.30 of employment or during the hours of employment.

88.31 (d) An employee who is required to undergo employer drug testing pursuant to section
88.32 181.953 may present verification of enrollment in the patient registry or of enrollment in a
88.33 Tribal medical cannabis program as part of the employee's explanation under section 181.953,
88.34 subdivision 6.

89.1 (e) A person shall not be denied custody of a minor child or visitation rights or parenting
89.2 time with a minor child solely based on the person's status as a patient enrolled in the registry
89.3 program under sections 152.22 to 152.37 or on the person's status as a Tribal medical
89.4 cannabis program patient enrolled in a Tribal medical cannabis program. There shall be no
89.5 presumption of neglect or child endangerment for conduct allowed under sections 152.22
89.6 to 152.37 or under a Tribal medical cannabis program, unless the person's behavior is such
89.7 that it creates an unreasonable danger to the safety of the minor as established by clear and
89.8 convincing evidence.

89.9 Sec. 88. Minnesota Statutes 2020, section 152.33, subdivision 1, is amended to read:

89.10 Subdivision 1. **Intentional diversion; criminal penalty.** In addition to any other
89.11 applicable penalty in law, a manufacturer or an agent of a manufacturer who intentionally
89.12 transfers medical cannabis to a person other than another registered manufacturer, a patient,
89.13 a registered designated caregiver, a Tribal medical cannabis program patient, or, if listed
89.14 on the registry verification, a parent, legal guardian, or spouse of a patient is guilty of a
89.15 felony punishable by imprisonment for not more than two years or by payment of a fine of
89.16 not more than \$3,000, or both. A person convicted under this subdivision may not continue
89.17 to be affiliated with the manufacturer and is disqualified from further participation under
89.18 sections 152.22 to 152.37.

89.19 Sec. 89. Minnesota Statutes 2020, section 152.35, is amended to read:

89.20 **152.35 FEES; DEPOSIT OF REVENUE.**

89.21 (a) The commissioner shall collect an enrollment fee of ~~\$200~~ \$40 from patients enrolled
89.22 under this section 152.27. ~~If the patient provides evidence of receiving Social Security~~
89.23 ~~disability insurance (SSDI), Supplemental Security Income (SSI), veterans disability, or~~
89.24 ~~railroad disability payments, or being enrolled in medical assistance or MinnesotaCare, then~~
89.25 ~~the fee shall be \$50. For purposes of this section:~~

89.26 ~~(1) a patient is considered to receive SSDI if the patient was receiving SSDI at the time~~
89.27 ~~the patient was transitioned to retirement benefits by the United States Social Security~~
89.28 ~~Administration; and~~

89.29 ~~(2) veterans disability payments include VA dependency and indemnity compensation.~~

89.30 ~~Unless a patient provides evidence of receiving payments from or participating in one of~~
89.31 ~~the programs specifically listed in this paragraph, the commissioner of health must collect~~
89.32 ~~the \$200 enrollment fee from a patient to enroll the patient in the registry program. The fees~~

90.1 shall be payable annually and are due on the anniversary date of the patient's enrollment.

90.2 The fee amount shall be deposited in the state treasury and credited to the state government
90.3 special revenue fund.

90.4 (b) The commissioner shall collect ~~an~~ a nonrefundable registration application fee of
90.5 ~~\$20,000~~ \$10,000 from each entity submitting an application for registration as a medical
90.6 cannabis manufacturer. Revenue from the fee shall be deposited in the state treasury and
90.7 credited to the state government special revenue fund.

90.8 (c) The commissioner shall establish and collect an annual registration renewal fee from
90.9 a medical cannabis manufacturer equal to the cost of regulating and inspecting the
90.10 manufacturer ~~in that year~~ for the upcoming registration period. Revenue from the fee amount
90.11 shall be deposited in the state treasury and credited to the state government special revenue
90.12 fund.

90.13 (d) A medical cannabis manufacturer may charge patients enrolled in the registry program
90.14 a reasonable fee for costs associated with the operations of the manufacturer. The
90.15 manufacturer may establish a sliding scale of patient fees based upon a patient's household
90.16 income and may accept private donations to reduce patient fees.

90.17 Sec. 90. Laws 2021, First Special Session chapter 7, article 3, section 44, is amended to
90.18 read:

90.19 **Sec. 44. MENTAL HEALTH CULTURAL COMMUNITY CONTINUING**
90.20 **EDUCATION GRANT PROGRAM.**

90.21 (a) The commissioner of health shall develop a grant program, in consultation with the
90.22 relevant mental health licensing boards, to:

90.23 (1) provide for the continuing education necessary for social workers, marriage and
90.24 family therapists, psychologists, and professional clinical counselors to become supervisors
90.25 for individuals pursuing licensure in mental health professions;

90.26 (2) cover the costs when supervision is required for professionals becoming supervisors;
90.27 and

90.28 (3) cover the supervisory costs for mental health practitioners pursuing licensure at the
90.29 professional level.

90.30 (b) Social workers, marriage and family therapists, psychologists, and professional
90.31 clinical counselors obtaining continuing education and mental health practitioners needing
90.32 supervised hours to become licensed as professionals under this section must:

91.1 (1) be members of communities of color or underrepresented communities as defined
91.2 in Minnesota Statutes, section 148E.010, subdivision 20, or practice in a mental health
91.3 professional shortage area; and

91.4 (2) ~~work for community mental health providers and~~ agree to deliver at least 25 percent
91.5 of their yearly patient encounters to state public program enrollees or patients receiving
91.6 sliding fee schedule discounts through a formal sliding fee schedule meeting the standards
91.7 established by the United States Department of Health and Human Services under Code of
91.8 Federal Regulations, title 42, section 51, chapter 303.

91.9 Sec. 91. **BENEFIT AND COST ANALYSIS OF A UNIVERSAL HEALTH REFORM**
91.10 **PROPOSAL.**

91.11 Subdivision 1. Contract for analysis of proposal. The commissioner of health shall
91.12 contract with the University of Minnesota School of Public Health and the Carlson School
91.13 of Management to conduct an analysis of the benefits and costs of a legislative proposal for
91.14 a universal health care financing system and a similar analysis of the current health care
91.15 financing system to assist the state in comparing the proposal to the current system.

91.16 Subd. 2. Proposal. The commissioner of health, with input from the commissioners of
91.17 human services and commerce, shall submit to the University of Minnesota for analysis a
91.18 legislative proposal known as the Minnesota Health Plan that would offer a universal health
91.19 care plan designed to meet the following principles:

91.20 (1) ensure all Minnesotans are covered;

91.21 (2) cover all necessary care, including dental, vision and hearing, mental health, chemical
91.22 dependency treatment, prescription drugs, medical equipment and supplies, long-term care,
91.23 and home care; and

91.24 (3) allow patients to choose their doctors, hospitals, and other providers.

91.25 Subd. 3. Proposal analysis. (a) The analysis must measure the performance of both the
91.26 Minnesota Health Plan and the current health care financing system over a ten-year period
91.27 to contrast the impact on:

91.28 (1) the number of people covered versus the number of people who continue to lack
91.29 access to health care because of financial or other barriers, if any;

91.30 (2) the completeness of the coverage and the number of people lacking coverage for
91.31 dental, long-term care, medical equipment or supplies, vision and hearing, or other health
91.32 services that are not covered, if any;

92.1 (3) the adequacy of the coverage, the level of underinsured in the state, and whether
92.2 people with coverage can afford the care they need or whether cost prevents them from
92.3 accessing care;

92.4 (4) the timeliness and appropriateness of the care received and whether people turn to
92.5 inappropriate care such as emergency rooms because of a lack of proper care in accordance
92.6 with clinical guidelines; and

92.7 (5) total public and private health care spending in Minnesota under the current system
92.8 versus under the legislative proposal, including all spending by individuals, businesses, and
92.9 government. "Total public and private health care spending" means spending on all medical
92.10 care including but not limited to dental, vision and hearing, mental health, chemical
92.11 dependency treatment, prescription drugs, medical equipment and supplies, long-term care,
92.12 and home care, whether paid through premiums, co-pays and deductibles, other out-of-pocket
92.13 payments, or other funding from government, employers, or other sources. Total public and
92.14 private health care spending also includes the costs associated with administering, delivering,
92.15 and paying for the care. The costs of administering, delivering, and paying for the care
92.16 includes all expenses by insurers, providers, employers, individuals, and government to
92.17 select, negotiate, purchase, and administer insurance and care including but not limited to
92.18 coverage for health care, dental, long-term care, prescription drugs, medical expense portions
92.19 of workers compensation and automobile insurance, and the cost of administering and
92.20 paying for all health care products and services that are not covered by insurance. The
92.21 analysis of total health care spending shall examine whether there are savings or additional
92.22 costs under the legislative proposal compared to the existing system due to:

92.23 (i) reduced insurance, billing, underwriting, marketing, evaluation, and other
92.24 administrative functions including savings from global budgeting for hospitals and
92.25 institutional care instead of billing for individual services provided;

92.26 (ii) reduced prices on medical services and products including pharmaceuticals due to
92.27 price negotiations, if applicable under the proposal;

92.28 (iii) changes in utilization, better health outcomes, and reduced time away from work
92.29 due to prevention, early intervention, health-promoting activities, and to the extent possible
92.30 given available data and resources;

92.31 (iv) shortages or excess capacity of medical facilities and equipment under either the
92.32 current system or the proposal;

93.1 (v) the impact on state, local, and federal government non-health-care expenditures such
93.2 as reduced crime and out-of-home placement costs due to mental health or chemical
93.3 dependency coverage; and

93.4 (vi) job losses or gains in health care delivery, health billing and insurance administration,
93.5 and elsewhere in the economy under the proposal due to implementation of the reforms and
93.6 the resulting reduction of insurance and administrative burdens on businesses.

93.7 (b) The analysts may consult with authors of the legislative proposal to gain understanding
93.8 or clarification of the specifics of the proposal. The analysis shall assume that the provisions
93.9 in the proposal are not preempted by federal law or that the federal government gives a
93.10 waiver to the preemptions.

93.11 (c) The commissioner shall issue a final report by January 15, 2023, and may provide
93.12 interim reports and status updates to the governor and the chairs and ranking minority
93.13 members of the legislative committees with jurisdiction over health and human services
93.14 policy and finance.

93.15 **Sec. 92. NURSING WORKFORCE REPORT.**

93.16 The commissioner of health shall provide a public report on the following topics:

93.17 (1) Minnesota's supply of active licensed registered nurses;

93.18 (2) trends in Minnesota regarding retention by hospitals of licensed registered nurses;

93.19 (3) reasons licensed registered nurses are leaving direct care positions at hospitals; and

93.20 (4) reasons licensed registered nurses are choosing not to renew their licenses and leaving
93.21 the profession.

93.22 **Sec. 93. EMMETT LOUIS TILL VICTIMS RECOVERY PROGRAM.**

93.23 Subdivision 1. **Short title.** This section shall be known as the Emmett Louis Till Victims
93.24 Recovery Program.

93.25 Subd. 2. **Program established; grants.** (a) The commissioner of health shall establish
93.26 the Emmett Louis Till Victims Recovery Program to address the health and wellness needs
93.27 of victims who experienced trauma, including historical trauma, resulting from
93.28 government-sponsored activities, and to address the health and wellness needs of the families
93.29 and heirs of these victims.

93.30 (b) The commissioner, in consultation with family members of victims who experienced
93.31 trauma resulting from government-sponsored activities and with community-based

94.1 organizations that provide culturally appropriate services to victims experiencing trauma
94.2 and their families, shall award competitive grants to applicants for projects to provide the
94.3 following services to victims who experienced trauma resulting from government-sponsored
94.4 activities and their families and heirs:

94.5 (1) health and wellness services, which may include services and support to address
94.6 physical health, mental health, and cultural needs;

94.7 (2) remembrance and legacy preservation activities;

94.8 (3) cultural awareness services; and

94.9 (4) community resources and services to promote healing for victims who experienced
94.10 trauma resulting from government-sponsored activities and their families and heirs.

94.11 (c) In awarding grants under this section, the commissioner must prioritize grant awards
94.12 to community-based organizations experienced in providing support and services to victims
94.13 and families who experienced trauma resulting from government-sponsored activities.

94.14 Subd. 3. **Evaluation.** Grant recipients must provide the commissioner with information
94.15 required by the commissioner to evaluate the grant program, in a time and manner specified
94.16 by the commissioner.

94.17 Subd. 4. **Report.** By January 15, 2023, the commissioner must submit a status report
94.18 on the operation and results of the grant program, to the extent possible. The report must
94.19 be submitted to the chairs and ranking minority members of the legislative committees with
94.20 jurisdiction over health care. The report must include information on grant program activities
94.21 to date, services offered by grant recipients, and an assessment of the need to continue to
94.22 offer services to victims, families, and heirs who experienced trauma resulting from
94.23 government-sponsored activities.

94.24 Sec. 94. **IDENTIFY STRATEGIES FOR REDUCTION OF ADMINISTRATIVE**
94.25 **SPENDING AND LOW-VALUE CARE; REPORT.**

94.26 (a) The commissioner of health shall develop recommendations for strategies to reduce
94.27 the volume and growth of administrative spending by health care organizations and group
94.28 purchasers and the amount of low-value care delivered to Minnesota residents. In support
94.29 of the development of recommendations, the commissioner shall:

94.30 (1) review the availability of data and identify gaps in the data infrastructure to estimate
94.31 aggregated and disaggregated administrative spending and low-value care;

95.1 (2) based on available data, estimate the volume and change over time of administrative
95.2 spending and low-value care in Minnesota;

95.3 (3) conduct an environmental scan and key informant interviews with experts in health
95.4 care finance, health economics, health care management or administration, or the
95.5 administration of health insurance benefits to identify drivers of spending growth for spending
95.6 on administrative services or the provision of low-value care; and

95.7 (4) convene a clinical learning community and an employer task force to review the
95.8 evidence from clauses (1) to (3) and develop a set of actionable strategies to address
95.9 administrative spending volume and growth and the magnitude of the volume of low-value
95.10 care.

95.11 (b) By December 15, 2024, the commissioner shall report the recommendations to the
95.12 chairs and ranking members of the legislative committees with jurisdiction over health and
95.13 human services financing and policy.

95.14 **Sec. 95. INITIAL IMPLEMENTATION OF THE KEEPING NURSES AT THE**
95.15 **BEDSIDE ACT.**

95.16 (a) By April 1, 2024, each hospital must establish and convene a hospital nurse staffing
95.17 committee as described under Minnesota Statutes, section 144.7053.

95.18 (b) By June 1, 2024, each hospital must implement core staffing plans developed by its
95.19 hospital nurse staffing committee and satisfy the plan posting requirements under Minnesota
95.20 Statutes, section 144.7056.

95.21 (c) By June 1, 2024, each hospital must submit to the commissioner of health core
95.22 staffing plans meeting the requirements of Minnesota Statutes, section 144.7055.

95.23 **Sec. 96. LEAD SERVICE LINE INVENTORY GRANT PROGRAM.**

95.24 Subdivision 1. **Establishment.** The commissioner of health must establish a grant
95.25 program to provide financial assistance to municipalities for producing an inventory of
95.26 publicly and privately owned lead service lines within their jurisdiction.

95.27 Subd. 2. **Eligible uses.** A municipality receiving a grant under this section may use the
95.28 grant funds to:

95.29 (1) survey households to determine the material of which their water service line is
95.30 made;

95.31 (2) create publicly available databases or visualizations of lead service lines; and

96.1 (3) comply with the lead service line inventory requirements in the Environmental
96.2 Protection Agency's Lead and Copper Rule.

96.3 **Sec. 97. PAYMENT MECHANISMS IN RURAL HEALTH CARE.**

96.4 The commissioner of health shall develop a plan to assess readiness of rural communities
96.5 and rural health care providers to adopt value-based, global budgeting, or alternative payment
96.6 systems and recommend steps needed to implement. The commissioner may use the
96.7 development of case studies and modeling of alternate payment systems to demonstrate
96.8 value-based payment systems that ensure a baseline level of essential community or regional
96.9 health services and address population health needs. The commissioner shall develop
96.10 recommendations for pilot projects by January 1, 2025, with the aim of ensuring financial
96.11 viability of rural health care systems in the context of spending growth targets. The
96.12 commissioner shall share findings with the Health Care Affordability Board.

96.13 **Sec. 98. PROGRAM TO DISTRIBUTE COVID-19 TESTS, MASKS, AND**
96.14 **RESPIRATORS.**

96.15 Subdivision 1. **Definitions.** (a) The terms defined in this subdivision apply to this section.

96.16 (b) "Antigen test" means a lateral flow immunoassay intended for the qualitative detection
96.17 of nucleocapsid protein antigens from the SARS-CoV-2 virus in nasal swabs, that has
96.18 emergency use authorization from the United States Food and Drug Administration and
96.19 that is authorized for nonprescription home use with self-collected nasal swabs.

96.20 (c) "COVID-19 test" means a test authorized by the United States Food and Drug
96.21 Administration to detect the presence of genetic material of the SARS-CoV-2 virus either
96.22 through a molecular method that detects the RNA or nucleic acid component of the virus,
96.23 such as polymerase chain reaction or isothermal amplification, or through a rapid lateral
96.24 flow immunoassay that detects the nucleocapsid protein antigens from the SARS-CoV-2
96.25 virus.

96.26 (d) "KN95 respirator" means a type of filtering facepiece respirator that is commonly
96.27 made and used in China, is designed and tested to meet an international standard, and does
96.28 not include an exhalation valve.

96.29 (e) "Mask" means a face covering intended to contain droplets and particles in a person's
96.30 breath, cough, or sneeze.

96.31 (f) "Respirator" means a face covering that filters the air and fits closely on the face to
96.32 filter out particles, including the SARS-CoV-2 virus.

97.1 Subd. 2. **Program established.** In order to help reduce the number of cases of COVID-19
97.2 in the state, the commissioner of health must administer a program to distribute to individuals
97.3 in Minnesota, COVID-19 tests, including antigen tests; and masks and respirators, including
97.4 KN95 respirators and similar respirators approved by the Centers for Disease Control and
97.5 Prevention and authorized by the commissioner for distribution under this program. Masks
97.6 and respirators distributed under this program may include child-sized masks and respirators,
97.7 if such masks and respirators are available and the commissioner finds there is a need for
97.8 them. COVID-19 tests, masks, and respirators must be distributed at no cost to the individuals
97.9 receiving them and may be shipped directly to individuals; distributed through local health
97.10 departments, COVID community coordinators, and other community-based organizations;
97.11 and distributed through other means determined by the commissioner. The commissioner
97.12 may prioritize distribution under this section to communities and populations who are
97.13 disproportionately impacted by COVID-19 or who have difficulty accessing COVID-19
97.14 tests, masks, or respirators.

97.15 Subd. 3. **Process to order COVID-19 tests, masks, and respirators.** The commissioner
97.16 may establish a process for individuals to order COVID-19 tests, masks, and respirators to
97.17 be shipped directly to the individual.

97.18 Subd. 4. **Notice.** An entity distributing KN95 respirators or similar respirators under this
97.19 section may include with the respirators a notice that individuals with a medical condition
97.20 that may make it difficult to wear a KN95 respirator or similar respirator should consult
97.21 with a health care provider before use.

97.22 Subd. 5. **Coordination.** The commissioner may coordinate this program with other state
97.23 and federal programs that distribute COVID-19 tests, masks, or respirators to the public.

97.24 Sec. 99. **REPORT ON TRANSPARENCY OF HEALTH CARE PAYMENTS.**

97.25 Subdivision 1. **Definitions.** (a) The terms defined in this subdivision apply to this section.

97.26 (b) "Commissioner" means the commissioner of health.

97.27 (c) "Non-claims-based payments" means payments to health care providers designed to
97.28 support and reward value of health care services over volume of health care services and
97.29 includes alternative payment models or incentives, payments for infrastructure expenditures
97.30 or investments, and payments for workforce expenditures or investments.

97.31 (d) "Nonpublic data" has the meaning given in Minnesota Statutes, section 13.02,
97.32 subdivision 9.

98.1 (e) "Primary care services" means integrated, accessible health care services provided
98.2 by clinicians who are accountable for addressing a large majority of personal health care
98.3 needs, developing a sustained partnership with patients, and practicing in the context of
98.4 family and community. Primary care services include but are not limited to preventive
98.5 services, office visits, annual physicals, pre-operative physicals, assessments, care
98.6 coordination, development of treatment plans, management of chronic conditions, and
98.7 diagnostic tests.

98.8 Subd. 2. **Report.** (a) To provide the legislature with information needed to meet the
98.9 evolving health care needs of Minnesotans, the commissioner shall report to the legislature
98.10 by February 15, 2023, on the volume and distribution of health care spending across payment
98.11 models used by health plan companies and third-party administrators, with a particular focus
98.12 on value-based care models and primary care spending.

98.13 (b) The report must include specific health plan and third-party administrator estimates
98.14 of health care spending for claims-based payments and non-claims-based payments for the
98.15 most recent available year, reported separately for Minnesotans enrolled in state health care
98.16 programs, Medicare Advantage, and commercial health insurance. The report must also
98.17 include recommendations on changes needed to gather better data from health plan companies
98.18 and third-party administrators on the use of value-based payments that pay for value of
98.19 health care services provided over volume of services provided, promote the health of all
98.20 Minnesotans, reduce health disparities, and support the provision of primary care services
98.21 and preventive services.

98.22 (c) In preparing the report, the commissioner shall:

98.23 (1) describe the form, manner, and timeline for submission of data by health plan
98.24 companies and third-party administrators to produce estimates as specified in paragraph
98.25 (b);

98.26 (2) collect summary data that permits the computation of:

98.27 (i) the percentage of total payments that are non-claims-based payments; and

98.28 (ii) the percentage of payments in item (i) that are for primary care services;

98.29 (3) where data was not directly derived, specify the methods used to estimate data
98.30 elements;

98.31 (4) notwithstanding Minnesota Statutes, section 62U.04, subdivision 11, conduct analyses
98.32 of the magnitude of primary care payments using data collected by the commissioner under
98.33 Minnesota Statutes, section 62U.04; and

99.1 (5) conduct interviews with health plan companies and third-party administrators to
99.2 better understand the types of non-claims-based payments and models in use, the purposes
99.3 or goals of each, the criteria for health care providers to qualify for these payments, and the
99.4 timing and structure of health plan companies or third-party administrators making these
99.5 payments to health care provider organizations.

99.6 (d) Health plan companies and third-party administrators must comply with data requests
99.7 from the commissioner under this section within 60 days after receiving the request.

99.8 (e) Data collected under this section are nonpublic data. Notwithstanding the definition
99.9 of summary data in Minnesota Statutes, section 13.02, subdivision 19, summary data prepared
99.10 under this section may be derived from nonpublic data. The commissioner shall establish
99.11 procedures and safeguards to protect the integrity and confidentiality of any data maintained
99.12 by the commissioner.

99.13 **Sec. 100. SAFETY IMPROVEMENTS FOR STATE LICENSED LONG-TERM**
99.14 **CARE FACILITIES.**

99.15 **Subdivision 1. Temporary grant program for long-term care safety**
99.16 **improvements.** The commissioner of health shall develop, implement, and manage a
99.17 temporary, competitive grant process for state-licensed long-term care facilities to improve
99.18 their ability to reduce the transmission of COVID-19 or other similar conditions.

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

99.21 (b) "Eligible facility" means:

99.22 (1) an assisted living facility licensed under chapter 144G;

99.23 (2) a supervised living facility licensed under chapter 144;

99.24 (3) a boarding care facility that is not federally certified and is licensed under chapter
99.25 144; and

99.26 (4) a nursing home that is not federally certified and is licensed under chapter 144A.

99.27 (c) "Eligible project" means a modernization project to update, remodel, or replace
99.28 outdated equipment, systems, technology, or physical spaces.

99.29 **Subd. 3. Program.** (a) The commissioner of health shall award improvement grants to
99.30 an eligible facility. An improvement grant shall not exceed \$1,250,000.

100.1 (b) Funds may be used to improve the safety, quality of care, and livability of aging
100.2 infrastructure in a Department of Health licensed eligible facility with an emphasis on
100.3 reducing the transmission risk of COVID-19 and other infections. Projects include but are
100.4 not limited to:

100.5 (1) heating, ventilation, and air-conditioning systems improvements to reduce airborne
100.6 exposures;

100.7 (2) physical space changes for infection control; and

100.8 (3) technology improvements to reduce social isolation and improve resident or client
100.9 well-being.

100.10 (c) Notwithstanding any law to the contrary, funds awarded in a grant agreement do not
100.11 lapse until expended by the grantee.

100.12 Subd. 4. **Applications.** An eligible facility seeking a grant shall apply to the
100.13 commissioner. The application must include a description of the resident population
100.14 demographics, the problem the proposed project will address, a description of the project
100.15 including construction and remodeling drawings or specifications, sources of funds for the
100.16 project, including any in-kind resources, uses of funds for the project, the results expected,
100.17 and a plan to maintain or operate any facility or equipment included in the project. The
100.18 applicant must describe achievable objectives, a timetable, and roles and capabilities of
100.19 responsible individuals and organization. An applicant must submit to the commissioner
100.20 evidence that competitive bidding was used to select contractors for the project.

100.21 Subd. 5. **Consideration of applications.** The commissioner shall review each application
100.22 to determine if the application is complete and if the facility and the project are eligible for
100.23 a grant. In evaluating applications, the commissioner shall develop a standardized scoring
100.24 system that assesses: (1) the applicant's understanding of the problem, description of the
100.25 project and the likelihood of a successful outcome of the project; (2) the extent to which
100.26 the project will reduce the transmission of COVID-19; (3) the extent to which the applicant
100.27 has demonstrated that it has made adequate provisions to ensure proper and efficient operation
100.28 of the facility once the project is completed; (4) and other relevant factors as determined
100.29 by the commissioner. During application review, the commissioner may request additional
100.30 information about a proposed project, including information on project cost. Failure to
100.31 provide the information requested disqualifies an applicant.

100.32 Subd. 6. **Program oversight.** The commissioner shall determine the amount of a grant
100.33 to be given to an eligible facility based on the relative score of each eligible facility's
100.34 application, other relevant factors discussed during the review, and the funds available to

101.1 the commissioner. During the grant period and within one year after completion of the grant
101.2 period, the commissioner may collect from an eligible facility receiving a grant, any
101.3 information necessary to evaluate the program.

101.4 Subd. 7. **Expiration.** This section expires June 30, 2025.

101.5 Sec. 101. **STUDY OF THE DEVELOPMENT OF A STATEWIDE REGISTRY FOR**
101.6 **PROVIDER ORDERS FOR LIFE-SUSTAINING TREATMENT.**

101.7 Subdivision 1. **Definitions.** (a) For purposes of this section, the following terms have
101.8 the meanings given.

101.9 (b) "Commissioner" means the commissioner of health.

101.10 (c) "Life-sustaining treatment" means any medical procedure, pharmaceutical drug,
101.11 medical device, or medical intervention that maintains life by sustaining, restoring, or
101.12 supplanting a vital function. Life-sustaining treatment does not include routine care necessary
101.13 to sustain patient cleanliness and comfort.

101.14 (d) "POLST" means a provider order for life-sustaining treatment, signed by a physician,
101.15 advanced practice registered nurse, or physician assistant, to ensure that the medical treatment
101.16 preferences of a patient with an advanced serious illness who is nearing the end of life are
101.17 honored.

101.18 (e) "POLST form" means a portable medical form used to communicate a physician's
101.19 order to help ensure that a patient's medical treatment preferences are conveyed to emergency
101.20 medical service personnel and other health care providers.

101.21 Subd. 2. **Study.** (a) The commissioner, in consultation with the advisory committee
101.22 established in paragraph (c), shall study the issues related to creating a statewide registry
101.23 of POLST forms to ensure that a patient's medical treatment preferences are followed by
101.24 all health care providers. The registry must allow for the submission of completed POLST
101.25 forms and for the forms to be accessed by health care providers and emergency medical
101.26 service personnel in a timely manner, for the provision of care or services.

101.27 (b) As a part of the study, the commissioner shall develop recommendations on the
101.28 following:

101.29 (1) electronic capture, storage, and security of information in the registry;

101.30 (2) procedures to protect the accuracy and confidentiality of information submitted to
101.31 the registry;

101.32 (3) limits as to who can access the registry;

102.1 (4) where the registry should be housed;

102.2 (5) ongoing funding models for the registry; and

102.3 (6) any other action needed to ensure that patients' rights are protected and that their
102.4 health care decisions are followed.

102.5 (c) The commissioner shall create an advisory committee with members representing
102.6 physicians, physician assistants, advanced practice registered nurses, nursing homes,
102.7 emergency medical service providers, hospice and palliative care providers, the disability
102.8 community, attorneys, medical ethicists, and the religious community.

102.9 Subd. 3. **Report.** The commissioner shall submit a report on the results of the study,
102.10 including recommendations on establishing a statewide registry of POLST forms, to the
102.11 chairs and ranking minority members of the legislative committees with jurisdiction over
102.12 health and human services policy and finance by February 1, 2023.

102.13 Sec. 102. **REVISOR INSTRUCTION.**

102.14 (a) The revisor of statutes shall codify Laws 2021, First Special Session chapter 7, article
102.15 3, section 44, as Minnesota Statutes, section 144.1512. The revisor of statutes may make
102.16 any necessary cross-reference changes.

102.17 (b) The revisor of statutes shall correct cross-references in Minnesota Statutes to conform
102.18 with the relettering of paragraphs in Minnesota Statutes, section 144.1501, subdivision 1.

102.19 (c) In Minnesota Statutes, section 144.7055, the revisor shall renumber paragraphs (b)
102.20 to (e) alphabetically as individual subdivisions under Minnesota Statutes, section 144.7051.
102.21 The revisor shall make any necessary changes to sentence structure for this renumbering
102.22 while preserving the meaning of the text. The revisor shall also make necessary
102.23 cross-reference changes in Minnesota Statutes and Minnesota Rules consistent with the
102.24 renumbering.

102.25 (d) The revisor of statutes shall renumber Minnesota Statutes, sections 145A.145 and
102.26 145A.17, as new sections following Minnesota Statutes, section 145.871. The revisor shall
102.27 also make necessary cross-reference changes consistent with the renumbering.

103.1

ARTICLE 2

103.2

DEPARTMENT OF HEALTH POLICY

103.3

Section 1. Minnesota Statutes 2021 Supplement, section 144.0724, subdivision 4, is

103.4

amended to read:

103.5

Subd. 4. **Resident assessment schedule.** (a) A facility must conduct and electronically

103.6

submit to the federal database MDS assessments that conform with the assessment schedule

103.7

defined by the Long Term Care Facility Resident Assessment Instrument User's Manual,

103.8

version 3.0, or its successor issued by the Centers for Medicare and Medicaid Services. The

103.9

commissioner of health may substitute successor manuals or question and answer documents

103.10

published by the United States Department of Health and Human Services, Centers for

103.11

Medicare and Medicaid Services, to replace or supplement the current version of the manual

103.12

or document.

103.13

(b) The assessments required under the Omnibus Budget Reconciliation Act of 1987

103.14

(OBRA) used to determine a case mix classification for reimbursement include the following:

103.15

(1) a new admission comprehensive assessment, which must have an assessment reference

103.16

date (ARD) within 14 calendar days after admission, excluding readmissions;

103.17

(2) an annual comprehensive assessment, which must have an ARD within 92 days of

103.18

a previous quarterly review assessment or a previous comprehensive assessment, which

103.19

must occur at least once every 366 days;

103.20

(3) a significant change in status comprehensive assessment, which must have an ARD

103.21

within 14 days after the facility determines, or should have determined, that there has been

103.22

a significant change in the resident's physical or mental condition, whether an improvement

103.23

or a decline, and regardless of the amount of time since the last comprehensive assessment

103.24

or quarterly review assessment;

103.25

(4) a quarterly review assessment must have an ARD within 92 days of the ARD of the

103.26

previous quarterly review assessment or a previous comprehensive assessment;

103.27

(5) any significant correction to a prior comprehensive assessment, if the assessment

103.28

being corrected is the current one being used for RUG classification;

103.29

(6) any significant correction to a prior quarterly review assessment, if the assessment

103.30

being corrected is the current one being used for RUG classification;

103.31

(7) a required significant change in status assessment when:

104.1 (i) all speech, occupational, and physical therapies have ended. If the most recent OBRA
104.2 comprehensive or quarterly assessment completed does not result in a rehabilitation case
104.3 mix classification, then the significant change in status assessment is not required. The ARD
104.4 of this assessment must be set on day eight after all therapy services have ended; and

104.5 (ii) isolation for an infectious disease has ended. If isolation was not coded on the most
104.6 recent OBRA comprehensive or quarterly assessment completed, then the significant change
104.7 in status assessment is not required. The ARD of this assessment must be set on day 15 after
104.8 isolation has ended; and

104.9 (8) any modifications to the most recent assessments under clauses (1) to (7).

104.10 (c) In addition to the assessments listed in paragraph (b), the assessments used to
104.11 determine nursing facility level of care include the following:

104.12 (1) preadmission screening completed under section 256.975, subdivisions 7a to 7c, by
104.13 the Senior LinkAge Line or other organization under contract with the Minnesota Board on
104.14 Aging; and

104.15 (2) a nursing facility level of care determination as provided for under section 256B.0911,
104.16 subdivision 4e, as part of a face-to-face long-term care consultation assessment completed
104.17 under section 256B.0911, by a county, tribe, or managed care organization under contract
104.18 with the Department of Human Services.

104.19 Sec. 2. Minnesota Statutes 2020, section 144.1201, subdivision 2, is amended to read:

104.20 Subd. 2. ~~By-product nuclear~~ **Byproduct material.** "~~By-product nuclear~~ Byproduct
104.21 material" means ~~a radioactive material, other than special nuclear material, yielded in or~~
104.22 ~~made radioactive by exposure to radiation created incident to the process of producing or~~
104.23 ~~utilizing special nuclear material.:~~

104.24 (1) any radioactive material, except special nuclear material, yielded in or made
104.25 radioactive by exposure to the radiation incident to the process of producing or using special
104.26 nuclear material;

104.27 (2) the tailings or wastes produced by the extraction or concentration of uranium or
104.28 thorium from ore processed primarily for its source material content, including discrete
104.29 surface wastes resulting from uranium solution extraction processes. Underground ore
104.30 bodies depleted by these solution extraction operations do not constitute byproduct material
104.31 within this definition;

105.1 (3) any discrete source of radium-226 that is produced, extracted, or converted after
105.2 extraction for commercial, medical, or research activity, or any material that:

105.3 (i) has been made radioactive by use of a particle accelerator; and

105.4 (ii) is produced, extracted, or converted after extraction for commercial, medical, or
105.5 research activity; and

105.6 (4) any discrete source of naturally occurring radioactive material, other than source
105.7 nuclear material, that:

105.8 (i) the United States Nuclear Regulatory Commission, in consultation with the
105.9 Administrator of the Environmental Protection Agency, the Secretary of Energy, the Secretary
105.10 of Homeland Security, and the head of any other appropriate federal agency determines
105.11 would pose a threat similar to the threat posed by a discrete source of radium-226 to the
105.12 public health and safety or the common defense and security; and

105.13 (ii) is extracted or converted after extraction for use in a commercial, medical, or research
105.14 activity.

105.15 Sec. 3. Minnesota Statutes 2020, section 144.1201, subdivision 4, is amended to read:

105.16 Subd. 4. **Radioactive material.** "Radioactive material" means a matter that emits
105.17 radiation. Radioactive material includes special nuclear material, source nuclear material,
105.18 and ~~by-product nuclear~~ byproduct material.

105.19 Sec. 4. Minnesota Statutes 2021 Supplement, section 144.1481, subdivision 1, is amended
105.20 to read:

105.21 Subdivision 1. **Establishment; membership.** The commissioner of health shall establish
105.22 a ~~16-member~~ 21-member Rural Health Advisory Committee. The committee shall consist
105.23 of the following members, all of whom must reside outside the seven-county metropolitan
105.24 area, as defined in section 473.121, subdivision 2:

105.25 (1) two members from the house of representatives of the state of Minnesota, one from
105.26 the majority party and one from the minority party;

105.27 (2) two members from the senate of the state of Minnesota, one from the majority party
105.28 and one from the minority party;

105.29 (3) a volunteer member of an ambulance service based outside the seven-county
105.30 metropolitan area;

105.31 (4) a representative of a hospital located outside the seven-county metropolitan area;

106.1 (5) a representative of a nursing home located outside the seven-county metropolitan
106.2 area;

106.3 (6) a medical doctor or doctor of osteopathic medicine licensed under chapter 147;

106.4 (7) a dentist licensed under chapter 150A;

106.5 (8) ~~a midlevel practitioner~~ an advanced practice provider;

106.6 (9) a registered nurse or licensed practical nurse;

106.7 (10) a licensed health care professional from an occupation not otherwise represented
106.8 on the committee;

106.9 (11) a representative of an institution of higher education located outside the seven-county
106.10 metropolitan area that provides training for rural health care providers; ~~and~~

106.11 (12) a member of a Tribal nation;

106.12 (13) a representative of a local public health agency or community health board;

106.13 (14) a health professional or advocate with experience working with people with mental
106.14 illness;

106.15 (15) a representative of a community organization that works with individuals
106.16 experiencing health disparities;

106.17 (16) an individual with expertise in economic development, or an employer working
106.18 outside the seven-county metropolitan area; and

106.19 ~~(12)~~ (17) three consumers, at least one of whom must be an advocate for persons who
106.20 ~~are mentally ill or developmentally disabled~~ from a community experiencing health
106.21 disparities.

106.22 The commissioner will make recommendations for committee membership. Committee
106.23 members will be appointed by the governor. In making appointments, the governor shall
106.24 ensure that appointments provide geographic balance among those areas of the state outside
106.25 the seven-county metropolitan area. The chair of the committee shall be elected by the
106.26 members. The advisory committee is governed by section 15.059, except that the members
106.27 do not receive per diem compensation.

107.1 Sec. 5. Minnesota Statutes 2020, section 144.1503, is amended to read:

107.2 **144.1503 HOME AND COMMUNITY-BASED SERVICES EMPLOYEE**
107.3 **SCHOLARSHIP AND LOAN FORGIVENESS PROGRAM.**

107.4 Subdivision 1. **Creation.** The home and community-based services employee scholarship
107.5 and loan forgiveness grant program is established ~~for the purpose of assisting~~ to assist
107.6 qualified provider applicants ~~to fund~~ in funding employee scholarships and qualified
107.7 educational loan repayments for education, training, field experience, and examinations in
107.8 nursing ~~and~~₂ other health care fields, and licensure as an assisted living director under section
107.9 144A.20, subdivision 4.

107.10 Subd. 1a. **Definition.** For purposes of this section, "qualified educational loan" means
107.11 a government, commercial, or foundation loan secured by an employee of a qualifying
107.12 provider for actual costs paid for tuition, training, and examinations; reasonable education,
107.13 training, and field experience expenses; and reasonable living expenses related to the
107.14 employee's graduate or undergraduate education.

107.15 Subd. 2. **Provision of grants.** The commissioner shall make grants available to qualified
107.16 providers of older adult services. Grants must be used by home and community-based service
107.17 providers to recruit and train staff through the establishment of an employee scholarship
107.18 and loan forgiveness fund.

107.19 Subd. 3. **Eligibility.** (a) Eligible providers must primarily provide services to individuals
107.20 who are 65 years of age and older in home and community-based settings, including housing
107.21 with services establishments as defined in section 144D.01, subdivision 4; assisted living
107.22 facilities as defined in section 144G.08, subdivision 7; adult day care as defined in section
107.23 245A.02, subdivision 2a; and home care services as defined in section 144A.43, subdivision
107.24 3.

107.25 (b) Qualifying providers must establish a home and community-based services employee
107.26 scholarship and loan forgiveness program, as specified in subdivision 4. Providers that
107.27 receive funding under this section must use the funds to award scholarships to, and to repay
107.28 qualified educational loans of, employees who work an average of at least 16 hours per
107.29 week for the provider.

107.30 Subd. 4. **Home and community-based services employee scholarship and loan**
107.31 **forgiveness program.** Each qualifying provider under this section must propose a home
107.32 and community-based services employee scholarship and loan forgiveness program. Providers
107.33 must establish criteria by which funds are to be distributed among employees. At a minimum,
107.34 the scholarship and loan forgiveness program must cover employee costs and repay qualified

108.1 educational loans of employees related to a course of study that is expected to lead to career
108.2 advancement with the provider or in the field of long-term care, including home care, care
108.3 of persons with disabilities, ~~or nursing,~~ or management as a licensed assisted living director.

108.4 Subd. 5. **Participating providers.** The commissioner shall publish a request for proposals
108.5 in the State Register, specifying provider eligibility requirements, criteria for a qualifying
108.6 employee scholarship and loan forgiveness program, provider selection criteria,
108.7 documentation required for program participation, maximum award amount, and methods
108.8 of evaluation. The commissioner must publish additional requests for proposals each year
108.9 in which funding is available for this purpose.

108.10 Subd. 6. **Application requirements.** Eligible providers seeking a grant shall submit an
108.11 application to the commissioner. Applications must contain a complete description of the
108.12 employee scholarship and loan forgiveness program being proposed by the applicant,
108.13 including the need for the organization to enhance the education of its workforce, the process
108.14 for determining which employees will be eligible for scholarships or loan repayment, any
108.15 other sources of funding for scholarships or loan repayment, the expected degrees or
108.16 credentials eligible for scholarships or loan repayment, the amount of funding sought for
108.17 the scholarship and loan forgiveness program, a proposed budget detailing how funds will
108.18 be spent, and plans for retaining eligible employees after completion of their scholarship
108.19 or repayment of their loan.

108.20 Subd. 7. **Selection process.** The commissioner shall determine a maximum award for
108.21 grants and make grant selections based on the information provided in the grant application,
108.22 including the demonstrated need for an applicant provider to enhance the education of its
108.23 workforce, the proposed employee scholarship and loan forgiveness selection process, the
108.24 applicant's proposed budget, and other criteria as determined by the commissioner.
108.25 Notwithstanding any law or rule to the contrary, funds awarded to grantees in a grant
108.26 agreement do not lapse until the grant agreement expires.

108.27 Subd. 8. **Reporting requirements.** Participating providers shall submit an invoice for
108.28 reimbursement and a report to the commissioner on a schedule determined by the
108.29 commissioner and on a form supplied by the commissioner. The report shall include the
108.30 amount spent on scholarships and loan repayment; the number of employees who received
108.31 scholarships and the number of employees for whom loans were repaid; and, for each
108.32 scholarship or loan forgiveness recipient, the name of the recipient, the current position of
108.33 the recipient, the amount awarded or loan amount repaid, the educational institution attended,
108.34 the nature of the educational program, and the expected or actual program completion date.

109.1 During the grant period, the commissioner may require and collect from grant recipients
109.2 other information necessary to evaluate the program.

109.3 Sec. 6. Minnesota Statutes 2020, section 144.1911, subdivision 4, is amended to read:

109.4 Subd. 4. **Career guidance and support services.** ~~(a)~~ The commissioner shall award
109.5 grants to eligible nonprofit organizations and eligible postsecondary educational institutions,
109.6 including the University of Minnesota, to provide career guidance and support services to
109.7 immigrant international medical graduates seeking to enter the Minnesota health workforce.
109.8 Eligible grant activities include the following:

109.9 (1) educational and career navigation, including information on training and licensing
109.10 requirements for physician and nonphysician health care professions, and guidance in
109.11 determining which pathway is best suited for an individual international medical graduate
109.12 based on the graduate's skills, experience, resources, and interests;

109.13 (2) support in becoming proficient in medical English;

109.14 (3) support in becoming proficient in the use of information technology, including
109.15 computer skills and use of electronic health record technology;

109.16 (4) support for increasing knowledge of and familiarity with the United States health
109.17 care system;

109.18 (5) support for other foundational skills identified by the commissioner;

109.19 (6) support for immigrant international medical graduates in becoming certified by the
109.20 Educational Commission on Foreign Medical Graduates, including help with preparation
109.21 for required licensing examinations and financial assistance for fees; and

109.22 (7) assistance to international medical graduates in registering with the program's
109.23 Minnesota international medical graduate roster.

109.24 ~~(b) The commissioner shall award the initial grants under this subdivision by December~~
109.25 ~~31, 2015.~~

109.26 Sec. 7. Minnesota Statutes 2020, section 144.292, subdivision 6, is amended to read:

109.27 Subd. 6. **Cost.** (a) When a patient requests a copy of the patient's record for purposes of
109.28 reviewing current medical care, the provider must not charge a fee.

109.29 (b) When a provider or its representative makes copies of patient records upon a patient's
109.30 request under this section, the provider or its representative may charge the patient or the
109.31 patient's representative no more than 75 cents per page, plus \$10 for time spent retrieving

110.1 and copying the records, unless other law or a rule or contract provide for a lower maximum
110.2 charge. This limitation does not apply to x-rays. The provider may charge a patient no more
110.3 than the actual cost of reproducing x-rays, plus no more than \$10 for the time spent retrieving
110.4 and copying the x-rays.

110.5 (c) The respective maximum charges of 75 cents per page and \$10 for time provided in
110.6 this subdivision are in effect for calendar year 1992 and may be adjusted annually each
110.7 calendar year as provided in this subdivision. The permissible maximum charges shall
110.8 change each year by an amount that reflects the change, as compared to the previous year,
110.9 in the Consumer Price Index for all Urban Consumers, Minneapolis-St. Paul (CPI-U),
110.10 published by the Department of Labor.

110.11 (d) A provider or its representative may charge the \$10 retrieval fee, but must not charge
110.12 a per page fee to provide copies of records requested by a patient or the patient's authorized
110.13 representative if the request for copies of records is for purposes of appealing a denial of
110.14 Social Security disability income or Social Security disability benefits under title II or title
110.15 XVI of the Social Security Act; except that no fee shall be charged to a ~~person~~ patient who
110.16 is receiving public assistance, or to a patient who is represented by an attorney on behalf
110.17 of a civil legal services program or a volunteer attorney program based on indigency. For
110.18 the purpose of further appeals, a patient may receive no more than two medical record
110.19 updates without charge, but only for medical record information previously not provided.
110.20 For purposes of this paragraph, a patient's authorized representative does not include units
110.21 of state government engaged in the adjudication of Social Security disability claims.

110.22 Sec. 8. Minnesota Statutes 2020, section 144.497, is amended to read:

110.23 **144.497 ST ELEVATION MYOCARDIAL INFARCTION.**

110.24 The commissioner of health shall assess ~~and report on~~ the quality of care provided in
110.25 the state for ST elevation myocardial infarction response and treatment. The commissioner
110.26 shall:

110.27 (1) utilize and analyze data provided by ST elevation myocardial infarction receiving
110.28 centers to the ACTION Registry-Get with the guidelines or an equivalent data platform that
110.29 does not identify individuals or associate specific ST elevation myocardial infarction heart
110.30 attack events with an identifiable individual; and

110.31 ~~(2) quarterly post a summary report of the data in aggregate form on the Department of~~
110.32 ~~Health website;~~

111.1 ~~(3) annually inform the legislative committees with jurisdiction over public health of~~
111.2 ~~progress toward improving the quality of care and patient outcomes for ST elevation~~
111.3 ~~myocardial infarctions; and~~

111.4 ~~(4)~~ (2) coordinate to the extent possible with national voluntary health organizations
111.5 involved in ST elevation myocardial infarction heart attack quality improvement to encourage
111.6 ST elevation myocardial infarction receiving centers to report data consistent with nationally
111.7 recognized guidelines on the treatment of individuals with confirmed ST elevation myocardial
111.8 infarction heart attacks within the state and encourage sharing of information among health
111.9 care providers on ways to improve the quality of care of ST elevation myocardial infarction
111.10 patients in Minnesota.

111.11 Sec. 9. Minnesota Statutes 2021 Supplement, section 144.551, subdivision 1, is amended
111.12 to read:

111.13 Subdivision 1. **Restricted construction or modification.** (a) The following construction
111.14 or modification may not be commenced:

111.15 (1) any erection, building, alteration, reconstruction, modernization, improvement,
111.16 extension, lease, or other acquisition by or on behalf of a hospital that increases the bed
111.17 capacity of a hospital, relocates hospital beds from one physical facility, complex, or site
111.18 to another, or otherwise results in an increase or redistribution of hospital beds within the
111.19 state; and

111.20 (2) the establishment of a new hospital.

111.21 (b) This section does not apply to:

111.22 (1) construction or relocation within a county by a hospital, clinic, or other health care
111.23 facility that is a national referral center engaged in substantial programs of patient care,
111.24 medical research, and medical education meeting state and national needs that receives more
111.25 than 40 percent of its patients from outside the state of Minnesota;

111.26 (2) a project for construction or modification for which a health care facility held an
111.27 approved certificate of need on May 1, 1984, regardless of the date of expiration of the
111.28 certificate;

111.29 (3) a project for which a certificate of need was denied before July 1, 1990, if a timely
111.30 appeal results in an order reversing the denial;

111.31 (4) a project exempted from certificate of need requirements by Laws 1981, chapter 200,
111.32 section 2;

112.1 (5) a project involving consolidation of pediatric specialty hospital services within the
112.2 Minneapolis-St. Paul metropolitan area that would not result in a net increase in the number
112.3 of pediatric specialty hospital beds among the hospitals being consolidated;

112.4 (6) a project involving the temporary relocation of pediatric-orthopedic hospital beds to
112.5 an existing licensed hospital that will allow for the reconstruction of a new philanthropic,
112.6 pediatric-orthopedic hospital on an existing site and that will not result in a net increase in
112.7 the number of hospital beds. Upon completion of the reconstruction, the licenses of both
112.8 hospitals must be reinstated at the capacity that existed on each site before the relocation;

112.9 (7) the relocation or redistribution of hospital beds within a hospital building or
112.10 identifiable complex of buildings provided the relocation or redistribution does not result
112.11 in: (i) an increase in the overall bed capacity at that site; (ii) relocation of hospital beds from
112.12 one physical site or complex to another; or (iii) redistribution of hospital beds within the
112.13 state or a region of the state;

112.14 (8) relocation or redistribution of hospital beds within a hospital corporate system that
112.15 involves the transfer of beds from a closed facility site or complex to an existing site or
112.16 complex provided that: (i) no more than 50 percent of the capacity of the closed facility is
112.17 transferred; (ii) the capacity of the site or complex to which the beds are transferred does
112.18 not increase by more than 50 percent; (iii) the beds are not transferred outside of a federal
112.19 health systems agency boundary in place on July 1, 1983; (iv) the relocation or redistribution
112.20 does not involve the construction of a new hospital building; and (v) the transferred beds
112.21 are used first to replace within the hospital corporate system the total number of beds
112.22 previously used in the closed facility site or complex for mental health services and substance
112.23 use disorder services. Only after the hospital corporate system has fulfilled the requirements
112.24 of this item may the remainder of the available capacity of the closed facility site or complex
112.25 be transferred for any other purpose;

112.26 (9) a construction project involving up to 35 new beds in a psychiatric hospital in Rice
112.27 County that primarily serves adolescents and that receives more than 70 percent of its
112.28 patients from outside the state of Minnesota;

112.29 (10) a project to replace a hospital or hospitals with a combined licensed capacity of
112.30 130 beds or less if: (i) the new hospital site is located within five miles of the current site;
112.31 and (ii) the total licensed capacity of the replacement hospital, either at the time of
112.32 construction of the initial building or as the result of future expansion, will not exceed 70
112.33 licensed hospital beds, or the combined licensed capacity of the hospitals, whichever is less;

113.1 (11) the relocation of licensed hospital beds from an existing state facility operated by
113.2 the commissioner of human services to a new or existing facility, building, or complex
113.3 operated by the commissioner of human services; from one regional treatment center site
113.4 to another; or from one building or site to a new or existing building or site on the same
113.5 campus;

113.6 (12) the construction or relocation of hospital beds operated by a hospital having a
113.7 statutory obligation to provide hospital and medical services for the indigent that does not
113.8 result in a net increase in the number of hospital beds, notwithstanding section 144.552, 27
113.9 beds, of which 12 serve mental health needs, may be transferred from Hennepin County
113.10 Medical Center to Regions Hospital under this clause;

113.11 (13) a construction project involving the addition of up to 31 new beds in an existing
113.12 nonfederal hospital in Beltrami County;

113.13 (14) a construction project involving the addition of up to eight new beds in an existing
113.14 nonfederal hospital in Otter Tail County with 100 licensed acute care beds;

113.15 (15) a construction project involving the addition of 20 new hospital beds in an existing
113.16 hospital in Carver County serving the southwest suburban metropolitan area;

113.17 (16) a project for the construction or relocation of up to 20 hospital beds for the operation
113.18 of up to two psychiatric facilities or units for children provided that the operation of the
113.19 facilities or units have received the approval of the commissioner of human services;

113.20 (17) a project involving the addition of 14 new hospital beds to be used for rehabilitation
113.21 services in an existing hospital in Itasca County;

113.22 (18) a project to add 20 licensed beds in existing space at a hospital in Hennepin County
113.23 that closed 20 rehabilitation beds in 2002, provided that the beds are used only for
113.24 rehabilitation in the hospital's current rehabilitation building. If the beds are used for another
113.25 purpose or moved to another location, the hospital's licensed capacity is reduced by 20 beds;

113.26 (19) a critical access hospital established under section 144.1483, clause (9), and section
113.27 1820 of the federal Social Security Act, United States Code, title 42, section 1395i-4, that
113.28 delicensed beds since enactment of the Balanced Budget Act of 1997, Public Law 105-33,
113.29 to the extent that the critical access hospital does not seek to exceed the maximum number
113.30 of beds permitted such hospital under federal law;

113.31 (20) notwithstanding section 144.552, a project for the construction of a new hospital
113.32 in the city of Maple Grove with a licensed capacity of up to 300 beds provided that:

114.1 (i) the project, including each hospital or health system that will own or control the entity
114.2 that will hold the new hospital license, is approved by a resolution of the Maple Grove City
114.3 Council as of March 1, 2006;

114.4 (ii) the entity that will hold the new hospital license will be owned or controlled by one
114.5 or more not-for-profit hospitals or health systems that have previously submitted a plan or
114.6 plans for a project in Maple Grove as required under section 144.552, and the plan or plans
114.7 have been found to be in the public interest by the commissioner of health as of April 1,
114.8 2005;

114.9 (iii) the new hospital's initial inpatient services must include, but are not limited to,
114.10 medical and surgical services, obstetrical and gynecological services, intensive care services,
114.11 orthopedic services, pediatric services, noninvasive cardiac diagnostics, behavioral health
114.12 services, and emergency room services;

114.13 (iv) the new hospital:

114.14 (A) will have the ability to provide and staff sufficient new beds to meet the growing
114.15 needs of the Maple Grove service area and the surrounding communities currently being
114.16 served by the hospital or health system that will own or control the entity that will hold the
114.17 new hospital license;

114.18 (B) will provide uncompensated care;

114.19 (C) will provide mental health services, including inpatient beds;

114.20 (D) will be a site for workforce development for a broad spectrum of health-care-related
114.21 occupations and have a commitment to providing clinical training programs for physicians
114.22 and other health care providers;

114.23 (E) will demonstrate a commitment to quality care and patient safety;

114.24 (F) will have an electronic medical records system, including physician order entry;

114.25 (G) will provide a broad range of senior services;

114.26 (H) will provide emergency medical services that will coordinate care with regional
114.27 providers of trauma services and licensed emergency ambulance services in order to enhance
114.28 the continuity of care for emergency medical patients; and

114.29 (I) will be completed by December 31, 2009, unless delayed by circumstances beyond
114.30 the control of the entity holding the new hospital license; and

115.1 (v) as of 30 days following submission of a written plan, the commissioner of health
115.2 has not determined that the hospitals or health systems that will own or control the entity
115.3 that will hold the new hospital license are unable to meet the criteria of this clause;

115.4 (21) a project approved under section 144.553;

115.5 (22) a project for the construction of a hospital with up to 25 beds in Cass County within
115.6 a 20-mile radius of the state Ah-Gwah-Ching facility, provided the hospital's license holder
115.7 is approved by the Cass County Board;

115.8 (23) a project for an acute care hospital in Fergus Falls that will increase the bed capacity
115.9 from 108 to 110 beds by increasing the rehabilitation bed capacity from 14 to 16 and closing
115.10 a separately licensed 13-bed skilled nursing facility;

115.11 (24) notwithstanding section 144.552, a project for the construction and expansion of a
115.12 specialty psychiatric hospital in Hennepin County for up to 50 beds, exclusively for patients
115.13 who are under 21 years of age on the date of admission. The commissioner conducted a
115.14 public interest review of the mental health needs of Minnesota and the Twin Cities
115.15 metropolitan area in 2008. No further public interest review shall be conducted for the
115.16 construction or expansion project under this clause;

115.17 (25) a project for a 16-bed psychiatric hospital in the city of Thief River Falls, if the
115.18 commissioner finds the project is in the public interest after the public interest review
115.19 conducted under section 144.552 is complete;

115.20 (26)(i) a project for a 20-bed psychiatric hospital, within an existing facility in the city
115.21 of Maple Grove, exclusively for patients who are under 21 years of age on the date of
115.22 admission, if the commissioner finds the project is in the public interest after the public
115.23 interest review conducted under section 144.552 is complete;

115.24 (ii) this project shall serve patients in the continuing care benefit program under section
115.25 256.9693. The project may also serve patients not in the continuing care benefit program;
115.26 and

115.27 (iii) if the project ceases to participate in the continuing care benefit program, the
115.28 commissioner must complete a subsequent public interest review under section 144.552. If
115.29 the project is found not to be in the public interest, the license must be terminated six months
115.30 from the date of that finding. If the commissioner of human services terminates the contract
115.31 without cause or reduces per diem payment rates for patients under the continuing care
115.32 benefit program below the rates in effect for services provided on December 31, 2015, the

116.1 project may cease to participate in the continuing care benefit program and continue to
116.2 operate without a subsequent public interest review;

116.3 (27) a project involving the addition of 21 new beds in an existing psychiatric hospital
116.4 in Hennepin County that is exclusively for patients who are under 21 years of age on the
116.5 date of admission;

116.6 (28) a project to add 55 licensed beds in an existing safety net, level I trauma center
116.7 hospital in Ramsey County as designated under section 383A.91, subdivision 5, of which
116.8 15 beds are to be used for inpatient mental health and 40 are to be used for other services.
116.9 In addition, five unlicensed observation mental health beds shall be added;

116.10 (29) upon submission of a plan to the commissioner for public interest review under
116.11 section 144.552 and the addition of the 15 inpatient mental health beds specified in clause
116.12 (28), to its bed capacity, a project to add 45 licensed beds in an existing safety net, level I
116.13 trauma center hospital in Ramsey County as designated under section 383A.91, subdivision
116.14 5. Five of the 45 additional beds authorized under this clause must be designated for use
116.15 for inpatient mental health and must be added to the hospital's bed capacity before the
116.16 remaining 40 beds are added. Notwithstanding section 144.552, the hospital may add licensed
116.17 beds under this clause prior to completion of the public interest review, provided the hospital
116.18 submits its plan by the 2021 deadline and adheres to the timelines for the public interest
116.19 review described in section 144.552; ~~or~~

116.20 (30) upon submission of a plan to the commissioner for public interest review under
116.21 section 144.552, a project to add up to 30 licensed beds in an existing psychiatric hospital
116.22 in Hennepin County that exclusively provides care to patients who are under 21 years of
116.23 age on the date of admission. Notwithstanding section 144.552, the psychiatric hospital
116.24 may add licensed beds under this clause prior to completion of the public interest review,
116.25 provided the hospital submits its plan by the 2021 deadline and adheres to the timelines for
116.26 the public interest review described in section 144.552;

116.27 (31) a project to add licensed beds in a hospital in Cook County that: (i) is designated
116.28 as a critical access hospital under section 144.1483, clause (9), and United States Code, title
116.29 42, section 1395i-4; (ii) has a licensed bed capacity of fewer than 25 beds; and (iii) has an
116.30 attached nursing home, so long as the total number of licensed beds in the hospital after the
116.31 bed addition does not exceed 25 beds; or

116.32 (32) upon submission of a plan to the commissioner for public interest review under
116.33 section 144.552, a project to add 22 licensed beds at a Minnesota freestanding children's
116.34 hospital in St. Paul that is part of an independent pediatric health system with freestanding

117.1 inpatient hospitals located in Minneapolis and St. Paul. The beds shall be utilized for pediatric
117.2 inpatient behavioral health services. Notwithstanding section 144.552, the hospital may add
117.3 licensed beds under this clause prior to completion of the public interest review, provided
117.4 the hospital submits its plan by the 2022 deadline and adheres to the timelines for the public
117.5 interest review described in section 144.552.

117.6 Sec. 10. Minnesota Statutes 2020, section 144.565, subdivision 4, is amended to read:

117.7 Subd. 4. **Definitions.** (a) For purposes of this section, the following terms have the
117.8 meanings given:

117.9 (b) "Diagnostic imaging facility" means a health care facility that is not a hospital or
117.10 location licensed as a hospital which offers diagnostic imaging services in Minnesota,
117.11 regardless of whether the equipment used to provide the service is owned or leased. For the
117.12 purposes of this section, diagnostic imaging facility includes, but is not limited to, facilities
117.13 such as a physician's office, clinic, mobile transport vehicle, outpatient imaging center, or
117.14 surgical center. A dental clinic or office is not considered a diagnostic imaging facility for
117.15 the purpose of this section when the clinic or office performs diagnostic imaging through
117.16 dental cone beam computerized tomography.

117.17 (c) "Diagnostic imaging service" means the use of ionizing radiation or other imaging
117.18 technique on a human patient including, but not limited to, magnetic resonance imaging
117.19 (MRI) or computerized tomography (CT) other than dental cone beam computerized
117.20 tomography, positron emission tomography (PET), or single photon emission computerized
117.21 tomography (SPECT) scans using fixed, portable, or mobile equipment.

117.22 (d) "Financial or economic interest" means a direct or indirect:

117.23 (1) equity or debt security issued by an entity, including, but not limited to, shares of
117.24 stock in a corporation, membership in a limited liability company, beneficial interest in a
117.25 trust, units or other interests in a partnership, bonds, debentures, notes or other equity
117.26 interests or debt instruments, or any contractual arrangements;

117.27 (2) membership, proprietary interest, or co-ownership with an individual, group, or
117.28 organization to which patients, clients, or customers are referred to; or

117.29 (3) employer-employee or independent contractor relationship, including, but not limited
117.30 to, those that may occur in a limited partnership, profit-sharing arrangement, or other similar
117.31 arrangement with any facility to which patients are referred, including any compensation
117.32 between a facility and a health care provider, the group practice of which the provider is a
117.33 member or employee or a related party with respect to any of them.

118.1 (e) "Fixed equipment" means a stationary diagnostic imaging machine installed in a
118.2 permanent location.

118.3 (f) "Mobile equipment" means a diagnostic imaging machine in a self-contained transport
118.4 vehicle designed to be brought to a temporary offsite location to perform diagnostic imaging
118.5 services.

118.6 (g) "Portable equipment" means a diagnostic imaging machine designed to be temporarily
118.7 transported within a permanent location to perform diagnostic imaging services.

118.8 (h) "Provider of diagnostic imaging services" means a diagnostic imaging facility or an
118.9 entity that offers and bills for diagnostic imaging services at a facility owned or leased by
118.10 the entity.

118.11 Sec. 11. Minnesota Statutes 2020, section 144.586, is amended by adding a subdivision
118.12 to read:

118.13 **Subd. 4. Screening for eligibility for health coverage or assistance.** (a) A hospital
118.14 must screen a patient who is uninsured or whose insurance coverage status is not known by
118.15 the hospital, for eligibility for charity care from the hospital, eligibility for state or federal
118.16 public health care programs using presumptive eligibility or another similar process, and
118.17 eligibility for a premium tax credit. The hospital must attempt to complete this screening
118.18 process in person or by telephone within 30 days after the patient's admission to the hospital.

118.19 (b) If the patient is eligible for charity care from the hospital, the hospital must assist
118.20 the patient in applying for charity care and must refer the patient to the appropriate
118.21 department in the hospital for follow-up.

118.22 (c) If the patient is presumptively eligible for a public health care program, the hospital
118.23 must assist the patient in completing an insurance affordability program application, help
118.24 schedule an appointment for the patient with a navigator organization, or provide the patient
118.25 with contact information for navigator services. If the patient is eligible for a premium tax
118.26 credit, the hospital may schedule an appointment for the patient with a navigator organization
118.27 or provide the patient with contact information for navigator services.

118.28 (d) A patient may decline to participate in the screening process, to apply for charity
118.29 care, to complete an insurance affordability program application, to schedule an appointment
118.30 with a navigator organization, or to accept information about navigator services.

118.31 (e) For purposes of this subdivision:

119.1 (1) "hospital" means a private, nonprofit, or municipal hospital licensed under sections
119.2 144.50 to 144.56;

119.3 (2) "navigator" has the meaning given in section 62V.02, subdivision 9;

119.4 (3) "premium tax credit" means a tax credit or premium subsidy under the federal Patient
119.5 Protection and Affordable Care Act, Public Law 111-148, as amended, including the federal
119.6 Health Care and Education Reconciliation Act of 2010, Public Law 111-152, and any
119.7 amendments to and federal guidance and regulations issued under these acts; and

119.8 (4) "presumptive eligibility" has the meaning given in section 256B.057, subdivision
119.9 12.

119.10 **EFFECTIVE DATE.** This section is effective November 1, 2022.

119.11 Sec. 12. Minnesota Statutes 2020, section 144.6502, subdivision 1, is amended to read:

119.12 Subdivision 1. **Definitions.** (a) For the purposes of this section, the terms defined in this
119.13 subdivision have the meanings given.

119.14 (b) "Commissioner" means the commissioner of health.

119.15 (c) "Department" means the Department of Health.

119.16 (d) "Electronic monitoring" means the placement and use of an electronic monitoring
119.17 device ~~by a resident~~ in the resident's room or private living unit in accordance with this
119.18 section.

119.19 (e) "Electronic monitoring device" means a camera or other device that captures, records,
119.20 or broadcasts audio, video, or both, that is placed in a resident's room or private living unit
119.21 and is used to monitor the resident or activities in the room or private living unit.

119.22 (f) "Facility" means a facility that is:

119.23 (1) licensed as a nursing home under chapter 144A;

119.24 (2) licensed as a boarding care home under sections 144.50 to 144.56;

119.25 (3) until August 1, 2021, a housing with services establishment registered under chapter
119.26 144D that is either subject to chapter 144G or has a disclosed special unit under section
119.27 325F.72; or

119.28 (4) on or after August 1, 2021, an assisted living facility.

119.29 (g) "Resident" means a person 18 years of age or older residing in a facility.

120.1 (h) "Resident representative" means one of the following in the order of priority listed,
120.2 to the extent the person may reasonably be identified and located:

120.3 (1) a court-appointed guardian;

120.4 (2) a health care agent as defined in section 145C.01, subdivision 2; or

120.5 (3) a person who is not an agent of a facility or of a home care provider designated in
120.6 writing by the resident and maintained in the resident's records on file with the facility.

120.7 Sec. 13. Minnesota Statutes 2020, section 144.651, is amended by adding a subdivision
120.8 to read:

120.9 Subd. 10a. Designated support person for pregnant patient. (a) A health care provider
120.10 and a health care facility must allow, at a minimum, one designated support person of a
120.11 pregnant patient's choosing to be physically present while the patient is receiving health
120.12 care services including during a hospital stay.

120.13 (b) For purposes of this subdivision, "designated support person" means any person
120.14 necessary to provide comfort to the patient including but not limited to the patient's spouse,
120.15 partner, family member, or another person related by affinity. Certified doulas and traditional
120.16 midwives may not be counted toward the limit of one designated support person.

120.17 Sec. 14. Minnesota Statutes 2020, section 144.69, is amended to read:

120.18 **144.69 CLASSIFICATION OF DATA ON INDIVIDUALS.**

120.19 Subdivision 1. Data collected by the cancer reporting system. Notwithstanding any
120.20 law to the contrary, including section 13.05, subdivision 9, data collected on individuals by
120.21 the cancer ~~surveillance~~ reporting system, including the names and personal identifiers of
120.22 persons required in section 144.68 to report, shall be private and may only be used for the
120.23 purposes set forth in this section and sections 144.671, 144.672, and 144.68. Any disclosure
120.24 other than is provided for in this section and sections 144.671, 144.672, and 144.68, is
120.25 declared to be a misdemeanor and punishable as such. Except as provided by rule, and as
120.26 part of an epidemiologic investigation, an officer or employee of the commissioner of health
120.27 may interview patients named in any such report, or relatives of any such patient, only after
120.28 ~~the consent of~~ notifying the attending physician, advanced practice registered nurse, or
120.29 ~~surgeon is obtained.~~

120.30 Subd. 2. Transfers of information to non-Minnesota state and federal government
120.31 agencies. (a) Information containing personal identifiers collected by the cancer reporting
120.32 system may be provided to the statewide cancer registry of other states solely for the purposes

121.1 consistent with this section and sections 144.671, 144.672, and 144.68, provided that the
121.2 other state agrees to maintain the classification of the information as provided under
121.3 subdivision 1.

121.4 (b) Information, excluding direct identifiers such as name, Social Security number,
121.5 telephone number, and street address, collected by the cancer reporting system may be
121.6 provided to the Centers for Disease Control and Prevention's National Program of Cancer
121.7 Registries and the National Cancer Institute's Surveillance, Epidemiology, and End Results
121.8 Program registry.

121.9 Sec. 15. Minnesota Statutes 2021 Supplement, section 144.9501, subdivision 17, is amended
121.10 to read:

121.11 Subd. 17. **Lead hazard reduction.** (a) "Lead hazard reduction" means abatement, swab
121.12 team services, or interim controls undertaken to make a residence, child care facility, school,
121.13 playground, or other location where lead hazards are identified lead-safe by complying with
121.14 the lead standards and methods adopted under section 144.9508.

121.15 (b) Lead hazard reduction does not include renovation activity that is primarily intended
121.16 to remodel, repair, or restore a given structure or dwelling rather than abate or control
121.17 lead-based paint hazards.

121.18 (c) Lead hazard reduction does not include activities that disturb painted surfaces that
121.19 total:

- 121.20 (1) less than 20 square feet (two square meters) on exterior surfaces; or
121.21 (2) less than two square feet (0.2 square meters) in an interior room.

121.22 Sec. 16. Minnesota Statutes 2020, section 144.9501, subdivision 26a, is amended to read:

121.23 Subd. 26a. **Regulated lead work.** ~~(a)~~ "Regulated lead work" means:

- 121.24 (1) abatement;
- 121.25 (2) interim controls;
- 121.26 (3) a clearance inspection;
- 121.27 (4) a lead hazard screen;
- 121.28 (5) a lead inspection;
- 121.29 (6) a lead risk assessment;
- 121.30 (7) lead project designer services;

- 122.1 (8) lead sampling technician services;
- 122.2 (9) swab team services;
- 122.3 (10) renovation activities; ~~or~~
- 122.4 (11) lead hazard reduction; or
- 122.5 ~~(11)~~ (12) activities performed to comply with lead orders issued by a ~~community health~~
- 122.6 ~~board~~ an assessing agency.
- 122.7 ~~(b) Regulated lead work does not include abatement, interim controls, swab team services,~~
- 122.8 ~~or renovation activities that disturb painted surfaces that total no more than:~~
- 122.9 ~~(1) 20 square feet (two square meters) on exterior surfaces; or~~
- 122.10 ~~(2) six square feet (0.6 square meters) in an interior room.~~
- 122.11 Sec. 17. Minnesota Statutes 2020, section 144.9501, subdivision 26b, is amended to read:
- 122.12 Subd. 26b. **Renovation.** (a) "Renovation" means the modification of any pre-1978
- 122.13 affected property for compensation that results in the disturbance of known or presumed
- 122.14 lead-containing painted surfaces defined under section 144.9508, unless that activity is
- 122.15 performed as lead hazard reduction. A renovation performed for the purpose of converting
- 122.16 a building or part of a building into an affected property is a renovation under this
- 122.17 subdivision.
- 122.18 (b) Renovation does not include activities that disturb painted surfaces that total:
- 122.19 (1) less than 20 square feet (two square meters) on exterior surfaces; or
- 122.20 (2) less than six square feet (0.6 square meters) in an interior room.
- 122.21 Sec. 18. Minnesota Statutes 2020, section 144.9505, subdivision 1, is amended to read:
- 122.22 Subdivision 1. **Licensing, certification, and permitting.** (a) Fees collected under this
- 122.23 section shall be deposited into the state treasury and credited to the state government special
- 122.24 revenue fund.
- 122.25 (b) Persons shall not advertise or otherwise present themselves as lead supervisors, lead
- 122.26 workers, lead inspectors, lead risk assessors, lead sampling technicians, lead project designers,
- 122.27 renovation firms, or lead firms unless they have licenses or certificates issued by the
- 122.28 commissioner under this section.

123.1 (c) The fees required in this section for inspectors, risk assessors, and certified lead firms
123.2 are waived for state or local government employees performing services for or as an assessing
123.3 agency.

123.4 (d) An individual who is the owner of property on which ~~regulated lead work~~ lead hazard
123.5 reduction is to be performed or an adult individual who is related to the property owner, as
123.6 defined under section 245A.02, subdivision 13, is exempt from the requirements to obtain
123.7 a license and pay a fee according to this section.

123.8 (e) A person that employs individuals to perform ~~regulated lead work~~ lead hazard
123.9 reduction, clearance inspections, lead risk assessments, lead inspections, lead hazard screens,
123.10 lead project designer services, lead sampling technician services, and swab team services
123.11 outside of the person's property must obtain certification as a certified lead firm. An
123.12 individual who performs lead hazard reduction, lead hazard screens, lead inspections, lead
123.13 risk assessments, clearance inspections, lead project designer services, lead sampling
123.14 technician services, swab team services, and activities performed to comply with lead orders
123.15 must be employed by a certified lead firm, unless the individual is a sole proprietor and
123.16 does not employ any other individuals; the individual is employed by a person that does
123.17 not perform ~~regulated lead work~~ lead hazard reduction, clearance inspections, lead risk
123.18 assessments, lead inspections, lead hazard screens, lead project designer services, lead
123.19 sampling technician services, and swab team services outside of the person's property; or
123.20 the individual is employed by an assessing agency.

123.21 Sec. 19. Minnesota Statutes 2020, section 144.9505, subdivision 1h, is amended to read:

123.22 Subd. 1h. **Certified renovation firm.** A person who ~~employs individuals to perform~~
123.23 performs renovation activities ~~outside of the person's property~~ must obtain certification as
123.24 a renovation firm. The certificate must be in writing, contain an expiration date, be signed
123.25 by the commissioner, and give the name and address of the person to whom it is issued. A
123.26 renovation firm certificate is valid for two years. The certification fee is \$100, is
123.27 nonrefundable, and must be submitted with each application. The renovation firm certificate
123.28 or a copy of the certificate must be readily available at the worksite for review by the
123.29 contracting entity, the commissioner, and other public health officials charged with the
123.30 health, safety, and welfare of the state's citizens.

124.1 Sec. 20. Minnesota Statutes 2020, section 144A.01, is amended to read:

124.2 **144A.01 DEFINITIONS.**

124.3 Subdivision 1. **Scope.** For the purposes of sections 144A.01 to 144A.27, the terms
124.4 defined in this section have the meanings given them.

124.5 Subd. 2. **Commissioner of health.** "Commissioner of health" means the state
124.6 commissioner of health established by section 144.011.

124.7 Subd. 3. **Board of Executives for Long Term Services and Supports.** "Board of
124.8 Executives for Long Term Services and Supports" means the Board of Executives for Long
124.9 Term Services and Supports established by section 144A.19.

124.10 Subd. 3a. **Certified.** "Certified" means certified for participation as a provider in the
124.11 Medicare or Medicaid programs under title XVIII or XIX of the Social Security Act.

124.12 Subd. 4. **Controlling person.** (a) "Controlling person" means ~~any public body,~~
124.13 ~~governmental agency, business entity,~~ an owner and the following individuals and entities,
124.14 if applicable:

124.15 (1) each officer of the organization, including the chief executive officer and the chief
124.16 financial officer;

124.17 (2) the nursing home administrator; ~~or director whose responsibilities include the~~
124.18 ~~direction of the management or policies of a nursing home~~

124.19 (3) any managerial official.

124.20 (b) "Controlling person" also means any entity or natural person who, directly or
124.21 ~~indirectly, beneficially owns any~~ has any direct or indirect ownership interest in:

124.22 (1) any corporation, partnership or other business association which is a controlling
124.23 person;

124.24 (2) the land on which a nursing home is located;

124.25 (3) the structure in which a nursing home is located;

124.26 (4) any entity with at least a five percent mortgage, contract for deed, deed of trust, or
124.27 ~~other obligation secured in whole or part by~~ security interest in the land or structure
124.28 comprising a nursing home; or

124.29 (5) any lease or sublease of the land, structure, or facilities comprising a nursing home.

124.30 ~~(b)~~ (c) "Controlling person" does not include:

125.1 (1) a bank, savings bank, trust company, savings association, credit union, industrial
 125.2 loan and thrift company, investment banking firm, or insurance company unless the entity
 125.3 directly or through a subsidiary operates a nursing home;

125.4 (2) government and government-sponsored entities such as the United States Department
 125.5 of Housing and Urban Development, Ginnie Mae, Fannie Mae, Freddie Mac, and the
 125.6 Minnesota Housing Finance Agency which provide loans, financing, and insurance products
 125.7 for housing sites;

125.8 ~~(2)~~ (3) an individual who is a state or federal official or, a state or federal employee, or
 125.9 a member or employee of the governing body of a political subdivision of the state ~~which~~
 125.10 or federal government that operates one or more nursing homes, unless the individual is
 125.11 also an officer or director of a, owner, or managerial official of the nursing home, receives
 125.12 any remuneration from a nursing home, or owns any of the beneficial interests who is a
 125.13 controlling person not otherwise excluded in this subdivision;

125.14 ~~(3)~~ (4) a natural person who is a member of a tax-exempt organization under section
 125.15 290.05, subdivision 2, unless the individual is also ~~an officer or director of a nursing home,~~
 125.16 ~~or owns any of the beneficial interests~~ a controlling person not otherwise excluded in this
 125.17 subdivision; and

125.18 ~~(4)~~ (5) a natural person who owns less than five percent of the outstanding common
 125.19 shares of a corporation:

125.20 (i) whose securities are exempt by virtue of section 80A.45, clause (6); or

125.21 (ii) whose transactions are exempt by virtue of section 80A.46, clause (7).

125.22 Subd. 4a. **Emergency.** "Emergency" means a situation or physical condition that creates
 125.23 or probably will create an immediate and serious threat to a resident's health or safety.

125.24 Subd. 5. **Nursing home.** "Nursing home" means a facility or that part of a facility which
 125.25 provides nursing care to five or more persons. "Nursing home" does not include a facility
 125.26 or that part of a facility which is a hospital, a hospital with approved swing beds as defined
 125.27 in section 144.562, clinic, doctor's office, diagnostic or treatment center, or a residential
 125.28 program licensed pursuant to sections 245A.01 to 245A.16 or 252.28.

125.29 Subd. 6. **Nursing care.** "Nursing care" means health evaluation and treatment of patients
 125.30 and residents who are not in need of an acute care facility but who require nursing supervision
 125.31 on an inpatient basis. The commissioner of health may by rule establish levels of nursing
 125.32 care.

126.1 Subd. 7. **Uncorrected violation.** "Uncorrected violation" means a violation of a statute
126.2 or rule or any other deficiency for which a notice of noncompliance has been issued and
126.3 fine assessed and allowed to be recovered pursuant to section 144A.10, subdivision 8.

126.4 Subd. 8. **Managerial ~~employee~~ official.** "Managerial ~~employee~~ official" means an
126.5 ~~employee of a~~ individual who has the decision-making authority related to the operation of
126.6 the nursing home whose duties include and the responsibility for either: (1) the ongoing
126.7 management of the nursing home; or (2) the direction of some or all of the management or
126.8 policies, services, or employees of the nursing home.

126.9 Subd. 9. **Nursing home administrator.** "Nursing home administrator" means a person
126.10 who administers, manages, supervises, or is in general administrative charge of a nursing
126.11 home, whether or not the individual has an ownership interest in the home, and whether or
126.12 not the person's functions and duties are shared with one or more individuals, and who is
126.13 licensed pursuant to section 144A.21.

126.14 Subd. 10. **Repeated violation.** "Repeated violation" means the issuance of two or more
126.15 correction orders, within a 12-month period, for a violation of the same provision of a statute
126.16 or rule.

126.17 Subd. 11. **Change of ownership.** "Change of ownership" means a change in the licensee.

126.18 Subd. 12. **Direct ownership interest.** "Direct ownership interest" means an individual
126.19 or legal entity with the possession of at least five percent equity in capital, stock, or profits
126.20 of the licensee or who is a member of a limited liability company of the licensee.

126.21 Subd. 13. **Indirect ownership interest.** "Indirect ownership interest" means an individual
126.22 or legal entity with a direct ownership interest in an entity that has a direct or indirect
126.23 ownership interest of at least five percent in an entity that is a licensee.

126.24 Subd. 14. **Licensee.** "Licensee" means a person or legal entity to whom the commissioner
126.25 issues a license for a nursing home and who is responsible for the management, control,
126.26 and operation of the nursing home.

126.27 Subd. 15. **Management agreement.** "Management agreement" means a written, executed
126.28 agreement between a licensee and manager regarding the provision of certain services on
126.29 behalf of the licensee.

126.30 Subd. 16. **Manager.** "Manager" means an individual or legal entity designated by the
126.31 licensee through a management agreement to act on behalf of the licensee in the on-site
126.32 management of the nursing home.

127.1 Subd. 17. **Owner.** "Owner" means: (1) an individual or legal entity that has a direct or
 127.2 indirect ownership interest of five percent or more in a licensee; and (2) for purposes of this
 127.3 chapter, owner of a nonprofit corporation means the president and treasurer of the board of
 127.4 directors; and (3) for an entity owned by an employee stock ownership plan, owner means
 127.5 the president and treasurer of the entity. A government entity that is issued a license under
 127.6 this chapter shall be designated the owner.

127.7 **EFFECTIVE DATE.** This section is effective August 1, 2022.

127.8 Sec. 21. Minnesota Statutes 2020, section 144A.03, subdivision 1, is amended to read:

127.9 Subdivision 1. **Form; requirements.** (a) The commissioner of health by rule shall
 127.10 establish forms and procedures for the processing of nursing home license applications.

127.11 (b) An application for a nursing home license shall include ~~the following information:~~

127.12 (1) ~~the names~~ business name and addresses of all controlling persons and managerial
 127.13 ~~employees of the facility to be licensed~~ legal entity name of the licensee;

127.14 (2) the street address, mailing address, and legal property description of the facility;

127.15 (3) the names, e-mail addresses, telephone numbers, and mailing addresses of all owners,
 127.16 controlling persons, managerial officials, and the nursing home administrator;

127.17 (4) the name and e-mail address of the managing agent and manager, if applicable;

127.18 (5) the licensed bed capacity;

127.19 (6) the license fee in the amount specified in section 144.122;

127.20 (7) documentation of compliance with the background study requirements in section
 127.21 144.057 for the owner, controlling persons, and managerial officials. Each application for
 127.22 a new license must include documentation for the applicant and for each individual with
 127.23 five percent or more direct or indirect ownership in the applicant;

127.24 ~~(3)~~ (8) a copy of the architectural and engineering plans and specifications of the facility
 127.25 as prepared and certified by an architect or engineer registered to practice in this state; and

127.26 (9) a representative copy of the executed lease agreement between the landlord and the
 127.27 licensee, if applicable;

127.28 (10) a representative copy of the management agreement, if applicable;

127.29 (11) a representative copy of the operations transfer agreement or similar agreement, if
 127.30 applicable;

128.1 (12) an organizational chart that identifies all organizations and individuals with an
128.2 ownership interest in the licensee of five percent or greater and that specifies their relationship
128.3 with the licensee and with each other;

128.4 (13) whether the applicant, owner, controlling person, managerial official, or nursing
128.5 home administrator of the facility has ever been convicted of:

128.6 (i) a crime or found civilly liable for a federal or state felony-level offense that was
128.7 detrimental to the best interests of the facility and its residents within the last ten years
128.8 preceding submission of the license application. Offenses include: (A) felony crimes against
128.9 persons and other similar crimes for which the individual was convicted, including guilty
128.10 pleas and adjudicated pretrial diversions; (B) financial crimes such as extortion,
128.11 embezzlement, income tax evasion, insurance fraud, and other similar crimes for which the
128.12 individual was convicted, including guilty pleas and adjudicated pretrial diversions; (C)
128.13 any felonies involving malpractice that resulted in a conviction of criminal neglect or
128.14 misconduct; and (D) any felonies that would result in a mandatory exclusion under section
128.15 1128(a) of the Social Security Act;

128.16 (ii) any misdemeanor under federal or state law related to the delivery of an item or
128.17 service under Medicaid or a state health care program or the abuse or neglect of a patient
128.18 in connection with the delivery of a health care item or service;

128.19 (iii) any misdemeanor under federal or state law related to theft, fraud, embezzlement,
128.20 breach of fiduciary duty, or other financial misconduct in connection with the delivery of
128.21 a health care item or service;

128.22 (iv) any felony or misdemeanor under federal or state law relating to the interference
128.23 with or obstruction of any investigation into any criminal offense described in Code of
128.24 Federal Regulations, title 42, section 1001.101 or 1001.201; or

128.25 (v) any felony or misdemeanor under federal or state law relating to the unlawful
128.26 manufacture, distribution, prescription, or dispensing of a controlled substance;

128.27 (14) whether the applicant, owner, controlling person, managerial official, or nursing
128.28 home administrator of the facility has had:

128.29 (i) any revocation or suspension of a license to provide health care by any state licensing
128.30 authority. This includes the surrender of the license while a formal disciplinary proceeding
128.31 was pending before a state licensing authority;

128.32 (ii) any revocation or suspension of accreditation; or

129.1 (iii) any suspension or exclusion from participation in, or any sanction imposed by, a
 129.2 federal or state health care program or any debarment from participation in any federal
 129.3 executive branch procurement or nonprocurement program;

129.4 (15) whether in the preceding three years the applicant or any owner, controlling person,
 129.5 managerial official, or nursing home administrator of the facility has a record of defaulting
 129.6 in the payment of money collected for others, including the discharge of debts through
 129.7 bankruptcy proceedings;

129.8 (16) the signature of the owner of the licensee or an authorized agent of the licensee;

129.9 (17) identification of all states where the applicant or individual having a five percent
 129.10 or more ownership currently or previously has been licensed as an owner or operator of a
 129.11 long-term care, community-based, or health care facility or agency where the applicant's or
 129.12 individual's license or federal certification has been denied, suspended, restricted, conditioned,
 129.13 refused, not renewed, or revoked under a private or state-controlled receivership or where
 129.14 these same actions are pending under the laws of any state or federal authority; and

129.15 ~~(4)~~ (18) any other relevant information which the commissioner of health by rule or
 129.16 otherwise may determine is necessary to properly evaluate an application for license.

129.17 (c) A controlling person which is a corporation shall submit copies of its articles of
 129.18 incorporation and bylaws and any amendments thereto as they occur, together with the
 129.19 names and addresses of its officers and directors. A controlling person which is a foreign
 129.20 corporation shall furnish the commissioner of health with a copy of its certificate of authority
 129.21 to do business in this state. ~~An application on behalf of a controlling person which is a~~
 129.22 ~~corporation, association or a governmental unit or instrumentality shall be signed by at least~~
 129.23 ~~two officers or managing agents of that entity.~~

129.24 **EFFECTIVE DATE.** This section is effective August 1, 2022.

129.25 Sec. 22. Minnesota Statutes 2020, section 144A.04, subdivision 4, is amended to read:

129.26 Subd. 4. **Controlling person restrictions.** (a) The commissioner has discretion to bar
 129.27 any controlling persons of a nursing home ~~may not include any~~ if the person who was a
 129.28 controlling person of ~~another~~ any other nursing home ~~during any period of time,~~ assisted
 129.29 living facility, long-term care or health care facility, or agency in the previous two-year
 129.30 period and:

129.31 (1) during ~~which that period of time of control that other nursing home~~ the facility or
 129.32 agency incurred the following number of uncorrected or repeated violations:

130.1 (i) two or more uncorrected violations or one or more repeated violations which created
 130.2 an imminent risk to direct resident or client care or safety; or

130.3 (ii) four or more uncorrected violations or two or more repeated violations ~~of any nature~~
 130.4 ~~for which the fines are in the four highest daily fine categories prescribed in rule~~ that created
 130.5 an imminent risk to direct resident or client care or safety; or

130.6 (2) ~~who~~ during that period of time, was convicted of a felony or gross misdemeanor that
 130.7 ~~relates~~ related to operation of the ~~nursing home~~ facility or agency or directly ~~affects~~ affected
 130.8 resident safety or care, ~~during that period~~.

130.9 (b) The provisions of this subdivision shall not apply to any controlling person who had
 130.10 no legal authority to affect or change decisions related to the operation of the nursing home
 130.11 which incurred the uncorrected violations.

130.12 (c) When the commissioner bars a controlling person under this subdivision, the
 130.13 controlling person has the right to appeal under chapter 14.

130.14 Sec. 23. Minnesota Statutes 2020, section 144A.04, subdivision 6, is amended to read:

130.15 Subd. 6. **Managerial ~~employee~~ official or licensed administrator; employment**
 130.16 **prohibitions.** A nursing home may not employ as a managerial ~~employee~~ official or as its
 130.17 licensed administrator any person who was a managerial ~~employee~~ official or the licensed
 130.18 administrator of another facility during any period of time in the previous two-year period:

130.19 (1) during which time of employment that other nursing home incurred the following
 130.20 number of uncorrected violations which were in the jurisdiction and control of the managerial
 130.21 ~~employee~~ official or the administrator:

130.22 (i) two or more uncorrected violations ~~or one or more repeated violations which created~~
 130.23 ~~an imminent risk to direct resident care or safety~~; or

130.24 (ii) four or more uncorrected violations or two or more repeated violations of any nature
 130.25 for which the fines are in the four highest daily fine categories prescribed in rule; or

130.26 (2) who was convicted of a felony or gross misdemeanor that relates to operation of the
 130.27 nursing home or directly affects resident safety or care, during that period.

130.28 **EFFECTIVE DATE.** This section is effective August 1, 2022.

131.1 Sec. 24. Minnesota Statutes 2020, section 144A.06, is amended to read:

131.2 **144A.06 TRANSFER OF ~~INTERESTS~~ LICENSE PROHIBITED.**

131.3 Subdivision 1. ~~Notice; expiration of license~~ **Transfers prohibited.** Any controlling
 131.4 person who makes any transfer of a beneficial interest in a nursing home shall notify the
 131.5 commissioner of health of the transfer within 14 days of its occurrence. The notification
 131.6 shall identify by name and address the transferor and transferee and shall specify the nature
 131.7 and amount of the transferred interest. On determining that the transferred beneficial interest
 131.8 exceeds ten percent of the total beneficial interest in the nursing home facility, the structure
 131.9 in which the facility is located, or the land upon which the structure is located, the
 131.10 commissioner may, and on determining that the transferred beneficial interest exceeds 50
 131.11 percent of the total beneficial interest in the facility, the structure in which the facility is
 131.12 located, or the land upon which the structure is located, the commissioner shall require that
 131.13 the license of the nursing home expire 90 days after the date of transfer. The commissioner
 131.14 of health shall notify the nursing home by certified mail of the expiration of the license at
 131.15 least 60 days prior to the date of expiration. A nursing home license may not be transferred.

131.16 Subd. 2. ~~Relicensure~~ **New license required; change of ownership.** (a) The
 131.17 commissioner of health by rule shall prescribe procedures for ~~relicensure~~ licensure under
 131.18 this section. ~~The commissioner of health shall relicense a nursing home if the facility satisfies~~
 131.19 ~~the requirements for license renewal established by section 144A.05. A facility shall not be~~
 131.20 ~~relicensed by the commissioner if at the time of transfer there are any uncorrected violations.~~
 131.21 ~~The commissioner of health may temporarily waive correction of one or more violations if~~
 131.22 ~~the commissioner determines that:~~

131.23 (1) ~~temporary noncorrection of the violation will not create an imminent risk of harm~~
 131.24 ~~to a nursing home resident; and~~

131.25 (2) ~~a controlling person on behalf of all other controlling persons:~~

131.26 (i) ~~has entered into a contract to obtain the materials or labor necessary to correct the~~
 131.27 ~~violation, but the supplier or other contractor has failed to perform the terms of the contract~~
 131.28 ~~and the inability of the nursing home to correct the violation is due solely to that failure; or~~

131.29 (ii) ~~is otherwise making a diligent good faith effort to correct the violation.~~

131.30 (b) A new license is required and the prospective licensee must apply for a license prior
 131.31 to operating a currently licensed nursing home. The licensee must change whenever one of
 131.32 the following events occur:

132.1 (1) the form of the licensee's legal entity structure is converted or changed to a different
132.2 type of legal entity structure;

132.3 (2) the licensee dissolves, consolidates, or merges with another legal organization and
132.4 the licensee's legal organization does not survive;

132.5 (3) within the previous 24 months, 50 percent or more of the licensee's ownership interest
132.6 is transferred, whether by a single transaction or multiple transactions to:

132.7 (i) a different person; or

132.8 (ii) a person who had less than a five percent ownership interest in the facility at the
132.9 time of the first transaction; or

132.10 (4) any other event or combination of events that results in a substitution, elimination,
132.11 or withdrawal of the licensee's responsibility for the facility.

132.12 Subd. 3. **Compliance.** The commissioner must consult with the commissioner of human
132.13 services regarding the history of financial and cost reporting compliance of the prospective
132.14 licensee and prospective licensee's financial operations in any nursing home that the
132.15 prospective licensee or any controlling person listed in the license application has had an
132.16 interest in.

132.17 Subd. 4. **Facility operation.** The current licensee remains responsible for the operation
132.18 of the nursing home until the nursing home is licensed to the prospective licensee.

132.19 **EFFECTIVE DATE.** This section is effective August 1, 2022.

132.20 Sec. 25. **[144A.32] CONSIDERATION OF APPLICATIONS.**

132.21 (a) Before issuing a license or renewing an existing license, the commissioner shall
132.22 consider an applicant's compliance history in providing care in a facility that provides care
132.23 to children, the elderly, ill individuals, or individuals with disabilities.

132.24 (b) The applicant's compliance history shall include repeat violations, rule violations,
132.25 and any license or certification involuntarily suspended or terminated during an enforcement
132.26 process.

132.27 (c) The commissioner may deny, revoke, suspend, restrict, or refuse to renew the license
132.28 or impose conditions if:

132.29 (1) the applicant fails to provide complete and accurate information on the application
132.30 and the commissioner concludes that the missing or corrected information is needed to
132.31 determine if a license is granted;

133.1 (2) the applicant, knowingly or with reason to know, made a false statement of a material
133.2 fact in an application for the license or any data attached to the application or in any matter
133.3 under investigation by the department;

133.4 (3) the applicant refused to allow agents of the commissioner to inspect the applicant's
133.5 books, records, files related to the license application, or any portion of the premises;

133.6 (4) the applicant willfully prevented, interfered with, or attempted to impede in any way:

133.7 (i) the work of any authorized representative of the commissioner, the ombudsman for
133.8 long-term care, or the ombudsman for mental health and developmental disabilities; or

133.9 (ii) the duties of the commissioner, local law enforcement, city or county attorneys, adult
133.10 protection, county case managers, or other local government personnel;

133.11 (5) the applicant has a history of noncompliance with federal or state regulations that
133.12 were detrimental to the health, welfare, or safety of a resident or a client; or

133.13 (6) the applicant violates any requirement in this chapter or chapter 256R.

133.14 (d) If a license is denied, the applicant has the reconsideration rights available under
133.15 chapter 14.

133.16 **EFFECTIVE DATE.** This section is effective August 1, 2022.

133.17 Sec. 26. Minnesota Statutes 2020, section 144A.4799, subdivision 1, is amended to read:

133.18 Subdivision 1. **Membership.** The commissioner of health shall appoint ~~eight~~ 13 persons
133.19 to a home care and assisted living program advisory council consisting of the following:

133.20 (1) ~~three~~ two public members as defined in section 214.02 who shall be persons who
133.21 are currently receiving home care services, persons who have received home care services
133.22 within five years of the application date, persons who have family members receiving home
133.23 care services, or persons who have family members who have received home care services
133.24 within five years of the application date;

133.25 (2) ~~three~~ two Minnesota home care licensees representing basic and comprehensive
133.26 levels of licensure who may be a managerial official, an administrator, a supervising
133.27 registered nurse, or an unlicensed personnel performing home care tasks;

133.28 (3) one member representing the Minnesota Board of Nursing;

133.29 (4) one member representing the Office of Ombudsman for Long-Term Care; ~~and~~

133.30 (5) one member representing the Office of Ombudsman for Mental Health and
133.31 Developmental Disabilities;

134.1 ~~(5)~~ (6) beginning July 1, 2021, one member of a county health and human services or
134.2 county adult protection office;

134.3 (7) two Minnesota assisted living facility licensees representing assisted living facilities
134.4 and assisted living facilities with dementia care levels of licensure who may be the facility's
134.5 assisted living director, managerial official, or clinical nurse supervisor;

134.6 (8) one organization representing long-term care providers, home care providers, and
134.7 assisted living providers in Minnesota; and

134.8 (9) two public members as defined in section 214.02. One public member shall be a
134.9 person who either is or has been a resident in an assisted living facility and one public
134.10 member shall be a person who has or had a family member living in an assisted living
134.11 facility setting.

134.12 Sec. 27. Minnesota Statutes 2020, section 144A.4799, subdivision 3, is amended to read:

134.13 Subd. 3. **Duties.** (a) At the commissioner's request, the advisory council shall provide
134.14 advice regarding regulations of Department of Health licensed assisted living and home
134.15 care providers in this chapter, including advice on the following:

134.16 (1) community standards for home care practices;

134.17 (2) enforcement of licensing standards and whether certain disciplinary actions are
134.18 appropriate;

134.19 (3) ways of distributing information to licensees and consumers of home care and assisted
134.20 living services defined under chapter 144G;

134.21 (4) training standards;

134.22 (5) identifying emerging issues and opportunities in home care and assisted living services
134.23 defined under chapter 144G;

134.24 (6) identifying the use of technology in home and telehealth capabilities;

134.25 (7) allowable home care licensing modifications and exemptions, including a method
134.26 for an integrated license with an existing license for rural licensed nursing homes to provide
134.27 limited home care services in an adjacent independent living apartment building owned by
134.28 the licensed nursing home; and

134.29 (8) recommendations for studies using the data in section 62U.04, subdivision 4, including
134.30 but not limited to studies concerning costs related to dementia and chronic disease among

135.1 an elderly population over 60 and additional long-term care costs, as described in section
135.2 62U.10, subdivision 6.

135.3 (b) The advisory council shall perform other duties as directed by the commissioner.

135.4 (c) The advisory council shall annually make recommendations to the commissioner for
135.5 the purposes in section 144A.474, subdivision 11, paragraph (i). The recommendations shall
135.6 address ways the commissioner may improve protection of the public under existing statutes
135.7 and laws and include but are not limited to projects that create and administer training of
135.8 licensees and their employees to improve residents' lives, supporting ways that licensees
135.9 can improve and enhance quality care and ways to provide technical assistance to licensees
135.10 to improve compliance; information technology and data projects that analyze and
135.11 communicate information about trends of violations or lead to ways of improving client
135.12 care; communications strategies to licensees and the public; and other projects or pilots that
135.13 benefit clients, families, and the public.

135.14 Sec. 28. Minnesota Statutes 2020, section 144A.75, subdivision 12, is amended to read:

135.15 Subd. 12. **Palliative care.** "Palliative care" means ~~the total active care of patients whose~~
135.16 ~~disease is not responsive to curative treatment. Control of pain, of other symptoms, and of~~
135.17 ~~psychological, social, and spiritual problems is paramount~~ specialized medical care for
135.18 people living with a serious illness or life-limiting condition. This type of care is focused
135.19 on reducing the pain, symptoms, and stress of a serious illness or condition. Palliative care
135.20 is a team-based approach to care, providing essential support at any age or stage of a serious
135.21 illness or condition, and is often provided together with curative treatment. The goal of
135.22 palliative care is the achievement of the best quality of life for patients and their families
135.23 to improve quality of life for both the patient and the patient's family or care partner.

135.24 Sec. 29. Minnesota Statutes 2020, section 144G.08, is amended by adding a subdivision
135.25 to read:

135.26 Subd. 62a. **Serious injury.** "Serious injury" has the meaning given in section 245.91,
135.27 subdivision 6.

135.28 Sec. 30. Minnesota Statutes 2020, section 144G.15, is amended to read:

135.29 **144G.15 CONSIDERATION OF APPLICATIONS.**

135.30 (a) Before issuing a provisional license or license or renewing a license, the commissioner
135.31 shall consider an applicant's compliance history in providing care in this state or any other

136.1 state in a facility that provides care to children, the elderly, ill individuals, or individuals
136.2 with disabilities.

136.3 (b) The applicant's compliance history shall include repeat violation, rule violations, and
136.4 any license or certification involuntarily suspended or terminated during an enforcement
136.5 process.

136.6 (c) The commissioner may deny, revoke, suspend, restrict, or refuse to renew the license
136.7 or impose conditions if:

136.8 (1) the applicant fails to provide complete and accurate information on the application
136.9 and the commissioner concludes that the missing or corrected information is needed to
136.10 determine if a license shall be granted;

136.11 (2) the applicant, knowingly or with reason to know, made a false statement of a material
136.12 fact in an application for the license or any data attached to the application or in any matter
136.13 under investigation by the department;

136.14 (3) the applicant refused to allow agents of the commissioner to inspect its books, records,
136.15 and files related to the license application, or any portion of the premises;

136.16 (4) the applicant willfully prevented, interfered with, or attempted to impede in any way:
136.17 (i) the work of any authorized representative of the commissioner, the ombudsman for
136.18 long-term care, or the ombudsman for mental health and developmental disabilities; or (ii)
136.19 the duties of the commissioner, local law enforcement, city or county attorneys, adult
136.20 protection, county case managers, or other local government personnel;

136.21 (5) the applicant, owner, controlling individual, managerial official, or assisted living
136.22 director for the facility has a history of noncompliance with federal or state regulations that
136.23 were detrimental to the health, welfare, or safety of a resident or a client; or

136.24 (6) the applicant violates any requirement in this chapter.

136.25 (d) If a license is denied, the applicant has the reconsideration rights available under
136.26 section 144G.16, subdivision 4.

136.27 Sec. 31. Minnesota Statutes 2020, section 144G.17, is amended to read:

136.28 **144G.17 LICENSE RENEWAL.**

136.29 A license that is not a provisional license may be renewed for a period of up to one year
136.30 if the licensee:

137.1 (1) submits an application for renewal in the format provided by the commissioner at
137.2 least 60 calendar days before expiration of the license;

137.3 (2) submits the renewal fee under section 144G.12, subdivision 3;

137.4 (3) submits the late fee under section 144G.12, subdivision 4, if the renewal application
137.5 is received less than 30 days before the expiration date of the license or after the expiration
137.6 of the license;

137.7 (4) provides information sufficient to show that the applicant meets the requirements of
137.8 licensure, including items required under section 144G.12, subdivision 1; ~~and~~

137.9 (5) provides information sufficient to show the licensee provided assisted living services
137.10 to at least one resident during the immediately preceding license year and at the assisted
137.11 living facility listed on the license; and

137.12 ~~(5)~~ (6) provides any other information deemed necessary by the commissioner.

137.13 Sec. 32. Minnesota Statutes 2020, section 144G.19, is amended by adding a subdivision
137.14 to read:

137.15 Subd. 4. **Change of licensee.** Notwithstanding any other provision of law, a change of
137.16 licensee under subdivision 2 does not require the facility to meet the design requirements
137.17 of section 144G.45, subdivisions 4 to 6, or 144G.81, subdivision 3.

137.18 Sec. 33. Minnesota Statutes 2020, section 144G.20, subdivision 1, is amended to read:

137.19 Subdivision 1. **Conditions.** (a) The commissioner may refuse to grant a provisional
137.20 license, refuse to grant a license as a result of a change in ownership, refuse to renew a
137.21 license, suspend or revoke a license, or impose a conditional license if the owner, controlling
137.22 individual, or employee of an assisted living facility:

137.23 (1) is in violation of, or during the term of the license has violated, any of the requirements
137.24 in this chapter or adopted rules;

137.25 (2) permits, aids, or abets the commission of any illegal act in the provision of assisted
137.26 living services;

137.27 (3) performs any act detrimental to the health, safety, and welfare of a resident;

137.28 (4) obtains the license by fraud or misrepresentation;

137.29 (5) knowingly makes a false statement of a material fact in the application for a license
137.30 or in any other record or report required by this chapter;

138.1 (6) denies representatives of the department access to any part of the facility's books,
138.2 records, files, or employees;

138.3 (7) interferes with or impedes a representative of the department in contacting the facility's
138.4 residents;

138.5 (8) interferes with or impedes ombudsman access according to section 256.9742,
138.6 subdivision 4, or interferes with or impedes access by the Office of Ombudsman for Mental
138.7 Health and Developmental Disabilities according to section 245.94, subdivision 1;

138.8 (9) interferes with or impedes a representative of the department in the enforcement of
138.9 this chapter or fails to fully cooperate with an inspection, survey, or investigation by the
138.10 department;

138.11 (10) destroys or makes unavailable any records or other evidence relating to the assisted
138.12 living facility's compliance with this chapter;

138.13 (11) refuses to initiate a background study under section 144.057 or 245A.04;

138.14 (12) fails to timely pay any fines assessed by the commissioner;

138.15 (13) violates any local, city, or township ordinance relating to housing or assisted living
138.16 services;

138.17 (14) has repeated incidents of personnel performing services beyond their competency
138.18 level; or

138.19 (15) has operated beyond the scope of the assisted living facility's license category.

138.20 (b) A violation by a contractor providing the assisted living services of the facility is a
138.21 violation by the facility.

138.22 Sec. 34. Minnesota Statutes 2020, section 144G.20, subdivision 4, is amended to read:

138.23 Subd. 4. **Mandatory revocation.** Notwithstanding the provisions of subdivision 13,
138.24 paragraph (a), the commissioner must revoke a license if a controlling individual of the
138.25 facility is convicted of a felony or gross misdemeanor that relates to operation of the facility
138.26 or directly affects resident safety or care. The commissioner shall notify the facility and the
138.27 Office of Ombudsman for Long-Term Care and the Office of Ombudsman for Mental Health
138.28 and Developmental Disabilities 30 calendar days in advance of the date of revocation.

139.1 Sec. 35. Minnesota Statutes 2020, section 144G.20, subdivision 5, is amended to read:

139.2 Subd. 5. **Owners and managerial officials; refusal to grant license.** (a) The owners
139.3 and managerial officials of a facility whose Minnesota license has not been renewed or
139.4 whose ~~Minnesota~~ license in this state or any other state has been revoked because of
139.5 noncompliance with applicable laws or rules shall not be eligible to apply for nor will be
139.6 granted an assisted living facility license under this chapter or a home care provider license
139.7 under chapter 144A, or be given status as an enrolled personal care assistance provider
139.8 agency or personal care assistant by the Department of Human Services under section
139.9 256B.0659, for five years following the effective date of the nonrenewal or revocation. If
139.10 the owners or managerial officials already have enrollment status, the Department of Human
139.11 Services shall terminate that enrollment.

139.12 (b) The commissioner shall not issue a license to a facility for five years following the
139.13 effective date of license nonrenewal or revocation if the owners or managerial officials,
139.14 including any individual who was an owner or managerial official of another licensed
139.15 provider, had a ~~Minnesota~~ license in this state or any other state that was not renewed or
139.16 was revoked as described in paragraph (a).

139.17 (c) Notwithstanding subdivision 1, the commissioner shall not renew, or shall suspend
139.18 or revoke, the license of a facility that includes any individual as an owner or managerial
139.19 official who was an owner or managerial official of a facility whose ~~Minnesota~~ license in
139.20 this state or any other state was not renewed or was revoked as described in paragraph (a)
139.21 for five years following the effective date of the nonrenewal or revocation.

139.22 (d) The commissioner shall notify the facility 30 calendar days in advance of the date
139.23 of nonrenewal, suspension, or revocation of the license.

139.24 Sec. 36. Minnesota Statutes 2020, section 144G.20, subdivision 8, is amended to read:

139.25 Subd. 8. **Controlling individual restrictions.** (a) The commissioner has discretion to
139.26 bar any controlling individual of a facility if the person was a controlling individual of any
139.27 other nursing home, home care provider licensed under chapter 144A, or given status as an
139.28 enrolled personal care assistance provider agency or personal care assistant by the Department
139.29 of Human Services under section 256B.0659, or assisted living facility in the previous
139.30 two-year period and:

139.31 (1) during that period of time the nursing home, home care provider licensed under
139.32 chapter 144A, or given status as an enrolled personal care assistance provider agency or

140.1 personal care assistant by the Department of Human Services under section 256B.0659, or
140.2 assisted living facility incurred the following number of uncorrected or repeated violations:

140.3 (i) two or more repeated violations that created an imminent risk to direct resident care
140.4 or safety; or

140.5 (ii) four or more uncorrected violations that created an imminent risk to direct resident
140.6 care or safety; or

140.7 (2) during that period of time, was convicted of a felony or gross misdemeanor that
140.8 related to the operation of the nursing home, home care provider licensed under chapter
140.9 144A, or given status as an enrolled personal care assistance provider agency or personal
140.10 care assistant by the Department of Human Services under section 256B.0659, or assisted
140.11 living facility, or directly affected resident safety or care.

140.12 (b) When the commissioner bars a controlling individual under this subdivision, the
140.13 controlling individual may appeal the commissioner's decision under chapter 14.

140.14 Sec. 37. Minnesota Statutes 2020, section 144G.20, subdivision 9, is amended to read:

140.15 Subd. 9. **Exception to controlling individual restrictions.** Subdivision 8 does not apply
140.16 to any controlling individual of the facility who had no legal authority to affect or change
140.17 decisions related to the operation of the nursing home ~~or~~, assisted living facility, or home
140.18 care that incurred the uncorrected or repeated violations.

140.19 Sec. 38. Minnesota Statutes 2020, section 144G.20, subdivision 12, is amended to read:

140.20 Subd. 12. **Notice to residents.** (a) Within five business days after proceedings are initiated
140.21 by the commissioner to revoke or suspend a facility's license, or a decision by the
140.22 commissioner not to renew a living facility's license, the controlling individual of the facility
140.23 or a designee must provide to the commissioner ~~and~~, the ombudsman for long-term care,
140.24 and the Office of Ombudsman for Mental Health and Developmental Disabilities the names
140.25 of residents and the names and addresses of the residents' designated representatives and
140.26 legal representatives, and family or other contacts listed in the assisted living contract.

140.27 (b) The controlling individual or designees of the facility must provide updated
140.28 information each month until the proceeding is concluded. If the controlling individual or
140.29 designee of the facility fails to provide the information within this time, the facility is subject
140.30 to the issuance of:

140.31 (1) a correction order; and

141.1 (2) a penalty assessment by the commissioner in rule.

141.2 (c) Notwithstanding subdivisions 21 and 22, any correction order issued under this
141.3 subdivision must require that the facility immediately comply with the request for information
141.4 and that, as of the date of the issuance of the correction order, the facility shall forfeit to the
141.5 state a \$500 fine the first day of noncompliance and an increase in the \$500 fine by \$100
141.6 increments for each day the noncompliance continues.

141.7 (d) Information provided under this subdivision may be used by the commissioner ~~or~~
141.8 the ombudsman for long-term care, or the Office of Ombudsman for Mental Health and
141.9 Developmental Disabilities only for the purpose of providing affected consumers information
141.10 about the status of the proceedings.

141.11 (e) Within ten business days after the commissioner initiates proceedings to revoke,
141.12 suspend, or not renew a facility license, the commissioner must send a written notice of the
141.13 action and the process involved to each resident of the facility, legal representatives and
141.14 designated representatives, and at the commissioner's discretion, additional resident contacts.

141.15 (f) The commissioner shall provide the ombudsman for long-term care and the Office
141.16 of Ombudsman for Mental Health and Developmental Disabilities with monthly information
141.17 on the department's actions and the status of the proceedings.

141.18 Sec. 39. Minnesota Statutes 2020, section 144G.20, subdivision 15, is amended to read:

141.19 Subd. 15. **Plan required.** (a) The process of suspending, revoking, or refusing to renew
141.20 a license must include a plan for transferring affected residents' cares to other providers by
141.21 the facility. The commissioner shall monitor the transfer plan. Within three calendar days
141.22 of being notified of the final revocation, refusal to renew, or suspension, the licensee shall
141.23 provide the commissioner, the lead agencies as defined in section 256B.0911, county adult
141.24 protection and case managers, ~~and~~ the ombudsman for long-term care, and the Office of
141.25 Ombudsman for Mental Health and Developmental Disabilities with the following
141.26 information:

141.27 (1) a list of all residents, including full names and all contact information on file;

141.28 (2) a list of the resident's legal representatives and designated representatives and family
141.29 or other contacts listed in the assisted living contract, including full names and all contact
141.30 information on file;

141.31 (3) the location or current residence of each resident;

142.1 (4) the payor sources for each resident, including payor source identification numbers;
142.2 and

142.3 (5) for each resident, a copy of the resident's service plan and a list of the types of services
142.4 being provided.

142.5 (b) The revocation, refusal to renew, or suspension notification requirement is satisfied
142.6 by mailing the notice to the address in the license record. The licensee shall cooperate with
142.7 the commissioner and the lead agencies, county adult protection and case managers, ~~and~~
142.8 the ombudsman for long-term care, and the Office of Ombudsman for Mental Health and
142.9 Developmental Disabilities during the process of transferring care of residents to qualified
142.10 providers. Within three calendar days of being notified of the final revocation, refusal to
142.11 renew, or suspension action, the facility must notify and disclose to each of the residents,
142.12 or the resident's legal and designated representatives or emergency contact persons, that the
142.13 commissioner is taking action against the facility's license by providing a copy of the
142.14 revocation, refusal to renew, or suspension notice issued by the commissioner. If the facility
142.15 does not comply with the disclosure requirements in this section, the commissioner shall
142.16 notify the residents, legal and designated representatives, or emergency contact persons
142.17 about the actions being taken. Lead agencies, county adult protection and case managers,
142.18 and the Office of Ombudsman for Long-Term Care may also provide this information. The
142.19 revocation, refusal to renew, or suspension notice is public data except for any private data
142.20 contained therein.

142.21 (c) A facility subject to this subdivision may continue operating while residents are being
142.22 transferred to other service providers.

142.23 Sec. 40. Minnesota Statutes 2020, section 144G.30, subdivision 5, is amended to read:

142.24 Subd. 5. **Correction orders.** (a) A correction order may be issued whenever the
142.25 commissioner finds upon survey or during a complaint investigation that a facility, a
142.26 managerial official, an agent of the facility, or an employee of the facility is not in compliance
142.27 with this chapter. The correction order shall cite the specific statute and document areas of
142.28 noncompliance and the time allowed for correction.

142.29 (b) The commissioner shall mail or e-mail copies of any correction order to the facility
142.30 within 30 calendar days after the survey exit date. A copy of each correction order and
142.31 copies of any documentation supplied to the commissioner shall be kept on file by the
142.32 facility and public documents shall be made available for viewing by any person upon
142.33 request. Copies may be kept electronically.

143.1 (c) By the correction order date, the facility must document in the facility's records any
143.2 action taken to comply with the correction order. The commissioner may request a copy of
143.3 this documentation and the facility's action to respond to the correction order in future
143.4 surveys, upon a complaint investigation, and as otherwise needed.

143.5 Sec. 41. Minnesota Statutes 2020, section 144G.31, subdivision 4, is amended to read:

143.6 Subd. 4. **Fine amounts.** (a) Fines and enforcement actions under this subdivision may
143.7 be assessed based on the level and scope of the violations described in subdivisions 2 and
143.8 3 as follows and may be imposed immediately with no opportunity to correct the violation
143.9 prior to imposition:

143.10 (1) Level 1, no fines or enforcement;

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

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

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

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

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

143.25 Sec. 42. Minnesota Statutes 2020, section 144G.31, subdivision 8, is amended to read:

143.26 Subd. 8. **Deposit of fines.** Fines collected under this section shall be deposited in a
143.27 dedicated special revenue account. On an annual basis, the balance in the special revenue
143.28 account shall be appropriated to the commissioner for special projects to improve ~~home~~
143.29 ~~care~~ resident quality of care and outcomes in assisted living facilities licensed under this
143.30 chapter in Minnesota as recommended by the advisory council established in section
143.31 144A.4799.

144.1 **EFFECTIVE DATE.** This section is effective retroactively for fines collected on or
144.2 after August 1, 2021.

144.3 Sec. 43. Minnesota Statutes 2020, section 144G.41, subdivision 7, is amended to read:

144.4 Subd. 7. **Resident grievances; reporting maltreatment.** All facilities must post in a
144.5 conspicuous place information about the facilities' grievance procedure, and the name,
144.6 telephone number, and e-mail contact information for the individuals who are responsible
144.7 for handling resident grievances. The notice must also have the contact information for the
144.8 ~~state and applicable regional~~ Office of Ombudsman for Long-Term Care and the Office of
144.9 Ombudsman for Mental Health and Developmental Disabilities, and must have information
144.10 for reporting suspected maltreatment to the Minnesota Adult Abuse Reporting Center. The
144.11 notice must also state that if an individual has a complaint about the facility or person
144.12 providing services, the individual may contact the Office of Health Facility Complaints at
144.13 the Minnesota Department of Health.

144.14 Sec. 44. Minnesota Statutes 2020, section 144G.41, subdivision 8, is amended to read:

144.15 Subd. 8. **Protecting resident rights.** All facilities shall ensure that every resident has
144.16 access to consumer advocacy or legal services by:

144.17 (1) providing names and contact information, including telephone numbers and e-mail
144.18 addresses of at least three organizations that provide advocacy or legal services to residents,
144.19 one of which must include the designated protection and advocacy organization in Minnesota
144.20 that provides advice and representation to individuals with disabilities;

144.21 (2) providing the name and contact information for the Minnesota Office of Ombudsman
144.22 for Long-Term Care and the Office of Ombudsman for Mental Health and Developmental
144.23 Disabilities, ~~including both the state and regional contact information;~~

144.24 (3) assisting residents in obtaining information on whether Medicare or medical assistance
144.25 under chapter 256B will pay for services;

144.26 (4) making reasonable accommodations for people who have communication disabilities
144.27 and those who speak a language other than English; and

144.28 (5) providing all information and notices in plain language and in terms the residents
144.29 can understand.

145.1 Sec. 45. Minnesota Statutes 2020, section 144G.42, subdivision 10, is amended to read:

145.2 Subd. 10. **Disaster planning and emergency preparedness plan.** (a) The facility must
145.3 meet the following requirements:

145.4 (1) have a written emergency disaster plan that contains a plan for evacuation, addresses
145.5 elements of sheltering in place, identifies temporary relocation sites, and details staff
145.6 assignments in the event of a disaster or an emergency;

145.7 (2) post an emergency disaster plan prominently;

145.8 (3) provide building emergency exit diagrams to all residents;

145.9 (4) post emergency exit diagrams on each floor; and

145.10 (5) have a written policy and procedure regarding missing ~~tenant~~ residents.

145.11 (b) The facility must provide emergency and disaster training to all staff during the initial
145.12 staff orientation and annually thereafter and must make emergency and disaster training
145.13 annually available to all residents. Staff who have not received emergency and disaster
145.14 training are allowed to work only when trained staff are also working on site.

145.15 (c) The facility must meet any additional requirements adopted in rule.

145.16 Sec. 46. Minnesota Statutes 2020, section 144G.50, subdivision 2, is amended to read:

145.17 Subd. 2. **Contract information.** (a) The contract must include in a conspicuous place
145.18 and manner on the contract the legal name and the ~~license number~~ health facility identification
145.19 of the facility.

145.20 (b) The contract must include the name, telephone number, and physical mailing address,
145.21 which may not be a public or private post office box, of:

145.22 (1) the facility and contracted service provider when applicable;

145.23 (2) the licensee of the facility;

145.24 (3) the managing agent of the facility, if applicable; and

145.25 (4) the authorized agent for the facility.

145.26 (c) The contract must include:

145.27 (1) a disclosure of the category of assisted living facility license held by the facility and,
145.28 if the facility is not an assisted living facility with dementia care, a disclosure that it does
145.29 not hold an assisted living facility with dementia care license;

146.1 (2) a description of all the terms and conditions of the contract, including a description
146.2 of and any limitations to the housing or assisted living services to be provided for the
146.3 contracted amount;

146.4 (3) a delineation of the cost and nature of any other services to be provided for an
146.5 additional fee;

146.6 (4) a delineation and description of any additional fees the resident may be required to
146.7 pay if the resident's condition changes during the term of the contract;

146.8 (5) a delineation of the grounds under which the resident may be ~~discharged, evicted,~~
146.9 ~~or~~ transferred or have housing or services terminated or be subject to an emergency
146.10 relocation;

146.11 (6) billing and payment procedures and requirements; and

146.12 (7) disclosure of the facility's ability to provide specialized diets.

146.13 (d) The contract must include a description of the facility's complaint resolution process
146.14 available to residents, including the name and contact information of the person representing
146.15 the facility who is designated to handle and resolve complaints.

146.16 (e) The contract must include a clear and conspicuous notice of:

146.17 (1) the right under section 144G.54 to appeal the termination of an assisted living contract;

146.18 (2) the facility's policy regarding transfer of residents within the facility, under what
146.19 circumstances a transfer may occur, and the circumstances under which resident consent is
146.20 required for a transfer;

146.21 (3) contact information for the Office of Ombudsman for Long-Term Care, the
146.22 Ombudsman for Mental Health and Developmental Disabilities, and the Office of Health
146.23 Facility Complaints;

146.24 (4) the resident's right to obtain services from an unaffiliated service provider;

146.25 (5) a description of the facility's policies related to medical assistance waivers under
146.26 chapter 256S and section 256B.49 and the housing support program under chapter 256I,
146.27 including:

146.28 (i) whether the facility is enrolled with the commissioner of human services to provide
146.29 customized living services under medical assistance waivers;

146.30 (ii) whether the facility has an agreement to provide housing support under section
146.31 256I.04, subdivision 2, paragraph (b);

147.1 (iii) whether there is a limit on the number of people residing at the facility who can
147.2 receive customized living services or participate in the housing support program at any
147.3 point in time. If so, the limit must be provided;

147.4 (iv) whether the facility requires a resident to pay privately for a period of time prior to
147.5 accepting payment under medical assistance waivers or the housing support program, and
147.6 if so, the length of time that private payment is required;

147.7 (v) a statement that medical assistance waivers provide payment for services, but do not
147.8 cover the cost of rent;

147.9 (vi) a statement that residents may be eligible for assistance with rent through the housing
147.10 support program; and

147.11 (vii) a description of the rent requirements for people who are eligible for medical
147.12 assistance waivers but who are not eligible for assistance through the housing support
147.13 program;

147.14 (6) the contact information to obtain long-term care consulting services under section
147.15 256B.0911; and

147.16 (7) the toll-free phone number for the Minnesota Adult Abuse Reporting Center.

147.17 **EFFECTIVE DATE.** This section is effective the day following final enactment, except
147.18 that the amendment to paragraph (a) is effective for assisted living contracts executed on
147.19 or after August 1, 2022.

147.20 Sec. 47. Minnesota Statutes 2020, section 144G.52, subdivision 2, is amended to read:

147.21 Subd. 2. **Prerequisite to termination of a contract.** (a) Before issuing a notice of
147.22 termination of an assisted living contract, a facility must schedule and participate in a meeting
147.23 with the resident and the resident's legal representative and designated representative. The
147.24 purposes of the meeting are to:

147.25 (1) explain in detail the reasons for the proposed termination; and

147.26 (2) identify and offer reasonable accommodations or modifications, interventions, or
147.27 alternatives to avoid the termination or enable the resident to remain in the facility, including
147.28 but not limited to securing services from another provider of the resident's choosing that
147.29 may allow the resident to avoid the termination. A facility is not required to offer
147.30 accommodations, modifications, interventions, or alternatives that fundamentally alter the
147.31 nature of the operation of the facility.

148.1 (b) The meeting must be scheduled to take place at least seven days before a notice of
148.2 termination is issued. The facility must make reasonable efforts to ensure that the resident,
148.3 legal representative, and designated representative are able to attend the meeting.

148.4 (c) The facility must notify the resident that the resident may invite family members,
148.5 relevant health professionals, a representative of the Office of Ombudsman for Long-Term
148.6 Care, a representative of the Office of Ombudsman for Mental Health and Developmental
148.7 Disabilities, or other persons of the resident's choosing to participate in the meeting. For
148.8 residents who receive home and community-based waiver services under chapter 256S and
148.9 section 256B.49, the facility must notify the resident's case manager of the meeting.

148.10 (d) In the event of an emergency relocation under subdivision 9, where the facility intends
148.11 to issue a notice of termination and an in-person meeting is impractical or impossible, the
148.12 facility ~~may attempt to schedule and participate in a meeting under this subdivision via~~ must
148.13 use telephone, video, or other electronic means to conduct and participate in the meeting
148.14 required under this subdivision and rules within Minnesota Rules, chapter 4659.

148.15 Sec. 48. Minnesota Statutes 2020, section 144G.52, subdivision 8, is amended to read:

148.16 Subd. 8. **Content of notice of termination.** The notice required under subdivision 7
148.17 must contain, at a minimum:

148.18 (1) the effective date of the termination of the assisted living contract;

148.19 (2) a detailed explanation of the basis for the termination, including the clinical or other
148.20 supporting rationale;

148.21 (3) a detailed explanation of the conditions under which a new or amended contract may
148.22 be executed;

148.23 (4) a statement that the resident has the right to appeal the termination by requesting a
148.24 hearing, and information concerning the time frame within which the request must be
148.25 submitted and the contact information for the agency to which the request must be submitted;

148.26 (5) a statement that the facility must participate in a coordinated move to another provider
148.27 or caregiver, as required under section 144G.55;

148.28 (6) the name and contact information of the person employed by the facility with whom
148.29 the resident may discuss the notice of termination;

148.30 (7) information on how to contact the Office of Ombudsman for Long-Term Care and
148.31 the Office of Ombudsman for Mental Health and Developmental Disabilities to request an
148.32 advocate to assist regarding the termination;

149.1 (8) information on how to contact the Senior LinkAge Line under section 256.975,
149.2 subdivision 7, and an explanation that the Senior LinkAge Line may provide information
149.3 about other available housing or service options; and

149.4 (9) if the termination is only for services, a statement that the resident may remain in
149.5 the facility and may secure any necessary services from another provider of the resident's
149.6 choosing.

149.7 Sec. 49. Minnesota Statutes 2020, section 144G.52, subdivision 9, is amended to read:

149.8 Subd. 9. **Emergency relocation.** (a) A facility may remove a resident from the facility
149.9 in an emergency if necessary due to a resident's urgent medical needs or an imminent risk
149.10 the resident poses to the health or safety of another facility resident or facility staff member.
149.11 An emergency relocation is not a termination.

149.12 (b) In the event of an emergency relocation, the facility must provide a written notice
149.13 that contains, at a minimum:

149.14 (1) the reason for the relocation;

149.15 (2) the name and contact information for the location to which the resident has been
149.16 relocated and any new service provider;

149.17 (3) contact information for the Office of Ombudsman for Long-Term Care and the Office
149.18 of Ombudsman for Mental Health and Developmental Disabilities;

149.19 (4) if known and applicable, the approximate date or range of dates within which the
149.20 resident is expected to return to the facility, or a statement that a return date is not currently
149.21 known; and

149.22 (5) a statement that, if the facility refuses to provide housing or services after a relocation,
149.23 the resident has the right to appeal under section 144G.54. The facility must provide contact
149.24 information for the agency to which the resident may submit an appeal.

149.25 (c) The notice required under paragraph (b) must be delivered as soon as practicable to:

149.26 (1) the resident, legal representative, and designated representative;

149.27 (2) for residents who receive home and community-based waiver services under chapter
149.28 256S and section 256B.49, the resident's case manager; and

149.29 (3) the Office of Ombudsman for Long-Term Care if the resident has been relocated
149.30 and has not returned to the facility within four days.

150.1 (d) Following an emergency relocation, a facility's refusal to provide housing or services
150.2 constitutes a termination and triggers the termination process in this section.

150.3 Sec. 50. Minnesota Statutes 2020, section 144G.53, is amended to read:

150.4 **144G.53 NONRENEWAL OF HOUSING.**

150.5 (a) If a facility decides to not renew a resident's housing under a contract, the facility
150.6 must either (1) provide the resident with 60 calendar days' notice of the nonrenewal and
150.7 assistance with relocation planning, or (2) follow the termination procedure under section
150.8 144G.52.

150.9 (b) The notice must include the reason for the nonrenewal and contact information of
150.10 the Office of Ombudsman for Long-Term Care and the Office of Ombudsman for Mental
150.11 Health and Developmental Disabilities.

150.12 (c) A facility must:

150.13 (1) provide notice of the nonrenewal to the Office of Ombudsman for Long-Term Care;

150.14 (2) for residents who receive home and community-based waiver services under chapter
150.15 256S and section 256B.49, provide notice to the resident's case manager;

150.16 (3) ensure a coordinated move to a safe location, as defined in section 144G.55,
150.17 subdivision 2, that is appropriate for the resident;

150.18 (4) ensure a coordinated move to an appropriate service provider identified by the facility,
150.19 if services are still needed and desired by the resident;

150.20 (5) consult and cooperate with the resident, legal representative, designated representative,
150.21 case manager for a resident who receives home and community-based waiver services under
150.22 chapter 256S and section 256B.49, relevant health professionals, and any other persons of
150.23 the resident's choosing to make arrangements to move the resident, including consideration
150.24 of the resident's goals; and

150.25 (6) prepare a written plan to prepare for the move.

150.26 (d) A resident may decline to move to the location the facility identifies or to accept
150.27 services from a service provider the facility identifies, and may instead choose to move to
150.28 a location of the resident's choosing or receive services from a service provider of the
150.29 resident's choosing within the timeline prescribed in the nonrenewal notice.

151.1 Sec. 51. Minnesota Statutes 2020, section 144G.55, subdivision 1, is amended to read:

151.2 Subdivision 1. **Duties of facility.** (a) If a facility terminates an assisted living contract,
151.3 reduces services to the extent that a resident needs to move or obtains a new service provider
151.4 or the facility has its license restricted under section 144G.20, or the facility conducts a
151.5 planned closure under section 144G.57, the facility:

151.6 (1) must ensure, subject to paragraph (c), a coordinated move to a safe location that is
151.7 appropriate for the resident and that is identified by the facility prior to any hearing under
151.8 section 144G.54;

151.9 (2) must ensure a coordinated move of the resident to an appropriate service provider
151.10 identified by the facility prior to any hearing under section 144G.54, provided services are
151.11 still needed and desired by the resident; and

151.12 (3) must consult and cooperate with the resident, legal representative, designated
151.13 representative, case manager for a resident who receives home and community-based waiver
151.14 services under chapter 256S and section 256B.49, relevant health professionals, and any
151.15 other persons of the resident's choosing to make arrangements to move the resident, including
151.16 consideration of the resident's goals.

151.17 (b) A facility may satisfy the requirements of paragraph (a), clauses (1) and (2), by
151.18 moving the resident to a different location within the same facility, if appropriate for the
151.19 resident.

151.20 (c) A resident may decline to move to the location the facility identifies or to accept
151.21 services from a service provider the facility identifies, and may choose instead to move to
151.22 a location of the resident's choosing or receive services from a service provider of the
151.23 resident's choosing within the timeline prescribed in the termination notice.

151.24 (d) Sixty days before the facility plans to reduce or eliminate one or more services for
151.25 a particular resident, the facility must provide written notice of the reduction that includes:

151.26 (1) a detailed explanation of the reasons for the reduction and the date of the reduction;

151.27 (2) the contact information for the Office of Ombudsman for Long-Term Care, the Office
151.28 of Ombudsman for Mental Health and Developmental Disabilities, and the name and contact
151.29 information of the person employed by the facility with whom the resident may discuss the
151.30 reduction of services;

151.31 (3) a statement that if the services being reduced are still needed by the resident, the
151.32 resident may remain in the facility and seek services from another provider; and

152.1 (4) a statement that if the reduction makes the resident need to move, the facility must
152.2 participate in a coordinated move of the resident to another provider or caregiver, as required
152.3 under this section.

152.4 (e) In the event of an unanticipated reduction in services caused by extraordinary
152.5 circumstances, the facility must provide the notice required under paragraph (d) as soon as
152.6 possible.

152.7 (f) If the facility, a resident, a legal representative, or a designated representative
152.8 determines that a reduction in services will make a resident need to move to a new location,
152.9 the facility must ensure a coordinated move in accordance with this section, and must provide
152.10 notice to the Office of Ombudsman for Long-Term Care.

152.11 (g) Nothing in this section affects a resident's right to remain in the facility and seek
152.12 services from another provider.

152.13 Sec. 52. Minnesota Statutes 2020, section 144G.55, subdivision 3, is amended to read:

152.14 Subd. 3. **Relocation plan required.** The facility must prepare a relocation plan to prepare
152.15 for the move to ~~the~~ a new safe location or appropriate service provider, as required by this
152.16 section.

152.17 Sec. 53. Minnesota Statutes 2020, section 144G.56, subdivision 3, is amended to read:

152.18 Subd. 3. **Notice required.** (a) A facility must provide at least 30 calendar days' advance
152.19 written notice to the resident and the resident's legal and designated representative of a
152.20 facility-initiated transfer. The notice must include:

152.21 (1) the effective date of the proposed transfer;

152.22 (2) the proposed transfer location;

152.23 (3) a statement that the resident may refuse the proposed transfer, and may discuss any
152.24 consequences of a refusal with staff of the facility;

152.25 (4) the name and contact information of a person employed by the facility with whom
152.26 the resident may discuss the notice of transfer; and

152.27 (5) contact information for the Office of Ombudsman for Long-Term Care and the Office
152.28 of Ombudsman for Mental Health and Developmental Disabilities.

152.29 (b) Notwithstanding paragraph (a), a facility may conduct a facility-initiated transfer of
152.30 a resident with less than 30 days' written notice if the transfer is necessary due to:

- 153.1 (1) conditions that render the resident's room or private living unit uninhabitable;
- 153.2 (2) the resident's urgent medical needs; or
- 153.3 (3) a risk to the health or safety of another resident of the facility.

153.4 Sec. 54. Minnesota Statutes 2020, section 144G.56, subdivision 5, is amended to read:

153.5 Subd. 5. **Changes in facility operations.** (a) In situations where there is a curtailment,
153.6 reduction, or capital improvement within a facility necessitating transfers, the facility must:

153.7 (1) minimize the number of transfers it initiates to complete the project or change in
153.8 operations;

153.9 (2) consider individual resident needs and preferences;

153.10 (3) provide reasonable accommodations for individual resident requests regarding the
153.11 transfers; and

153.12 (4) in advance of any notice to any residents, legal representatives, or designated
153.13 representatives, provide notice to the Office of Ombudsman for Long-Term Care and, ~~when~~
153.14 ~~appropriate,~~ the Office of Ombudsman for Mental Health and Developmental Disabilities
153.15 of the curtailment, reduction, or capital improvement and the corresponding needed transfers.

153.16 Sec. 55. Minnesota Statutes 2020, section 144G.57, subdivision 1, is amended to read:

153.17 Subdivision 1. **Closure plan required.** In the event that an assisted living facility elects
153.18 to voluntarily close the facility, the facility must notify the commissioner ~~and~~₂ the Office
153.19 of Ombudsman for Long-Term Care, and the Office of Ombudsman for Mental Health and
153.20 Developmental Disabilities in writing by submitting a proposed closure plan.

153.21 Sec. 56. Minnesota Statutes 2020, section 144G.57, subdivision 3, is amended to read:

153.22 Subd. 3. **Commissioner's approval required prior to implementation.** (a) The plan
153.23 shall be subject to the commissioner's approval and subdivision 6. The facility shall take
153.24 no action to close the residence prior to the commissioner's approval of the plan. The
153.25 commissioner shall approve or otherwise respond to the plan as soon as practicable.

153.26 (b) The commissioner may require the facility to work with a transitional team comprised
153.27 of department staff, staff of the Office of Ombudsman for Long-Term Care, the Office of
153.28 Ombudsman for Mental Health and Developmental Disabilities, and other professionals the
153.29 commissioner deems necessary to assist in the proper relocation of residents.

154.1 Sec. 57. Minnesota Statutes 2020, section 144G.57, subdivision 5, is amended to read:

154.2 Subd. 5. **Notice to residents.** After the commissioner has approved the relocation plan
154.3 and at least 60 calendar days before closing, except as provided under subdivision 6, the
154.4 facility must notify residents, designated representatives, and legal representatives of the
154.5 closure, the proposed date of closure, the contact information of the ombudsman for long-term
154.6 care and the ombudsman for mental health and developmental disabilities, and that the
154.7 facility will follow the termination planning requirements under section 144G.55, and final
154.8 accounting and return requirements under section 144G.42, subdivision 5. For residents
154.9 who receive home and community-based waiver services under chapter 256S and section
154.10 256B.49, the facility must also provide this information to the resident's case manager.

154.11 Sec. 58. Minnesota Statutes 2020, section 144G.70, subdivision 2, is amended to read:

154.12 Subd. 2. **Initial reviews, assessments, and monitoring.** (a) Residents who are not
154.13 receiving any assisted living services shall not be required to undergo an initial nursing
154.14 assessment.

154.15 (b) An assisted living facility shall conduct a nursing assessment by a registered nurse
154.16 of the physical and cognitive needs of the prospective resident and propose a temporary
154.17 service plan prior to the date on which a prospective resident executes a contract with a
154.18 facility or the date on which a prospective resident moves in, whichever is earlier. If
154.19 necessitated by either the geographic distance between the prospective resident and the
154.20 facility, or urgent or unexpected circumstances, the assessment may be conducted using
154.21 telecommunication methods based on practice standards that meet the resident's needs and
154.22 reflect person-centered planning and care delivery.

154.23 (c) Resident reassessment and monitoring must be conducted no more than 14 calendar
154.24 days after initiation of services. Ongoing resident reassessment and monitoring must be
154.25 conducted as needed based on changes in the needs of the resident and cannot exceed 90
154.26 calendar days from the last date of the assessment.

154.27 (d) For residents only receiving assisted living services specified in section 144G.08,
154.28 subdivision 9, clauses (1) to (5), the facility shall complete an individualized initial review
154.29 of the resident's needs and preferences. The initial review must be completed within 30
154.30 calendar days of the start of services. Resident monitoring and review must be conducted
154.31 as needed based on changes in the needs of the resident and cannot exceed 90 calendar days
154.32 from the date of the last review.

155.1 (e) A facility must inform the prospective resident of the availability of and contact
155.2 information for long-term care consultation services under section 256B.0911, prior to the
155.3 date on which a prospective resident executes a contract with a facility or the date on which
155.4 a prospective resident moves in, whichever is earlier.

155.5 Sec. 59. Minnesota Statutes 2020, section 144G.70, subdivision 4, is amended to read:

155.6 Subd. 4. **Service plan, implementation, and revisions to service plan.** (a) No later
155.7 than 14 calendar days after the date that services are first provided, an assisted living facility
155.8 shall finalize a current written service plan.

155.9 (b) The service plan and any revisions must include a signature or other authentication
155.10 by the facility and by the resident documenting agreement on the services to be provided.
155.11 The service plan must be revised, if needed, based on resident reassessment under subdivision
155.12 2. The facility must provide information to the resident about changes to the facility's fee
155.13 for services and how to contact the Office of Ombudsman for Long-Term Care and the
155.14 Office of Ombudsman for Mental Health and Developmental Disabilities.

155.15 (c) The facility must implement and provide all services required by the current service
155.16 plan.

155.17 (d) The service plan and the revised service plan must be entered into the resident record,
155.18 including notice of a change in a resident's fees when applicable.

155.19 (e) Staff providing services must be informed of the current written service plan.

155.20 (f) The service plan must include:

155.21 (1) a description of the services to be provided, the fees for services, and the frequency
155.22 of each service, according to the resident's current assessment and resident preferences;

155.23 (2) the identification of staff or categories of staff who will provide the services;

155.24 (3) the schedule and methods of monitoring assessments of the resident;

155.25 (4) the schedule and methods of monitoring staff providing services; and

155.26 (5) a contingency plan that includes:

155.27 (i) the action to be taken if the scheduled service cannot be provided;

155.28 (ii) information and a method to contact the facility;

155.29 (iii) the names and contact information of persons the resident wishes to have notified
155.30 in an emergency or if there is a significant adverse change in the resident's condition,

156.1 including identification of and information as to who has authority to sign for the resident
156.2 in an emergency; and

156.3 (iv) the circumstances in which emergency medical services are not to be summoned
156.4 consistent with chapters 145B and 145C, and declarations made by the resident under those
156.5 chapters.

156.6 Sec. 60. Minnesota Statutes 2020, section 144G.80, subdivision 2, is amended to read:

156.7 Subd. 2. **Demonstrated capacity.** (a) An applicant for licensure as an assisted living
156.8 facility with dementia care must have the ability to provide services in a manner that is
156.9 consistent with the requirements in this section. The commissioner shall consider the
156.10 following criteria, including, but not limited to:

156.11 (1) the experience of the ~~applicant in~~ applicant's assisted living director, managerial
156.12 official, and clinical nurse supervisor managing residents with dementia or previous long-term
156.13 care experience; and

156.14 (2) the compliance history of the applicant in the operation of any care facility licensed,
156.15 certified, or registered under federal or state law.

156.16 (b) If the ~~applicant does~~ applicant's assisted living director and clinical nurse supervisor
156.17 do not have experience in managing residents with dementia, the applicant must employ a
156.18 consultant for at least the first six months of operation. The consultant must meet the
156.19 requirements in paragraph (a), clause (1), and make recommendations on providing dementia
156.20 care services consistent with the requirements of this chapter. The consultant must (1) have
156.21 two years of work experience related to dementia, health care, gerontology, or a related
156.22 field, and (2) have completed at least the minimum core training requirements in section
156.23 144G.64. The applicant must document an acceptable plan to address the consultant's
156.24 identified concerns and must either implement the recommendations or document in the
156.25 plan any consultant recommendations that the applicant chooses not to implement. The
156.26 commissioner must review the applicant's plan upon request.

156.27 (c) The commissioner shall conduct an on-site inspection prior to the issuance of an
156.28 assisted living facility with dementia care license to ensure compliance with the physical
156.29 environment requirements.

156.30 (d) The label "Assisted Living Facility with Dementia Care" must be identified on the
156.31 license.

157.1 Sec. 61. Minnesota Statutes 2020, section 144G.90, subdivision 1, is amended to read:

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

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

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

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

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

157.26 Sec. 62. Minnesota Statutes 2020, section 144G.90, is amended by adding a subdivision
157.27 to read:

157.28 Subd. 6. **Notice to residents.** For any notice to a resident, legal representative, or
157.29 designated representative provided under this chapter or under Minnesota Rules, chapter
157.30 4659, that is required to include information regarding the Office of Ombudsman for
157.31 Long-Term Care and the Office of Ombudsman for Mental Health and Developmental
157.32 Disabilities, the notice must contain the following language: "You may contact the
157.33 Ombudsman for Long-Term Care for questions about your rights as an assisted living facility

158.1 resident and to request advocacy services. As an assisted living facility resident, you may
158.2 contact the Ombudsman for Mental Health and Developmental Disabilities to request
158.3 advocacy regarding your rights, concerns, or questions on issues relating to services for
158.4 mental health, developmental disabilities, or chemical dependency."

158.5 Sec. 63. Minnesota Statutes 2020, section 144G.91, subdivision 13, is amended to read:

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

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

158.15 (c) Residents have the right to respect and privacy regarding the resident's service plan.
158.16 Case discussion, consultation, examination, and treatment are confidential and must be
158.17 conducted discreetly. Privacy must be respected during toileting, bathing, and other activities
158.18 of personal hygiene, except as needed for resident safety or assistance.

158.19 Sec. 64. Minnesota Statutes 2020, section 144G.91, subdivision 21, is amended to read:

158.20 Subd. 21. **Access to counsel and advocacy services.** Residents have the right to the
158.21 immediate access by:

158.22 (1) the resident's legal counsel;

158.23 (2) any representative of the protection and advocacy system designated by the state
158.24 under Code of Federal Regulations, title 45, section 1326.21; or

158.25 (3) any representative of the Office of Ombudsman for Long-Term Care or the Office
158.26 of Ombudsman for Mental Health and Developmental Disabilities.

158.27 Sec. 65. Minnesota Statutes 2020, section 144G.92, subdivision 1, is amended to read:

158.28 Subdivision 1. **Retaliation prohibited.** A facility or agent of a facility may not retaliate
158.29 against a resident or employee if the resident, employee, or any person acting on behalf of
158.30 the resident:

159.1 (1) files a good faith complaint or grievance, makes a good faith inquiry, or asserts any
159.2 right;

159.3 (2) indicates a good faith intention to file a complaint or grievance, make an inquiry, or
159.4 assert any right;

159.5 (3) files, in good faith, or indicates an intention to file a maltreatment report, whether
159.6 mandatory or voluntary, under section 626.557;

159.7 (4) seeks assistance from or reports a reasonable suspicion of a crime or systemic
159.8 problems or concerns to the director or manager of the facility, the Office of Ombudsman
159.9 for Long-Term Care, the Office of Ombudsman for Mental Health and Developmental
159.10 Disabilities, a regulatory or other government agency, or a legal or advocacy organization;

159.11 (5) advocates or seeks advocacy assistance for necessary or improved care or services
159.12 or enforcement of rights under this section or other law;

159.13 (6) takes or indicates an intention to take civil action;

159.14 (7) participates or indicates an intention to participate in any investigation or
159.15 administrative or judicial proceeding;

159.16 (8) contracts or indicates an intention to contract to receive services from a service
159.17 provider of the resident's choice other than the facility; or

159.18 (9) places or indicates an intention to place a camera or electronic monitoring device in
159.19 the resident's private space as provided under section 144.6502.

159.20 Sec. 66. Minnesota Statutes 2020, section 144G.93, is amended to read:

159.21 **144G.93 CONSUMER ADVOCACY AND LEGAL SERVICES.**

159.22 Upon execution of an assisted living contract, every facility must provide the resident
159.23 with the names and contact information, including telephone numbers and e-mail addresses,
159.24 of:

159.25 (1) nonprofit organizations that provide advocacy or legal services to residents including
159.26 but not limited to the designated protection and advocacy organization in Minnesota that
159.27 provides advice and representation to individuals with disabilities; and

159.28 (2) the Office of Ombudsman for Long-Term Care, ~~including both the state and regional~~
159.29 ~~contact information~~ and the Office of Ombudsman for Mental Health and Developmental
159.30 Disabilities.

160.1 Sec. 67. Minnesota Statutes 2020, section 144G.95, is amended to read:

160.2 **144G.95 OFFICE OF OMBUDSMAN FOR LONG-TERM CARE AND OFFICE**
160.3 **OF OMBUDSMAN FOR MENTAL HEALTH AND DEVELOPMENTAL**
160.4 **DISABILITIES.**

160.5 Subdivision 1. **Immunity from liability.** (a) The Office of Ombudsman for Long-Term
160.6 Care and representatives of the office are immune from liability for conduct described in
160.7 section 256.9742, subdivision 2.

160.8 (b) The Office of Ombudsman for Mental Health and Developmental Disabilities and
160.9 representatives of the office are immune from liability for conduct described in section
160.10 245.96.

160.11 Subd. 2. **Data classification.** (a) All forms and notices received by the Office of
160.12 Ombudsman for Long-Term Care under this chapter are classified under section 256.9744.

160.13 (b) All data collected or received by the Office of Ombudsman for Mental Health and
160.14 Developmental Disabilities are classified under section 245.94.

160.15 Sec. 68. **[145.9231] HEALTH EQUITY ADVISORY AND LEADERSHIP (HEAL)**
160.16 **COUNCIL.**

160.17 Subdivision 1. **Establishment; composition of advisory council.** (a) The commissioner
160.18 shall establish and appoint a Health Equity Advisory and Leadership (HEAL) Council to
160.19 provide guidance to the commissioner of health regarding strengthening and improving the
160.20 health of communities most impacted by health inequities across the state. The council shall
160.21 consist of 18 members who will provide representation from the following groups:

160.22 (1) African American and African heritage communities;

160.23 (2) Asian American and Pacific Islander communities;

160.24 (3) Latina/o/x communities;

160.25 (4) American Indian communities and Tribal Government/Nations;

160.26 (5) disability communities;

160.27 (6) lesbian, gay, bisexual, transgender, and queer (LGBTQ) communities; and

160.28 (7) representatives who reside outside the seven-county metropolitan area.

160.29 (b) No members shall be employees of the Minnesota Department of Health.

161.1 Subd. 2. **Organization and meetings.** The advisory council shall be organized and
161.2 administered under section 15.059, except that the members do not receive per diem
161.3 compensation. Meetings shall be held at least quarterly and hosted by the department.
161.4 Subcommittees may be developed as necessary. Advisory council meetings are subject to
161.5 Open Meeting Law under chapter 13D.

161.6 Subd. 3. **Duties.** The advisory council shall:

161.7 (1) advise the commissioner on health equity issues and the health equity priorities and
161.8 concerns of the populations specified in subdivision 1;

161.9 (2) assist the agency in efforts to advance health equity, including consulting in specific
161.10 agency policies and programs, providing ideas and input about potential budget and policy
161.11 proposals, and recommending review of particular agency policies, standards, or procedures
161.12 that may create or perpetuate health inequities; and

161.13 (3) assist the agency in developing and monitoring meaningful performance measures
161.14 related to advancing health equity.

161.15 Subd. 4. **Expiration.** Notwithstanding section 15.059, subdivision 6, the advisory council
161.16 shall remain in existence until health inequities in the state are eliminated. Health inequities
161.17 will be considered eliminated when race, ethnicity, income, gender, gender identity,
161.18 geographic location, or other identity or social marker will no longer be predictors of health
161.19 outcomes in the state. Section 145.928 describes nine health disparities that must be
161.20 considered when determining whether health inequities have been eliminated in the state.

161.21 Sec. 69. Minnesota Statutes 2020, section 146B.04, subdivision 1, is amended to read:

161.22 Subdivision 1. **General.** Before an individual may work as a guest artist, the
161.23 commissioner shall issue a temporary license to the guest artist. The guest artist shall submit
161.24 an application to the commissioner on a form provided by the commissioner. The
161.25 commissioner must receive the application at least 14 calendar days before the guest artist
161.26 applicant conducts a body art procedure. The form must include:

161.27 (1) the name, home address, and date of birth of the guest artist;

161.28 (2) the name of the licensed technician sponsoring the guest artist;

161.29 (3) proof of having satisfactorily completed coursework within the year preceding
161.30 application and approved by the commissioner on bloodborne pathogens, the prevention of
161.31 disease transmission, infection control, and aseptic technique;

161.32 (4) the starting and anticipated completion dates the guest artist will be working; and

162.1 (5) a copy of any current body art credential or licensure issued by another local or state
162.2 jurisdiction.

162.3 Sec. 70. Minnesota Statutes 2020, section 152.22, subdivision 8, is amended to read:

162.4 Subd. 8. **Medical cannabis ~~product~~ paraphernalia.** "Medical cannabis ~~product~~
162.5 paraphernalia" means any delivery device or related supplies and educational materials used
162.6 in the administration of medical cannabis for a patient with a qualifying medical condition
162.7 enrolled in the registry program.

162.8 Sec. 71. Minnesota Statutes 2020, section 152.25, subdivision 1, is amended to read:

162.9 Subdivision 1. **Medical cannabis manufacturer registration.** (a) The commissioner
162.10 shall register two in-state manufacturers for the production of all medical cannabis within
162.11 the state. A registration agreement between the commissioner and a manufacturer is
162.12 nontransferable. The commissioner shall register new manufacturers or reregister the existing
162.13 manufacturers by December 1 every two years, using the factors described in this subdivision.
162.14 The commissioner shall accept applications after December 1, 2014, if one of the
162.15 manufacturers registered before December 1, 2014, ceases to be registered as a manufacturer.
162.16 The commissioner's determination that no manufacturer exists to fulfill the duties under
162.17 sections 152.22 to 152.37 is subject to judicial review in Ramsey County District Court.
162.18 Data submitted during the application process are private data on individuals or nonpublic
162.19 data as defined in section 13.02 until the manufacturer is registered under this section. Data
162.20 on a manufacturer that is registered are public data, unless the data are trade secret or security
162.21 information under section 13.37.

162.22 (b) As a condition for registration, a manufacturer must agree to:

162.23 (1) begin supplying medical cannabis to patients ~~by July 1, 2015~~ within eight months
162.24 of its initial registration; and

162.25 (2) comply with all requirements under sections 152.22 to 152.37.

162.26 (c) The commissioner shall consider the following factors when determining which
162.27 manufacturer to register:

162.28 (1) the technical expertise of the manufacturer in cultivating medical cannabis and
162.29 converting the medical cannabis into an acceptable delivery method under section 152.22,
162.30 subdivision 6;

162.31 (2) the qualifications of the manufacturer's employees;

163.1 (3) the long-term financial stability of the manufacturer;

163.2 (4) the ability to provide appropriate security measures on the premises of the
163.3 manufacturer;

163.4 (5) whether the manufacturer has demonstrated an ability to meet the medical cannabis
163.5 production needs required by sections 152.22 to 152.37; and

163.6 (6) the manufacturer's projection and ongoing assessment of fees on patients with a
163.7 qualifying medical condition.

163.8 (d) If an officer, director, or controlling person of the manufacturer pleads or is found
163.9 guilty of intentionally diverting medical cannabis to a person other than allowed by law
163.10 under section 152.33, subdivision 1, the commissioner may decide not to renew the
163.11 registration of the manufacturer, provided the violation occurred while the person was an
163.12 officer, director, or controlling person of the manufacturer.

163.13 (e) The commissioner shall require each medical cannabis manufacturer to contract with
163.14 an independent laboratory to test medical cannabis produced by the manufacturer. The
163.15 commissioner shall approve the laboratory chosen by each manufacturer and require that
163.16 the laboratory report testing results to the manufacturer in a manner determined by the
163.17 commissioner.

163.18 (f) The commissioner shall implement a state-centralized medical cannabis electronic
163.19 database to monitor and track the manufacturers' medical cannabis inventories from the
163.20 seed or clone source through cultivation, processing, testing, and distribution or disposal.
163.21 The inventory tracking database must allow for information regarding medical cannabis to
163.22 be updated instantaneously. Any manufacturer or third-party laboratory licensed under this
163.23 chapter must submit to the commissioner any information the commissioner deems necessary
163.24 for maintaining the inventory tracking database. The commissioner may contract with a
163.25 separate entity to establish and maintain all or any part of the inventory tracking database.
163.26 The provisions of section 13.05, subdivision 11, apply to a contract entered between the
163.27 commissioner and a third party under this paragraph.

163.28 Sec. 72. Minnesota Statutes 2021 Supplement, section 152.27, subdivision 2, is amended
163.29 to read:

163.30 Subd. 2. **Commissioner duties.** (a) The commissioner shall:

163.31 (1) give notice of the program to health care practitioners in the state who are eligible
163.32 to serve as health care practitioners and explain the purposes and requirements of the
163.33 program;

164.1 (2) allow each health care practitioner who meets or agrees to meet the program's
164.2 requirements and who requests to participate, to be included in the registry program to
164.3 collect data for the patient registry;

164.4 (3) provide explanatory information and assistance to each health care practitioner in
164.5 understanding the nature of therapeutic use of medical cannabis within program requirements;

164.6 (4) create and provide a certification to be used by a health care practitioner for the
164.7 practitioner to certify whether a patient has been diagnosed with a qualifying medical
164.8 condition ~~and include in the certification an option for the practitioner to certify whether~~
164.9 ~~the patient, in the health care practitioner's medical opinion, is developmentally or physically~~
164.10 ~~disabled and, as a result of that disability, the patient requires assistance in administering~~
164.11 ~~medical cannabis or obtaining medical cannabis from a distribution facility;~~

164.12 (5) supervise the participation of the health care practitioner in conducting patient
164.13 treatment and health records reporting in a manner that ensures stringent security and
164.14 record-keeping requirements and that prevents the unauthorized release of private data on
164.15 individuals as defined by section 13.02;

164.16 (6) develop safety criteria for patients with a qualifying medical condition as a
164.17 requirement of the patient's participation in the program, to prevent the patient from
164.18 undertaking any task under the influence of medical cannabis that would constitute negligence
164.19 or professional malpractice on the part of the patient; and

164.20 (7) conduct research and studies based on data from health records submitted to the
164.21 registry program and submit reports on intermediate or final research results to the legislature
164.22 and major scientific journals. The commissioner may contract with a third party to complete
164.23 the requirements of this clause. Any reports submitted must comply with section 152.28,
164.24 subdivision 2.

164.25 (b) The commissioner may add a delivery method under section 152.22, subdivision 6,
164.26 or add, remove, or modify a qualifying medical condition under section 152.22, subdivision
164.27 14, upon a petition from a member of the public or the task force on medical cannabis
164.28 therapeutic research or as directed by law. The commissioner shall evaluate all petitions to
164.29 add a qualifying medical condition or to remove or modify an existing qualifying medical
164.30 condition submitted by the task force on medical cannabis therapeutic research or as directed
164.31 by law and may make the addition, removal, or modification if the commissioner determines
164.32 the addition, removal, or modification is warranted based on the best available evidence
164.33 and research. If the commissioner wishes to add a delivery method under section 152.22,
164.34 subdivision 6, or add or remove a qualifying medical condition under section 152.22,

165.1 subdivision 14, the commissioner must notify the chairs and ranking minority members of
165.2 the legislative policy committees having jurisdiction over health and public safety of the
165.3 addition or removal and the reasons for its addition or removal, including any written
165.4 comments received by the commissioner from the public and any guidance received from
165.5 the task force on medical cannabis research, by January 15 of the year in which the
165.6 commissioner wishes to make the change. The change shall be effective on August 1 of that
165.7 year, unless the legislature by law provides otherwise.

165.8 Sec. 73. Minnesota Statutes 2021 Supplement, section 152.29, subdivision 1, is amended
165.9 to read:

165.10 Subdivision 1. **Manufacturer; requirements.** (a) A manufacturer may operate eight
165.11 distribution facilities, which may include the manufacturer's single location for cultivation,
165.12 harvesting, manufacturing, packaging, and processing but is not required to include that
165.13 location. The commissioner shall designate the geographical service areas to be served by
165.14 each manufacturer based on geographical need throughout the state to improve patient
165.15 access. A manufacturer shall not have more than two distribution facilities in each
165.16 geographical service area assigned to the manufacturer by the commissioner. A manufacturer
165.17 shall operate only one location where all cultivation, harvesting, manufacturing, packaging,
165.18 and processing of medical cannabis shall be conducted. This location may be one of the
165.19 manufacturer's distribution facility sites. The additional distribution facilities may dispense
165.20 medical cannabis and medical cannabis ~~products~~ paraphernalia but may not contain any
165.21 medical cannabis in a form other than those forms allowed under section 152.22, subdivision
165.22 6, and the manufacturer shall not conduct any cultivation, harvesting, manufacturing,
165.23 packaging, or processing at the other distribution facility sites. Any distribution facility
165.24 operated by the manufacturer is subject to all of the requirements applying to the
165.25 manufacturer under sections 152.22 to 152.37, including, but not limited to, security and
165.26 distribution requirements.

165.27 (b) A manufacturer may acquire hemp grown in this state from a hemp grower, and may
165.28 acquire hemp products produced by a hemp processor. A manufacturer may manufacture
165.29 or process hemp and hemp products into an allowable form of medical cannabis under
165.30 section 152.22, subdivision 6. Hemp and hemp products acquired by a manufacturer under
165.31 this paragraph are subject to the same quality control program, security and testing
165.32 requirements, and other requirements that apply to medical cannabis under sections 152.22
165.33 to 152.37 and Minnesota Rules, chapter 4770.

166.1 (c) A medical cannabis manufacturer shall contract with a laboratory approved by the
166.2 commissioner, subject to any additional requirements set by the commissioner, for purposes
166.3 of testing medical cannabis manufactured or hemp or hemp products acquired by the medical
166.4 cannabis manufacturer as to content, contamination, and consistency to verify the medical
166.5 cannabis meets the requirements of section 152.22, subdivision 6. The laboratory must
166.6 collect, or contract with a third party that is not a manufacturer to collect, from the
166.7 manufacturer's production facility the medical cannabis samples it will test. The cost of
166.8 collecting samples and laboratory testing shall be paid by the manufacturer.

166.9 (d) The operating documents of a manufacturer must include:

166.10 (1) procedures for the oversight of the manufacturer and procedures to ensure accurate
166.11 record keeping;

166.12 (2) procedures for the implementation of appropriate security measures to deter and
166.13 prevent the theft of medical cannabis and unauthorized entrance into areas containing medical
166.14 cannabis; and

166.15 (3) procedures for the delivery and transportation of hemp between hemp growers and
166.16 manufacturers and for the delivery and transportation of hemp products between hemp
166.17 processors and manufacturers.

166.18 (e) A manufacturer shall implement security requirements, including requirements for
166.19 the delivery and transportation of hemp and hemp products, protection of each location by
166.20 a fully operational security alarm system, facility access controls, perimeter intrusion
166.21 detection systems, and a personnel identification system.

166.22 (f) A manufacturer shall not share office space with, refer patients to a health care
166.23 practitioner, or have any financial relationship with a health care practitioner.

166.24 (g) A manufacturer shall not permit any person to consume medical cannabis on the
166.25 property of the manufacturer.

166.26 (h) A manufacturer is subject to reasonable inspection by the commissioner.

166.27 (i) For purposes of sections 152.22 to 152.37, a medical cannabis manufacturer is not
166.28 subject to the Board of Pharmacy licensure or regulatory requirements under chapter 151.

166.29 (j) A medical cannabis manufacturer may not employ any person who is under 21 years
166.30 of age or who has been convicted of a disqualifying felony offense. An employee of a
166.31 medical cannabis manufacturer must submit a completed criminal history records check
166.32 consent form, a full set of classifiable fingerprints, and the required fees for submission to
166.33 the Bureau of Criminal Apprehension before an employee may begin working with the

167.1 manufacturer. The bureau must conduct a Minnesota criminal history records check and
167.2 the superintendent is authorized to exchange the fingerprints with the Federal Bureau of
167.3 Investigation to obtain the applicant's national criminal history record information. The
167.4 bureau shall return the results of the Minnesota and federal criminal history records checks
167.5 to the commissioner.

167.6 (k) A manufacturer may not operate in any location, whether for distribution or
167.7 cultivation, harvesting, manufacturing, packaging, or processing, within 1,000 feet of a
167.8 public or private school existing before the date of the manufacturer's registration with the
167.9 commissioner.

167.10 (l) A manufacturer shall comply with reasonable restrictions set by the commissioner
167.11 relating to signage, marketing, display, and advertising of medical cannabis.

167.12 (m) Before a manufacturer acquires hemp from a hemp grower or hemp products from
167.13 a hemp processor, the manufacturer must verify that the hemp grower or hemp processor
167.14 has a valid license issued by the commissioner of agriculture under chapter 18K.

167.15 (n) Until a state-centralized, seed-to-sale system is implemented that can track a specific
167.16 medical cannabis plant from cultivation through testing and point of sale, the commissioner
167.17 shall conduct at least one unannounced inspection per year of each manufacturer that includes
167.18 inspection of:

167.19 (1) business operations;

167.20 (2) physical locations of the manufacturer's manufacturing facility and distribution
167.21 facilities;

167.22 (3) financial information and inventory documentation, including laboratory testing
167.23 results; and

167.24 (4) physical and electronic security alarm systems.

167.25 Sec. 74. Minnesota Statutes 2021 Supplement, section 152.29, subdivision 3, is amended
167.26 to read:

167.27 Subd. 3. **Manufacturer; distribution.** (a) A manufacturer shall require that employees
167.28 licensed as pharmacists pursuant to chapter 151 be the only employees to give final approval
167.29 for the distribution of medical cannabis to a patient. A manufacturer may transport medical
167.30 cannabis or medical cannabis ~~products~~ paraphernalia that have been cultivated, harvested,
167.31 manufactured, packaged, and processed by that manufacturer to another registered
167.32 manufacturer for the other manufacturer to distribute.

168.1 (b) A manufacturer may distribute medical cannabis ~~products~~ paraphernalia, whether
168.2 or not the ~~products~~ medical cannabis paraphernalia have been manufactured by that
168.3 manufacturer.

168.4 (c) Prior to distribution of any medical cannabis, the manufacturer shall:

168.5 (1) verify that the manufacturer has received the registry verification from the
168.6 commissioner for that individual patient;

168.7 (2) verify that the person requesting the distribution of medical cannabis is the patient,
168.8 the patient's registered designated caregiver, or the patient's parent, legal guardian, or spouse
168.9 listed in the registry verification using the procedures described in section 152.11, subdivision
168.10 2d;

168.11 (3) assign a tracking number to any medical cannabis distributed from the manufacturer;

168.12 (4) ensure that any employee of the manufacturer licensed as a pharmacist pursuant to
168.13 chapter 151 has consulted with the patient to determine the proper dosage for the individual
168.14 patient after reviewing the ranges of chemical compositions of the medical cannabis and
168.15 the ranges of proper dosages reported by the commissioner. For purposes of this clause, a
168.16 consultation may be conducted remotely by secure videoconference, telephone, or other
168.17 remote means, so long as the employee providing the consultation is able to confirm the
168.18 identity of the patient and the consultation adheres to patient privacy requirements that apply
168.19 to health care services delivered through telehealth. A pharmacist consultation under this
168.20 clause is not required when a manufacturer is distributing medical cannabis to a patient
168.21 according to a patient-specific dosage plan established with that manufacturer and is not
168.22 modifying the dosage or product being distributed under that plan and the medical cannabis
168.23 is distributed by a pharmacy technician;

168.24 (5) properly package medical cannabis in compliance with the United States Poison
168.25 Prevention Packing Act regarding child-resistant packaging and exemptions for packaging
168.26 for elderly patients, and label distributed medical cannabis with a list of all active ingredients
168.27 and individually identifying information, including:

168.28 (i) the patient's name and date of birth;

168.29 (ii) the name and date of birth of the patient's registered designated caregiver or, if listed
168.30 on the registry verification, the name of the patient's parent or legal guardian, if applicable;

168.31 (iii) the patient's registry identification number;

168.32 (iv) the chemical composition of the medical cannabis; and

169.1 (v) the dosage; and

169.2 (6) ensure that the medical cannabis distributed contains a maximum of a 90-day supply
169.3 of the dosage determined for that patient.

169.4 (d) A manufacturer shall require any employee of the manufacturer who is transporting
169.5 medical cannabis or medical cannabis ~~products~~ paraphernalia to a distribution facility or to
169.6 another registered manufacturer to carry identification showing that the person is an employee
169.7 of the manufacturer.

169.8 (e) A manufacturer shall distribute medical cannabis in dried raw cannabis form only
169.9 to a patient age 21 or older, or to the registered designated caregiver, parent, legal guardian,
169.10 or spouse of a patient age 21 or older.

169.11 Sec. 75. Minnesota Statutes 2020, section 152.29, subdivision 3a, is amended to read:

169.12 Subd. 3a. **Transportation of medical cannabis; transport staffing.** (a) A medical
169.13 cannabis manufacturer may staff a transport motor vehicle with only one employee if the
169.14 medical cannabis manufacturer is transporting medical cannabis to ~~either a certified~~
169.15 ~~laboratory for the purpose of testing or~~ a facility for the purpose of disposal. If the medical
169.16 cannabis manufacturer is transporting medical cannabis for any other purpose or destination,
169.17 the transport motor vehicle must be staffed with a minimum of two employees as required
169.18 by rules adopted by the commissioner.

169.19 (b) Notwithstanding paragraph (a), a medical cannabis manufacturer that is only
169.20 transporting hemp for any purpose may staff the transport motor vehicle with only one
169.21 employee.

169.22 (c) A medical cannabis manufacturer may contract with a third party for armored car
169.23 services for deliveries of medical cannabis from its production facility to distribution
169.24 facilities. A medical cannabis manufacturer that contracts for armored car services remains
169.25 responsible for compliance with transportation manifest and inventory tracking requirements
169.26 in rules adopted by the commissioner.

169.27 (d) A third-party testing laboratory may staff a transport motor vehicle with one or more
169.28 employees when transporting medical cannabis from a manufacturer's production facility
169.29 to the testing laboratory for the purpose of testing samples.

169.30 (e) Department of Health staff may transport medical cannabis for the purposes of
169.31 delivering medical cannabis and other samples to a laboratory for testing under rules adopted
169.32 by the commissioner and in cases of special investigations when the commissioner has
169.33 determined there is a potential threat to public health. The transport motor vehicle must be

170.1 staffed by a minimum of two Department of Health employees. The employees must carry
170.2 their Department of Health identification cards and a transport manifest that meets the
170.3 requirements in Minnesota Rules, part 4770.1100, subpart 2.

170.4 (f) A Tribal medical cannabis program operated by a federally recognized Indian Tribe
170.5 located within the state of Minnesota may transport samples of medical cannabis to testing
170.6 laboratories and to other Indian lands in the state. Transport vehicles must be staffed by at
170.7 least two employees of the Tribal medical cannabis program. Transporters must carry
170.8 identification identifying them as employees of the Tribal medical cannabis program and
170.9 a detailed transportation manifest that includes the place and time of departure, the address
170.10 of the destination, and a description and count of the medical cannabis being transported.

170.11 Sec. 76. Minnesota Statutes 2020, section 152.30, is amended to read:

170.12 **152.30 PATIENT DUTIES.**

170.13 (a) A patient shall apply to the commissioner for enrollment in the registry program by
170.14 submitting an application as required in section 152.27 and an annual registration fee as
170.15 determined under section 152.35.

170.16 (b) As a condition of continued enrollment, patients shall agree to:

170.17 (1) continue to receive regularly scheduled treatment for their qualifying medical
170.18 condition from their health care practitioner; and

170.19 (2) report changes in their qualifying medical condition to their health care practitioner.

170.20 (c) A patient shall only receive medical cannabis from a registered manufacturer but is
170.21 not required to receive medical cannabis ~~products~~ paraphernalia from only a registered
170.22 manufacturer.

170.23 Sec. 77. Minnesota Statutes 2020, section 152.32, subdivision 2, is amended to read:

170.24 Subd. 2. **Criminal and civil protections.** (a) Subject to section 152.23, the following
170.25 are not violations under this chapter:

170.26 (1) use or possession of medical cannabis or medical cannabis products by a patient
170.27 enrolled in the registry program, or possession by a registered designated caregiver or the
170.28 parent, legal guardian, or spouse of a patient if the parent, legal guardian, or spouse is listed
170.29 on the registry verification;

171.1 (2) possession, dosage determination, or sale of medical cannabis or medical cannabis
171.2 products by a medical cannabis manufacturer, employees of a manufacturer, a laboratory
171.3 conducting testing on medical cannabis, or employees of the laboratory; and

171.4 (3) possession of medical cannabis or medical cannabis ~~products~~ paraphernalia by any
171.5 person while carrying out the duties required under sections 152.22 to 152.37.

171.6 (b) Medical cannabis obtained and distributed pursuant to sections 152.22 to 152.37 and
171.7 associated property is not subject to forfeiture under sections 609.531 to 609.5316.

171.8 (c) The commissioner, the commissioner's staff, the commissioner's agents or contractors,
171.9 and any health care practitioner are not subject to any civil or disciplinary penalties by the
171.10 Board of Medical Practice, the Board of Nursing, or by any business, occupational, or
171.11 professional licensing board or entity, solely for the participation in the registry program
171.12 under sections 152.22 to 152.37. A pharmacist licensed under chapter 151 is not subject to
171.13 any civil or disciplinary penalties by the Board of Pharmacy when acting in accordance
171.14 with the provisions of sections 152.22 to 152.37. Nothing in this section affects a professional
171.15 licensing board from taking action in response to violations of any other section of law.

171.16 (d) Notwithstanding any law to the contrary, the commissioner, the governor of
171.17 Minnesota, or an employee of any state agency may not be held civilly or criminally liable
171.18 for any injury, loss of property, personal injury, or death caused by any act or omission
171.19 while acting within the scope of office or employment under sections 152.22 to 152.37.

171.20 (e) Federal, state, and local law enforcement authorities are prohibited from accessing
171.21 the patient registry under sections 152.22 to 152.37 except when acting pursuant to a valid
171.22 search warrant.

171.23 (f) Notwithstanding any law to the contrary, neither the commissioner nor a public
171.24 employee may release data or information about an individual contained in any report,
171.25 document, or registry created under sections 152.22 to 152.37 or any information obtained
171.26 about a patient participating in the program, except as provided in sections 152.22 to 152.37.

171.27 (g) No information contained in a report, document, or registry or obtained from a patient
171.28 under sections 152.22 to 152.37 may be admitted as evidence in a criminal proceeding
171.29 unless independently obtained or in connection with a proceeding involving a violation of
171.30 sections 152.22 to 152.37.

171.31 (h) Notwithstanding section 13.09, any person who violates paragraph (e) or (f) is guilty
171.32 of a gross misdemeanor.

172.1 (i) An attorney may not be subject to disciplinary action by the Minnesota Supreme
172.2 Court or professional responsibility board for providing legal assistance to prospective or
172.3 registered manufacturers or others related to activity that is no longer subject to criminal
172.4 penalties under state law pursuant to sections 152.22 to 152.37.

172.5 (j) Possession of a registry verification or application for enrollment in the program by
172.6 a person entitled to possess or apply for enrollment in the registry program does not constitute
172.7 probable cause or reasonable suspicion, nor shall it be used to support a search of the person
172.8 or property of the person possessing or applying for the registry verification, or otherwise
172.9 subject the person or property of the person to inspection by any governmental agency.

172.10 Sec. 78. Minnesota Statutes 2020, section 152.36, is amended to read:

172.11 **152.36 IMPACT ASSESSMENT OF MEDICAL CANNABIS THERAPEUTIC**
172.12 **RESEARCH.**

172.13 Subdivision 1. **Task force on medical cannabis therapeutic research.** (a) A 23-member
172.14 task force on medical cannabis therapeutic research is created to conduct an impact
172.15 assessment of medical cannabis therapeutic research. The task force shall consist of the
172.16 following members:

172.17 (1) two members of the house of representatives, one selected by the speaker of the
172.18 house, the other selected by the minority leader;

172.19 (2) two members of the senate, one selected by the majority leader, the other selected
172.20 by the minority leader;

172.21 (3) four members representing consumers or patients enrolled in the registry program,
172.22 including at least two parents of patients under age 18;

172.23 (4) four members representing health care providers, including one licensed pharmacist;

172.24 (5) four members representing law enforcement, one from the Minnesota Chiefs of
172.25 Police Association, one from the Minnesota Sheriff's Association, one from the Minnesota
172.26 Police and Peace Officers Association, and one from the Minnesota County Attorneys
172.27 Association;

172.28 (6) four members representing substance use disorder treatment providers; and

172.29 (7) the commissioners of health, human services, and public safety.

172.30 (b) Task force members listed under paragraph (a), clauses (3), (4), (5), and (6), shall
172.31 be appointed by the governor under the appointment process in section 15.0597. Members
172.32 shall serve on the task force at the pleasure of the appointing authority. ~~All members must~~

173.1 ~~be appointed by July 15, 2014, and the commissioner of health shall convene the first meeting~~
173.2 ~~of the task force by August 1, 2014.~~

173.3 (c) There shall be two cochair of the task force chosen from the members listed under
173.4 paragraph (a). One cochair shall be selected by the speaker of the house and the other cochair
173.5 shall be selected by the majority leader of the senate. The authority to convene meetings
173.6 shall alternate between the cochair.

173.7 (d) Members of the task force other than those in paragraph (a), clauses (1), (2), and (7),
173.8 shall receive expenses as provided in section 15.059, subdivision 6.

173.9 Subd. 1a. **Administration.** The commissioner of health shall provide administrative and
173.10 technical support to the task force.

173.11 Subd. 2. **Impact assessment.** The task force shall hold hearings to evaluate the impact
173.12 of the use of medical cannabis and hemp and Minnesota's activities involving medical
173.13 cannabis and hemp, including, but not limited to:

173.14 (1) program design and implementation;

173.15 (2) the impact on the health care provider community;

173.16 (3) patient experiences;

173.17 (4) the impact on the incidence of substance abuse;

173.18 (5) access to and quality of medical cannabis, hemp, and medical cannabis ~~products~~
173.19 paraphernalia;

173.20 (6) the impact on law enforcement and prosecutions;

173.21 (7) public awareness and perception; and

173.22 (8) any unintended consequences.

173.23 ~~Subd. 3. **Cost assessment.** By January 15 of each year, beginning January 15, 2015,~~
173.24 ~~and ending January 15, 2019, the commissioners of state departments impacted by the~~
173.25 ~~medical cannabis therapeutic research study shall report to the cochair of the task force on~~
173.26 ~~the costs incurred by each department on implementing sections 152.22 to 152.37. The~~
173.27 ~~reports must compare actual costs to the estimated costs of implementing these sections and~~
173.28 ~~must be submitted to the task force on medical cannabis therapeutic research.~~

173.29 Subd. 4. **Reports to the legislature.** (a) The cochair of the task force shall submit ~~the~~
173.30 ~~following reports~~ an impact assessment report to the chair and ranking minority members

174.1 of the legislative committees and divisions with jurisdiction over health and human services,
174.2 public safety, judiciary, and civil law:

174.3 ~~(1) by February 1, 2015, a report on the design and implementation of the registry~~
174.4 ~~program; and every two years thereafter, a complete impact assessment report; and.~~

174.5 ~~(2) upon receipt of a cost assessment from a commissioner of a state agency, the~~
174.6 ~~completed cost assessment.~~

174.7 (b) The task force may make recommendations to the legislature on whether to add or
174.8 remove conditions from the list of qualifying medical conditions.

174.9 Subd. 5. **No expiration.** The task force on medical cannabis therapeutic research does
174.10 not expire.

174.11 Sec. 79. **COMMISSIONER OF HEALTH; RECOMMENDATION REGARDING**
174.12 **EXCEPTION TO HOSPITAL CONSTRUCTION MORATORIUM.**

174.13 By February 1, 2023, the commissioner of health, in consultation with the commissioner
174.14 of human services, shall make a recommendation to the chairs and ranking minority members
174.15 of the legislative committees with jurisdiction over health and human services finance as
174.16 to whether Minnesota Statutes, section 144.551, subdivision 1, should be amended to
174.17 authorize exceptions, for hospitals in other counties and without a public interest review,
174.18 that are substantially similar to the exception in Minnesota Statutes, section 144.551,
174.19 subdivision 1, paragraph (b), clause (31).

174.20 Sec. 80. **REVISOR INSTRUCTION.**

174.21 (a) The revisor of statutes shall change the term "cancer surveillance system" to "cancer
174.22 reporting system" wherever it appears in Minnesota Statutes and Minnesota Rules.

174.23 (b) The revisor of statutes shall make any necessary cross-reference changes required
174.24 as a result of the amendments in this article to Minnesota Statutes, sections 144A.01;
174.25 144A.03, subdivision 1; 144A.04, subdivisions 4 and 6; and 144A.06.

174.26 Sec. 81. **REPEALER.**

174.27 Minnesota Statutes 2021 Supplement, section 144G.07, subdivision 6, is repealed.

ARTICLE 3

HEALTH CARE FINANCE

Section 1. [62J.86] DEFINITIONS.

Subdivision 1. Definitions. For the purposes of sections 62J.86 to 62J.92, the following terms have the meanings given.

Subd. 2. Advisory council. "Advisory council" means the Health Care Affordability Advisory Council established under section 62J.88.

Subd. 3. Board. "Board" means the Health Care Affordability Board established under section 62J.87.

Sec. 2. [62J.87] HEALTH CARE AFFORDABILITY BOARD.

Subdivision 1. Establishment. The Health Care Affordability Board is established and shall be governed as a board under section 15.012, paragraph (a), to protect consumers, state and local governments, health plan companies, providers, and other health care system stakeholders from unaffordable health care costs. The board must be operational by January 1, 2023.

Subd. 2. Membership. (a) The Health Care Affordability Board consists of 13 members, appointed as follows:

(1) five members appointed by the governor;

(2) two members appointed by the majority leader of the senate;

(3) two members appointed by the minority leader of the senate;

(4) two members appointed by the speaker of the house; and

(5) two members appointed by the minority leader of the house of representatives.

(b) All appointed members must have knowledge and demonstrated expertise in one or more of the following areas: health care finance, health economics, health care management or administration at a senior level, health care consumer advocacy, representing the health care workforce as a leader in a labor organization, purchasing health care insurance as a health benefits administrator, delivery of primary care, health plan company administration, public or population health, and addressing health disparities and structural inequities.

(c) A member may not participate in board proceedings involving an organization, activity, or transaction in which the member has either a direct or indirect financial interest, other than as an individual consumer of health services.

176.1 (d) The Legislative Coordinating Commission shall coordinate appointments under this
176.2 subdivision to ensure that board members are appointed by August 1, 2022, and that board
176.3 members as a whole meet all of the criteria related to the knowledge and expertise specified
176.4 in paragraph (b).

176.5 Subd. 3. **Terms.** (a) Board appointees shall serve four-year terms. A board member shall
176.6 not serve more than three consecutive terms.

176.7 (b) A board member may resign at any time by giving written notice to the board.

176.8 Subd. 4. **Chair; other officers.** (a) The governor shall designate an acting chair from
176.9 the members appointed by the governor.

176.10 (b) The board shall elect a chair to replace the acting chair at the first meeting of the
176.11 board by a majority of the members. The chair shall serve for two years.

176.12 (c) The board shall elect a vice-chair and other officers from its membership as it deems
176.13 necessary.

176.14 Subd. 5. **Staff; technical assistance; contracting.** (a) The board shall hire a full-time
176.15 executive director and other staff, who shall serve in the unclassified service. The executive
176.16 director must have significant knowledge and expertise in health economics and demonstrated
176.17 experience in health policy.

176.18 (b) The attorney general shall provide legal services to the board.

176.19 (c) The Department of Health shall provide technical assistance to the board in analyzing
176.20 health care trends and costs and in setting health care spending growth targets.

176.21 (d) The board may employ or contract for professional and technical assistance, including
176.22 actuarial assistance, as the board deems necessary to perform the board's duties.

176.23 Subd. 6. **Access to information.** (a) The board may request that a state agency provide
176.24 the board with any publicly available information in a usable format as requested by the
176.25 board, at no cost to the board.

176.26 (b) The board may request from a state agency unique or custom data sets, and the agency
176.27 may charge the board for providing the data at the same rate the agency would charge any
176.28 other public or private entity.

176.29 (c) Any information provided to the board by a state agency must be de-identified. For
176.30 purposes of this subdivision, "de-identification" means the process used to prevent the
176.31 identity of a person or business from being connected with the information and ensuring
176.32 all identifiable information has been removed.

177.1 (d) Any data submitted to the board retains its original classification under the Minnesota
177.2 Data Practices Act in chapter 13.

177.3 Subd. 7. **Compensation.** Board members shall not receive compensation but may receive
177.4 reimbursement for expenses as authorized under section 15.059, subdivision 3.

177.5 Subd. 8. **Meetings.** (a) Meetings of the board are subject to chapter 13D. The board shall
177.6 meet publicly at least quarterly. The board may meet in closed session when reviewing
177.7 proprietary information as specified in section 62J.71, subdivision 4.

177.8 (b) The board shall announce each public meeting at least two weeks prior to the
177.9 scheduled date of the meeting. Any materials for the meeting must be made public at least
177.10 one week prior to the scheduled date of the meeting.

177.11 (c) At each public meeting, the board shall provide the opportunity for comments from
177.12 the public, including the opportunity for written comments to be submitted to the board
177.13 prior to a decision by the board.

177.14 Sec. 3. **[62J.88] HEALTH CARE AFFORDABILITY ADVISORY COUNCIL.**

177.15 Subdivision 1. **Establishment.** The governor shall appoint a Health Care Affordability
177.16 Advisory Council of up to 15 members to provide advice to the board on health care costs
177.17 and access issues and to represent the views of patients and other stakeholders. Members
177.18 of the advisory council must be appointed based on their knowledge and demonstrated
177.19 expertise in one or more of the following areas: health care delivery, ensuring health care
177.20 access for diverse populations, public and population health, patient perspectives, health
177.21 care cost trends and drivers, clinical and health services research, innovation in health care
177.22 delivery, and health care benefits management.

177.23 Subd. 2. **Duties; reports.** (a) The council shall provide technical recommendations to
177.24 the board on:

177.25 (1) the identification of economic indicators and other metrics related to the development
177.26 and setting of health care spending growth targets;

177.27 (2) data sources for measuring health care spending; and

177.28 (3) measurement of the impact of health care spending growth targets on diverse
177.29 communities and populations, including but not limited to those communities and populations
177.30 adversely affected by health disparities.

178.1 (b) The council shall report technical recommendations and a summary of its activities
178.2 to the board at least annually, and shall submit additional reports on its activities and
178.3 recommendations to the board, as requested by the board or at the discretion of the council.

178.4 Subd. 3. **Terms.** (a) The initial appointed advisory council members shall serve staggered
178.5 terms of two, three, or four years determined by lot by the secretary of state. Following the
178.6 initial appointments, advisory council members shall serve four-year terms.

178.7 (b) Removal and vacancies of advisory council members are governed by section 15.059.

178.8 Subd. 4. **Compensation.** Advisory council members may be compensated according to
178.9 section 15.059.

178.10 Subd. 5. **Meetings.** The advisory council shall meet at least quarterly. Meetings of the
178.11 advisory council are subject to chapter 13D.

178.12 Subd. 6. **Exemption.** Notwithstanding section 15.059, the advisory council shall not
178.13 expire.

178.14 **Sec. 4. [62J.89] DUTIES OF THE BOARD.**

178.15 Subdivision 1. **General.** (a) The board shall monitor the administration and reform of
178.16 the health care delivery and payment systems in the state. The board shall:

178.17 (1) set health care spending growth targets for the state, as specified under section 62J.90;

178.18 (2) enhance the transparency of provider organizations;

178.19 (3) monitor the adoption and effectiveness of alternative payment methodologies;

178.20 (4) foster innovative health care delivery and payment models that lower health care
178.21 cost growth while improving the quality of patient care;

178.22 (5) monitor and review the impact of changes within the health care marketplace; and

178.23 (6) monitor patient access to necessary health care services.

178.24 (b) The board shall establish goals to reduce health care disparities in racial and ethnic
178.25 communities and to ensure access to quality care for persons with disabilities or with chronic
178.26 or complex health conditions.

178.27 Subd. 2. **Market trends.** The board shall monitor efforts to reform the health care
178.28 delivery and payment system in Minnesota to understand emerging trends in the commercial
178.29 health insurance market, including large self-insured employers and the state's public health
178.30 care programs, in order to identify opportunities for state action to achieve:

179.1 (1) improved patient experience of care, including quality and satisfaction;

179.2 (2) improved health of all populations, including a reduction in health disparities; and

179.3 (3) a reduction in the growth of health care costs.

179.4 Subd. 3. **Recommendations for reform.** The board shall recommend legislative policy,
179.5 market, or any other reforms to:

179.6 (1) lower the rate of growth in commercial health care costs and public health care
179.7 program spending in the state;

179.8 (2) positively impact the state's rankings in the areas listed in this subdivision and
179.9 subdivision 2; and

179.10 (3) improve the quality and value of care for all Minnesotans, and for specific populations
179.11 adversely affected by health inequities.

179.12 Subd. 4. **Office of Patient Protection.** The board shall establish an Office of Patient
179.13 Protection, to be operational by January 1, 2024. The office shall assist consumers with
179.14 issues related to access and quality of health care, and advise the legislature on ways to
179.15 reduce consumer health care spending and improve consumer experiences by reducing
179.16 complexity for consumers.

179.17 Sec. 5. **[62J.90] HEALTH CARE SPENDING GROWTH TARGETS.**

179.18 Subdivision 1. **Establishment and administration.** The board shall establish and
179.19 administer the health care spending growth target program to limit health care spending
179.20 growth in the state, and shall report regularly to the legislature and the public on progress
179.21 toward these targets.

179.22 Subd. 2. **Methodology.** (a) The board shall develop a methodology to establish annual
179.23 health care spending growth targets and the economic indicators to be used in establishing
179.24 the initial and subsequent target levels.

179.25 (b) The health care spending growth target must:

179.26 (1) use a clear and operational definition of total state health care spending;

179.27 (2) promote a predictable and sustainable rate of growth for total health care spending
179.28 as measured by an established economic indicator, such as the rate of increase of the state's
179.29 economy or of the personal income of residents of this state, or a combination;

179.30 (3) define the health care markets and the entities to which the targets apply;

180.1 (4) take into consideration the potential for variability in targets across public and private
180.2 payers;

180.3 (5) account for the health status of patients; and

180.4 (6) incorporate specific benchmarks related to health equity.

180.5 (c) In developing, implementing, and evaluating the growth target program, the board
180.6 shall:

180.7 (1) consider the incorporation of quality of care and primary care spending goals;

180.8 (2) ensure that the program does not place a disproportionate burden on communities
180.9 most impacted by health disparities, the providers who primarily serve communities most
180.10 impacted by health disparities, or individuals who reside in rural areas or have high health
180.11 care needs;

180.12 (3) explicitly consider payment models that help ensure financial sustainability of rural
180.13 health care delivery systems and the ability to provide population health;

180.14 (4) allow setting growth targets that encourage an individual health care entity to serve
180.15 populations with greater health care risks by incorporating:

180.16 (i) a risk factor adjustment reflecting the health status of the entity's patient mix; and

180.17 (ii) an equity adjustment accounting for the social determinants of health and other
180.18 factors related to health equity for the entity's patient mix;

180.19 (5) ensure that growth targets:

180.20 (i) do not constrain the Minnesota health care workforce, including the need to provide
180.21 competitive wages and benefits;

180.22 (ii) do not limit the use of collective bargaining or place a floor or ceiling on health care
180.23 workforce compensation; and

180.24 (iii) promote workforce stability and maintain high-quality health care jobs; and

180.25 (6) consult with the advisory council and other stakeholders.

180.26 Subd. 3. **Data.** The board shall identify data to be used for tracking performance in
180.27 meeting the growth target and identify methods of data collection necessary for efficient
180.28 implementation by the board. In identifying data and methods, the board shall:

180.29 (1) consider the availability, timeliness, quality, and usefulness of existing data, including
180.30 the data collected under section 62U.04;

181.1 (2) assess the need for additional investments in data collection, data validation, or data
181.2 analysis capacity to support the board in performing its duties; and

181.3 (3) minimize the reporting burden to the extent possible.

181.4 Subd. 4. **Setting growth targets; related duties.** (a) The board, by June 15, 2023, and
181.5 by June 15 of each succeeding calendar year through June 15, 2027, shall establish annual
181.6 health care spending growth targets for the next calendar year consistent with the
181.7 requirements of this section. The board shall set annual health care spending growth targets
181.8 for the five-year period from January 1, 2024, through December 31, 2028.

181.9 (b) The board shall periodically review all components of the health care spending
181.10 growth target program methodology, economic indicators, and other factors. The board may
181.11 revise the annual spending growth targets after a public hearing, as appropriate. If the board
181.12 revises a spending growth target, the board must provide public notice at least 60 days
181.13 before the start of the calendar year to which the revised growth target will apply.

181.14 (c) The board, based on an analysis of drivers of health care spending and evidence from
181.15 public testimony, shall evaluate strategies and new policies, including the establishment of
181.16 accountability mechanisms, that are able to contribute to meeting growth targets and limiting
181.17 health care spending growth without increasing disparities in access to health care.

181.18 Subd. 5. **Hearings.** At least annually, the board shall hold public hearings to present
181.19 findings from spending growth target monitoring. The board shall also regularly hold public
181.20 hearings to take testimony from stakeholders on health care spending growth, setting and
181.21 revising health care spending growth targets, the impact of spending growth and growth
181.22 targets on health care access and quality, and as needed to perform the duties assigned under
181.23 section 62J.89, subdivisions 1, 2, and 3.

181.24 Sec. 6. **[62J.91] NOTICE TO HEALTH CARE ENTITIES.**

181.25 Subdivision 1. **Notice.** (a) The board shall provide notice to all health care entities that
181.26 have been identified by the board as exceeding the spending growth target for any given
181.27 year.

181.28 (b) For purposes of this section, "health care entity" must be defined by the board during
181.29 the development of the health care spending growth methodology. When developing this
181.30 methodology, the board shall consider a definition of health care entity that includes clinics,
181.31 hospitals, ambulatory surgical centers, physician organizations, accountable care
181.32 organizations, integrated provider and plan systems, and other entities defined by the board,
181.33 provided that physician organizations with a patient panel of 15,000 or fewer, or which

182.1 represent providers who collectively receive less than \$25,000,000 in annual net patient
182.2 service revenue from health plan companies and other payers, are exempt.

182.3 Subd. 2. **Performance improvement plans.** (a) The board shall establish and implement
182.4 procedures to assist health care entities to improve efficiency and reduce cost growth by
182.5 requiring some or all health care entities provided notice under subdivision 1 to file and
182.6 implement a performance improvement plan. The board shall provide written notice of this
182.7 requirement to health care entities.

182.8 (b) Within 45 days of receiving a notice of the requirement to file a performance
182.9 improvement plan, a health care entity shall:

182.10 (1) file a performance improvement plan with the board; or

182.11 (2) file an application with the board to waive the requirement to file a performance
182.12 improvement plan or extend the timeline for filing a performance improvement plan.

182.13 (c) The health care entity may file any documentation or supporting evidence with the
182.14 board to support the health care entity's application to waive or extend the timeline to file
182.15 a performance improvement plan. The board shall require the health care entity to submit
182.16 any other relevant information it deems necessary in considering the waiver or extension
182.17 application, provided that this information must be made public at the discretion of the
182.18 board. The board may waive or delay the requirement for a health care entity to file a
182.19 performance improvement plan in response to a waiver or extension request in light of all
182.20 information received from the health care entity, based on a consideration of the following
182.21 factors:

182.22 (1) the costs, price, and utilization trends of the health care entity over time, and any
182.23 demonstrated improvement in reducing per capita medical expenses adjusted by health
182.24 status;

182.25 (2) any ongoing strategies or investments that the health care entity is implementing to
182.26 improve future long-term efficiency and reduce cost growth;

182.27 (3) whether the factors that led to increased costs for the health care entity can reasonably
182.28 be considered to be unanticipated and outside of the control of the entity. These factors may
182.29 include but are not limited to age and other health status adjusted factors and other cost
182.30 inputs such as pharmaceutical expenses and medical device expenses;

182.31 (4) the overall financial condition of the health care entity; and

182.32 (5) any other factors the board considers relevant. If the board declines to waive or
182.33 extend the requirement for the health care entity to file a performance improvement plan,

183.1 the board shall provide written notice to the health care entity that its application for a waiver
183.2 or extension was denied and the health care entity shall file a performance improvement
183.3 plan.

183.4 (d) A health care entity shall file a performance improvement plan with the board:

183.5 (1) within 45 days of receipt of an initial notice;

183.6 (2) if the health care entity has requested a waiver or extension, within 45 days of receipt
183.7 of a notice that such waiver or extension has been denied; or

183.8 (3) if the health care entity is granted an extension, on the date given on the extension.

183.9 (e) The performance improvement plan must identify the causes of the entity's cost
183.10 growth and include but not be limited to specific strategies, adjustments, and action steps
183.11 the entity proposes to implement to improve cost performance. The proposed performance
183.12 improvement plan must include specific identifiable and measurable expected outcomes
183.13 and a timetable for implementation. The timetable for a performance improvement plan
183.14 must not exceed 18 months.

183.15 (f) The board shall approve any performance improvement plan it determines is
183.16 reasonably likely to address the underlying cause of the entity's cost growth and has a
183.17 reasonable expectation for successful implementation. If the board determines that the
183.18 performance improvement plan is unacceptable or incomplete, the board may provide
183.19 consultation on the criteria that have not been met and may allow an additional time period
183.20 of up to 30 calendar days for resubmission. Upon approval of the proposed performance
183.21 improvement plan, the board shall notify the health care entity to begin immediate
183.22 implementation of the performance improvement plan. The board shall provide public notice
183.23 on its website identifying that the health care entity is implementing a performance
183.24 improvement plan. All health care entities implementing an approved performance
183.25 improvement plan shall be subject to additional reporting requirements and compliance
183.26 monitoring, as determined by the board. The board shall provide assistance to the health
183.27 care entity in the successful implementation of the performance improvement plan.

183.28 (g) All health care entities shall in good faith work to implement the performance
183.29 improvement plan. At any point during the implementation of the performance improvement
183.30 plan, the health care entity may file amendments to the performance improvement plan,
183.31 subject to approval of the board. At the conclusion of the timetable established in the
183.32 performance improvement plan, the health care entity shall report to the board regarding
183.33 the outcome of the performance improvement plan. If the board determines the performance
183.34 improvement plan was not implemented successfully, the board shall:

- 184.1 (1) extend the implementation timetable of the existing performance improvement plan;
184.2 (2) approve amendments to the performance improvement plan as proposed by the health
184.3 care entity;
184.4 (3) require the health care entity to submit a new performance improvement plan; or
184.5 (4) waive or delay the requirement to file any additional performance improvement
184.6 plans.
- 184.7 (h) Upon the successful completion of the performance improvement plan, the board
184.8 shall remove the identity of the health care entity from the board's website. The board may
184.9 assist health care entities with implementing the performance improvement plans or otherwise
184.10 ensure compliance with this subdivision.
- 184.11 (i) If the board determines that a health care entity has:
- 184.12 (1) willfully neglected to file a performance improvement plan with the board within
184.13 45 days as required;
- 184.14 (2) failed to file an acceptable performance improvement plan in good faith with the
184.15 board;
- 184.16 (3) failed to implement the performance improvement plan in good faith; or
184.17 (4) knowingly failed to provide information required by this subdivision to the board or
184.18 knowingly provided false information, the board may assess a civil penalty to the health
184.19 care entity of not more than \$50,000. The board must only impose a civil penalty as a last
184.20 resort.

184.21 **Sec. 7. [62J.92] REPORTING REQUIREMENTS.**

184.22 Subdivision 1. **General requirement.** (a) The board shall present the reports required
184.23 by this section to the chairs and ranking members of the legislative committees with primary
184.24 jurisdiction over health care finance and policy. The board shall also make these reports
184.25 available to the public on the board's website.

184.26 (b) The board may contract with a third-party vendor for technical assistance in preparing
184.27 the reports.

184.28 Subd. 2. **Progress reports.** The board shall submit written progress updates about the
184.29 development and implementation of the health care spending growth target program by
184.30 February 15, 2024, and February 15, 2025. The updates must include reporting on board
184.31 membership and activities, program design decisions, planned timelines for implementation

185.1 of the program, and the progress of implementation. The reports must include the
185.2 methodological details underlying program design decisions.

185.3 Subd. 3. **Health care spending trends.** By December 15, 2024, and every December
185.4 15 thereafter, the board shall submit a report on health care spending trends and the health
185.5 care spending growth target program that includes:

185.6 (1) spending growth in aggregate and for entities subject to health care spending growth
185.7 targets relative to established target levels;

185.8 (2) findings from analyses of drivers of health care spending growth;

185.9 (3) estimates of the impact of health care spending growth on Minnesota residents,
185.10 including for communities most impacted by health disparities, related to their access to
185.11 insurance and care, value of health care, and the ability to pursue other spending priorities;

185.12 (4) the potential and observed impact of the health care growth targets on the financial
185.13 viability of the rural delivery system;

185.14 (5) changes under consideration for revising the methodology to monitor or set growth
185.15 targets;

185.16 (6) recommendations for initiatives to assist health care entities in meeting health care
185.17 spending growth targets, including broader and more transparent adoption of value-based
185.18 payment arrangements; and

185.19 (7) the number of health care entities whose spending growth exceeded growth targets,
185.20 information on performance improvement plans and the extent to which the plans were
185.21 completed, and any civil penalties imposed on health care entities related to noncompliance
185.22 with performance improvement plans and related requirements.

185.23 Sec. 8. Minnesota Statutes 2020, section 62U.04, subdivision 11, is amended to read:

185.24 **Subd. 11. Restricted uses of the all-payer claims data.** (a) Notwithstanding subdivision
185.25 4, paragraph (b), and subdivision 5, paragraph (b), the commissioner or the commissioner's
185.26 designee shall only use the data submitted under subdivisions 4 and 5 for the following
185.27 purposes:

185.28 (1) to evaluate the performance of the health care home program as authorized under
185.29 section 62U.03, subdivision 7;

185.30 (2) to study, in collaboration with the reducing avoidable readmissions effectively
185.31 (RARE) campaign, hospital readmission trends and rates;

186.1 (3) to analyze variations in health care costs, quality, utilization, and illness burden based
186.2 on geographical areas or populations;

186.3 (4) to evaluate the state innovation model (SIM) testing grant received by the Departments
186.4 of Health and Human Services, including the analysis of health care cost, quality, and
186.5 utilization baseline and trend information for targeted populations and communities; ~~and~~

186.6 (5) to compile one or more public use files of summary data or tables that must:

186.7 (i) be available to the public for no or minimal cost by March 1, 2016, and available by
186.8 web-based electronic data download by June 30, 2019;

186.9 (ii) not identify individual patients, payers, or providers;

186.10 (iii) be updated by the commissioner, at least annually, with the most current data
186.11 available;

186.12 (iv) contain clear and conspicuous explanations of the characteristics of the data, such
186.13 as the dates of the data contained in the files, the absence of costs of care for uninsured
186.14 patients or nonresidents, and other disclaimers that provide appropriate context; and

186.15 (v) not lead to the collection of additional data elements beyond what is authorized under
186.16 this section as of June 30, 2015; and

186.17 (6) to provide technical assistance to the Health Care Affordability Board to implement
186.18 sections 62J.86 to 62J.92.

186.19 (b) The commissioner may publish the results of the authorized uses identified in
186.20 paragraph (a) so long as the data released publicly do not contain information or descriptions
186.21 in which the identity of individual hospitals, clinics, or other providers may be discerned.

186.22 (c) Nothing in this subdivision shall be construed to prohibit the commissioner from
186.23 using the data collected under subdivision 4 to complete the state-based risk adjustment
186.24 system assessment due to the legislature on October 1, 2015.

186.25 (d) The commissioner or the commissioner's designee may use the data submitted under
186.26 subdivisions 4 and 5 for the purpose described in paragraph (a), clause (3), until July 1,
186.27 2023.

186.28 (e) The commissioner shall consult with the all-payer claims database work group
186.29 established under subdivision 12 regarding the technical considerations necessary to create
186.30 the public use files of summary data described in paragraph (a), clause (5).

187.1 Sec. 9. Minnesota Statutes 2020, section 256.01, is amended by adding a subdivision to
187.2 read:

187.3 Subd. 43. **Education on contraceptive options.** The commissioner shall require hospitals
187.4 and primary care providers serving medical assistance and MinnesotaCare enrollees to
187.5 develop and implement protocols to provide these enrollees, when appropriate, with
187.6 comprehensive and scientifically accurate information on the full range of contraceptive
187.7 options in a medically ethical, culturally competent, and noncoercive manner. The
187.8 information provided must be designed to assist enrollees in identifying the contraceptive
187.9 method that best meets their needs and the needs of their families. The protocol must specify
187.10 the enrollee categories to which this requirement will be applied, the process to be used,
187.11 and the information and resources to be provided. Hospitals and providers must make this
187.12 protocol available to the commissioner upon request.

187.13 Sec. 10. Minnesota Statutes 2020, section 256.969, is amended by adding a subdivision
187.14 to read:

187.15 Subd. 31. **Long-acting reversible contraceptives.** (a) The commissioner must provide
187.16 separate reimbursement to hospitals for long-acting reversible contraceptives provided
187.17 immediately postpartum in the inpatient hospital setting. This payment must be in addition
187.18 to the diagnostic related group (DRG) reimbursement for labor and delivery.

187.19 (b) The commissioner must require managed care and county-based purchasing plans
187.20 to comply with this subdivision when providing services to medical assistance enrollees.

187.21 **EFFECTIVE DATE.** This section is effective January 1, 2023.

187.22 Sec. 11. Minnesota Statutes 2020, section 256B.021, subdivision 4, is amended to read:

187.23 Subd. 4. **Projects.** The commissioner shall request permission and funding to further
187.24 the following initiatives.

187.25 (a) Health care delivery demonstration projects. This project involves testing alternative
187.26 payment and service delivery models in accordance with sections 256B.0755 and 256B.0756.
187.27 These demonstrations will allow the Minnesota Department of Human Services to engage
187.28 in alternative payment arrangements with provider organizations that provide services to a
187.29 specified patient population for an agreed upon total cost of care or risk/gain sharing payment
187.30 arrangement, but are not limited to these models of care delivery or payment. Quality of
187.31 care and patient experience will be measured and incorporated into payment models alongside
187.32 the cost of care. Demonstration sites should include Minnesota health care programs

188.1 fee-for-services recipients and managed care enrollees and support a robust primary care
188.2 model and improved care coordination for recipients.

188.3 (b) Promote personal responsibility and encourage and reward healthy outcomes. This
188.4 project provides Medicaid funding to provide individual and group incentives to encourage
188.5 healthy behavior, prevent the onset of chronic disease, and reward healthy outcomes. Focus
188.6 areas may include diabetes prevention and management, tobacco cessation, reducing weight,
188.7 lowering cholesterol, and lowering blood pressure.

188.8 (c) Encourage utilization of high quality, cost-effective care. This project creates
188.9 incentives ~~through Medicaid and MinnesotaCare enrollee cost-sharing and other means~~ to
188.10 encourage the utilization of high-quality, low-cost, high-value providers, as determined by
188.11 the state's provider peer grouping initiative under section 62U.04.

188.12 (d) Adults without children. This proposal includes requesting federal authority to impose
188.13 a limit on assets for adults without children in medical assistance, as defined in section
188.14 256B.055, subdivision 15, who have a household income equal to or less than 75 percent
188.15 of the federal poverty limit, and to impose a 180-day durational residency requirement in
188.16 MinnesotaCare, consistent with section 256L.09, subdivision 4, for adults without children,
188.17 regardless of income.

188.18 (e) Empower and encourage work, housing, and independence. This project provides
188.19 services and supports for individuals who have an identified health or disabling condition
188.20 but are not yet certified as disabled, in order to delay or prevent permanent disability, reduce
188.21 the need for intensive health care and long-term care services and supports, and to help
188.22 maintain or obtain employment or assist in return to work. Benefits may include:

188.23 (1) coordination with health care homes or health care coordinators;

188.24 (2) assessment for wellness, housing needs, employment, planning, and goal setting;

188.25 (3) training services;

188.26 (4) job placement services;

188.27 (5) career counseling;

188.28 (6) benefit counseling;

188.29 (7) worker supports and coaching;

188.30 (8) assessment of workplace accommodations;

188.31 (9) transitional housing services; and

189.1 (10) assistance in maintaining housing.

189.2 (f) Redesign home and community-based services. This project realigns existing funding,
189.3 services, and supports for people with disabilities and older Minnesotans to ensure community
189.4 integration and a more sustainable service system. This may involve changes that promote
189.5 a range of services to flexibly respond to the following needs:

189.6 (1) provide people less expensive alternatives to medical assistance services;

189.7 (2) offer more flexible and updated community support services under the Medicaid
189.8 state plan;

189.9 (3) provide an individual budget and increased opportunity for self-direction;

189.10 (4) strengthen family and caregiver support services;

189.11 (5) allow persons to pool resources or save funds beyond a fiscal year to cover unexpected
189.12 needs or foster development of needed services;

189.13 (6) use of home and community-based waiver programs for people whose needs cannot
189.14 be met with the expanded Medicaid state plan community support service options;

189.15 (7) target access to residential care for those with higher needs;

189.16 (8) develop capacity within the community for crisis intervention and prevention;

189.17 (9) redesign case management;

189.18 (10) offer life planning services for families to plan for the future of their child with a
189.19 disability;

189.20 (11) enhance self-advocacy and life planning for people with disabilities;

189.21 (12) improve information and assistance to inform long-term care decisions; and

189.22 (13) increase quality assurance, performance measurement, and outcome-based
189.23 reimbursement.

189.24 This project may include different levels of long-term supports that allow seniors to remain
189.25 in their homes and communities, and expand care transitions from acute care to community
189.26 care to prevent hospitalizations and nursing home placement. The levels of support for
189.27 seniors may range from basic community services for those with lower needs, access to
189.28 residential services if a person has higher needs, and targets access to nursing home care to
189.29 those with rehabilitation or high medical needs. This may involve the establishment of
189.30 medical need thresholds to accommodate the level of support needed; provision of a
189.31 long-term care consultation to persons seeking residential services, regardless of payer

190.1 source; adjustment of incentives to providers and care coordination organizations to achieve
190.2 desired outcomes; and a required coordination with medical assistance basic care benefit
190.3 and Medicare/Medigap benefit. This proposal will improve access to housing and improve
190.4 capacity to maintain individuals in their existing home; adjust screening and assessment
190.5 tools, as needed; improve transition and relocation efforts; seek federal financial participation
190.6 for alternative care and essential community supports; and provide Medigap coverage for
190.7 people having lower needs.

190.8 (g) Coordinate and streamline services for people with complex needs, including those
190.9 with multiple diagnoses of physical, mental, and developmental conditions. This project
190.10 will coordinate and streamline medical assistance benefits for people with complex needs
190.11 and multiple diagnoses. It would include changes that:

190.12 (1) develop community-based service provider capacity to serve the needs of this group;

190.13 (2) build assessment and care coordination expertise specific to people with multiple
190.14 diagnoses;

190.15 (3) adopt service delivery models that allow coordinated access to a range of services
190.16 for people with complex needs;

190.17 (4) reduce administrative complexity;

190.18 (5) measure the improvements in the state's ability to respond to the needs of this
190.19 population; and

190.20 (6) increase the cost-effectiveness for the state budget.

190.21 (h) Implement nursing home level of care criteria. This project involves obtaining any
190.22 necessary federal approval in order to implement the changes to the level of care criteria in
190.23 section 144.0724, subdivision 11, and implement further changes necessary to achieve
190.24 reform of the home and community-based service system.

190.25 (i) Improve integration of Medicare and Medicaid. This project involves reducing
190.26 fragmentation in the health care delivery system to improve care for people eligible for both
190.27 Medicare and Medicaid, and to align fiscal incentives between primary, acute, and long-term
190.28 care. The proposal may include:

190.29 (1) requesting an exception to the new Medicare methodology for payment adjustment
190.30 for fully integrated special needs plans for dual eligible individuals;

190.31 (2) testing risk adjustment models that may be more favorable to capturing the needs of
190.32 frail dually eligible individuals;

191.1 (3) requesting an exemption from the Medicare bidding process for fully integrated
191.2 special needs plans for the dually eligible;

191.3 (4) modifying the Medicare bid process to recognize additional costs of health home
191.4 services; and

191.5 (5) requesting permission for risk-sharing and gain-sharing.

191.6 (j) Intensive residential treatment services. This project would involve providing intensive
191.7 residential treatment services for individuals who have serious mental illness and who have
191.8 other complex needs. This proposal would allow such individuals to remain in these settings
191.9 after mental health symptoms have stabilized, in order to maintain their mental health and
191.10 avoid more costly or unnecessary hospital or other residential care due to their other complex
191.11 conditions. The commissioner may pursue a specialized rate for projects created under this
191.12 section.

191.13 (k) Seek federal Medicaid matching funds for Anoka-Metro Regional Treatment Center
191.14 (AMRTC). This project involves seeking Medicaid reimbursement for medical services
191.15 provided to patients to AMRTC, including requesting a waiver of United States Code, title
191.16 42, section 1396d, which prohibits Medicaid reimbursement for expenditures for services
191.17 provided by hospitals with more than 16 beds that are primarily focused on the treatment
191.18 of mental illness. This waiver would allow AMRTC to serve as a statewide resource to
191.19 provide diagnostics and treatment for people with the most complex conditions.

191.20 (l) Waivers to allow Medicaid eligibility for children under age 21 receiving care in
191.21 residential facilities. This proposal would seek Medicaid reimbursement for any
191.22 Medicaid-covered service for children who are placed in residential settings that are
191.23 determined to be "institutions for mental diseases," under United States Code, title 42,
191.24 section 1396d.

191.25 **EFFECTIVE DATE.** This section is effective January 1, 2023.

191.26 Sec. 12. Minnesota Statutes 2021 Supplement, section 256B.0371, subdivision 4, is
191.27 amended to read:

191.28 Subd. 4. **Dental utilization report.** (a) The commissioner shall submit an annual report
191.29 beginning March 15, 2022, and ending March 15, 2026, to the chairs and ranking minority
191.30 members of the legislative committees with jurisdiction over health and human services
191.31 policy and finance that includes the percentage for adults and children one through 20 years
191.32 of age for the most recent complete calendar year receiving at least one dental visit for both
191.33 fee-for-service and the prepaid medical assistance program. The report must include:

192.1 (1) statewide utilization for both fee-for-service and for the prepaid medical assistance
192.2 program;

192.3 (2) utilization by county;

192.4 (3) utilization by children receiving dental services through fee-for-service and through
192.5 a managed care plan or county-based purchasing plan;

192.6 (4) utilization by adults receiving dental services through fee-for-service and through a
192.7 managed care plan or county-based purchasing plan.

192.8 (b) The report must also include a description of any corrective action plans required to
192.9 be submitted under subdivision 2.

192.10 (c) The initial report due on March 15, 2022, must include the utilization metrics described
192.11 in paragraph (a) for each of the following calendar years: 2017, 2018, 2019, and 2020.

192.12 (d) In the annual report due on March 15, 2023, and in each report due thereafter, the
192.13 commissioner shall include the following:

192.14 (1) the number of dentists enrolled with the commissioner as a medical assistance dental
192.15 provider and the congressional district or districts in which the dentist provides services;

192.16 (2) the number of enrolled dentists who provided fee-for-service dental services to
192.17 medical assistance or MinnesotaCare patients within the previous calendar year in the
192.18 following increments: one to nine patients, ten to 100 patients, and over 100 patients;

192.19 (3) the number of enrolled dentists who provided dental services to medical assistance
192.20 or MinnesotaCare patients through a managed care plan or county-based purchasing plan
192.21 within the previous calendar year in the following increments: one to nine patients, ten to
192.22 100 patients, and over 100 patients; and

192.23 (4) the number of dentists who provided dental services to a new patient who was enrolled
192.24 in medical assistance or MinnesotaCare within the previous calendar year.

192.25 (e) The report due on March 15, 2023, must include the metrics described in paragraph
192.26 (d) for each of the following years: 2017, 2018, 2019, 2020, and 2021.

192.27 Sec. 13. Minnesota Statutes 2021 Supplement, section 256B.04, subdivision 14, is amended
192.28 to read:

192.29 Subd. 14. **Competitive bidding.** (a) When determined to be effective, economical, and
192.30 feasible, the commissioner may utilize volume purchase through competitive bidding and

- 193.1 negotiation under the provisions of chapter 16C, to provide items under the medical assistance
193.2 program including but not limited to the following:
- 193.3 (1) eyeglasses;
- 193.4 (2) oxygen. The commissioner shall provide for oxygen needed in an emergency situation
193.5 on a short-term basis, until the vendor can obtain the necessary supply from the contract
193.6 dealer;
- 193.7 (3) hearing aids and supplies;
- 193.8 (4) durable medical equipment, including but not limited to:
- 193.9 (i) hospital beds;
- 193.10 (ii) commodes;
- 193.11 (iii) glide-about chairs;
- 193.12 (iv) patient lift apparatus;
- 193.13 (v) wheelchairs and accessories;
- 193.14 (vi) oxygen administration equipment;
- 193.15 (vii) respiratory therapy equipment;
- 193.16 (viii) electronic diagnostic, therapeutic and life-support systems; and
- 193.17 (ix) allergen-reducing products as described in section 256B.0625, subdivision 67,
193.18 paragraph (c) or (d);
- 193.19 (5) nonemergency medical transportation level of need determinations, disbursement of
193.20 public transportation passes and tokens, and volunteer and recipient mileage and parking
193.21 reimbursements; and
- 193.22 (6) drugs.
- 193.23 (b) Rate changes ~~and recipient cost-sharing~~ under this chapter and chapter 256L do not
193.24 affect contract payments under this subdivision unless specifically identified.
- 193.25 (c) The commissioner may not utilize volume purchase through competitive bidding
193.26 and negotiation under the provisions of chapter 16C for special transportation services or
193.27 incontinence products and related supplies.
- 193.28 **EFFECTIVE DATE.** This section is effective January 1, 2023.

194.1 Sec. 14. Minnesota Statutes 2021 Supplement, section 256B.04, subdivision 14, is amended
194.2 to read:

194.3 Subd. 14. **Competitive bidding.** (a) When determined to be effective, economical, and
194.4 feasible, the commissioner may utilize volume purchase through competitive bidding and
194.5 negotiation under the provisions of chapter 16C, to provide items under the medical assistance
194.6 program including but not limited to the following:

194.7 (1) eyeglasses;

194.8 (2) oxygen. The commissioner shall provide for oxygen needed in an emergency situation
194.9 on a short-term basis, until the vendor can obtain the necessary supply from the contract
194.10 dealer;

194.11 (3) hearing aids and supplies;

194.12 (4) durable medical equipment, including but not limited to:

194.13 (i) hospital beds;

194.14 (ii) commodes;

194.15 (iii) glide-about chairs;

194.16 (iv) patient lift apparatus;

194.17 (v) wheelchairs and accessories;

194.18 (vi) oxygen administration equipment;

194.19 (vii) respiratory therapy equipment;

194.20 (viii) electronic diagnostic, therapeutic and life-support systems; and

194.21 (ix) allergen-reducing products as described in section 256B.0625, subdivision 67,
194.22 paragraph (c) or (d);

194.23 (5) nonemergency medical transportation level of need determinations, disbursement of
194.24 public transportation passes and tokens, and volunteer and recipient mileage and parking
194.25 reimbursements; ~~and~~

194.26 (6) drugs; ~~and~~

194.27 (7) quitline services as described in section 256B.0625, subdivision 68.

194.28 (b) Rate changes and recipient cost-sharing under this chapter and chapter 256L do not
194.29 affect contract payments under this subdivision unless specifically identified.

195.1 (c) The commissioner may not utilize volume purchase through competitive bidding
195.2 and negotiation under the provisions of chapter 16C for special transportation services or
195.3 incontinence products and related supplies.

195.4 **EFFECTIVE DATE.** This section is effective January 1, 2023, or upon federal approval,
195.5 whichever is later. The commissioner of human services shall notify the revisor of statutes
195.6 when federal approval is obtained.

195.7 Sec. 15. Minnesota Statutes 2020, section 256B.055, subdivision 17, is amended to read:

195.8 Subd. 17. **Adults who were in foster care at the age of 18.** (a) Medical assistance may
195.9 be paid for a person under 26 years of age who was in foster care under the commissioner's
195.10 responsibility on the date of attaining 18 years of age or older, and who was enrolled in
195.11 medical assistance under ~~the~~ a state plan or a waiver of ~~the~~ a plan while in foster care, in
195.12 accordance with section 2004 of the Affordable Care Act.

195.13 (b) Beginning January 1, 2023, medical assistance may be paid for a person under 26
195.14 years of age who was in foster care and enrolled in another state's Medicaid program while
195.15 in foster care, in accordance with Public Law 115-271, section 1002, the Substance
195.16 Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and
195.17 Communities Act.

195.18 **EFFECTIVE DATE.** This section is effective January 1, 2023.

195.19 Sec. 16. Minnesota Statutes 2020, section 256B.056, subdivision 3, is amended to read:

195.20 Subd. 3. **Asset limitations for certain individuals.** (a) To be eligible for medical
195.21 assistance, a person must not individually own more than ~~\$3,000~~ \$20,000 in assets, or if a
195.22 member of a household with two family members, husband and wife, or parent and child,
195.23 the household must not own more than ~~\$6,000~~ \$40,000 in assets, plus \$200 for each
195.24 additional legal dependent. In addition to these maximum amounts, an eligible individual
195.25 or family may accrue interest on these amounts, but they must be reduced to the maximum
195.26 at the time of an eligibility redetermination. The accumulation of the clothing and personal
195.27 needs allowance according to section 256B.35 must also be reduced to the maximum at the
195.28 time of the eligibility redetermination. The value of assets that are not considered in
195.29 determining eligibility for medical assistance is the value of those assets excluded under
195.30 the Supplemental Security Income program for aged, blind, and disabled persons, with the
195.31 following exceptions:

195.32 (1) household goods and personal effects are not considered;

196.1 (2) capital and operating assets of a trade or business that the local agency determines
196.2 are necessary to the person's ability to earn an income are not considered;

196.3 (3) motor vehicles are excluded to the same extent excluded by the Supplemental Security
196.4 Income program;

196.5 (4) assets designated as burial expenses are excluded to the same extent excluded by the
196.6 Supplemental Security Income program. Burial expenses funded by annuity contracts or
196.7 life insurance policies must irrevocably designate the individual's estate as contingent
196.8 beneficiary to the extent proceeds are not used for payment of selected burial expenses;

196.9 (5) for a person who no longer qualifies as an employed person with a disability due to
196.10 loss of earnings, assets allowed while eligible for medical assistance under section 256B.057,
196.11 subdivision 9, are not considered for 12 months, beginning with the first month of ineligibility
196.12 as an employed person with a disability, to the extent that the person's total assets remain
196.13 within the allowed limits of section 256B.057, subdivision 9, paragraph (d);

196.14 (6) a designated employment incentives asset account is disregarded when determining
196.15 eligibility for medical assistance for a person age 65 years or older under section 256B.055,
196.16 subdivision 7. An employment incentives asset account must only be designated by a person
196.17 who has been enrolled in medical assistance under section 256B.057, subdivision 9, for a
196.18 24-consecutive-month period. A designated employment incentives asset account contains
196.19 qualified assets owned by the person and the person's spouse in the last month of enrollment
196.20 in medical assistance under section 256B.057, subdivision 9. Qualified assets include
196.21 retirement and pension accounts, medical expense accounts, and up to \$17,000 of the person's
196.22 other nonexcluded assets. An employment incentives asset account is no longer designated
196.23 when a person loses medical assistance eligibility for a calendar month or more before
196.24 turning age 65. A person who loses medical assistance eligibility before age 65 can establish
196.25 a new designated employment incentives asset account by establishing a new
196.26 24-consecutive-month period of enrollment under section 256B.057, subdivision 9. The
196.27 income of a spouse of a person enrolled in medical assistance under section 256B.057,
196.28 subdivision 9, during each of the 24 consecutive months before the person's 65th birthday
196.29 must be disregarded when determining eligibility for medical assistance under section
196.30 256B.055, subdivision 7. Persons eligible under this clause are not subject to the provisions
196.31 in section 256B.059; ~~and~~

196.32 (7) effective July 1, 2009, certain assets owned by American Indians are excluded as
196.33 required by section 5006 of the American Recovery and Reinvestment Act of 2009, Public

197.1 Law 111-5. For purposes of this clause, an American Indian is any person who meets the
197.2 definition of Indian according to Code of Federal Regulations, title 42, section 447.50-; and

197.3 (8) for individuals who were enrolled in medical assistance during the COVID-19 federal
197.4 public health emergency declared by the United States Secretary of Health and Human
197.5 Services and who are subject to the asset limits established by this subdivision, assets in
197.6 excess of the limits must be disregarded until 95 days after the individual's first renewal
197.7 occurring after the expiration of the COVID-19 federal public health emergency declared
197.8 by the United States Secretary of Health and Human Services.

197.9 (b) No asset limit shall apply to persons eligible under section 256B.055, subdivision
197.10 15.

197.11 **EFFECTIVE DATE.** The amendment to paragraph (a) increasing the asset limits is
197.12 effective January 1, 2025, or upon federal approval, whichever is later. The amendment to
197.13 paragraph (a) adding clause (8) is effective July 1, 2022, or upon federal approval, whichever
197.14 is later. The commissioner of human services shall notify the revisor of statutes when federal
197.15 approval is obtained.

197.16 Sec. 17. Minnesota Statutes 2020, section 256B.056, subdivision 4, is amended to read:

197.17 Subd. 4. **Income.** (a) To be eligible for medical assistance, a person eligible under section
197.18 256B.055, subdivisions 7, 7a, and 12, may have income up to 100 percent of the federal
197.19 poverty guidelines, and effective January 1, 2025, income up to 133 percent of the federal
197.20 poverty guidelines. Effective January 1, 2000, and each successive January, recipients of
197.21 Supplemental Security Income may have an income up to the Supplemental Security Income
197.22 standard in effect on that date.

197.23 (b) To be eligible for medical assistance under section 256B.055, subdivision 3a, a parent
197.24 or caretaker relative may have an income up to 133 percent of the federal poverty guidelines
197.25 for the household size.

197.26 (c) To be eligible for medical assistance under section 256B.055, subdivision 15, a
197.27 person may have an income up to 133 percent of federal poverty guidelines for the household
197.28 size.

197.29 (d) To be eligible for medical assistance under section 256B.055, subdivision 16, a child
197.30 age 19 to 20 may have an income up to 133 percent of the federal poverty guidelines for
197.31 the household size.

198.1 (e) To be eligible for medical assistance under section 256B.055, subdivision 3a, a child
198.2 under age 19 may have income up to 275 percent of the federal poverty guidelines for the
198.3 household size.

198.4 (f) In computing income to determine eligibility of persons under paragraphs (a) to (e)
198.5 who are not residents of long-term care facilities, the commissioner shall disregard increases
198.6 in income as required by Public Laws 94-566, section 503; 99-272; and 99-509. For persons
198.7 eligible under paragraph (a), veteran aid and attendance benefits and Veterans Administration
198.8 unusual medical expense payments are considered income to the recipient.

198.9 Sec. 18. Minnesota Statutes 2020, section 256B.056, subdivision 7, is amended to read:

198.10 Subd. 7. **Period of eligibility.** (a) Eligibility is available for the month of application
198.11 and for three months prior to application if the person was eligible in those prior months.
198.12 A redetermination of eligibility must occur every 12 months.

198.13 (b) For a person eligible for an insurance affordability program as defined in section
198.14 256B.02, subdivision 19, who reports a change that makes the person eligible for medical
198.15 assistance, eligibility is available for the month the change was reported and for three months
198.16 prior to the month the change was reported, if the person was eligible in those prior months.

198.17 (c) Once determined eligible for medical assistance, a child under the age of 21 is
198.18 continuously eligible for a period of up to 12 months, unless:

198.19 (1) the child reaches age 21;

198.20 (2) the child requests voluntary termination of coverage;

198.21 (3) the child ceases to be a resident of Minnesota;

198.22 (4) the child dies; or

198.23 (5) the agency determines the child's eligibility was erroneously granted due to agency
198.24 error or enrollee fraud, abuse, or perjury.

198.25 **EFFECTIVE DATE.** This section is effective January 1, 2024, or upon federal approval,
198.26 whichever is later. The commissioner of human services shall notify the revisor of statutes
198.27 when federal approval is obtained.

198.28 Sec. 19. Minnesota Statutes 2021 Supplement, section 256B.0625, subdivision 9, is
198.29 amended to read:

198.30 Subd. 9. **Dental services.** (a) Medical assistance covers medically necessary dental
198.31 services.

199.1 ~~(b) Medical assistance dental coverage for nonpregnant adults is limited to the following~~
199.2 ~~services:~~

199.3 ~~(1) comprehensive exams, limited to once every five years;~~

199.4 ~~(2) periodic exams, limited to one per year;~~

199.5 ~~(3) limited exams;~~

199.6 ~~(4) bitewing x-rays, limited to one per year;~~

199.7 ~~(5) periapical x-rays;~~

199.8 ~~(6) panoramic x-rays, limited to one every five years except (1) when medically necessary~~
199.9 ~~for the diagnosis and follow-up of oral and maxillofacial pathology and trauma or (2) once~~
199.10 ~~every two years for patients who cannot cooperate for intraoral film due to a developmental~~
199.11 ~~disability or medical condition that does not allow for intraoral film placement;~~

199.12 ~~(7) prophylaxis, limited to one per year;~~

199.13 ~~(8) application of fluoride varnish, limited to one per year;~~

199.14 ~~(9) posterior fillings, all at the amalgam rate;~~

199.15 ~~(10) anterior fillings;~~

199.16 ~~(11) endodontics, limited to root canals on the anterior and premolars only;~~

199.17 ~~(12) removable prostheses, each dental arch limited to one every six years;~~

199.18 ~~(13) oral surgery, limited to extractions, biopsies, and incision and drainage of abscesses;~~

199.19 ~~(14) palliative treatment and sedative fillings for relief of pain;~~

199.20 ~~(15) full-mouth debridement, limited to one every five years; and~~

199.21 ~~(16) nonsurgical treatment for periodontal disease, including scaling and root planing~~
199.22 ~~once every two years for each quadrant, and routine periodontal maintenance procedures.~~

199.23 ~~(c) In addition to the services specified in paragraph (b), medical assistance covers the~~
199.24 ~~following services for adults, if provided in an outpatient hospital setting or freestanding~~
199.25 ~~ambulatory surgical center as part of outpatient dental surgery:~~

199.26 ~~(1) periodontics, limited to periodontal scaling and root planing once every two years;~~

199.27 ~~(2) general anesthesia; and~~

199.28 ~~(3) full-mouth survey once every five years.~~

200.1 ~~(d) Medical assistance covers medically necessary dental services for children and~~
200.2 ~~pregnant women.~~ The following guidelines apply:

200.3 (1) posterior fillings are paid at the amalgam rate;

200.4 (2) application of sealants are covered once every five years per permanent molar ~~for~~
200.5 ~~children only;~~

200.6 (3) application of fluoride varnish is covered once every six months; and

200.7 (4) orthodontia is eligible for coverage for children only.

200.8 ~~(e)~~ (b) In addition to the services specified in ~~paragraphs (b) and (e)~~ paragraph (a),
200.9 medical assistance covers the following services ~~for adults~~:

200.10 (1) house calls or extended care facility calls for on-site delivery of covered services;

200.11 (2) behavioral management when additional staff time is required to accommodate
200.12 behavioral challenges and sedation is not used;

200.13 (3) oral or IV sedation, if the covered dental service cannot be performed safely without
200.14 it or would otherwise require the service to be performed under general anesthesia in a
200.15 hospital or surgical center; and

200.16 (4) prophylaxis, in accordance with an appropriate individualized treatment plan, but
200.17 no more than four times per year.

200.18 ~~(f)~~ (c) The commissioner shall not require prior authorization for the services included
200.19 in paragraph ~~(e)~~ (b), clauses (1) to (3), and shall prohibit managed care and county-based
200.20 purchasing plans from requiring prior authorization for the services included in paragraph
200.21 ~~(e)~~ (b), clauses (1) to (3), when provided under sections 256B.69, 256B.692, and 256L.12.

200.22 **EFFECTIVE DATE.** This section is effective January 1, 2023, or upon federal approval,
200.23 whichever is later. The commissioner of human services shall notify the revisor of statutes
200.24 when federal approval is obtained.

200.25 Sec. 20. Minnesota Statutes 2021 Supplement, section 256B.0625, subdivision 17, is
200.26 amended to read:

200.27 Subd. 17. **Transportation costs.** (a) "Nonemergency medical transportation service"
200.28 means motor vehicle transportation provided by a public or private person that serves
200.29 Minnesota health care program beneficiaries who do not require emergency ambulance
200.30 service, as defined in section 144E.001, subdivision 3, to obtain covered medical services.

201.1 (b) Medical assistance covers medical transportation costs incurred solely for obtaining
201.2 emergency medical care or transportation costs incurred by eligible persons in obtaining
201.3 emergency or nonemergency medical care when paid directly to an ambulance company,
201.4 nonemergency medical transportation company, or other recognized providers of
201.5 transportation services. Medical transportation must be provided by:

201.6 (1) nonemergency medical transportation providers who meet the requirements of this
201.7 subdivision;

201.8 (2) ambulances, as defined in section 144E.001, subdivision 2;

201.9 (3) taxicabs that meet the requirements of this subdivision;

201.10 (4) public transit, as defined in section 174.22, subdivision 7; or

201.11 (5) not-for-hire vehicles, including volunteer drivers, as defined in section 65B.472,
201.12 subdivision 1, paragraph (h).

201.13 (c) Medical assistance covers nonemergency medical transportation provided by
201.14 nonemergency medical transportation providers enrolled in the Minnesota health care
201.15 programs. All nonemergency medical transportation providers must comply with the
201.16 operating standards for special transportation service as defined in sections 174.29 to 174.30
201.17 and Minnesota Rules, chapter 8840, and all drivers must be individually enrolled with the
201.18 commissioner and reported on the claim as the individual who provided the service. All
201.19 nonemergency medical transportation providers shall bill for nonemergency medical
201.20 transportation services in accordance with Minnesota health care programs criteria. Publicly
201.21 operated transit systems, volunteers, and not-for-hire vehicles are exempt from the
201.22 requirements outlined in this paragraph.

201.23 (d) An organization may be terminated, denied, or suspended from enrollment if:

201.24 (1) the provider has not initiated background studies on the individuals specified in
201.25 section 174.30, subdivision 10, paragraph (a), clauses (1) to (3); or

201.26 (2) the provider has initiated background studies on the individuals specified in section
201.27 174.30, subdivision 10, paragraph (a), clauses (1) to (3), and:

201.28 (i) the commissioner has sent the provider a notice that the individual has been
201.29 disqualified under section 245C.14; and

201.30 (ii) the individual has not received a disqualification set-aside specific to the special
201.31 transportation services provider under sections 245C.22 and 245C.23.

201.32 (e) The administrative agency of nonemergency medical transportation must:

202.1 (1) adhere to the policies defined by the commissioner in consultation with the
202.2 Nonemergency Medical Transportation Advisory Committee;

202.3 (2) pay nonemergency medical transportation providers for services provided to
202.4 Minnesota health care programs beneficiaries to obtain covered medical services;

202.5 (3) provide data monthly to the commissioner on appeals, complaints, no-shows, canceled
202.6 trips, and number of trips by mode; and

202.7 (4) by July 1, 2016, in accordance with subdivision 18e, utilize a web-based single
202.8 administrative structure assessment tool that meets the technical requirements established
202.9 by the commissioner, reconciles trip information with claims being submitted by providers,
202.10 and ensures prompt payment for nonemergency medical transportation services.

202.11 (f) Until the commissioner implements the single administrative structure and delivery
202.12 system under subdivision 18e, clients shall obtain their level-of-service certificate from the
202.13 commissioner or an entity approved by the commissioner that does not dispatch rides for
202.14 clients using modes of transportation under paragraph (i), clauses (4), (5), (6), and (7).

202.15 (g) The commissioner may use an order by the recipient's attending physician, advanced
202.16 practice registered nurse, or a medical or mental health professional to certify that the
202.17 recipient requires nonemergency medical transportation services. Nonemergency medical
202.18 transportation providers shall perform driver-assisted services for eligible individuals, when
202.19 appropriate. Driver-assisted service includes passenger pickup at and return to the individual's
202.20 residence or place of business, assistance with admittance of the individual to the medical
202.21 facility, and assistance in passenger securement or in securing of wheelchairs, child seats,
202.22 or stretchers in the vehicle.

202.23 Nonemergency medical transportation providers must take clients to the health care
202.24 provider using the most direct route, and must not exceed 30 miles for a trip to a primary
202.25 care provider or 60 miles for a trip to a specialty care provider, unless the client receives
202.26 authorization from the local agency.

202.27 Nonemergency medical transportation providers may not bill for separate base rates for
202.28 the continuation of a trip beyond the original destination. Nonemergency medical
202.29 transportation providers must maintain trip logs, which include pickup and drop-off times,
202.30 signed by the medical provider or client, whichever is deemed most appropriate, attesting
202.31 to mileage traveled to obtain covered medical services. Clients requesting client mileage
202.32 reimbursement must sign the trip log attesting mileage traveled to obtain covered medical
202.33 services.

203.1 (h) The administrative agency shall use the level of service process established by the
203.2 commissioner in consultation with the Nonemergency Medical Transportation Advisory
203.3 Committee to determine the client's most appropriate mode of transportation. If public transit
203.4 or a certified transportation provider is not available to provide the appropriate service mode
203.5 for the client, the client may receive a onetime service upgrade.

203.6 (i) The covered modes of transportation are:

203.7 (1) client reimbursement, which includes client mileage reimbursement provided to
203.8 clients who have their own transportation, or to family or an acquaintance who provides
203.9 transportation to the client;

203.10 (2) volunteer transport, which includes transportation by volunteers using their own
203.11 vehicle;

203.12 (3) unassisted transport, which includes transportation provided to a client by a taxicab
203.13 or public transit. If a taxicab or public transit is not available, the client can receive
203.14 transportation from another nonemergency medical transportation provider;

203.15 (4) assisted transport, which includes transport provided to clients who require assistance
203.16 by a nonemergency medical transportation provider;

203.17 (5) lift-equipped/ramp transport, which includes transport provided to a client who is
203.18 dependent on a device and requires a nonemergency medical transportation provider with
203.19 a vehicle containing a lift or ramp;

203.20 (6) protected transport, which includes transport provided to a client who has received
203.21 a prescreening that has deemed other forms of transportation inappropriate and who requires
203.22 a provider: (i) with a protected vehicle that is not an ambulance or police car and has safety
203.23 locks, a video recorder, and a transparent thermoplastic partition between the passenger and
203.24 the vehicle driver; and (ii) who is certified as a protected transport provider; and

203.25 (7) stretcher transport, which includes transport for a client in a prone or supine position
203.26 and requires a nonemergency medical transportation provider with a vehicle that can transport
203.27 a client in a prone or supine position.

203.28 (j) The local agency shall be the single administrative agency and shall administer and
203.29 reimburse for modes defined in paragraph (i) according to paragraphs (m) and (n) when the
203.30 commissioner has developed, made available, and funded the web-based single administrative
203.31 structure, assessment tool, and level of need assessment under subdivision 18e. The local
203.32 agency's financial obligation is limited to funds provided by the state or federal government.

203.33 (k) The commissioner shall:

204.1 (1) in consultation with the Nonemergency Medical Transportation Advisory Committee,
204.2 verify that the mode and use of nonemergency medical transportation is appropriate;

204.3 (2) verify that the client is going to an approved medical appointment; and

204.4 (3) investigate all complaints and appeals.

204.5 (l) The administrative agency shall pay for the services provided in this subdivision and
204.6 seek reimbursement from the commissioner, if appropriate. As vendors of medical care,
204.7 local agencies are subject to the provisions in section 256B.041, the sanctions and monetary
204.8 recovery actions in section 256B.064, and Minnesota Rules, parts 9505.2160 to 9505.2245.

204.9 (m) Payments for nonemergency medical transportation must be paid based on the client's
204.10 assessed mode under paragraph (h), not the type of vehicle used to provide the service. The
204.11 medical assistance reimbursement rates for nonemergency medical transportation services
204.12 that are payable by or on behalf of the commissioner for nonemergency medical
204.13 transportation services are:

204.14 (1) \$0.22 per mile for client reimbursement;

204.15 (2) up to 100 percent of the Internal Revenue Service business deduction rate for volunteer
204.16 transport;

204.17 (3) equivalent to the standard fare for unassisted transport when provided by public
204.18 transit, and \$11 for the base rate and \$1.30 per mile when provided by a nonemergency
204.19 medical transportation provider;

204.20 (4) \$13 for the base rate and \$1.30 per mile for assisted transport;

204.21 (5) \$18 for the base rate and \$1.55 per mile for lift-equipped/ramp transport;

204.22 (6) \$75 for the base rate and \$2.40 per mile for protected transport; and

204.23 (7) \$60 for the base rate and \$2.40 per mile for stretcher transport, and \$9 per trip for
204.24 an additional attendant if deemed medically necessary.

204.25 (n) The base rate for nonemergency medical transportation services in areas defined
204.26 under RUCA to be super rural is equal to 111.3 percent of the respective base rate in
204.27 paragraph (m), clauses (1) to (7). The mileage rate for nonemergency medical transportation
204.28 services in areas defined under RUCA to be rural or super rural areas is:

204.29 (1) for a trip equal to 17 miles or less, equal to 125 percent of the respective mileage
204.30 rate in paragraph (m), clauses (1) to (7); and

205.1 (2) for a trip between 18 and 50 miles, equal to 112.5 percent of the respective mileage
205.2 rate in paragraph (m), clauses (1) to (7).

205.3 (o) For purposes of reimbursement rates for nonemergency medical transportation
205.4 services under paragraphs (m) and (n), the zip code of the recipient's place of residence
205.5 shall determine whether the urban, rural, or super rural reimbursement rate applies.

205.6 (p) For purposes of this subdivision, "rural urban commuting area" or "RUCA" means
205.7 a census-tract based classification system under which a geographical area is determined
205.8 to be urban, rural, or super rural.

205.9 (q) The commissioner, when determining reimbursement rates for nonemergency medical
205.10 transportation under paragraphs (m) and (n), shall exempt all modes of transportation listed
205.11 under paragraph (i) from Minnesota Rules, part 9505.0445, item R, subitem (2).

205.12 (r) Effective for the first day of each calendar quarter in which the price of gasoline as
205.13 posted publicly by the United States Energy Information Administration exceeds \$3.00 per
205.14 gallon, the commissioner shall adjust the rate paid per mile in paragraph (m) by one percent
205.15 up or down for every increase or decrease of ten cents for the price of gasoline. The increase
205.16 or decrease must be calculated using a base gasoline price of \$3.00. The percentage increase
205.17 or decrease must be calculated using the average of the most recently available price of all
205.18 grades of gasoline for Minnesota as posted publicly by the United States Energy Information
205.19 Administration.

205.20 **EFFECTIVE DATE.** This section is effective July 1, 2022.

205.21 Sec. 21. Minnesota Statutes 2020, section 256B.0625, subdivision 17a, is amended to
205.22 read:

205.23 Subd. 17a. **Payment for ambulance services.** (a) Medical assistance covers ambulance
205.24 services. Providers shall bill ambulance services according to Medicare criteria.
205.25 Nonemergency ambulance services shall not be paid as emergencies. Effective for services
205.26 rendered on or after July 1, 2001, medical assistance payments for ambulance services shall
205.27 be paid at the Medicare reimbursement rate or at the medical assistance payment rate in
205.28 effect on July 1, 2000, whichever is greater.

205.29 (b) Effective for services provided on or after July 1, 2016, medical assistance payment
205.30 rates for ambulance services identified in this paragraph are increased by five percent.

205.31 Capitation payments made to managed care plans and county-based purchasing plans for
205.32 ambulance services provided on or after January 1, 2017, shall be increased to reflect this

206.1 rate increase. The increased rate described in this paragraph applies to ambulance service
206.2 providers whose base of operations as defined in section 144E.10 is located:

206.3 (1) outside the metropolitan counties listed in section 473.121, subdivision 4, and outside
206.4 the cities of Duluth, Mankato, Moorhead, St. Cloud, and Rochester; or

206.5 (2) within a municipality with a population of less than 1,000.

206.6 (c) Effective for the first day of each calendar quarter in which the price of gasoline as
206.7 posted publicly by the United States Energy Information Administration exceeds \$3.00 per
206.8 gallon, the commissioner shall adjust the rate paid per mile in paragraphs (a) and (b) by one
206.9 percent up or down for every increase or decrease of ten cents for the price of gasoline. The
206.10 increase or decrease must be calculated using a base gasoline price of \$3.00. The percentage
206.11 increase or decrease must be calculated using the average of the most recently available
206.12 price of all grades of gasoline for Minnesota as posted publicly by the United States Energy
206.13 Information Administration.

206.14 **EFFECTIVE DATE.** This section is effective July 1, 2022.

206.15 Sec. 22. Minnesota Statutes 2020, section 256B.0625, subdivision 18h, is amended to
206.16 read:

206.17 Subd. 18h. **Nonemergency medical transportation provisions related to managed**
206.18 **care.** (a) The following nonemergency medical transportation subdivisions apply to managed
206.19 care plans and county-based purchasing plans:

206.20 (1) subdivision 17, paragraphs (a), (b), (i), and (n);

206.21 (2) subdivision 18; and

206.22 (3) subdivision 18a.

206.23 (b) A nonemergency medical transportation provider must comply with the operating
206.24 standards for special transportation service specified in sections 174.29 to 174.30 and
206.25 Minnesota Rules, chapter 8840. Publicly operated transit systems, volunteers, and not-for-hire
206.26 vehicles are exempt from the requirements in this paragraph.

206.27 (c) Managed care and county-based purchasing plans must provide a fuel adjustment
206.28 for nonemergency medical transportation payment rates when the price of gasoline exceeds
206.29 \$3.00 per gallon.

207.1 Sec. 23. Minnesota Statutes 2020, section 256B.0625, subdivision 22, is amended to read:

207.2 Subd. 22. **Hospice care.** Medical assistance covers hospice care services under Public
207.3 Law 99-272, section 9505, to the extent authorized by rule, except that a recipient age 21
207.4 or under who elects to receive hospice services does not waive coverage for services that
207.5 are related to the treatment of the condition for which a diagnosis of terminal illness has
207.6 been made. Hospice respite and end-of-life care under subdivision 22a are not hospice care
207.7 services under this subdivision.

207.8 Sec. 24. Minnesota Statutes 2020, section 256B.0625, is amended by adding a subdivision
207.9 to read:

207.10 Subd. 22a. **Residential hospice facility; hospice respite and end-of-life care for**
207.11 **children.** (a) Medical assistance covers hospice respite and end-of-life care if the care is
207.12 for recipients age 21 or under who elect to receive hospice care delivered in a facility that
207.13 is licensed under sections 144A.75 to 144A.755 and that is a residential hospice facility
207.14 under section 144A.75, subdivision 13, paragraph (a). Hospice care services under
207.15 subdivision 22 are not hospice respite or end-of-life care under this subdivision.

207.16 (b) The payment rates for coverage under this subdivision must be 100 percent of the
207.17 Medicare rate for continuous home care hospice services as published in the Centers for
207.18 Medicare and Medicaid Services annual final rule updating payments and policies for hospice
207.19 care. Payment for hospice respite and end-of-life care under this subdivision must be made
207.20 from state funds, though the commissioner shall seek to obtain federal financial participation
207.21 for the payments. Payment for hospice respite and end-of-life care must be paid to the
207.22 residential hospice facility and are not included in any limits or cap amount applicable to
207.23 hospice services payments to the elected hospice services provider.

207.24 (c) Certification of the residential hospice facility by the federal Medicare program must
207.25 not be a requirement of medical assistance payment for hospice respite and end-of-life care
207.26 under this subdivision.

207.27 **EFFECTIVE DATE.** This section is effective January 1, 2023.

207.28 Sec. 25. Minnesota Statutes 2020, section 256B.0625, subdivision 28b, is amended to
207.29 read:

207.30 Subd. 28b. **Doula services.** Medical assistance covers doula services provided by a
207.31 certified doula as defined in section 148.995, subdivision 2, of the mother's choice. For
207.32 purposes of this section, "doula services" means childbirth education and support services,

208.1 including emotional and physical support provided during pregnancy, labor, birth, and
208.2 postpartum. The commissioner shall enroll doula agencies and individual treating doulas
208.3 in order to provide direct reimbursement.

208.4 **EFFECTIVE DATE.** This section is effective January 1, 2024, subject to federal
208.5 approval. The commissioner of human services shall notify the revisor of statutes when
208.6 federal approval is obtained.

208.7 Sec. 26. Minnesota Statutes 2021 Supplement, section 256B.0625, subdivision 30, is
208.8 amended to read:

208.9 Subd. 30. **Other clinic services.** (a) Medical assistance covers rural health clinic services,
208.10 federally qualified health center services, nonprofit community health clinic services, and
208.11 public health clinic services. Rural health clinic services and federally qualified health center
208.12 services mean services defined in United States Code, title 42, section 1396d(a)(2)(B) and
208.13 (C). Payment for rural health clinic and federally qualified health center services shall be
208.14 made according to applicable federal law and regulation.

208.15 (b) A federally qualified health center (FQHC) that is beginning initial operation shall
208.16 submit an estimate of budgeted costs and visits for the initial reporting period in the form
208.17 and detail required by the commissioner. An FQHC that is already in operation shall submit
208.18 an initial report using actual costs and visits for the initial reporting period. Within 90 days
208.19 of the end of its reporting period, an FQHC shall submit, in the form and detail required by
208.20 the commissioner, a report of its operations, including allowable costs actually incurred for
208.21 the period and the actual number of visits for services furnished during the period, and other
208.22 information required by the commissioner. FQHCs that file Medicare cost reports shall
208.23 provide the commissioner with a copy of the most recent Medicare cost report filed with
208.24 the Medicare program intermediary for the reporting year which support the costs claimed
208.25 on their cost report to the state.

208.26 (c) In order to continue cost-based payment under the medical assistance program
208.27 according to paragraphs (a) and (b), an FQHC or rural health clinic must apply for designation
208.28 as an essential community provider within six months of final adoption of rules by the
208.29 Department of Health according to section 62Q.19, subdivision 7. For those FQHCs and
208.30 rural health clinics that have applied for essential community provider status within the
208.31 six-month time prescribed, medical assistance payments will continue to be made according
208.32 to paragraphs (a) and (b) for the first three years after application. For FQHCs and rural
208.33 health clinics that either do not apply within the time specified above or who have had
208.34 essential community provider status for three years, medical assistance payments for health

209.1 services provided by these entities shall be according to the same rates and conditions
209.2 applicable to the same service provided by health care providers that are not FQHCs or rural
209.3 health clinics.

209.4 (d) Effective July 1, 1999, the provisions of paragraph (c) requiring an FQHC or a rural
209.5 health clinic to make application for an essential community provider designation in order
209.6 to have cost-based payments made according to paragraphs (a) and (b) no longer apply.

209.7 (e) Effective January 1, 2000, payments made according to paragraphs (a) and (b) shall
209.8 be limited to the cost phase-out schedule of the Balanced Budget Act of 1997.

209.9 (f) Effective January 1, 2001, through December 31, 2020, each FQHC and rural health
209.10 clinic may elect to be paid either under the prospective payment system established in United
209.11 States Code, title 42, section 1396a(aa), or under an alternative payment methodology
209.12 consistent with the requirements of United States Code, title 42, section 1396a(aa), and
209.13 approved by the Centers for Medicare and Medicaid Services. The alternative payment
209.14 methodology shall be 100 percent of cost as determined according to Medicare cost
209.15 principles.

209.16 (g) Effective for services provided on or after January 1, 2021, all claims for payment
209.17 of clinic services provided by FQHCs and rural health clinics shall be paid by the
209.18 commissioner, according to an annual election by the FQHC or rural health clinic, under
209.19 the current prospective payment system described in paragraph (f) or the alternative payment
209.20 methodology described in paragraph (l).

209.21 (h) For purposes of this section, "nonprofit community clinic" is a clinic that:

209.22 (1) has nonprofit status as specified in chapter 317A;

209.23 (2) has tax exempt status as provided in Internal Revenue Code, section 501(c)(3);

209.24 (3) is established to provide health services to low-income population groups, uninsured,
209.25 high-risk and special needs populations, underserved and other special needs populations;

209.26 (4) employs professional staff at least one-half of which are familiar with the cultural
209.27 background of their clients;

209.28 (5) charges for services on a sliding fee scale designed to provide assistance to
209.29 low-income clients based on current poverty income guidelines and family size; and

209.30 (6) does not restrict access or services because of a client's financial limitations or public
209.31 assistance status and provides no-cost care as needed.

210.1 (i) Effective for services provided on or after January 1, 2015, all claims for payment
210.2 of clinic services provided by FQHCs and rural health clinics shall be paid by the
210.3 commissioner. the commissioner shall determine the most feasible method for paying claims
210.4 from the following options:

210.5 (1) FQHCs and rural health clinics submit claims directly to the commissioner for
210.6 payment, and the commissioner provides claims information for recipients enrolled in a
210.7 managed care or county-based purchasing plan to the plan, on a regular basis; or

210.8 (2) FQHCs and rural health clinics submit claims for recipients enrolled in a managed
210.9 care or county-based purchasing plan to the plan, and those claims are submitted by the
210.10 plan to the commissioner for payment to the clinic.

210.11 (j) For clinic services provided prior to January 1, 2015, the commissioner shall calculate
210.12 and pay monthly the proposed managed care supplemental payments to clinics, and clinics
210.13 shall conduct a timely review of the payment calculation data in order to finalize all
210.14 supplemental payments in accordance with federal law. Any issues arising from a clinic's
210.15 review must be reported to the commissioner by January 1, 2017. Upon final agreement
210.16 between the commissioner and a clinic on issues identified under this subdivision, and in
210.17 accordance with United States Code, title 42, section 1396a(bb), no supplemental payments
210.18 for managed care plan or county-based purchasing plan claims for services provided prior
210.19 to January 1, 2015, shall be made after June 30, 2017. If the commissioner and clinics are
210.20 unable to resolve issues under this subdivision, the parties shall submit the dispute to the
210.21 arbitration process under section 14.57.

210.22 (k) The commissioner shall seek a federal waiver, authorized under section 1115 of the
210.23 Social Security Act, to obtain federal financial participation at the 100 percent federal
210.24 matching percentage available to facilities of the Indian Health Service or tribal organization
210.25 in accordance with section 1905(b) of the Social Security Act for expenditures made to
210.26 organizations dually certified under Title V of the Indian Health Care Improvement Act,
210.27 Public Law 94-437, and as a federally qualified health center under paragraph (a) that
210.28 provides services to American Indian and Alaskan Native individuals eligible for services
210.29 under this subdivision.

210.30 (l) All claims for payment of clinic services provided by FQHCs and rural health clinics,
210.31 that have elected to be paid under this paragraph, shall be paid by the commissioner according
210.32 to the following requirements:

210.33 (1) the commissioner shall establish a single medical and single dental organization
210.34 encounter rate for each FQHC and rural health clinic when applicable;

211.1 (2) each FQHC and rural health clinic is eligible for same day reimbursement of one
211.2 medical and one dental organization encounter rate if eligible medical and dental visits are
211.3 provided on the same day;

211.4 (3) the commissioner shall reimburse FQHCs and rural health clinics, in accordance
211.5 with current applicable Medicare cost principles, their allowable costs, including direct
211.6 patient care costs and patient-related support services. Nonallowable costs include, but are
211.7 not limited to:

211.8 (i) general social services and administrative costs;

211.9 (ii) retail pharmacy;

211.10 (iii) patient incentives, food, housing assistance, and utility assistance;

211.11 (iv) external lab and x-ray;

211.12 (v) navigation services;

211.13 (vi) health care taxes;

211.14 (vii) advertising, public relations, and marketing;

211.15 (viii) office entertainment costs, food, alcohol, and gifts;

211.16 (ix) contributions and donations;

211.17 (x) bad debts or losses on awards or contracts;

211.18 (xi) fines, penalties, damages, or other settlements;

211.19 (xii) fund-raising, investment management, and associated administrative costs;

211.20 (xiii) research and associated administrative costs;

211.21 (xiv) nonpaid workers;

211.22 (xv) lobbying;

211.23 (xvi) scholarships and student aid; and

211.24 (xvii) nonmedical assistance covered services;

211.25 (4) the commissioner shall review the list of nonallowable costs in the years between
211.26 the rebasing process established in clause (5), in consultation with the Minnesota Association
211.27 of Community Health Centers, FQHCs, and rural health clinics. The commissioner shall
211.28 publish the list and any updates in the Minnesota health care programs provider manual;

212.1 (5) the initial applicable base year organization encounter rates for FQHCs and rural
212.2 health clinics shall be computed for services delivered on or after January 1, 2021, and:

212.3 (i) must be determined using each FQHC's and rural health clinic's Medicare cost reports
212.4 from 2017 and 2018;

212.5 (ii) must be according to current applicable Medicare cost principles as applicable to
212.6 FQHCs and rural health clinics without the application of productivity screens and upper
212.7 payment limits or the Medicare prospective payment system FQHC aggregate mean upper
212.8 payment limit;

212.9 (iii) must be subsequently rebased every two years thereafter using the Medicare cost
212.10 reports that are three and four years prior to the rebasing year. Years in which organizational
212.11 cost or claims volume is reduced or altered due to a pandemic, disease, or other public health
212.12 emergency shall not be used as part of a base year when the base year includes more than
212.13 one year. The commissioner may use the Medicare cost reports of a year unaffected by a
212.14 pandemic, disease, or other public health emergency, or previous two consecutive years,
212.15 inflated to the base year as established under item (iv);

212.16 (iv) must be inflated to the base year using the inflation factor described in clause (6);
212.17 and

212.18 (v) the commissioner must provide for a 60-day appeals process under section 14.57;

212.19 (6) the commissioner shall annually inflate the applicable organization encounter rates
212.20 for FQHCs and rural health clinics from the base year payment rate to the effective date by
212.21 using the CMS FQHC Market Basket inflator established under United States Code, title
212.22 42, section 1395m(o), less productivity;

212.23 (7) FQHCs and rural health clinics that have elected the alternative payment methodology
212.24 under this paragraph shall submit all necessary documentation required by the commissioner
212.25 to compute the rebased organization encounter rates no later than six months following the
212.26 date the applicable Medicare cost reports are due to the Centers for Medicare and Medicaid
212.27 Services;

212.28 (8) the commissioner shall reimburse FQHCs and rural health clinics an additional
212.29 amount relative to their medical and dental organization encounter rates that is attributable
212.30 to the tax required to be paid according to section 295.52, if applicable;

212.31 (9) FQHCs and rural health clinics may submit change of scope requests to the
212.32 commissioner if the change of scope would result in an increase or decrease of 2.5 percent

213.1 or higher in the medical or dental organization encounter rate currently received by the
213.2 FQHC or rural health clinic;

213.3 (10) for FQHCs and rural health clinics seeking a change in scope with the commissioner
213.4 under clause (9) that requires the approval of the scope change by the federal Health
213.5 Resources Services Administration:

213.6 (i) FQHCs and rural health clinics shall submit the change of scope request, including
213.7 the start date of services, to the commissioner within seven business days of submission of
213.8 the scope change to the federal Health Resources Services Administration;

213.9 (ii) the commissioner shall establish the effective date of the payment change as the
213.10 federal Health Resources Services Administration date of approval of the FQHC's or rural
213.11 health clinic's scope change request, or the effective start date of services, whichever is
213.12 later; and

213.13 (iii) within 45 days of one year after the effective date established in item (ii), the
213.14 commissioner shall conduct a retroactive review to determine if the actual costs established
213.15 under clause (3) or encounters result in an increase or decrease of 2.5 percent or higher in
213.16 the medical or dental organization encounter rate, and if this is the case, the commissioner
213.17 shall revise the rate accordingly and shall adjust payments retrospectively to the effective
213.18 date established in item (ii);

213.19 (11) for change of scope requests that do not require federal Health Resources Services
213.20 Administration approval, the FQHC and rural health clinic shall submit the request to the
213.21 commissioner before implementing the change, and the effective date of the change is the
213.22 date the commissioner received the FQHC's or rural health clinic's request, or the effective
213.23 start date of the service, whichever is later. The commissioner shall provide a response to
213.24 the FQHC's or rural health clinic's request within 45 days of submission and provide a final
213.25 approval within 120 days of submission. This timeline may be waived at the mutual
213.26 agreement of the commissioner and the FQHC or rural health clinic if more information is
213.27 needed to evaluate the request;

213.28 (12) the commissioner, when establishing organization encounter rates for new FQHCs
213.29 and rural health clinics, shall consider the patient caseload of existing FQHCs and rural
213.30 health clinics in a 60-mile radius for organizations established outside of the seven-county
213.31 metropolitan area, and in a 30-mile radius for organizations in the seven-county metropolitan
213.32 area. If this information is not available, the commissioner may use Medicare cost reports
213.33 or audited financial statements to establish base rates;

214.1 (13) the commissioner shall establish a quality measures workgroup that includes
214.2 representatives from the Minnesota Association of Community Health Centers, FQHCs,
214.3 and rural health clinics, to evaluate clinical and nonclinical measures; and

214.4 (14) the commissioner shall not disallow or reduce costs that are related to an FQHC's
214.5 or rural health clinic's participation in health care educational programs to the extent that
214.6 the costs are not accounted for in the alternative payment methodology encounter rate
214.7 established in this paragraph.

214.8 (m) Effective July 1, 2022, an enrolled Indian Health Service facility or a Tribal health
214.9 center operating under a 638 contract or compact may elect to also enroll as a Tribal FQHC.
214.10 No requirements that otherwise apply to FQHCs covered in this subdivision apply to Tribal
214.11 FQHCs enrolled under this paragraph, except those necessary to comply with federal
214.12 regulations. The commissioner shall establish an alternative payment method for Tribal
214.13 FQHCs enrolled under this paragraph that uses the same method and rates applicable to a
214.14 Tribal facility or health center that does not enroll as a Tribal FQHC.

214.15 Sec. 27. Minnesota Statutes 2021 Supplement, section 256B.0625, subdivision 31, is
214.16 amended to read:

214.17 Subd. 31. **Medical supplies and equipment.** (a) Medical assistance covers medical
214.18 supplies and equipment. Separate payment outside of the facility's payment rate shall be
214.19 made for wheelchairs and wheelchair accessories for recipients who are residents of
214.20 intermediate care facilities for the developmentally disabled. Reimbursement for wheelchairs
214.21 and wheelchair accessories for ICF/DD recipients shall be subject to the same conditions
214.22 and limitations as coverage for recipients who do not reside in institutions. A wheelchair
214.23 purchased outside of the facility's payment rate is the property of the recipient.

214.24 (b) Vendors of durable medical equipment, prosthetics, orthotics, or medical supplies
214.25 must enroll as a Medicare provider.

214.26 (c) When necessary to ensure access to durable medical equipment, prosthetics, orthotics,
214.27 or medical supplies, the commissioner may exempt a vendor from the Medicare enrollment
214.28 requirement if:

214.29 (1) the vendor supplies only one type of durable medical equipment, prosthetic, orthotic,
214.30 or medical supply;

214.31 (2) the vendor serves ten or fewer medical assistance recipients per year;

214.32 (3) the commissioner finds that other vendors are not available to provide same or similar
214.33 durable medical equipment, prosthetics, orthotics, or medical supplies; and

215.1 (4) the vendor complies with all screening requirements in this chapter and Code of
215.2 Federal Regulations, title 42, part 455. The commissioner may also exempt a vendor from
215.3 the Medicare enrollment requirement if the vendor is accredited by a Centers for Medicare
215.4 and Medicaid Services approved national accreditation organization as complying with the
215.5 Medicare program's supplier and quality standards and the vendor serves primarily pediatric
215.6 patients.

215.7 (d) "Durable medical equipment" means a device or equipment that:

215.8 (1) can withstand repeated use;

215.9 (2) is generally not useful in the absence of an illness, injury, or disability; and

215.10 (3) is provided to correct or accommodate a physiological disorder or physical condition
215.11 or is generally used primarily for a medical purpose.

215.12 (e) Electronic tablets may be considered durable medical equipment if the electronic
215.13 tablet will be used as an augmentative and alternative communication system as defined
215.14 under subdivision 31a, paragraph (a). To be covered by medical assistance, the device must
215.15 be locked in order to prevent use not related to communication.

215.16 (f) Notwithstanding the requirement in paragraph (e) that an electronic tablet must be
215.17 locked to prevent use not as an augmentative communication device, a recipient of waiver
215.18 services may use an electronic tablet for a use not related to communication when the
215.19 recipient has been authorized under the waiver to receive one or more additional applications
215.20 that can be loaded onto the electronic tablet, such that allowing the additional use prevents
215.21 the purchase of a separate electronic tablet with waiver funds.

215.22 (g) An order or prescription for medical supplies, equipment, or appliances must meet
215.23 the requirements in Code of Federal Regulations, title 42, part 440.70.

215.24 (h) Allergen-reducing products provided according to subdivision 67, paragraph (c) or
215.25 (d), shall be considered durable medical equipment.

215.26 (i) Seizure detection devices are covered as durable medical equipment under this
215.27 subdivision if:

215.28 (1) the seizure detection device is medically appropriate based on the recipient's medical
215.29 condition or status; and

215.30 (2) the recipient's health care provider has identified that a seizure detection device
215.31 would:

216.1 (i) likely assist in reducing bodily harm to or death of the recipient as a result of the
216.2 recipient experiencing a seizure; or

216.3 (ii) provide data to the health care provider necessary to appropriately diagnose or treat
216.4 the recipient's health condition that causes the seizure activity.

216.5 (j) For purposes of paragraph (i), "seizure detection device" means a United States Food
216.6 and Drug Administration approved monitoring device and any related service or subscription
216.7 supporting the prescribed use of the device, including technology that:

216.8 (1) provides ongoing patient monitoring and alert services that detects nocturnal seizure
216.9 activity and transmits notification of the seizure activity to a caregiver for appropriate
216.10 medical response; or

216.11 (2) collects data of the seizure activity of the recipient that can be used by a health care
216.12 provider to diagnose or appropriately treat a health care condition that causes the seizure
216.13 activity.

216.14 **EFFECTIVE DATE.** This section is effective January 1, 2023, or upon federal approval,
216.15 whichever is later. The commissioner of human services shall notify the revisor of statutes
216.16 when federal approval is obtained.

216.17 Sec. 28. Minnesota Statutes 2020, section 256B.0625, is amended by adding a subdivision
216.18 to read:

216.19 Subd. 68. **Tobacco and nicotine cessation.** (a) Medical assistance covers tobacco and
216.20 nicotine cessation services, drugs to treat tobacco and nicotine addiction or dependence,
216.21 and drugs to help individuals discontinue use of tobacco and nicotine products. Medical
216.22 assistance must cover services and drugs as provided in this subdivision consistent with
216.23 evidence-based or evidence-informed best practices.

216.24 (b) Medical assistance must cover in-person individual and group tobacco and nicotine
216.25 cessation education and counseling services if provided by a health care practitioner whose
216.26 scope of practice encompasses tobacco and nicotine cessation education and counseling.

216.27 Service providers include but are not limited to the following:

216.28 (1) mental health practitioners under section 245.462, subdivision 17;

216.29 (2) mental health professionals under section 245.462, subdivision 18;

216.30 (3) mental health certified peer specialists under section 256B.0615;

216.31 (4) alcohol and drug counselors licensed under chapter 148F;

- 217.1 (5) recovery peers as defined in section 245F.02, subdivision 21;
- 217.2 (6) certified tobacco treatment specialists;
- 217.3 (7) community health workers;
- 217.4 (8) physicians;
- 217.5 (9) physician assistants;
- 217.6 (10) advanced practice registered nurses; or
- 217.7 (11) other licensed or nonlicensed professionals or paraprofessionals with training in
217.8 providing tobacco and nicotine cessation education and counseling services.
- 217.9 (c) Medical assistance covers telephone cessation counseling services provided through
217.10 a quitline. Notwithstanding subdivision 3b, quitline services may be provided through
217.11 audio-only communications. The commissioner may use volume purchasing for quitline
217.12 services consistent with section 256B.04, subdivision 14.
- 217.13 (d) Medical assistance must cover all prescription and over-the-counter pharmacotherapy
217.14 drugs approved by the United States Food and Drug Administration for cessation of tobacco
217.15 and nicotine use or treatment of tobacco and nicotine dependence, and that are subject to a
217.16 Medicaid drug rebate agreement.
- 217.17 (e) Services covered under this subdivision may be provided by telemedicine.
- 217.18 (f) The commissioner must not:
- 217.19 (1) restrict or limit the type, duration, or frequency of tobacco and nicotine cessation
217.20 services;
- 217.21 (2) prohibit the simultaneous use of multiple cessation services, including but not limited
217.22 to simultaneous use of counseling and drugs;
- 217.23 (3) require counseling prior to receiving drugs or as a condition of receiving drugs;
- 217.24 (4) limit pharmacotherapy drug dosage amounts for a dosing regimen for treatment of
217.25 a medically accepted indication, as defined in United States Code, title 42, section
217.26 1396r-8(k)(6); limit dosing frequency; or impose duration limits;
- 217.27 (5) prohibit simultaneous use of multiple drugs, including prescription and
217.28 over-the-counter drugs;
- 217.29 (6) require or authorize step therapy; or

218.1 (7) require or utilize prior authorization or require a co-payment or deductible for any
218.2 tobacco and nicotine cessation services and drugs covered under this subdivision.

218.3 (g) The commissioner must require all participating entities under contract with the
218.4 commissioner to comply with this subdivision when providing coverage, services, or care
218.5 management for medical assistance and MinnesotaCare enrollees. For purposes of this
218.6 subdivision, "participating entity" means any of the following:

218.7 (1) a health carrier as defined in section 62A.011, subdivision 2;

218.8 (2) a county-based purchasing plan established under section 256B.692;

218.9 (3) an accountable care organization or other entity participating as an integrated health
218.10 partnership under section 256B.0755;

218.11 (4) an entity operating a county integrated health care delivery network pilot project
218.12 authorized under section 256B.0756;

218.13 (5) a network of health care providers established to offer services under medical
218.14 assistance or MinnesotaCare; or

218.15 (6) any other entity that has a contract with the commissioner to cover, provide, or
218.16 manage health care services provided to medical assistance or MinnesotaCare enrollees on
218.17 a capitated or risk-based payment arrangement or under a reimbursement methodology with
218.18 substantial financial incentives to reduce the total cost of health care for a population of
218.19 patients that is enrolled with or assigned or attributed to the entity.

218.20 **EFFECTIVE DATE.** This section is effective January 1, 2023, or upon federal approval,
218.21 whichever is later. The commissioner of human services shall notify the revisor of statutes
218.22 when federal approval is obtained.

218.23 Sec. 29. Minnesota Statutes 2020, section 256B.0631, as amended by Laws 2021, First
218.24 Special Session chapter 7, article 1, section 17, is amended to read:

218.25 **256B.0631 MEDICAL ASSISTANCE CO-PAYMENTS.**

218.26 Subdivision 1. **Cost-sharing.** (a) Except as provided in subdivision 2, the medical
218.27 assistance benefit plan shall include the following cost-sharing for all recipients, effective
218.28 for services provided on or after September 1, 2011, through December 31, 2022:

218.29 (1) \$3 per nonpreventive visit, except as provided in paragraph (b). For purposes of this
218.30 subdivision, a visit means an episode of service which is required because of a recipient's
218.31 symptoms, diagnosis, or established illness, and which is delivered in an ambulatory setting

219.1 by a physician or physician assistant, chiropractor, podiatrist, nurse midwife, advanced
219.2 practice nurse, audiologist, optician, or optometrist;

219.3 (2) \$3.50 for nonemergency visits to a hospital-based emergency room, except that this
219.4 co-payment shall be increased to \$20 upon federal approval;

219.5 (3) \$3 per brand-name drug prescription, \$1 per generic drug prescription, and \$1 per
219.6 prescription for a brand-name multisource drug listed in preferred status on the preferred
219.7 drug list, subject to a \$12 per month maximum for prescription drug co-payments. No
219.8 co-payments shall apply to antipsychotic drugs when used for the treatment of mental illness;

219.9 (4) a family deductible equal to \$2.75 per month per family and adjusted annually by
219.10 the percentage increase in the medical care component of the CPI-U for the period of
219.11 September to September of the preceding calendar year, rounded to the next higher five-cent
219.12 increment; and

219.13 (5) total monthly cost-sharing must not exceed five percent of family income. For
219.14 purposes of this paragraph, family income is the total earned and unearned income of the
219.15 individual and the individual's spouse, if the spouse is enrolled in medical assistance and
219.16 also subject to the five percent limit on cost-sharing. This paragraph does not apply to
219.17 premiums charged to individuals described under section 256B.057, subdivision 9.

219.18 (b) Recipients of medical assistance are responsible for all co-payments and deductibles
219.19 in this subdivision.

219.20 (c) Notwithstanding paragraph (b), the commissioner, through the contracting process
219.21 under sections 256B.69 and 256B.692, may allow managed care plans and county-based
219.22 purchasing plans to waive the family deductible under paragraph (a), clause (4). The value
219.23 of the family deductible shall not be included in the capitation payment to managed care
219.24 plans and county-based purchasing plans. Managed care plans and county-based purchasing
219.25 plans shall certify annually to the commissioner the dollar value of the family deductible.

219.26 (d) Notwithstanding paragraph (b), the commissioner may waive the collection of the
219.27 family deductible described under paragraph (a), clause (4), from individuals and allow
219.28 long-term care and waived service providers to assume responsibility for payment.

219.29 (e) Notwithstanding paragraph (b), the commissioner, through the contracting process
219.30 under section 256B.0756 shall allow the pilot program in Hennepin County to waive
219.31 co-payments. The value of the co-payments shall not be included in the capitation payment
219.32 amount to the integrated health care delivery networks under the pilot program.

220.1 (f) Paragraphs (a) to (e) apply only for services provided through December 31, 2022.
220.2 Effective for services provided on or after January 1, 2023, the medical assistance program
220.3 shall not require deductibles, co-payments, coinsurance, or any other form of enrollee
220.4 cost-sharing.

220.5 Subd. 2. **Exceptions.** Co-payments and deductibles shall be subject, through December
220.6 31, 2022, to the following exceptions:

220.7 (1) children under the age of 21;

220.8 (2) pregnant women for services that relate to the pregnancy or any other medical
220.9 condition that may complicate the pregnancy;

220.10 (3) recipients expected to reside for at least 30 days in a hospital, nursing home, or
220.11 intermediate care facility for the developmentally disabled;

220.12 (4) recipients receiving hospice care;

220.13 (5) 100 percent federally funded services provided by an Indian health service;

220.14 (6) emergency services;

220.15 (7) family planning services;

220.16 (8) services that are paid by Medicare, resulting in the medical assistance program paying
220.17 for the coinsurance and deductible;

220.18 (9) co-payments that exceed one per day per provider for nonpreventive visits, eyeglasses,
220.19 and nonemergency visits to a hospital-based emergency room;

220.20 (10) services, fee-for-service payments subject to volume purchase through competitive
220.21 bidding;

220.22 (11) American Indians who meet the requirements in Code of Federal Regulations, title
220.23 42, sections 447.51 and 447.56;

220.24 (12) persons needing treatment for breast or cervical cancer as described under section
220.25 256B.057, subdivision 10; and

220.26 (13) services that currently have a rating of A or B from the United States Preventive
220.27 Services Task Force (USPSTF), immunizations recommended by the Advisory Committee
220.28 on Immunization Practices of the Centers for Disease Control and Prevention, and preventive
220.29 services and screenings provided to women as described in Code of Federal Regulations,
220.30 title 45, section 147.130.

221.1 Subd. 3. **Collection.** (a) The medical assistance reimbursement to the provider shall be
221.2 reduced by the amount of the co-payment or deductible, except that reimbursements shall
221.3 not be reduced:

221.4 (1) once a recipient has reached the \$12 per month maximum for prescription drug
221.5 co-payments; or

221.6 (2) for a recipient who has met their monthly five percent cost-sharing limit.

221.7 (b) The provider collects the co-payment or deductible from the recipient. Providers
221.8 may not deny services to recipients who are unable to pay the co-payment or deductible.

221.9 (c) Medical assistance reimbursement to fee-for-service providers and payments to
221.10 managed care plans shall not be increased as a result of the removal of co-payments or
221.11 deductibles effective on or after January 1, 2009.

221.12 (d) Paragraphs (a) to (c) apply only for services provided through December 31, 2022.

221.13 Sec. 30. Minnesota Statutes 2020, section 256B.69, subdivision 4, is amended to read:

221.14 Subd. 4. **Limitation of choice; opportunity to opt out.** (a) The commissioner shall
221.15 develop criteria to determine when limitation of choice may be implemented in the
221.16 experimental counties, but shall provide all eligible individuals the opportunity to opt out
221.17 of enrollment in managed care under this section. The criteria shall ensure that all eligible
221.18 individuals in the county have continuing access to the full range of medical assistance
221.19 services as specified in subdivision 6.

221.20 (b) The commissioner shall exempt the following persons from participation in the
221.21 project, in addition to those who do not meet the criteria for limitation of choice:

221.22 (1) persons eligible for medical assistance according to section 256B.055, subdivision
221.23 1;

221.24 (2) persons eligible for medical assistance due to blindness or disability as determined
221.25 by the Social Security Administration or the state medical review team, unless:

221.26 (i) they are 65 years of age or older; or

221.27 (ii) they reside in Itasca County or they reside in a county in which the commissioner
221.28 conducts a pilot project under a waiver granted pursuant to section 1115 of the Social
221.29 Security Act;

221.30 (3) recipients who currently have private coverage through a health maintenance
221.31 organization;

222.1 (4) recipients who are eligible for medical assistance by spending down excess income
222.2 for medical expenses other than the nursing facility per diem expense;

222.3 (5) recipients who receive benefits under the Refugee Assistance Program, established
222.4 under United States Code, title 8, section 1522(e);

222.5 (6) children who are both determined to be severely emotionally disturbed and receiving
222.6 case management services according to section 256B.0625, subdivision 20, except children
222.7 who are eligible for and who decline enrollment in an approved preferred integrated network
222.8 under section 245.4682;

222.9 (7) adults who are both determined to be seriously and persistently mentally ill and
222.10 received case management services according to section 256B.0625, subdivision 20;

222.11 (8) persons eligible for medical assistance according to section 256B.057, subdivision
222.12 10;

222.13 (9) persons with access to cost-effective employer-sponsored private health insurance
222.14 or persons enrolled in a non-Medicare individual health plan determined to be cost-effective
222.15 according to section 256B.0625, subdivision 15; and

222.16 (10) persons who are absent from the state for more than 30 consecutive days but still
222.17 deemed a resident of Minnesota, identified in accordance with section 256B.056, subdivision
222.18 1, paragraph (b).

222.19 Children under age 21 who are in foster placement may enroll in the project on an elective
222.20 basis. Individuals excluded under clauses (1), (6), and (7) may choose to enroll on an elective
222.21 basis. The commissioner may enroll recipients in the prepaid medical assistance program
222.22 for seniors who are (1) age 65 and over, and (2) eligible for medical assistance by spending
222.23 down excess income.

222.24 (c) The commissioner may allow persons with a one-month spenddown who are otherwise
222.25 eligible to enroll to voluntarily enroll or remain enrolled, if they elect to prepay their monthly
222.26 spenddown to the state.

222.27 (d) The commissioner may require, subject to the opt-out provision under paragraph (a),
222.28 those individuals to enroll in the prepaid medical assistance program who otherwise would
222.29 have been excluded under paragraph (b), clauses (1), (3), and (8), and under Minnesota
222.30 Rules, part 9500.1452, subpart 2, items H, K, and L.

222.31 (e) Before limitation of choice is implemented, eligible individuals shall be notified and
222.32 given the opportunity to opt out of managed care enrollment. After notification, those
222.33 individuals who choose not to opt out shall be allowed to choose only among demonstration

223.1 providers. The commissioner may assign an individual with private coverage through a
223.2 health maintenance organization, to the same health maintenance organization for medical
223.3 assistance coverage, if the health maintenance organization is under contract for medical
223.4 assistance in the individual's county of residence. After initially choosing a provider, the
223.5 recipient is allowed to change that choice only at specified times as allowed by the
223.6 commissioner. If a demonstration provider ends participation in the project for any reason,
223.7 a recipient enrolled with that provider must select a new provider but may change providers
223.8 without cause once more within the first 60 days after enrollment with the second provider.

223.9 (f) An infant born to a woman who is eligible for and receiving medical assistance and
223.10 who is enrolled in the prepaid medical assistance program shall be retroactively enrolled to
223.11 the month of birth in the same managed care plan as the mother once the child is enrolled
223.12 in medical assistance unless the child is determined to be excluded from enrollment in a
223.13 prepaid plan under this section.

223.14 **EFFECTIVE DATE.** This section is effective January 1, 2023.

223.15 Sec. 31. Minnesota Statutes 2020, section 256B.69, subdivision 5c, is amended to read:

223.16 Subd. 5c. **Medical education and research fund.** (a) The commissioner of human
223.17 services shall transfer each year to the medical education and research fund established
223.18 under section 62J.692, an amount specified in this subdivision. The commissioner shall
223.19 calculate the following:

223.20 (1) an amount equal to the reduction in the prepaid medical assistance payments as
223.21 specified in this clause. After January 1, 2002, the county medical assistance capitation base
223.22 rate prior to plan specific adjustments is reduced 6.3 percent for Hennepin County, two
223.23 percent for the remaining metropolitan counties, and 1.6 percent for nonmetropolitan
223.24 Minnesota counties. Nursing facility and elderly waiver payments and demonstration project
223.25 payments operating under subdivision 23 are excluded from this reduction. The amount
223.26 calculated under this clause shall not be adjusted for periods already paid due to subsequent
223.27 changes to the capitation payments;

223.28 (2) beginning July 1, 2003, \$4,314,000 from the capitation rates paid under this section;

223.29 (3) beginning July 1, 2002, an additional \$12,700,000 from the capitation rates paid
223.30 under this section; and

223.31 (4) beginning July 1, 2003, an additional \$4,700,000 from the capitation rates paid under
223.32 this section.

224.1 (b) This subdivision shall be effective upon approval of a federal waiver which allows
224.2 federal financial participation in the medical education and research fund. The amount
224.3 specified under paragraph (a), clauses (1) to (4), shall not exceed the total amount transferred
224.4 for fiscal year 2009. Any excess shall first reduce the amounts specified under paragraph
224.5 (a), clauses (2) to (4). Any excess following this reduction shall proportionally reduce the
224.6 amount specified under paragraph (a), clause (1).

224.7 (c) Beginning September 1, 2011, of the amount in paragraph (a), the commissioner
224.8 shall transfer \$21,714,000 each fiscal year to the medical education and research fund.

224.9 (d) Beginning September 1, 2011, of the amount in paragraph (a), following the transfer
224.10 under paragraph (c), the commissioner shall transfer to the medical education research fund
224.11 ~~\$23,936,000 in fiscal years 2012 and 2013 and~~ \$49,552,000 in fiscal year 2014 and thereafter.

224.12 (e) If the federal waiver described in paragraph (b) is not renewed, the transfer described
224.13 in paragraph (c) and corresponding payments under section 62J.692, subdivision 7, are
224.14 terminated effective the first month in which the waiver is no longer in effect, and the state
224.15 share of the amount described in paragraph (d) must be transferred to the medical education
224.16 and research fund and distributed according to the provisions of section 62J.692, subdivision
224.17 4a.

224.18 Sec. 32. Minnesota Statutes 2020, section 256B.69, subdivision 28, is amended to read:

224.19 Subd. 28. **Medicare special needs plans; medical assistance basic health care.** (a)
224.20 The commissioner may contract with demonstration providers and current or former sponsors
224.21 of qualified Medicare-approved special needs plans, to provide medical assistance basic
224.22 health care services to persons with disabilities, including those with developmental
224.23 disabilities. Basic health care services include:

224.24 (1) those services covered by the medical assistance state plan except for ICF/DD services,
224.25 home and community-based waiver services, case management for persons with
224.26 developmental disabilities under section 256B.0625, subdivision 20a, and personal care and
224.27 certain home care services defined by the commissioner in consultation with the stakeholder
224.28 group established under paragraph (d); and

224.29 (2) basic health care services may also include risk for up to 100 days of nursing facility
224.30 services for persons who reside in a noninstitutional setting and home health services related
224.31 to rehabilitation as defined by the commissioner after consultation with the stakeholder
224.32 group.

225.1 The commissioner may exclude other medical assistance services from the basic health
225.2 care benefit set. Enrollees in these plans can access any excluded services on the same basis
225.3 as other medical assistance recipients who have not enrolled.

225.4 (b) The commissioner may contract with demonstration providers and current and former
225.5 sponsors of qualified Medicare special needs plans, to provide basic health care services
225.6 under medical assistance to persons who are dually eligible for both Medicare and Medicaid
225.7 and those Social Security beneficiaries eligible for Medicaid but in the waiting period for
225.8 Medicare. The commissioner shall consult with the stakeholder group under paragraph (d)
225.9 in developing program specifications for these services. Payment for Medicaid services
225.10 provided under this subdivision for the months of May and June will be made no earlier
225.11 than July 1 of the same calendar year.

225.12 (c) ~~Notwithstanding subdivision 4, beginning January 1, 2012,~~ The commissioner shall
225.13 enroll persons with disabilities in managed care under this section, unless the individual
225.14 chooses to opt out of enrollment. The commissioner shall establish enrollment and opt out
225.15 procedures consistent with applicable enrollment procedures under this section.

225.16 (d) The commissioner shall establish a state-level stakeholder group to provide advice
225.17 on managed care programs for persons with disabilities, including both MnDHO and contracts
225.18 with special needs plans that provide basic health care services as described in paragraphs
225.19 (a) and (b). The stakeholder group shall provide advice on program expansions under this
225.20 subdivision and subdivision 23, including:

225.21 (1) implementation efforts;

225.22 (2) consumer protections; and

225.23 (3) program specifications such as quality assurance measures, data collection and
225.24 reporting, and evaluation of costs, quality, and results.

225.25 (e) Each plan under contract to provide medical assistance basic health care services
225.26 shall establish a local or regional stakeholder group, including representatives of the counties
225.27 covered by the plan, members, consumer advocates, and providers, for advice on issues that
225.28 arise in the local or regional area.

225.29 (f) The commissioner is prohibited from providing the names of potential enrollees to
225.30 health plans for marketing purposes. The commissioner shall mail no more than two sets
225.31 of marketing materials per contract year to potential enrollees on behalf of health plans, at
225.32 the health plan's request. The marketing materials shall be mailed by the commissioner

226.1 within 30 days of receipt of these materials from the health plan. The health plans shall
226.2 cover any costs incurred by the commissioner for mailing marketing materials.

226.3 **EFFECTIVE DATE.** This section is effective January 1, 2023.

226.4 Sec. 33. Minnesota Statutes 2020, section 256B.69, subdivision 36, is amended to read:

226.5 Subd. 36. **Enrollee support system.** (a) The commissioner shall establish an enrollee
226.6 support system that provides support to an enrollee before and during enrollment in a
226.7 managed care plan.

226.8 (b) The enrollee support system must:

226.9 (1) provide access to counseling for each potential enrollee on choosing a managed care
226.10 plan or opting out of managed care;

226.11 (2) assist an enrollee in understanding enrollment in a managed care plan;

226.12 (3) provide an access point for complaints regarding enrollment, covered services, and
226.13 other related matters;

226.14 (4) provide information on an enrollee's grievance and appeal rights within the managed
226.15 care organization and the state's fair hearing process, including an enrollee's rights and
226.16 responsibilities; and

226.17 (5) provide assistance to an enrollee, upon request, in navigating the grievance and
226.18 appeals process within the managed care organization and in appealing adverse benefit
226.19 determinations made by the managed care organization to the state's fair hearing process
226.20 after the managed care organization's internal appeals process has been exhausted. Assistance
226.21 does not include providing representation to an enrollee at the state's fair hearing, but may
226.22 include a referral to appropriate legal representation sources.

226.23 (c) Outreach to enrollees through the support system must be accessible to an enrollee
226.24 through multiple formats, including telephone, Internet, in-person, and, if requested, through
226.25 auxiliary aids and services.

226.26 (d) The commissioner may designate enrollment brokers to assist enrollees on selecting
226.27 a managed care organization and providing necessary enrollment information. For purposes
226.28 of this subdivision, "enrollment broker" means an individual or entity that performs choice
226.29 counseling or enrollment activities in accordance with Code of Federal Regulations, part
226.30 42, section 438.810, or both.

226.31 **EFFECTIVE DATE.** This section is effective January 1, 2023.

227.1 Sec. 34. Minnesota Statutes 2020, section 256B.692, subdivision 1, is amended to read:

227.2 Subdivision 1. **In general.** County boards or groups of county boards may elect to
227.3 purchase or provide health care services on behalf of persons eligible for medical assistance
227.4 who would otherwise be required to or may elect to participate in the prepaid medical
227.5 assistance program according to section 256B.69, subject to the opt-out provision of section
227.6 256B.69, subdivision 4, paragraph (a). Counties that elect to purchase or provide health
227.7 care under this section must provide all services included in prepaid managed care programs
227.8 according to section 256B.69, subdivisions 1 to 22. County-based purchasing under this
227.9 section is governed by section 256B.69, unless otherwise provided for under this section.

227.10 **EFFECTIVE DATE.** This section is effective January 1, 2023.

227.11 Sec. 35. Minnesota Statutes 2020, section 256B.6925, subdivision 1, is amended to read:

227.12 Subdivision 1. **Information provided by commissioner.** The commissioner shall provide
227.13 to each potential enrollee the following information:

227.14 (1) basic features of receiving services through managed care;

227.15 (2) which individuals are excluded from managed care enrollment, subject to ~~mandatory~~
227.16 ~~managed care enrollment~~ the opt-out provision of section 256B.69, subdivision 4, paragraph
227.17 (a), or who may choose to enroll voluntarily;

227.18 (3) ~~for mandatory and voluntary enrollment~~, the length of the enrollment period and
227.19 information about an enrollee's right to disenroll in accordance with Code of Federal
227.20 Regulations, part 42, section 438.56;

227.21 (4) the service area covered by each managed care organization;

227.22 (5) covered services, including services provided by the managed care organization and
227.23 services provided by the commissioner;

227.24 (6) the provider directory and drug formulary for each managed care organization;

227.25 (7) cost-sharing requirements;

227.26 (8) requirements for adequate access to services, including provider network adequacy
227.27 standards;

227.28 (9) a managed care organization's responsibility for coordination of enrollee care; and

227.29 (10) quality and performance indicators, including enrollee satisfaction for each managed
227.30 care organization, if available.

228.1 Sec. 36. Minnesota Statutes 2020, section 256B.6925, subdivision 1, is amended to read:

228.2 Subdivision 1. **Information provided by commissioner.** The commissioner shall provide
228.3 to each potential enrollee the following information:

228.4 (1) basic features of receiving services through managed care;

228.5 (2) which individuals are excluded from managed care enrollment, subject to mandatory
228.6 managed care enrollment, or who may choose to enroll voluntarily;

228.7 (3) for mandatory and voluntary enrollment, the length of the enrollment period and
228.8 information about an enrollee's right to disenroll in accordance with Code of Federal
228.9 Regulations, part 42, section 438.56;

228.10 (4) the service area covered by each managed care organization;

228.11 (5) covered services, including services provided by the managed care organization and
228.12 services provided by the commissioner;

228.13 (6) the provider directory and drug formulary for each managed care organization;

228.14 ~~(7) cost-sharing requirements;~~

228.15 ~~(8)~~ (7) requirements for adequate access to services, including provider network adequacy
228.16 standards;

228.17 ~~(9)~~ (8) a managed care organization's responsibility for coordination of enrollee care;
228.18 and

228.19 ~~(10)~~ (9) quality and performance indicators, including enrollee satisfaction for each
228.20 managed care organization, if available.

228.21 **EFFECTIVE DATE.** This section is effective January 1, 2023.

228.22 Sec. 37. Minnesota Statutes 2020, section 256B.6925, subdivision 2, is amended to read:

228.23 Subd. 2. **Information provided by managed care organization.** The commissioner
228.24 shall ensure that managed care organizations provide to each enrollee the following
228.25 information:

228.26 (1) an enrollee handbook within a reasonable time after receiving notice of the enrollee's
228.27 enrollment. The handbook must, at a minimum, include information on benefits provided,
228.28 how and where to access benefits, ~~cost-sharing requirements~~, how transportation is provided,
228.29 and other information as required by Code of Federal Regulations, part 42, section 438.10,
228.30 paragraph (g);

229.1 (2) a provider directory for the following provider types: physicians, specialists, hospitals,
229.2 pharmacies, behavioral health providers, and long-term supports and services providers, as
229.3 appropriate. The directory must include the provider's name, group affiliation, street address,
229.4 telephone number, website, specialty if applicable, whether the provider accepts new
229.5 enrollees, the provider's cultural and linguistic capabilities as identified in Code of Federal
229.6 Regulations, part 42, section 438.10, paragraph (h), and whether the provider's office
229.7 accommodates people with disabilities;

229.8 (3) a drug formulary that includes both generic and name brand medications that are
229.9 covered and each medication tier, if applicable;

229.10 (4) written notice of termination of a contracted provider. Within 15 calendar days after
229.11 receipt or issuance of the termination notice, the managed care organization must make a
229.12 good faith effort to provide notice to each enrollee who received primary care from, or was
229.13 seen on a regular basis by, the terminated provider; and

229.14 (5) upon enrollee request, the managed care organization's physician incentive plan.

229.15 **EFFECTIVE DATE.** This section is effective January 1, 2023.

229.16 Sec. 38. Minnesota Statutes 2020, section 256B.6928, subdivision 3, is amended to read:

229.17 Subd. 3. **Rate development standards.** (a) In developing capitation rates, the
229.18 commissioner shall:

229.19 (1) identify and develop base utilization and price data, including validated encounter
229.20 data and audited financial reports received from the managed care organizations that
229.21 demonstrate experience for the populations served by the managed care organizations, for
229.22 the three most recent and complete years before the rating period;

229.23 (2) develop and apply reasonable trend factors, including cost and utilization, to base
229.24 data that are developed from actual experience of the medical assistance population or a
229.25 similar population according to generally accepted actuarial practices and principles;

229.26 (3) develop the nonbenefit component of the rate to account for reasonable expenses
229.27 related to the managed care organization's administration; taxes; licensing and regulatory
229.28 fees; contribution to reserves; risk margin; cost of capital and other operational costs
229.29 associated with the managed care organization's provision of covered services to enrollees;

229.30 ~~(4) consider the value of cost-sharing for rate development purposes, regardless of~~
229.31 ~~whether the managed care organization imposes the cost-sharing on the enrollee or the~~
229.32 ~~cost-sharing is collected by the provider;~~

230.1 ~~(5)~~ (4) make appropriate and reasonable adjustments to account for changes to the base
230.2 data, programmatic changes, changes to nonbenefit components, and any other adjustment
230.3 necessary to establish actuarially sound rates. Each adjustment must reasonably support the
230.4 development of an accurate base data set for purposes of rate setting, reflect the health status
230.5 of the enrolled population, and be developed in accordance with generally accepted actuarial
230.6 principles and practices;

230.7 ~~(6)~~ (5) consider the managed care organization's past medical loss ratio in the development
230.8 of the capitation rates and consider the projected medical loss ratio; and

230.9 ~~(7)~~ (6) select a prospective or retrospective risk adjustment methodology that must be
230.10 developed in a budget-neutral manner consistent with generally accepted actuarial principles
230.11 and practices.

230.12 (b) The base data must be derived from the medical assistance population or, if data on
230.13 the medical assistance population is not available, derived from a similar population and
230.14 adjusted to make the utilization and price data comparable to the medical assistance
230.15 population. Data must be in accordance with actuarial standards for data quality and an
230.16 explanation of why that specific data is used must be provided in the rate certification. If
230.17 the commissioner is unable to base the rates on data that are within the three most recent
230.18 and complete years before the rating period, the commissioner may request an approval
230.19 from the Centers for Medicare and Medicaid Services for an exception. The request must
230.20 describe why an exception is necessary and describe the actions that the commissioner
230.21 intends to take to comply with the request.

230.22 **EFFECTIVE DATE.** This section is effective January 1, 2023.

230.23 Sec. 39. Minnesota Statutes 2020, section 256B.76, subdivision 1, is amended to read:

230.24 Subdivision 1. **Physician reimbursement.** (a) Effective for services rendered on or after
230.25 October 1, 1992, the commissioner shall make payments for physician services as follows:

230.26 (1) payment for level one Centers for Medicare and Medicaid Services' common
230.27 procedural coding system codes titled "office and other outpatient services," "preventive
230.28 medicine new and established patient," "delivery, antepartum, and postpartum care," "critical
230.29 care," cesarean delivery and pharmacologic management provided to psychiatric patients,
230.30 and level three codes for enhanced services for prenatal high risk, shall be paid at the lower
230.31 of (i) submitted charges, or (ii) 25 percent above the rate in effect on June 30, 1992;

230.32 (2) payments for all other services shall be paid at the lower of (i) submitted charges,
230.33 or (ii) 15.4 percent above the rate in effect on June 30, 1992; and

231.1 (3) all physician rates shall be converted from the 50th percentile of 1982 to the 50th
231.2 percentile of 1989, less the percent in aggregate necessary to equal the above increases
231.3 except that payment rates for home health agency services shall be the rates in effect on
231.4 September 30, 1992.

231.5 (b) Effective for services rendered on or after January 1, 2000, payment rates for physician
231.6 and professional services shall be increased by three percent over the rates in effect on
231.7 December 31, 1999, except for home health agency and family planning agency services.
231.8 The increases in this paragraph shall be implemented January 1, 2000, for managed care.

231.9 (c) Effective for services rendered on or after July 1, 2009, payment rates for physician
231.10 and professional services shall be reduced by five percent, except that for the period July
231.11 1, 2009, through June 30, 2010, payment rates shall be reduced by 6.5 percent for the medical
231.12 assistance and general assistance medical care programs, over the rates in effect on June
231.13 30, 2009. This reduction and the reductions in paragraph (d) do not apply to office or other
231.14 outpatient visits, preventive medicine visits and family planning visits billed by physicians,
231.15 advanced practice nurses, or physician assistants in a family planning agency or in one of
231.16 the following primary care practices: general practice, general internal medicine, general
231.17 pediatrics, general geriatrics, and family medicine. This reduction and the reductions in
231.18 paragraph (d) do not apply to federally qualified health centers, rural health centers, and
231.19 Indian health services. Effective October 1, 2009, payments made to managed care plans
231.20 and county-based purchasing plans under sections 256B.69, 256B.692, and 256L.12 shall
231.21 reflect the payment reduction described in this paragraph.

231.22 (d) Effective for services rendered on or after July 1, 2010, payment rates for physician
231.23 and professional services shall be reduced an additional seven percent over the five percent
231.24 reduction in rates described in paragraph (c). This additional reduction does not apply to
231.25 physical therapy services, occupational therapy services, and speech pathology and related
231.26 services provided on or after July 1, 2010. This additional reduction does not apply to
231.27 physician services billed by a psychiatrist or an advanced practice nurse with a specialty in
231.28 mental health. Effective October 1, 2010, payments made to managed care plans and
231.29 county-based purchasing plans under sections 256B.69, 256B.692, and 256L.12 shall reflect
231.30 the payment reduction described in this paragraph.

231.31 (e) Effective for services rendered on or after September 1, 2011, through June 30, 2013,
231.32 payment rates for physician and professional services shall be reduced three percent from
231.33 the rates in effect on August 31, 2011. This reduction does not apply to physical therapy
231.34 services, occupational therapy services, and speech pathology and related services.

232.1 (f) Effective for services rendered on or after September 1, 2014, payment rates for
232.2 physician and professional services, including physical therapy, occupational therapy, speech
232.3 pathology, and mental health services shall be increased by five percent from the rates in
232.4 effect on August 31, 2014. In calculating this rate increase, the commissioner shall not
232.5 include in the base rate for August 31, 2014, the rate increase provided under section
232.6 256B.76, subdivision 7. This increase does not apply to federally qualified health centers,
232.7 rural health centers, and Indian health services. Payments made to managed care plans and
232.8 county-based purchasing plans shall not be adjusted to reflect payments under this paragraph.

232.9 (g) Effective for services rendered on or after July 1, 2015, payment rates for physical
232.10 therapy, occupational therapy, and speech pathology and related services provided by a
232.11 hospital meeting the criteria specified in section 62Q.19, subdivision 1, paragraph (a), clause
232.12 (4), shall be increased by 90 percent from the rates in effect on June 30, 2015. Payments
232.13 made to managed care plans and county-based purchasing plans shall not be adjusted to
232.14 reflect payments under this paragraph.

232.15 (h) Any rates effective before July 1, 2015, do not apply to early intensive
232.16 developmental and behavioral intervention (EIDBI) benefits described in section 256B.0949.

232.17 (i) Medical assistance may reimburse for the cost incurred to pay the Department of
232.18 Health for metabolic disorder testing of newborns who are medical assistance recipients
232.19 when the sample is collected outside of an inpatient hospital setting or freestanding birth
232.20 center setting because the newborn was born outside of a hospital or freestanding birth
232.21 center or because it is not medically appropriate to collect the sample during the inpatient
232.22 stay for the birth.

232.23 Sec. 40. Minnesota Statutes 2020, section 256L.03, subdivision 1a, is amended to read:

232.24 Subd. 1a. **Children; MinnesotaCare health care reform waiver.** Children are eligible
232.25 for coverage of all services that are eligible for reimbursement under the medical assistance
232.26 program according to chapter 256B, except special education services and that abortion
232.27 services under MinnesotaCare shall be limited as provided under subdivision 1. ~~Children~~
232.28 ~~are exempt from the provisions of subdivision 5, regarding co-payments.~~ Children who are
232.29 lawfully residing in the United States but who are not "qualified noncitizens" under title IV
232.30 of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996, Public
232.31 Law 104-193, Statutes at Large, volume 110, page 2105, are eligible for coverage of all
232.32 services provided under the medical assistance program according to chapter 256B.

232.33 **EFFECTIVE DATE.** This section is effective January 1, 2023.

233.1 Sec. 41. Minnesota Statutes 2020, section 256L.03, subdivision 5, is amended to read:

233.2 Subd. 5. **Cost-sharing.** (a) Co-payments, coinsurance, and deductibles do not apply to
233.3 children under the age of 21 and to American Indians as defined in Code of Federal
233.4 Regulations, title 42, section 600.5.

233.5 (b) The commissioner shall adjust co-payments, coinsurance, and deductibles for covered
233.6 services in a manner sufficient to maintain the actuarial value of the benefit to 94 percent.
233.7 The cost-sharing changes described in this paragraph do not apply to eligible recipients or
233.8 services exempt from cost-sharing under state law. The cost-sharing changes described in
233.9 this paragraph shall not be implemented prior to January 1, 2016, or after December 31,
233.10 2022.

233.11 (c) The cost-sharing changes authorized under paragraph (b) must satisfy the requirements
233.12 for cost-sharing under the Basic Health Program as set forth in Code of Federal Regulations,
233.13 title 42, sections 600.510 and 600.520.

233.14 (d) Paragraphs (a) to (c) apply only to services provided through December 31, 2022.
233.15 Effective for services provided on or after January 1, 2023, the MinnesotaCare program
233.16 shall not require deductibles, co-payments, coinsurance, or any other form of enrollee
233.17 cost-sharing.

233.18 Sec. 42. Minnesota Statutes 2020, section 256L.04, subdivision 1c, is amended to read:

233.19 Subd. 1c. **General requirements.** To be eligible for MinnesotaCare, a person must meet
233.20 the eligibility requirements of this section. A person eligible for MinnesotaCare ~~shall~~ with
233.21 an income less than or equal to 200 percent of the federal poverty guidelines must not be
233.22 considered a qualified individual under section 1312 of the Affordable Care Act, and is not
233.23 eligible for enrollment in a qualified health plan offered through MNsure under chapter
233.24 62V.

233.25 **EFFECTIVE DATE.** This section is effective January 1, 2025, or upon federal approval,
233.26 whichever is later, but only if the commissioner of human services certifies to the legislature
233.27 that implementation of this section will not result in federal penalties to federal basic health
233.28 program funding for MinnesotaCare enrollees with incomes not exceeding 200 percent of
233.29 the federal poverty guidelines. The commissioner of human services shall notify the revisor
233.30 of statutes when federal approval is obtained.

234.1 Sec. 43. Minnesota Statutes 2020, section 256L.04, subdivision 7a, is amended to read:

234.2 Subd. 7a. **Ineligibility.** Adults whose income is greater than the limits established under
234.3 this section may not enroll in the MinnesotaCare program, except as provided in subdivision
234.4 15.

234.5 **EFFECTIVE DATE.** This section is effective January 1, 2025, or upon federal approval,
234.6 whichever is later, but only if the commissioner of human services certifies to the legislature
234.7 that implementation of this section will not result in federal penalties to federal basic health
234.8 program funding for MinnesotaCare enrollees with incomes not exceeding 200 percent of
234.9 the federal poverty guidelines. The commissioner of human services shall notify the revisor
234.10 of statutes when federal approval is obtained.

234.11 Sec. 44. Minnesota Statutes 2020, section 256L.04, subdivision 10, is amended to read:

234.12 Subd. 10. **Citizenship requirements.** (a) Eligibility for MinnesotaCare is limited to
234.13 citizens or nationals of the United States and lawfully present noncitizens as defined in
234.14 Code of Federal Regulations, title 8, section 103.12. Undocumented noncitizens, with the
234.15 exception of children under age 19, are ineligible for MinnesotaCare. For purposes of this
234.16 subdivision, an undocumented noncitizen is an individual who resides in the United States
234.17 without the approval or acquiescence of the United States Citizenship and Immigration
234.18 Services. Families with children who are citizens or nationals of the United States must
234.19 cooperate in obtaining satisfactory documentary evidence of citizenship or nationality
234.20 according to the requirements of the federal Deficit Reduction Act of 2005, Public Law
234.21 109-171.

234.22 (b) Notwithstanding subdivisions 1 and 7, eligible persons include families and
234.23 individuals who are lawfully present and ineligible for medical assistance by reason of
234.24 immigration status and who have incomes equal to or less than 200 percent of federal poverty
234.25 guidelines.

234.26 **EFFECTIVE DATE.** This section is effective January 1, 2024.

234.27 Sec. 45. Minnesota Statutes 2020, section 256L.04, is amended by adding a subdivision
234.28 to read:

234.29 **Subd. 15. Persons eligible for public option.** (a) Families and individuals with income
234.30 above the maximum income eligibility limit specified in subdivision 1 or 7, who meet all
234.31 other MinnesotaCare eligibility requirements, are eligible for MinnesotaCare. All other
234.32 provisions of this chapter apply unless otherwise specified.

235.1 (b) Families and individuals may enroll in MinnesotaCare under this subdivision only
235.2 during an annual open enrollment period or special enrollment period, as designated by
235.3 MNsure in compliance with Code of Federal Regulations, title 45, parts 155.410 and 155.420.

235.4 **EFFECTIVE DATE.** This section is effective January 1, 2025, or upon federal approval,
235.5 whichever is later, but only if the commissioner of human services certifies to the legislature
235.6 that implementation of this section will not result in federal penalties to federal basic health
235.7 program funding for MinnesotaCare enrollees with incomes not exceeding 200 percent of
235.8 the federal poverty guidelines. The commissioner of human services shall notify the revisor
235.9 of statutes when federal approval is obtained.

235.10 Sec. 46. Minnesota Statutes 2020, section 256L.07, subdivision 1, is amended to read:

235.11 Subdivision 1. **General requirements.** Individuals enrolled in MinnesotaCare under
235.12 section 256L.04, subdivision 1, and individuals enrolled in MinnesotaCare under section
235.13 256L.04, subdivision 7, whose income increases above 200 percent of the federal poverty
235.14 guidelines, are no longer eligible for the program and ~~shall~~ must be disenrolled by the
235.15 commissioner, unless the individuals continue MinnesotaCare enrollment through the public
235.16 option under section 256L.04, subdivision 15. For persons disenrolled under this subdivision,
235.17 MinnesotaCare coverage terminates the last day of the calendar month in which the
235.18 commissioner sends advance notice according to Code of Federal Regulations, title 42,
235.19 section 431.211, that indicates the income of a family or individual exceeds program income
235.20 limits.

235.21 **EFFECTIVE DATE.** This section is effective January 1, 2025, or upon federal approval,
235.22 whichever is later, but only if the commissioner of human services certifies to the legislature
235.23 that implementation of this section will not result in federal penalties to federal basic health
235.24 program funding for MinnesotaCare enrollees with incomes not exceeding 200 percent of
235.25 the federal poverty guidelines. The commissioner of human services shall notify the revisor
235.26 of statutes when federal approval is obtained.

235.27 Sec. 47. Minnesota Statutes 2021 Supplement, section 256L.15, subdivision 2, is amended
235.28 to read:

235.29 Subd. 2. **Sliding fee scale; monthly individual or family income.** (a) The commissioner
235.30 shall establish a sliding fee scale to determine the percentage of monthly individual or family
235.31 income that households at different income levels must pay to obtain coverage through the
235.32 MinnesotaCare program. The sliding fee scale must be based on the enrollee's monthly
235.33 individual or family income.

236.1 ~~(b) Beginning January 1, 2014, MinnesotaCare enrollees shall pay premiums according~~
 236.2 ~~to the premium scale specified in paragraph (d).~~

236.3 ~~(e) (b) Paragraph (b) (a) does not apply to:~~

236.4 ~~(1) children 20 years of age or younger; and~~

236.5 ~~(2) individuals with household incomes below 35 percent of the federal poverty~~
 236.6 ~~guidelines.~~

236.7 ~~(d) The following premium scale is established for each individual in the household who~~
 236.8 ~~is 21 years of age or older and enrolled in MinnesotaCare:~~

236.9	Federal Poverty Guideline	Less than	Individual Premium
236.10	Greater than or Equal to		Amount
236.11	35%	55%	\$4
236.12	55%	80%	\$6
236.13	80%	90%	\$8
236.14	90%	100%	\$10
236.15	100%	110%	\$12
236.16	110%	120%	\$14
236.17	120%	130%	\$15
236.18	130%	140%	\$16
236.19	140%	150%	\$25
236.20	150%	160%	\$37
236.21	160%	170%	\$44
236.22	170%	180%	\$52
236.23	180%	190%	\$61
236.24	190%	200%	\$71
236.25	200%		\$80

236.26 ~~(e) (c) Beginning January 1, 2021 2023, the commissioner shall continue to charge~~
 236.27 ~~premiums in accordance with the simplified premium scale established to comply with the~~
 236.28 ~~American Rescue Plan Act of 2021, in effect from January 1, 2021, through December 31,~~
 236.29 ~~2022, for families and individuals eligible under section 256L.04, subdivisions 1 and 7. The~~
 236.30 ~~commissioner shall adjust the premium scale established under paragraph (d) as needed to~~
 236.31 ~~ensure that premiums do not exceed the amount that an individual would have been required~~
 236.32 ~~to pay if the individual was enrolled in an applicable benchmark plan in accordance with~~
 236.33 ~~the Code of Federal Regulations, title 42, section 600.505 (a)(1).~~

236.34 ~~(d) The commissioner shall establish a sliding premium scale for persons eligible through~~
 236.35 ~~the buy-in option under section 256L.04, subdivision 15. Beginning January 1, 2025, persons~~

237.1 eligible through the buy-in option shall pay premiums according to the premium scale
 237.2 established by the commissioner. Persons 20 years of age or younger are exempt from
 237.3 paying premiums.

237.4 **EFFECTIVE DATE.** This section is effective January 1, 2023, except that the sliding
 237.5 premium scale established under paragraph (d) is effective January 1, 2025, or upon federal
 237.6 approval, whichever is later, but only if the commissioner of human services certifies to the
 237.7 legislature that implementation of paragraph (d) will not result in federal penalties to federal
 237.8 basic health program funding for MinnesotaCare enrollees with incomes not exceeding 200
 237.9 percent of the federal poverty guidelines. The commissioner of human services shall notify
 237.10 the revisor of statutes when federal approval is obtained.

237.11 Sec. 48. Laws 2015, chapter 71, article 14, section 2, subdivision 5, as amended by Laws
 237.12 2015, First Special Session chapter 6, section 1, is amended to read:

237.13 **Subd. 5. Grant Programs**

237.14 The amounts that may be spent from this
 237.15 appropriation for each purpose are as follows:

237.16 **(a) Support Services Grants**

237.17 Appropriations by Fund

237.18 General	13,133,000	8,715,000
237.19 Federal TANF	96,311,000	96,311,000

237.20 **(b) Basic Sliding Fee Child Care Assistance**
 237.21 **Grants**

48,439,000	51,559,000
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237.22 **Basic Sliding Fee Waiting List Allocation.**

237.23 Notwithstanding Minnesota Statutes, section
 237.24 119B.03, \$5,413,000 in fiscal year 2016 is to
 237.25 reduce the basic sliding fee program waiting
 237.26 list as follows:

237.27 (1) The calendar year 2016 allocation shall be
 237.28 increased to serve families on the waiting list.
 237.29 To receive funds appropriated for this purpose,
 237.30 a county must have:

237.31 (i) a waiting list in the most recent published
 237.32 waiting list month;

238.1 (ii) an average of at least ten families on the
 238.2 most recent six months of published waiting
 238.3 list; and

238.4 (iii) total expenditures in calendar year 2014
 238.5 that met or exceeded 80 percent of the county's
 238.6 available final allocation.

238.7 (2) Funds shall be distributed proportionately
 238.8 based on the average of the most recent six
 238.9 months of published waiting lists to counties
 238.10 that meet the criteria in clause (1).

238.11 (3) Allocations in calendar years 2017 and
 238.12 beyond shall be calculated using the allocation
 238.13 formula in Minnesota Statutes, section
 238.14 119B.03.

238.15 (4) The guaranteed floor for calendar year
 238.16 2017 shall be based on the revised calendar
 238.17 year 2016 allocation.

238.18 **Base Level Adjustment.** The general fund
 238.19 base is increased by \$810,000 in fiscal year
 238.20 2018 and increased by \$821,000 in fiscal year
 238.21 2019.

238.22 (c) Child Care Development Grants	1,737,000	1,737,000
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238.23 (d) Child Support Enforcement Grants	50,000	50,000
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238.24 (e) Children's Services Grants		
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238.25	Appropriations by Fund	
238.26 General	39,015,000	38,665,000
238.27 Federal TANF	140,000	140,000

238.28 **Safe Place for Newborns.** \$350,000 from the
 238.29 general fund in fiscal year 2016 is to distribute
 238.30 information on the Safe Place for Newborns
 238.31 law in Minnesota to increase public awareness
 238.32 of the law. This is a onetime appropriation.

239.1 **Child Protection.** \$23,350,000 in fiscal year
 239.2 2016 and \$23,350,000 in fiscal year 2017 are
 239.3 to address child protection staffing and
 239.4 services under Minnesota Statutes, section
 239.5 256M.41. \$1,650,000 in fiscal year 2016 and
 239.6 \$1,650,000 in fiscal year 2017 are for child
 239.7 protection grants to address child welfare
 239.8 disparities under Minnesota Statutes, section
 239.9 256E.28.

239.10 **Title IV-E Adoption Assistance.** Additional
 239.11 federal reimbursement to the state as a result
 239.12 of the Fostering Connections to Success and
 239.13 Increasing Adoptions Act's expanded
 239.14 eligibility for title IV-E adoption assistance is
 239.15 appropriated to the commissioner for
 239.16 postadoption services, including a
 239.17 parent-to-parent support network.

239.18 **Adoption Assistance Incentive Grants.**
 239.19 Federal funds available during fiscal years
 239.20 2016 and 2017 for adoption incentive grants
 239.21 are appropriated to the commissioner for
 239.22 postadoption services, including a
 239.23 parent-to-parent support network.

239.24 (f) Children and Community Service Grants	56,301,000	56,301,000
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239.25 (g) Children and Economic Support Grants	26,778,000	26,966,000
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239.26 **Mobile Food Shelf Grants.** (a) \$1,000,000
 239.27 in fiscal year 2016 and \$1,000,000 in fiscal
 239.28 year 2017 are for a grant to Hunger Solutions.
 239.29 This is a onetime appropriation and is
 239.30 available until June 30, 2017.

239.31 (b) Hunger Solutions shall award grants of up
 239.32 to \$75,000 on a competitive basis. Grant
 239.33 applications must include:

239.34 (1) the location of the project;

- 240.1 (2) a description of the mobile program,
240.2 including size and scope;
- 240.3 (3) evidence regarding the unserved or
240.4 underserved nature of the community in which
240.5 the project is to be located;
- 240.6 (4) evidence of community support for the
240.7 project;
- 240.8 (5) the total cost of the project;
- 240.9 (6) the amount of the grant request and how
240.10 funds will be used;
- 240.11 (7) sources of funding or in-kind contributions
240.12 for the project that will supplement any grant
240.13 award;
- 240.14 (8) a commitment to mobile programs by the
240.15 applicant and an ongoing commitment to
240.16 maintain the mobile program; and
- 240.17 (9) any additional information requested by
240.18 Hunger Solutions.
- 240.19 (c) Priority may be given to applicants who:
- 240.20 (1) serve underserved areas;
- 240.21 (2) create a new or expand an existing mobile
240.22 program;
- 240.23 (3) serve areas where a high amount of need
240.24 is identified;
- 240.25 (4) provide evidence of strong support for the
240.26 project from citizens and other institutions in
240.27 the community;
- 240.28 (5) leverage funding for the project from other
240.29 private and public sources; and
- 240.30 (6) commit to maintaining the program on a
240.31 multilayer basis.

241.1 **Homeless Youth Act.** At least \$500,000 of
241.2 the appropriation for the Homeless Youth Act
241.3 must be awarded to providers in greater
241.4 Minnesota, with at least 25 percent of this
241.5 amount for new applicant providers. The
241.6 commissioner shall provide outreach and
241.7 technical assistance to greater Minnesota
241.8 providers and new providers to encourage
241.9 responding to the request for proposals.

241.10 **Stearns County Veterans Housing.** \$85,000
241.11 in fiscal year 2016 and \$85,000 in fiscal year
241.12 2017 are for a grant to Stearns County to
241.13 provide administrative funding in support of
241.14 a service provider serving veterans in Stearns
241.15 County. The administrative funding grant may
241.16 be used to support group residential housing
241.17 services, corrections-related services, veteran
241.18 services, and other social services related to
241.19 the service provider serving veterans in
241.20 Stearns County.

241.21 **Safe Harbor.** \$800,000 in fiscal year 2016
241.22 and \$800,000 in fiscal year 2017 are from the
241.23 general fund for emergency shelter and
241.24 transitional and long-term housing beds for
241.25 sexually exploited youth and youth at risk of
241.26 sexual exploitation. Of this appropriation,
241.27 \$150,000 in fiscal year 2016 and \$150,000 in
241.28 fiscal year 2017 are from the general fund for
241.29 statewide youth outreach workers connecting
241.30 sexually exploited youth and youth at risk of
241.31 sexual exploitation with shelter and services.

241.32 **Minnesota Food Assistance Program.**
241.33 Unexpended funds for the Minnesota food
241.34 assistance program for fiscal year 2016 do not

242.1 cancel but are available for this purpose in
 242.2 fiscal year 2017.

242.3 **Base Level Adjustment.** The general fund
 242.4 base is decreased by \$816,000 in fiscal year
 242.5 2018 and is decreased by \$606,000 in fiscal
 242.6 year 2019.

242.7 **(h) Health Care Grants**

242.8	Appropriations by Fund		
242.9	General	536,000	2,482,000
242.10	Health Care Access	3,341,000	3,465,000

242.11 **Grants for Periodic Data Matching for**
 242.12 **Medical Assistance and MinnesotaCare.** Of
 242.13 the general fund appropriation, \$26,000 in
 242.14 fiscal year 2016 and \$1,276,000 in fiscal year
 242.15 2017 are for grants to counties for costs related
 242.16 to periodic data matching for medical
 242.17 assistance and MinnesotaCare recipients under
 242.18 Minnesota Statutes, section 256B.0561. The
 242.19 commissioner must distribute these grants to
 242.20 counties in proportion to each county's number
 242.21 of cases in the prior year in the affected
 242.22 programs.

242.23 **Base Level Adjustment.** The general fund
 242.24 base is ~~increased by \$1,637,000 in fiscal year~~
 242.25 ~~2018 and increased by \$1,229,000 in fiscal~~
 242.26 ~~year 2019~~ maintained in fiscal years 2020 and
 242.27 2021.

242.28 **(i) Other Long-Term Care Grants** 1,551,000 3,069,000

242.29 **Transition Populations.** \$1,551,000 in fiscal
 242.30 year 2016 and \$1,725,000 in fiscal year 2017
 242.31 are for home and community-based services
 242.32 transition grants to assist in providing home
 242.33 and community-based services and treatment

- 243.1 for transition populations under Minnesota
 243.2 Statutes, section 256.478.
- 243.3 **Base Level Adjustment.** The general fund
 243.4 base is increased by \$156,000 in fiscal year
 243.5 2018 and by \$581,000 in fiscal year 2019.
- 243.6 **(j) Aging and Adult Services Grants** 28,463,000 28,162,000
- 243.7 **Dementia Grants.** \$750,000 in fiscal year
 243.8 2016 and \$750,000 in fiscal year 2017 are for
 243.9 the Minnesota Board on Aging for regional
 243.10 and local dementia grants authorized in
 243.11 Minnesota Statutes, section 256.975,
 243.12 subdivision 11.
- 243.13 **(k) Deaf and Hard-of-Hearing Grants** 2,225,000 2,375,000
- 243.14 **Deaf, Deafblind, and Hard-of-Hearing**
 243.15 **Grants.** \$350,000 in fiscal year 2016 and
 243.16 \$500,000 in fiscal year 2017 are for deaf and
 243.17 hard-of-hearing grants. The funds must be
 243.18 used to increase the number of deafblind
 243.19 Minnesotans receiving services under
 243.20 Minnesota Statutes, section 256C.261, and to
 243.21 provide linguistically and culturally
 243.22 appropriate mental health services to children
 243.23 who are deaf, deafblind, and hard-of-hearing.
 243.24 This is a onetime appropriation.
- 243.25 **Base Level Adjustment.** The general fund
 243.26 base is decreased by \$500,000 in fiscal year
 243.27 2018 and by \$500,000 in fiscal year 2019.
- 243.28 **(l) Disabilities Grants** 20,820,000 20,858,000
- 243.29 **State Quality Council.** \$573,000 in fiscal
 243.30 year 2016 and \$600,000 in fiscal year 2017
 243.31 are for the State Quality Council to provide
 243.32 technical assistance and monitoring of
 243.33 person-centered outcomes related to inclusive
 243.34 community living and employment. The

244.1 funding must be used by the State Quality
 244.2 Council to assure a statewide plan for systems
 244.3 change in person-centered planning that will
 244.4 achieve desired outcomes including increased
 244.5 integrated employment and community living.

244.6 **(m) Adult Mental Health Grants**

244.7 Appropriations by Fund

244.8	General	69,992,000	71,244,000
244.9	Health Care Access	1,575,000	2,473,000
244.10	Lottery Prize	1,733,000	1,733,000

244.11 **Funding Usage.** Up to 75 percent of a fiscal
 244.12 year's appropriation for adult mental health
 244.13 grants may be used to fund allocations in that
 244.14 portion of the fiscal year ending December
 244.15 31.

244.16 **Culturally Specific Mental Health Services.**

244.17 \$100,000 in fiscal year 2016 is for grants to
 244.18 nonprofit organizations to provide resources
 244.19 and referrals for culturally specific mental
 244.20 health services to Southeast Asian veterans
 244.21 born before 1965 who do not qualify for
 244.22 services available to veterans formally
 244.23 discharged from the United States armed
 244.24 forces.

244.25 **Problem Gambling.** \$225,000 in fiscal year
 244.26 2016 and \$225,000 in fiscal year 2017 are
 244.27 from the lottery prize fund for a grant to the
 244.28 state affiliate recognized by the National
 244.29 Council on Problem Gambling. The affiliate
 244.30 must provide services to increase public
 244.31 awareness of problem gambling, education,
 244.32 and training for individuals and organizations
 244.33 providing effective treatment services to
 244.34 problem gamblers and their families, and
 244.35 research related to problem gambling.

245.1 **Sustainability Grants.** \$2,125,000 in fiscal
 245.2 year 2016 and \$2,125,000 in fiscal year 2017
 245.3 are for sustainability grants under Minnesota
 245.4 Statutes, section 256B.0622, subdivision 11.

245.5 **Beltrami County Mental Health Services**
 245.6 **Grant.** \$1,000,000 in fiscal year 2016 and
 245.7 \$1,000,000 in fiscal year 2017 are from the
 245.8 general fund for a grant to Beltrami County
 245.9 to fund the planning and development of a
 245.10 comprehensive mental health services program
 245.11 under article 2, section 41, Comprehensive
 245.12 Mental Health Program in Beltrami County.
 245.13 This is a onetime appropriation.

245.14 **Base Level Adjustment.** The general fund
 245.15 base is increased by \$723,000 in fiscal year
 245.16 2018 and by \$723,000 in fiscal year 2019. The
 245.17 health care access fund base is decreased by
 245.18 \$1,723,000 in fiscal year 2018 and by
 245.19 \$1,723,000 in fiscal year 2019.

245.20 (n) Child Mental Health Grants	23,386,000	24,313,000
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245.21 **Services and Supports for First Episode**
 245.22 **Psychosis.** \$177,000 in fiscal year 2017 is for
 245.23 grants under Minnesota Statutes, section
 245.24 245.4889, to mental health providers to pilot
 245.25 evidence-based interventions for youth at risk
 245.26 of developing or experiencing a first episode
 245.27 of psychosis and for a public awareness
 245.28 campaign on the signs and symptoms of
 245.29 psychosis. The base for these grants is
 245.30 \$236,000 in fiscal year 2018 and \$301,000 in
 245.31 fiscal year 2019.

245.32 **Adverse Childhood Experiences.** The base
 245.33 for grants under Minnesota Statutes, section
 245.34 245.4889, to children's mental health and

246.1 family services collaboratives for adverse
 246.2 childhood experiences (ACEs) training grants
 246.3 and for an interactive Web site connection to
 246.4 support ACEs in Minnesota is \$363,000 in
 246.5 fiscal year 2018 and \$363,000 in fiscal year
 246.6 2019.

246.7 **Funding Usage.** Up to 75 percent of a fiscal
 246.8 year's appropriation for child mental health
 246.9 grants may be used to fund allocations in that
 246.10 portion of the fiscal year ending December
 246.11 31.

246.12 **Base Level Adjustment.** The general fund
 246.13 base is increased by \$422,000 in fiscal year
 246.14 2018 and is increased by \$487,000 in fiscal
 246.15 year 2019.

246.16 (o) **Chemical Dependency Treatment Support**
 246.17 **Grants**

1,561,000

1,561,000

246.18 **Chemical Dependency Prevention.** \$150,000
 246.19 in fiscal year 2016 and \$150,000 in fiscal year
 246.20 2017 are for grants to nonprofit organizations
 246.21 to provide chemical dependency prevention
 246.22 programs in secondary schools. When making
 246.23 grants, the commissioner must consider the
 246.24 expertise, prior experience, and outcomes
 246.25 achieved by applicants that have provided
 246.26 prevention programming in secondary
 246.27 education environments. An applicant for the
 246.28 grant funds must provide verification to the
 246.29 commissioner that the applicant has available
 246.30 and will contribute sufficient funds to match
 246.31 the grant given by the commissioner. This is
 246.32 a onetime appropriation.

246.33 **Fetal Alcohol Syndrome Grants.** \$250,000
 246.34 in fiscal year 2016 and \$250,000 in fiscal year
 246.35 2017 are for grants to be administered by the

247.1 Minnesota Organization on Fetal Alcohol
247.2 Syndrome to provide comprehensive,
247.3 gender-specific services to pregnant and
247.4 parenting women suspected of or known to
247.5 use or abuse alcohol or other drugs. This
247.6 appropriation is for grants to no fewer than
247.7 three eligible recipients. Minnesota
247.8 Organization on Fetal Alcohol Syndrome must
247.9 report to the commissioner of human services
247.10 annually by January 15 on the grants funded
247.11 by this appropriation. The report must include
247.12 measurable outcomes for the previous year,
247.13 including the number of pregnant women
247.14 served and the number of toxic-free babies
247.15 born.

247.16 **Base Level Adjustment.** The general fund
247.17 base is decreased by \$150,000 in fiscal year
247.18 2018 and by \$150,000 in fiscal year 2019.

247.19 Sec. 49. Laws 2020, First Special Session chapter 7, section 1, subdivision 1, as amended
247.20 by Laws 2021, First Special Session chapter 7, article 2, section 71, is amended to read:

247.21 Subdivision 1. **Waivers and modifications; federal funding extension.** When the
247.22 peacetime emergency declared by the governor in response to the COVID-19 outbreak
247.23 expires, is terminated, or is rescinded by the proper authority, the following waivers and
247.24 modifications to human services programs issued by the commissioner of human services
247.25 pursuant to Executive Orders 20-11 and 20-12 that are required to comply with federal law
247.26 may remain in effect for the time period set out in applicable federal law or for the time
247.27 period set out in any applicable federally approved waiver or state plan amendment,
247.28 whichever is later:

247.29 (1) CV15: allowing telephone or video visits for waiver programs;

247.30 (2) CV17: preserving health care coverage for Medical Assistance and MinnesotaCare
247.31 as needed to comply with federal guidance from the Centers for Medicare and Medicaid
247.32 Services, and until the enrollee's first renewal following the resumption of medical assistance
247.33 and MinnesotaCare renewals after the end of the COVID-19 public health emergency
247.34 declared by the United States Secretary of Health and Human Services;

248.1 (3) CV18: implementation of federal changes to the Supplemental Nutrition Assistance
248.2 Program;

248.3 (4) CV20: eliminating cost-sharing for COVID-19 diagnosis and treatment;

248.4 (5) CV24: allowing telephone or video use for targeted case management visits;

248.5 (6) CV30: expanding telemedicine in health care, mental health, and substance use
248.6 disorder settings;

248.7 (7) CV37: implementation of federal changes to the Supplemental Nutrition Assistance
248.8 Program;

248.9 (8) CV39: implementation of federal changes to the Supplemental Nutrition Assistance
248.10 Program;

248.11 (9) CV42: implementation of federal changes to the Supplemental Nutrition Assistance
248.12 Program;

248.13 (10) CV43: expanding remote home and community-based waiver services;

248.14 (11) CV44: allowing remote delivery of adult day services;

248.15 (12) CV59: modifying eligibility period for the federally funded Refugee Cash Assistance
248.16 Program;

248.17 (13) CV60: modifying eligibility period for the federally funded Refugee Social Services
248.18 Program; and

248.19 (14) CV109: providing 15 percent increase for Minnesota Food Assistance Program and
248.20 Minnesota Family Investment Program maximum food benefits.

248.21 Sec. 50. Laws 2021, First Special Session chapter 7, article 1, section 36, is amended to
248.22 read:

248.23 Sec. 36. **RESPONSE TO COVID-19 PUBLIC HEALTH EMERGENCY.**

248.24 (a) Notwithstanding Minnesota Statutes, section 256B.057, subdivision 9, 256L.06,
248.25 subdivision 3, or any other provision to the contrary, the commissioner shall not collect any
248.26 unpaid premium for a coverage month ~~that occurred during~~ until the enrollee's first renewal
248.27 after the resumption of medical assistance renewals following the end of the COVID-19
248.28 public health emergency declared by the United States Secretary of Health and Human
248.29 Services.

249.1 (b) Notwithstanding any provision to the contrary, periodic data matching under
249.2 Minnesota Statutes, section 256B.0561, subdivision 2, may be suspended for up to ~~six~~ 12
249.3 months following the ~~last day of~~ resumption of medical assistance and MinnesotaCare
249.4 renewals after the end of the COVID-19 public health emergency declared by the United
249.5 States Secretary of Health and Human Services.

249.6 (c) Notwithstanding any provision to the contrary, the requirement for the commissioner
249.7 of human services to issue an annual report on periodic data matching under Minnesota
249.8 Statutes, section 256B.0561, is suspended for one year following the last day of the
249.9 COVID-19 public health emergency declared by the United States Secretary of Health and
249.10 Human Services.

249.11 (d) The commissioner of human services shall take necessary actions to comply with
249.12 federal guidance pertaining to the appropriate redetermination of medical assistance enrollee
249.13 eligibility following the end of the COVID-19 public health emergency declared by the
249.14 United States Secretary of Health and Human Services and may waive currently existing
249.15 Minnesota statutes to the minimum level necessary to achieve federal compliance. All
249.16 changes implemented must be reported to the chairs and ranking minority members of the
249.17 legislative committees with jurisdiction over human services within 90 days.

249.18 Sec. 51. **DENTAL HOME PILOT PROJECT.**

249.19 Subdivision 1. Establishment; requirements. (a) The commissioner of human services
249.20 shall establish a dental home pilot project to increase access of medical assistance and
249.21 MinnesotaCare enrollees to dental care, improve patient experience, and improve oral health
249.22 clinical outcomes, in a manner that sustains the financial viability of the dental workforce
249.23 and broader dental care delivery and financing system. Dental homes must provide
249.24 high-quality, patient-centered, comprehensive, and coordinated oral health services across
249.25 clinical and community-based settings, including virtual oral health care.

249.26 (b) The design and operation of the dental home pilot project must be consistent with
249.27 the recommendations made by the Dental Services Advisory Committee to the legislature
249.28 under Laws 2021, First Special Session chapter 7, article 1, section 33.

249.29 (c) The commissioner shall establish baseline requirements and performance measures
249.30 for dental homes participating in the pilot project. These baseline requirements and
249.31 performance measures must address access and patient experience and oral health clinical
249.32 outcomes.

250.1 Subd. 2. Project design and timeline. (a) The commissioner shall issue a preliminary
250.2 project description and a request for information to obtain stakeholder feedback and input
250.3 on project design issues, including but not limited to:

250.4 (1) the timeline for project implementation;

250.5 (2) the length of each project phase and the date for full project implementation;

250.6 (3) the number of providers to be selected for participation;

250.7 (4) grant amounts;

250.8 (5) criteria and procedures for any value-based payments;

250.9 (6) the extent to which pilot project requirements may vary with provider characteristics;

250.10 (7) procedures for data collection;

250.11 (8) the role of dental partners, such as dental professional organizations and educational
250.12 institutions;

250.13 (9) provider support and education; and

250.14 (10) other topics identified by the commissioner.

250.15 (b) The commissioner shall consider the feedback and input obtained in paragraph (a)
250.16 and shall develop and issue a request for proposals for participation in the pilot project.

250.17 (c) The pilot project must be implemented by July 1, 2023, and must include initial pilot
250.18 testing and the collection and analysis of data on baseline requirements and performance
250.19 measures to evaluate whether these requirements and measures are appropriate. Under this
250.20 phase, the commissioner shall provide grants to individual providers and provider networks
250.21 in addition to medical assistance and MinnesotaCare payments received for services provided.

250.22 (d) The pilot project may test and analyze value-based payments to providers to determine
250.23 whether varying payments based on dental home performance measures is appropriate and
250.24 effective.

250.25 (e) The commissioner shall ensure provider diversity in selecting project participants.
250.26 In selecting providers, the commissioner shall consider: geographic distribution; provider
250.27 size, type, and location; providers serving different priority populations; health equity issues;
250.28 and provider accessibility for patients with varying levels and types of disability.

250.29 (f) In designing and implementing the pilot project, the commissioner shall regularly
250.30 consult with project participants and other stakeholders, and as relevant shall continue to
250.31 seek the input of participants and other stakeholders on the topics listed in paragraph (a).

251.1 Subd. 3. **Reporting.** (a) The commissioner, beginning February 15, 2023, and each
251.2 February 15 thereafter for the duration of the demonstration project, shall report on the
251.3 design, implementation, operation, and results of the demonstration project to the chairs
251.4 and ranking minority members of the legislative committees with jurisdiction over health
251.5 care finance and policy.

251.6 (b) The commissioner, within six months from the date the pilot project ceases operation,
251.7 shall report to the chairs and ranking minority members of the legislative committees with
251.8 jurisdiction over health care finance and policy on the results of the demonstration project,
251.9 and shall include in the report recommendations on whether the demonstration project, or
251.10 specific features of the demonstration project, should be extended to all dental providers
251.11 serving medical assistance and MinnesotaCare enrollees.

251.12 **Sec. 52. SMALL EMPLOYER PUBLIC OPTION.**

251.13 The commissioner of human services, in consultation with representatives of small
251.14 employers, shall develop a small employer public option that allows employees of businesses
251.15 with fewer than 50 employees to receive employer contributions toward MinnesotaCare.
251.16 The commissioner shall determine whether the employer makes contributions to the
251.17 commissioner directly or the employee makes contributions through a qualified small
251.18 employer health reimbursement arrangement account or other arrangement. In determining
251.19 the structure of the small employer public option, the commissioner shall consult with
251.20 federal officials to determine which arrangement will result in the employer contributions
251.21 being tax deductible to the employer and not being considered taxable income to the
251.22 employee. The commissioner shall present recommendations for a small employer public
251.23 option to the chairs and ranking minority members of the legislative committees with
251.24 jurisdiction over health and human services policy and finance by December 15, 2023.

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

251.26 **Sec. 53. TRANSITION TO MINNESOTACARE PUBLIC OPTION.**

251.27 (a) The commissioner of human services shall continue to administer MinnesotaCare
251.28 as a basic health program in accordance with Minnesota Statutes, section 256L.02,
251.29 subdivision 5, and shall seek federal waivers, approvals, and law changes necessary to
251.30 implement this act.

251.31 (b) The commissioner shall present an implementation plan for the MinnesotaCare public
251.32 option under Minnesota Statutes, section 256L.04, subdivision 15, to the chairs and ranking

252.1 minority members of the legislative committees with jurisdiction over health care policy
252.2 and finance by December 15, 2023. The plan must include:

252.3 (1) recommendations for any changes to the MinnesotaCare public option necessary to
252.4 continue federal basic health program funding or to receive other federal funding;

252.5 (2) recommendations for implementing any small employer option in a manner that
252.6 would allow any employee payments toward premiums to be pretax;

252.7 (3) recommendations for ensuring sufficient provider participation in MinnesotaCare;

252.8 (4) estimates of state costs related to the MinnesotaCare public option;

252.9 (5) a description of the proposed premium scale for persons eligible through the public
252.10 option, including an analysis of the extent to which the proposed premium scale:

252.11 (i) ensures affordable premiums for persons across the income spectrum enrolled under
252.12 the public option; and

252.13 (ii) avoids premium cliffs for persons transitioning to and enrolled under the public
252.14 option; and

252.15 (6) draft legislation that includes any additional policy and conforming changes necessary
252.16 to implement the MinnesotaCare public option and the implementation plan
252.17 recommendations.

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

252.19 Sec. 54. **REQUEST FOR FEDERAL APPROVAL.**

252.20 (a) The commissioner of human services shall seek any federal waivers, approvals, and
252.21 law changes necessary to implement this act, including but not limited to those waivers,
252.22 approvals, and law changes necessary to allow the state to:

252.23 (1) continue receiving federal basic health program payments for basic health
252.24 program-eligible MinnesotaCare enrollees and to receive other federal funding for the
252.25 MinnesotaCare public option;

252.26 (2) receive federal payments equal to the value of premium tax credits and cost-sharing
252.27 reductions that MinnesotaCare enrollees with household incomes greater than 200 percent
252.28 of the federal poverty guidelines would otherwise have received; and

252.29 (3) receive federal payments equal to the value of emergency medical assistance that
252.30 would otherwise have been paid to the state for covered services provided to eligible
252.31 enrollees.

253.1 (b) In implementing this section, the commissioner of human services shall consult with
253.2 the commissioner of commerce and the Board of Directors of MNsure and may contract
253.3 for technical and actuarial assistance.

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

253.5 Sec. 55. **DELIVERY REFORM ANALYSIS REPORT.**

253.6 (a) The commissioner of human services shall present to the chairs and ranking minority
253.7 members of the legislative committees with jurisdiction over health care policy and finance,
253.8 by January 15, 2024, a report comparing service delivery and payment system models for
253.9 delivering services to medical assistance enrollees for whom income eligibility is determined
253.10 using the modified adjusted gross income methodology under Minnesota Statutes, section
253.11 256B.056, subdivision 1a, paragraph (b), clause (1), and MinnesotaCare enrollees eligible
253.12 under Minnesota Statutes, chapter 256L. The report must compare the current delivery
253.13 model with at least two alternative models. The alternative models must include a state-based
253.14 model in which the state holds the plan risk as the insurer and may contract with a third-party
253.15 administrator for claims processing and plan administration. The alternative models may
253.16 include but are not limited to:

253.17 (1) expanding the use of integrated health partnerships under Minnesota Statutes, section
253.18 256B.0755;

253.19 (2) delivering care under fee-for-service through a primary care case management system;
253.20 and

253.21 (3) continuing to contract with managed care and county-based purchasing plans for
253.22 some or all enrollees under modified contracts.

253.23 (b) The report must include:

253.24 (1) a description of how each model would address:

253.25 (i) racial and other inequities in the delivery of health care and health care outcomes;

253.26 (ii) geographic inequities in the delivery of health care;

253.27 (iii) the provision of incentives for preventive care and other best practices;

253.28 (iv) reimbursement of providers for high-quality, value-based care at levels sufficient

253.29 to sustain or increase enrollee access to care; and

253.30 (v) transparency and simplicity for enrollees, health care providers, and policymakers;

253.31 (2) a comparison of the projected cost of each model; and

254.1 (3) an implementation timeline for each model that includes the earliest date by which
254.2 each model could be implemented if authorized during the 2024 legislative session and a
254.3 discussion of barriers to implementation.

254.4 **Sec. 56. RECOMMENDATIONS; OFFICE OF PATIENT PROTECTION.**

254.5 (a) The commissioners of human services, health, and commerce and the MNsure board
254.6 shall submit to the health care affordability board and the chairs and ranking minority
254.7 members of the legislative committees with primary jurisdiction over health and human
254.8 services finance and policy and commerce by January 15, 2023, a report on the organization
254.9 and duties of the Office of Patient Protection, to be established under Minnesota Statutes,
254.10 section 62J.89, subdivision 4. The report must include recommendations on how the office
254.11 shall:

254.12 (1) coordinate or consolidate within the office existing state agency patient protection
254.13 activities, including but not limited to the activities of ombudsman offices and the MNsure
254.14 board;

254.15 (2) enforce standards and procedures under Minnesota Statutes, chapter 62M, for
254.16 utilization review organizations;

254.17 (3) work with private sector and state agency consumer assistance programs to assist
254.18 consumers with questions or concerns relating to public programs and private insurance
254.19 coverage;

254.20 (4) establish and implement procedures to assist consumers aggrieved by restrictions on
254.21 patient choice, denials of services, and reductions in quality of care resulting from any final
254.22 action by a payer or provider; and

254.23 (5) make health plan company quality of care and patient satisfaction information and
254.24 other information collected by the office readily accessible to consumers on the board's
254.25 website.

254.26 (b) The commissioners and the MNsure board shall consult with stakeholders as they
254.27 develop the recommendations. The stakeholders consulted must include but are not limited
254.28 to organizations and individuals representing: underserved communities; persons with
254.29 disabilities; low-income Minnesotans; senior citizens; and public and private sector health
254.30 plan enrollees, including persons who purchase coverage through MNsure, health plan
254.31 companies, and public and private sector purchasers of health coverage.

254.32 (c) The commissioners and the MNsure board may contract with a third party to develop
254.33 the report and recommendations.

255.1 Sec. 57. **REPEALER.**

255.2 Minnesota Statutes 2020, section 256B.063, is repealed.

255.3 **EFFECTIVE DATE.** This section is effective January 1, 2023.

255.4

ARTICLE 4

255.5

HEALTH CARE POLICY

255.6 Section 1. Minnesota Statutes 2020, section 62J.2930, subdivision 3, is amended to read:

255.7 Subd. 3. **Consumer information.** (a) The information clearinghouse or another entity
255.8 designated by the commissioner shall provide consumer information to health plan company
255.9 enrollees to:

255.10 (1) assist enrollees in understanding their rights;

255.11 (2) explain and assist in the use of all available complaint systems, including internal
255.12 complaint systems within health carriers, community integrated service networks, and the
255.13 Departments of Health and Commerce;

255.14 (3) provide information on coverage options in each region of the state;

255.15 (4) provide information on the availability of purchasing pools and enrollee subsidies;

255.16 and

255.17 (5) help consumers use the health care system to obtain coverage.

255.18 (b) The information clearinghouse or other entity designated by the commissioner for
255.19 the purposes of this subdivision shall not:

255.20 (1) provide legal services to consumers;

255.21 (2) represent a consumer or enrollee; or

255.22 (3) serve as an advocate for consumers in disputes with health plan companies.

255.23 (c) Nothing in this subdivision shall interfere with the ombudsman program established
255.24 under section ~~256B.69~~, subdivision ~~20~~ 256B.6903, or other existing ombudsman programs.

255.25 Sec. 2. Minnesota Statutes 2020, section 256B.055, subdivision 2, is amended to read:

255.26 Subd. 2. **Subsidized foster children.** Medical assistance may be paid for a child eligible
255.27 for or receiving foster care maintenance payments under Title IV-E of the Social Security
255.28 Act, United States Code, title 42, sections 670 to 676, and for a child who is not eligible for

256.1 Title IV-E of the Social Security Act but who is ~~determined eligible for~~ placed in foster
256.2 care as determined by Minnesota Statutes or kinship assistance under chapter 256N.

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

256.4 Sec. 3. Minnesota Statutes 2020, section 256B.056, subdivision 3b, is amended to read:

256.5 Subd. 3b. **Treatment of trusts.** (a) It is the public policy of this state that individuals
256.6 use all available resources to pay for the cost of long-term care services, as defined in section
256.7 256B.0595, before turning to Minnesota health care program funds, and that trust instruments
256.8 should not be permitted to shield available resources of an individual or an individual's
256.9 spouse from such use.

256.10 ~~(a)~~ (b) A "medical assistance qualifying trust" is a revocable or irrevocable trust, or
256.11 similar legal device, established on or before August 10, 1993, by a person or the person's
256.12 spouse under the terms of which the person receives or could receive payments from the
256.13 trust principal or income and the trustee has discretion in making payments to the person
256.14 from the trust principal or income. Notwithstanding that definition, a medical assistance
256.15 qualifying trust does not include: (1) a trust set up by will; (2) a trust set up before April 7,
256.16 1986, solely to benefit a person with a developmental disability living in an intermediate
256.17 care facility for persons with developmental disabilities; or (3) a trust set up by a person
256.18 with payments made by the Social Security Administration pursuant to the United States
256.19 Supreme Court decision in Sullivan v. Zebley, 110 S. Ct. 885 (1990). The maximum amount
256.20 of payments that a trustee of a medical assistance qualifying trust may make to a person
256.21 under the terms of the trust is considered to be available assets to the person, without regard
256.22 to whether the trustee actually makes the maximum payments to the person and without
256.23 regard to the purpose for which the medical assistance qualifying trust was established.

256.24 ~~(b)~~ (c) Trusts established after August 10, 1993, are treated according to United States
256.25 Code, title 42, section 1396p(d).

256.26 ~~(e)~~ (d) For purposes of paragraph ~~(d)~~ (e), a pooled trust means a trust established under
256.27 United States Code, title 42, section 1396p(d)(4)(C).

256.28 ~~(d)~~ (e) A beneficiary's interest in a pooled trust is considered an available asset unless
256.29 the trust provides that upon the death of the beneficiary or termination of the trust during
256.30 the beneficiary's lifetime, whichever is sooner, the department receives any amount, up to
256.31 the amount of medical assistance benefits paid on behalf of the beneficiary, remaining in
256.32 the beneficiary's trust account after a deduction for reasonable administrative fees and
256.33 expenses, and an additional remainder amount. The retained remainder amount of the

257.1 subaccount must not exceed ten percent of the account value at the time of the beneficiary's
257.2 death or termination of the trust, and must only be used for the benefit of disabled individuals
257.3 who have a beneficiary interest in the pooled trust.

257.4 ~~(e)~~ (f) Trusts may be established on or after December 12, 2016, by a person who has
257.5 been determined to be disabled, according to United States Code, title 42, section
257.6 1396p(d)(4)(A), as amended by section 5007 of the 21st Century Cures Act, Public Law
257.7 114-255.

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

257.9 Sec. 4. Minnesota Statutes 2020, section 256B.056, subdivision 3c, is amended to read:

257.10 Subd. 3c. **Asset limitations for families and children.** (a) A household of two or more
257.11 persons must not own more than \$20,000 in total net assets, and a household of one person
257.12 must not own more than \$10,000 in total net assets. In addition to these maximum amounts,
257.13 an eligible individual or family may accrue interest on these amounts, but they must be
257.14 reduced to the maximum at the time of an eligibility redetermination. The value of assets
257.15 that are not considered in determining eligibility for medical assistance for families and
257.16 children is the value of those assets excluded under the AFDC state plan as of July 16, 1996,
257.17 as required by the Personal Responsibility and Work Opportunity Reconciliation Act of
257.18 1996 (PRWORA), Public Law 104-193, with the following exceptions:

257.19 (1) household goods and personal effects are not considered;

257.20 (2) capital and operating assets of a trade or business up to \$200,000 are not considered;

257.21 (3) one motor vehicle is excluded for each person of legal driving age who is employed
257.22 or seeking employment;

257.23 (4) assets designated as burial expenses are excluded to the same extent they are excluded
257.24 by the Supplemental Security Income program;

257.25 (5) court-ordered settlements up to \$10,000 are not considered;

257.26 (6) individual retirement accounts and funds are not considered;

257.27 (7) assets owned by children are not considered; and

257.28 (8) ~~effective July 1, 2009~~, certain assets owned by American Indians are excluded as
257.29 required by section 5006 of the American Recovery and Reinvestment Act of 2009, Public
257.30 Law 111-5. For purposes of this clause, an American Indian is any person who meets the
257.31 definition of Indian according to Code of Federal Regulations, title 42, section 447.50.

258.1 (b) ~~Beginning January 1, 2014, this subdivision~~ Paragraph (a) applies only to parents
258.2 and caretaker relatives who qualify for medical assistance under subdivision 5.

258.3 (c) Eligibility for children under age 21 must be determined without regard to the asset
258.4 limitations described in paragraphs (a) and (b) and subdivision 3.

258.5 Sec. 5. Minnesota Statutes 2020, section 256B.056, subdivision 11, is amended to read:

258.6 Subd. 11. **Treatment of annuities.** (a) Any person requesting medical assistance payment
258.7 of long-term care services shall provide a complete description of any interest either the
258.8 person or the person's spouse has in annuities on a form designated by the department. The
258.9 form shall include a statement that the state becomes a preferred remainder beneficiary of
258.10 annuities or similar financial instruments by virtue of the receipt of medical assistance
258.11 payment of long-term care services. The person and the person's spouse shall furnish the
258.12 agency responsible for determining eligibility with complete current copies of their annuities
258.13 and related documents and complete the form designating the state as the preferred remainder
258.14 beneficiary for each annuity in which the person or the person's spouse has an interest.

258.15 (b) The department shall provide notice to the issuer of the department's right under this
258.16 section as a preferred remainder beneficiary under the annuity or similar financial instrument
258.17 for medical assistance furnished to the person or the person's spouse, and provide notice of
258.18 the issuer's responsibilities as provided in paragraph (c).

258.19 (c) An issuer of an annuity or similar financial instrument who receives notice of the
258.20 state's right to be named a preferred remainder beneficiary as described in paragraph (b)
258.21 shall provide confirmation to the requesting agency that the state has been made a preferred
258.22 remainder beneficiary. The issuer shall also notify the county agency when a change in the
258.23 amount of income or principal being withdrawn from the annuity or other similar financial
258.24 instrument or a change in the state's preferred remainder beneficiary designation under the
258.25 annuity or other similar financial instrument occurs. The county agency shall provide the
258.26 issuer with the name, address, and telephone number of a unit within the department that
258.27 the issuer can contact to comply with this paragraph.

258.28 (d) "Preferred remainder beneficiary" for purposes of this subdivision and sections
258.29 256B.0594 and 256B.0595 means the state is a remainder beneficiary in the first position
258.30 in an amount equal to the amount of medical assistance paid on behalf of the institutionalized
258.31 person, or is a remainder beneficiary in the second position if the institutionalized person
258.32 designates and is survived by a remainder beneficiary who is (1) a spouse who does not
258.33 reside in a medical institution, (2) a minor child, or (3) a child of any age who is blind or
258.34 permanently and totally disabled as defined in the Supplemental Security Income program.

259.1 Notwithstanding this paragraph, the state is the remainder beneficiary in the first position
259.2 if the spouse or child disposes of the remainder for less than fair market value.

259.3 (e) For purposes of this subdivision, "institutionalized person" and "long-term care
259.4 services" have the meanings given in section 256B.0595, subdivision 1, paragraph ~~(g)~~ (f).

259.5 (f) For purposes of this subdivision, "medical institution" means a skilled nursing facility,
259.6 intermediate care facility, intermediate care facility for persons with developmental
259.7 disabilities, nursing facility, or inpatient hospital.

259.8 Sec. 6. Minnesota Statutes 2020, section 256B.0595, subdivision 1, is amended to read:

259.9 Subdivision 1. **Prohibited transfers.** (a) Effective for transfers made after August 10,
259.10 1993, an institutionalized person, an institutionalized person's spouse, or any person, court,
259.11 or administrative body with legal authority to act in place of, on behalf of, at the direction
259.12 of, or upon the request of the institutionalized person or institutionalized person's spouse,
259.13 may not give away, sell, or dispose of, for less than fair market value, any asset or interest
259.14 therein, except assets other than the homestead that are excluded under the Supplemental
259.15 Security Income program, for the purpose of establishing or maintaining medical assistance
259.16 eligibility. This applies to all transfers, including those made by a community spouse after
259.17 the month in which the institutionalized spouse is determined eligible for medical assistance.
259.18 For purposes of determining eligibility for long-term care services, any transfer of such
259.19 assets within 36 months before or any time after an institutionalized person requests medical
259.20 assistance payment of long-term care services, or 36 months before or any time after a
259.21 medical assistance recipient becomes an institutionalized person, for less than fair market
259.22 value may be considered. Any such transfer is presumed to have been made for the purpose
259.23 of establishing or maintaining medical assistance eligibility and the institutionalized person
259.24 is ineligible for long-term care services for the period of time determined under subdivision
259.25 2, unless the institutionalized person furnishes convincing evidence to establish that the
259.26 transaction was exclusively for another purpose, or unless the transfer is permitted under
259.27 subdivision 3 or 4. In the case of payments from a trust or portions of a trust that are
259.28 considered transfers of assets under federal law, or in the case of any other disposal of assets
259.29 made on or after February 8, 2006, any transfers made within 60 months before or any time
259.30 after an institutionalized person requests medical assistance payment of long-term care
259.31 services and within 60 months before or any time after a medical assistance recipient becomes
259.32 an institutionalized person, may be considered.

259.33 (b) This section applies to transfers, for less than fair market value, of income or assets,
259.34 including assets that are considered income in the month received, such as inheritances,

260.1 court settlements, and retroactive benefit payments or income to which the institutionalized
260.2 person or the institutionalized person's spouse is entitled but does not receive due to action
260.3 by the institutionalized person, the institutionalized person's spouse, or any person, court,
260.4 or administrative body with legal authority to act in place of, on behalf of, at the direction
260.5 of, or upon the request of the institutionalized person or the institutionalized person's spouse.

260.6 (c) This section applies to payments for care or personal services provided by a relative,
260.7 unless the compensation was stipulated in a notarized, written agreement ~~which~~ that was
260.8 in existence when the service was performed, the care or services directly benefited the
260.9 person, and the payments made represented reasonable compensation for the care or services
260.10 provided. A notarized written agreement is not required if payment for the services was
260.11 made within 60 days after the service was provided.

260.12 ~~(d) This section applies to the portion of any asset or interest that an institutionalized~~
260.13 ~~person, an institutionalized person's spouse, or any person, court, or administrative body~~
260.14 ~~with legal authority to act in place of, on behalf of, at the direction of, or upon the request~~
260.15 ~~of the institutionalized person or the institutionalized person's spouse, transfers to any~~
260.16 ~~annuity that exceeds the value of the benefit likely to be returned to the institutionalized~~
260.17 ~~person or institutionalized person's spouse while alive, based on estimated life expectancy~~
260.18 ~~as determined according to the current actuarial tables published by the Office of the Chief~~
260.19 ~~Actuary of the Social Security Administration. The commissioner may adopt rules reducing~~
260.20 ~~life expectancies based on the need for long-term care. This section applies to an annuity~~
260.21 ~~purchased on or after March 1, 2002, that:~~

260.22 ~~(1) is not purchased from an insurance company or financial institution that is subject~~
260.23 ~~to licensing or regulation by the Minnesota Department of Commerce or a similar regulatory~~
260.24 ~~agency of another state;~~

260.25 ~~(2) does not pay out principal and interest in equal monthly installments; or~~

260.26 ~~(3) does not begin payment at the earliest possible date after annuitization.~~

260.27 ~~(e)~~ (d) Effective for transactions, including the purchase of an annuity, occurring on or
260.28 after February 8, 2006, by or on behalf of an institutionalized person who has applied for
260.29 or is receiving long-term care services or the institutionalized person's spouse shall be treated
260.30 as the disposal of an asset for less than fair market value unless the department is named a
260.31 preferred remainder beneficiary as described in section 256B.056, subdivision 11. Any
260.32 subsequent change to the designation of the department as a preferred remainder beneficiary
260.33 shall result in the annuity being treated as a disposal of assets for less than fair market value.
260.34 The amount of such transfer shall be the maximum amount the institutionalized person or

261.1 the institutionalized person's spouse could receive from the annuity or similar financial
261.2 instrument. Any change in the amount of the income or principal being withdrawn from the
261.3 annuity or other similar financial instrument at the time of the most recent disclosure shall
261.4 be deemed to be a transfer of assets for less than fair market value unless the institutionalized
261.5 person or the institutionalized person's spouse demonstrates that the transaction was for fair
261.6 market value. In the event a distribution of income or principal has been improperly
261.7 distributed or disbursed from an annuity or other retirement planning instrument of an
261.8 institutionalized person or the institutionalized person's spouse, a cause of action exists
261.9 against the individual receiving the improper distribution for the cost of medical assistance
261.10 services provided or the amount of the improper distribution, whichever is less.

261.11 ~~(f)~~ (e) Effective for transactions, including the purchase of an annuity, occurring on or
261.12 after February 8, 2006, by or on behalf of an institutionalized person applying for or receiving
261.13 long-term care services shall be treated as a disposal of assets for less than fair market value
261.14 unless it is:

261.15 (1) an annuity described in subsection (b) or (q) of section 408 of the Internal Revenue
261.16 Code of 1986; or

261.17 (2) purchased with proceeds from:

261.18 (i) an account or trust described in subsection (a), (c), or (p) of section 408 of the Internal
261.19 Revenue Code;

261.20 (ii) a simplified employee pension within the meaning of section 408(k) of the Internal
261.21 Revenue Code; or

261.22 (iii) a Roth IRA described in section 408A of the Internal Revenue Code; or

261.23 (3) an annuity that is irrevocable and nonassignable; is actuarially sound as determined
261.24 in accordance with actuarial publications of the Office of the Chief Actuary of the Social
261.25 Security Administration; and provides for payments in equal amounts during the term of
261.26 the annuity, with no deferral and no balloon payments made.

261.27 ~~(g)~~ (f) For purposes of this section, long-term care services include services in a nursing
261.28 facility, services that are eligible for payment according to section 256B.0625, subdivision
261.29 2, because they are provided in a swing bed, intermediate care facility for persons with
261.30 developmental disabilities, and home and community-based services provided pursuant to
261.31 chapter 256S and sections 256B.092 and 256B.49. For purposes of this subdivision and
261.32 subdivisions 2, 3, and 4, "institutionalized person" includes a person who is an inpatient in
261.33 a nursing facility or in a swing bed, or intermediate care facility for persons with

262.1 developmental disabilities or who is receiving home and community-based services under
262.2 chapter 256S and sections 256B.092 and 256B.49.

262.3 ~~(h)~~(g) This section applies to funds used to purchase a promissory note, loan, or mortgage
262.4 unless the note, loan, or mortgage:

262.5 (1) has a repayment term that is actuarially sound;

262.6 (2) provides for payments to be made in equal amounts during the term of the loan, with
262.7 no deferral and no balloon payments made; and

262.8 (3) prohibits the cancellation of the balance upon the death of the lender.

262.9 (h) In the case of a promissory note, loan, or mortgage that does not meet an exception
262.10 in paragraph (g), clauses (1) to (3), the value of such note, loan, or mortgage shall be the
262.11 outstanding balance due as of the date of the institutionalized person's request for medical
262.12 assistance payment of long-term care services.

262.13 (i) This section applies to the purchase of a life estate interest in another person's home
262.14 unless the purchaser resides in the home for a period of at least one year after the date of
262.15 purchase.

262.16 (j) This section applies to transfers into a pooled trust that qualifies under United States
262.17 Code, title 42, section 1396p(d)(4)(C), by:

262.18 (1) a person age 65 or older or the person's spouse; or

262.19 (2) any person, court, or administrative body with legal authority to act in place of, on
262.20 behalf of, at the direction of, or upon the request of a person age 65 or older or the person's
262.21 spouse.

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

262.23 Sec. 7. Minnesota Statutes 2021 Supplement, section 256B.0625, subdivision 3b, is
262.24 amended to read:

262.25 Subd. 3b. **Telehealth services.** (a) Medical assistance covers medically necessary services
262.26 and consultations delivered by a health care provider through telehealth in the same manner
262.27 as if the service or consultation was delivered through in-person contact. Services or
262.28 consultations delivered through telehealth shall be paid at the full allowable rate.

262.29 (b) The commissioner may establish criteria that a health care provider must attest to in
262.30 order to demonstrate the safety or efficacy of delivering a particular service through
262.31 telehealth. The attestation may include that the health care provider:

263.1 (1) has identified the categories or types of services the health care provider will provide
263.2 through telehealth;

263.3 (2) has written policies and procedures specific to services delivered through telehealth
263.4 that are regularly reviewed and updated;

263.5 (3) has policies and procedures that adequately address patient safety before, during,
263.6 and after the service is delivered through telehealth;

263.7 (4) has established protocols addressing how and when to discontinue telehealth services;
263.8 and

263.9 (5) has an established quality assurance process related to delivering services through
263.10 telehealth.

263.11 (c) As a condition of payment, a licensed health care provider must document each
263.12 occurrence of a health service delivered through telehealth to a medical assistance enrollee.
263.13 Health care service records for services delivered through telehealth must meet the
263.14 requirements set forth in Minnesota Rules, part 9505.2175, subparts 1 and 2, and must
263.15 document:

263.16 (1) the type of service delivered through telehealth;

263.17 (2) the time the service began and the time the service ended, including an a.m. and p.m.
263.18 designation;

263.19 (3) the health care provider's basis for determining that telehealth is an appropriate and
263.20 effective means for delivering the service to the enrollee;

263.21 (4) the mode of transmission used to deliver the service through telehealth and records
263.22 evidencing that a particular mode of transmission was utilized;

263.23 (5) the location of the originating site and the distant site;

263.24 (6) if the claim for payment is based on a physician's consultation with another physician
263.25 through telehealth, the written opinion from the consulting physician providing the telehealth
263.26 consultation; and

263.27 (7) compliance with the criteria attested to by the health care provider in accordance
263.28 with paragraph (b).

263.29 (d) Telehealth visits, ~~as described in this subdivision provided through audio and visual~~
263.30 ~~communication~~, may be used to satisfy the face-to-face requirement for reimbursement
263.31 under the payment methods that apply to a federally qualified health center, rural health

264.1 clinic, Indian health service, 638 Tribal clinic, and certified community behavioral health
264.2 clinic, if the service would have otherwise qualified for payment if performed in person.

264.3 (e) For mental health services or assessments delivered through telehealth that are based
264.4 on an individual treatment plan, the provider may document the client's verbal approval or
264.5 electronic written approval of the treatment plan or change in the treatment plan in lieu of
264.6 the client's signature in accordance with Minnesota Rules, part 9505.0371.

264.7 (f) For purposes of this subdivision, unless otherwise covered under this chapter:

264.8 (1) "telehealth" means the delivery of health care services or consultations ~~through the~~
264.9 ~~use of~~ using real-time two-way interactive audio and visual communication or accessible
264.10 telemedicine video-based platforms to provide or support health care delivery and facilitate
264.11 the assessment, diagnosis, consultation, treatment, education, and care management of a
264.12 patient's health care. Telehealth includes the application of secure video conferencing;
264.13 consisting of a real-time, full-motion synchronized video; store-and-forward technology;
264.14 and synchronous interactions between a patient located at an originating site and a health
264.15 care provider located at a distant site. Telehealth does not include communication between
264.16 health care providers, or between a health care provider and a patient that consists solely
264.17 of an audio-only communication, e-mail, or facsimile transmission or as specified by law;

264.18 (2) "health care provider" means:

264.19 (i) a health care provider as defined under section 62A.673;²

264.20 (ii) a community paramedic as defined under section 144E.001, subdivision 5f;²

264.21 (iii) a community health worker who meets the criteria under subdivision 49, paragraph
264.22 (a);²

264.23 (iv) a mental health certified peer specialist under section 256B.0615, subdivision 5;²

264.24 (v) a mental health certified family peer specialist under section 256B.0616, subdivision
264.25 5;²

264.26 (vi) a mental health rehabilitation worker under section 256B.0623, subdivision 5,
264.27 paragraph (a), clause (4), and paragraph (b);²

264.28 (vii) a mental health behavioral aide under section 256B.0943, subdivision 7, paragraph
264.29 (b), clause (3);²

264.30 (viii) a treatment coordinator under section 245G.11, subdivision 7;²

264.31 (ix) an alcohol and drug counselor under section 245G.11, subdivision 5;² or

265.1 (x) a recovery peer under section 245G.11, subdivision 8; and

265.2 (3) "originating site," "distant site," and "store-and-forward technology" have the
265.3 meanings given in section 62A.673, subdivision 2.

265.4 Sec. 8. Minnesota Statutes 2020, section 256B.0625, subdivision 64, is amended to read:

265.5 Subd. 64. **Investigational drugs, biological products, devices, and clinical**
265.6 **trials.** Medical assistance and the early periodic screening, diagnosis, and treatment (EPSDT)
265.7 program do not cover ~~the costs of any services that are incidental to, associated with, or~~
265.8 ~~resulting from the use of~~ investigational drugs, biological products, or devices as defined
265.9 in section 151.375 or any other treatment that is part of an approved clinical trial as defined
265.10 in section 62Q.526. Participation of an enrollee in an approved clinical trial does not preclude
265.11 coverage of medically necessary services covered under this chapter that are not related to
265.12 the approved clinical trial. Any items or services that are provided solely to satisfy data
265.13 collection and analysis for a clinical trial, and not for direct clinical management of the
265.14 enrollee, are not covered.

265.15 Sec. 9. **[256B.6903] OMBUDSPERSON FOR MANAGED CARE.**

265.16 Subdivision 1. Definitions. (a) For purposes of this section, the following terms have
265.17 the meanings given them.

265.18 (b) "Adverse benefit determination" has the meaning provided in Code of Federal
265.19 Regulations, title 42, section 438.400, subpart (b).

265.20 (c) "Appeal" means an oral or written request from an enrollee to the managed care
265.21 organization for review of an adverse benefit determination.

265.22 (d) "Commissioner" means the commissioner of human services.

265.23 (e) "Complaint" means an enrollee's informal expression of dissatisfaction about any
265.24 matter relating to the enrollee's prepaid health plan other than an adverse benefit
265.25 determination.

265.26 (f) "Data analyst" means the person employed by the ombudsperson that uses research
265.27 methodologies to conduct research on data collected from prepaid health plans, including
265.28 but not limited to scientific theory; hypothesis testing; survey research techniques; data
265.29 collection; data manipulation; and statistical analysis interpretation, including multiple
265.30 regression techniques.

- 266.1 (g) "Enrollee" means a person enrolled in a prepaid health plan under section 256B.69.
266.2 When applicable, an enrollee includes an enrollee's authorized representative.
- 266.3 (h) "External review" means the process described under Code of Federal Regulations,
266.4 title 42, section 438.408, subpart (f); and section 62Q.73, subdivision 2.
- 266.5 (i) "Grievance" means an enrollee's expression of dissatisfaction about any matter relating
266.6 to the enrollee's prepaid health plan other than an adverse benefit determination that follows
266.7 the procedures outlined in Code of Federal Regulations, title 42, part 438, subpart (f). A
266.8 grievance may include but is not limited to concerns relating to quality of care, services
266.9 provided, or failure to respect an enrollee's rights under a prepaid health plan.
- 266.10 (j) "Managed care advocate" means a county or Tribal employee who works with
266.11 managed care enrollees when the enrollee has service, billing, or access problems with the
266.12 enrollee's prepaid health plan.
- 266.13 (k) "Prepaid health plan" means a plan under contract with the commissioner according
266.14 to section 256B.69.
- 266.15 (l) "State fair hearing" means the appeals process mandated under section 256.045,
266.16 subdivision 3a.
- 266.17 Subd. 2. **Ombudsperson.** The commissioner must designate an ombudsperson to advocate
266.18 for enrollees. At the time of enrollment in a prepaid health plan, the local agency must
266.19 inform enrollees about the ombudsperson.
- 266.20 Subd. 3. **Duties and cost.** (a) The ombudsperson must work to ensure enrollees receive
266.21 covered services as described in the enrollee's prepaid health plan by:
- 266.22 (1) providing assistance and education to enrollees, when requested, regarding covered
266.23 health care benefits or services; billing and access; or the grievance, appeal, or state fair
266.24 hearing processes;
- 266.25 (2) with the enrollee's permission and within the ombudsperson's discretion, using an
266.26 informal review process to assist an enrollee with a resolution involving the enrollee's
266.27 prepaid health plan's benefits;
- 266.28 (3) assisting enrollees, when requested, with prepaid health plan grievances, appeals, or
266.29 the state fair hearing process;
- 266.30 (4) overseeing, reviewing, and approving documents used by enrollees relating to prepaid
266.31 health plans' grievances, appeals, and state fair hearings;

267.1 (5) reviewing all state fair hearings and requests by enrollees for external review;
267.2 overseeing entities under contract to provide external reviews, processes, and payments for
267.3 services; and utilizing aggregated results of external reviews to recommend health care
267.4 benefits policy changes; and

267.5 (6) providing trainings to managed care advocates.

267.6 (b) The ombudsperson must not charge an enrollee for the ombudsperson's services.

267.7 Subd. 4. Powers. In exercising the ombudsperson's authority under this section, the
267.8 ombudsperson may:

267.9 (1) gather information and evaluate any practice, policy, procedure, or action by a prepaid
267.10 health plan, state human services agency, county, or Tribe; and

267.11 (2) prescribe the methods by which complaints are to be made, received, and acted upon.

267.12 The ombudsperson's authority under this clause includes but is not limited to:

267.13 (i) determining the scope and manner of a complaint;

267.14 (ii) holding a prepaid health plan accountable to address a complaint in a timely manner
267.15 as outlined in state and federal laws;

267.16 (iii) requiring a prepaid health plan to respond in a timely manner to a request for data,
267.17 case details, and other information as needed to help resolve a complaint or to improve a
267.18 prepaid health plan's policy; and

267.19 (iv) making recommendations for policy, administrative, or legislative changes regarding
267.20 prepaid health plans to the proper partners.

267.21 Subd. 5. Data. (a) The data analyst must review and analyze prepaid health plan data
267.22 on denial, termination, and reduction notices (DTRs), grievances, appeals, and state fair
267.23 hearings by:

267.24 (1) analyzing, reviewing, and reporting on DTRs, grievances, appeals, and state fair
267.25 hearings data collected from each prepaid health plan;

267.26 (2) collaborating with the commissioner's partners and the Department of Health for the
267.27 Triennial Compliance Assessment under Code of Federal Regulations, title 42, section
267.28 438.358, subpart (b);

267.29 (3) reviewing state fair hearing decisions for policy or coverage issues that may affect
267.30 enrollees; and

268.1 (4) providing data required under Code of Federal Regulations, title 42, section 438.66
268.2 (2016), to the Centers for Medicare and Medicaid Services.

268.3 (b) The data analyst must share the data analyst's data observations and trends under
268.4 this subdivision with the ombudsperson, prepaid health plans, and commissioner's partners.

268.5 Subd. 6. **Collaboration and independence.** (a) The ombudsperson must work in
268.6 collaboration with the commissioner and the commissioner's partners when the
268.7 ombudsperson's collaboration does not otherwise interfere with the ombudsperson's duties
268.8 under this section.

268.9 (b) The ombudsperson may act independently of the commissioner when:

268.10 (1) providing information or testimony to the legislature; and

268.11 (2) contacting and making reports to federal and state officials.

268.12 Subd. 7. **Civil actions.** The ombudsperson is not civilly liable for actions taken under
268.13 this section if the action was taken in good faith, was within the scope of the ombudsperson's
268.14 authority, and did not constitute willful or reckless misconduct.

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

268.16 Sec. 10. Minnesota Statutes 2020, section 256B.77, subdivision 13, is amended to read:

268.17 Subd. 13. **Ombudsman.** Enrollees shall have access to ombudsman services established
268.18 in section ~~256B.69, subdivision 20~~ 256B.6903, and advocacy services provided by the
268.19 ombudsman for mental health and developmental disabilities established in sections 245.91
268.20 to 245.97. The managed care ombudsman and the ombudsman for mental health and
268.21 developmental disabilities shall coordinate services provided to avoid duplication of services.
268.22 For purposes of the demonstration project, the powers and responsibilities of the Office of
268.23 Ombudsman for Mental Health and Developmental Disabilities, as provided in sections
268.24 245.91 to 245.97 are expanded to include all eligible individuals, health plan companies,
268.25 agencies, and providers participating in the demonstration project.

268.26 Sec. 11. **REPEALER.**

268.27 (a) Minnesota Statutes 2020, section 256B.057, subdivision 7, is repealed on July 1,
268.28 2022.

268.29 (b) Minnesota Statutes 2020, sections 256B.69, subdivision 20; 501C.0408, subdivision
268.30 4; and 501C.1206, are repealed the day following final enactment.

ARTICLE 5**HEALTH-RELATED LICENSING BOARDS**

269.1
269.2
269.3 Section 1. Minnesota Statutes 2020, section 148B.33, is amended by adding a subdivision
269.4 to read:

269.5 Subd. 1a. **Supervision requirement; postgraduate experience.** The board must allow
269.6 an applicant to satisfy the requirement for supervised postgraduate experience in marriage
269.7 and family therapy with all required hours of supervision provided through real-time,
269.8 two-way interactive audio and visual communication.

269.9 **EFFECTIVE DATE.** This section is effective the day following final enactment and
269.10 applies to supervision requirements in effect on or after that date.

269.11 Sec. 2. Minnesota Statutes 2021 Supplement, section 148B.5301, subdivision 2, is amended
269.12 to read:

269.13 Subd. 2. **Supervision.** (a) To qualify as a LPCC, an applicant must have completed
269.14 4,000 hours of post-master's degree supervised professional practice in the delivery of
269.15 clinical services in the diagnosis and treatment of mental illnesses and disorders in both
269.16 children and adults. The supervised practice shall be conducted according to the requirements
269.17 in paragraphs (b) to (e).

269.18 (b) The supervision must have been received under a contract that defines clinical practice
269.19 and supervision from a mental health professional who is qualified according to section
269.20 245I.04, subdivision 2, or by a board-approved supervisor, who has at least two years of
269.21 postlicensure experience in the delivery of clinical services in the diagnosis and treatment
269.22 of mental illnesses and disorders. All supervisors must meet the supervisor requirements in
269.23 Minnesota Rules, part 2150.5010.

269.24 (c) The supervision must be obtained at the rate of two hours of supervision per 40 hours
269.25 of professional practice. The supervision must be evenly distributed over the course of the
269.26 supervised professional practice. At least 75 percent of the required supervision hours must
269.27 be received in person or through real-time, two-way interactive audio and visual
269.28 communication, and the board must allow an applicant to satisfy this supervision requirement
269.29 with all required hours of supervision received through real-time, two-way interactive audio
269.30 and visual communication. The remaining 25 percent of the required hours may be received
269.31 by telephone or by audio or audiovisual electronic device. At least 50 percent of the required
269.32 hours of supervision must be received on an individual basis. The remaining 50 percent
269.33 may be received in a group setting.

270.1 (d) The supervised practice must include at least 1,800 hours of clinical client contact.

270.2 (e) The supervised practice must be clinical practice. Supervision includes the observation
270.3 by the supervisor of the successful application of professional counseling knowledge, skills,
270.4 and values in the differential diagnosis and treatment of psychosocial function, disability,
270.5 or impairment, including addictions and emotional, mental, and behavioral disorders.

270.6 **EFFECTIVE DATE.** This section is effective the day following final enactment and
270.7 applies to supervision requirements in effect on or after that date.

270.8 Sec. 3. Minnesota Statutes 2020, section 148E.100, subdivision 3, is amended to read:

270.9 Subd. 3. **Types of supervision.** Of the 100 hours of supervision required under
270.10 subdivision 1:

270.11 (1) 50 hours must be provided through one-on-one supervision, ~~including: (i) a minimum~~
270.12 ~~of 25 hours of in-person supervision, and (ii) no more than 25 hours of supervision.~~ The
270.13 supervision must be provided either in person or via eye-to-eye electronic media, while
270.14 maintaining visual contact. The board must allow a licensed social worker to satisfy the
270.15 supervision requirement of this clause with all required hours of supervision provided via
270.16 eye-to-eye electronic media, while maintaining visual contact; and

270.17 (2) 50 hours must be provided through: (i) one-on-one supervision, or (ii) group
270.18 supervision. The supervision may be in person, by telephone, or via eye-to-eye electronic
270.19 media, while maintaining visual contact. The supervision must not be provided by e-mail.
270.20 Group supervision is limited to six supervisees.

270.21 **EFFECTIVE DATE.** This section is effective the day following final enactment and
270.22 applies to supervision requirements in effect on or after that date.

270.23 Sec. 4. Minnesota Statutes 2020, section 148E.105, subdivision 3, is amended to read:

270.24 Subd. 3. **Types of supervision.** Of the 100 hours of supervision required under
270.25 subdivision 1:

270.26 (1) 50 hours must be provided ~~though~~ through one-on-one supervision, ~~including: (i) a~~
270.27 ~~minimum of 25 hours of in-person supervision, and (ii) no more than 25 hours of supervision.~~
270.28 The supervision must be provided either in person or via eye-to-eye electronic media, while
270.29 maintaining visual contact. The board must allow a licensed graduate social worker to satisfy
270.30 the supervision requirement of this clause with all required hours of supervision provided
270.31 via eye-to-eye electronic media, while maintaining visual contact; and

271.1 (2) 50 hours must be provided through: (i) one-on-one supervision, or (ii) group
271.2 supervision. The supervision may be in person, by telephone, or via eye-to-eye electronic
271.3 media, while maintaining visual contact. The supervision must not be provided by e-mail.
271.4 Group supervision is limited to six supervisees.

271.5 EFFECTIVE DATE. This section is effective the day following final enactment and
271.6 applies to supervision requirements in effect on or after that date.

271.7 Sec. 5. Minnesota Statutes 2020, section 148E.106, subdivision 3, is amended to read:

271.8 Subd. 3. **Types of supervision.** Of the 200 hours of supervision required under
271.9 subdivision 1:

271.10 (1) 100 hours must be provided through one-on-one supervision, ~~including: (i) a minimum~~
271.11 ~~of 50 hours of in-person supervision, and (ii) no more than 50 hours of supervision.~~ The
271.12 supervision must be provided either in person or via eye-to-eye electronic media, while
271.13 maintaining visual contact. The board must allow a licensed graduate social worker to satisfy
271.14 the supervision requirement of this clause with all required hours of supervision provided
271.15 via eye-to-eye electronic media, while maintaining visual contact; and

271.16 (2) 100 hours must be provided through: (i) one-on-one supervision, or (ii) group
271.17 supervision. The supervision may be in person, by telephone, or via eye-to-eye electronic
271.18 media, while maintaining visual contact. The supervision must not be provided by e-mail.
271.19 Group supervision is limited to six supervisees.

271.20 EFFECTIVE DATE. This section is effective the day following final enactment and
271.21 applies to supervision requirements in effect on or after that date.

271.22 Sec. 6. Minnesota Statutes 2020, section 148E.110, subdivision 7, is amended to read:

271.23 Subd. 7. **Supervision; clinical social work practice after licensure as licensed**
271.24 **independent social worker.** Of the 200 hours of supervision required under subdivision
271.25 5:

271.26 (1) 100 hours must be provided through one-on-one supervision, ~~including:~~ The
271.27 supervision must be provided either in person or via eye-to-eye electronic media, while
271.28 maintaining visual contact. The board must allow a licensed independent social worker to
271.29 satisfy the supervision requirement of this clause with all required hours of supervision
271.30 provided via eye-to-eye electronic media, while maintaining visual contact; and

271.31 ~~(i) a minimum of 50 hours of in-person supervision; and~~

272.1 ~~(ii) no more than 50 hours of supervision via eye-to-eye electronic media, while~~
272.2 ~~maintaining visual contact; and~~

272.3 (2) 100 hours must be provided through:

272.4 (i) one-on-one supervision; or

272.5 (ii) group supervision.

272.6 The supervision may be in person, by telephone, or via eye-to-eye electronic media, while
272.7 maintaining visual contact. The supervision must not be provided by e-mail. Group
272.8 supervision is limited to six supervisees.

272.9 **EFFECTIVE DATE.** This section is effective the day following final enactment and
272.10 applies to supervision requirements in effect on or after that date.

272.11 Sec. 7. Minnesota Statutes 2020, section 150A.06, subdivision 1c, is amended to read:

272.12 Subd. 1c. **Specialty dentists.** (a) The board may grant one or more specialty licenses in
272.13 the specialty areas of dentistry that are recognized by the Commission on Dental
272.14 Accreditation.

272.15 (b) An applicant for a specialty license shall:

272.16 (1) have successfully completed a postdoctoral specialty program accredited by the
272.17 Commission on Dental Accreditation, or have announced a limitation of practice before
272.18 1967;

272.19 (2) have been certified by a specialty board approved by the Minnesota Board of
272.20 Dentistry, or provide evidence of having passed a clinical examination for licensure required
272.21 for practice in any state or Canadian province, or in the case of oral and maxillofacial
272.22 surgeons only, have a Minnesota medical license in good standing;

272.23 (3) have been in active practice or a postdoctoral specialty education program or United
272.24 States government service at least 2,000 hours in the 36 months prior to applying for a
272.25 specialty license;

272.26 (4) if requested by the board, be interviewed by a committee of the board, which may
272.27 include the assistance of specialists in the evaluation process, and satisfactorily respond to
272.28 questions designed to determine the applicant's knowledge of dental subjects and ability to
272.29 practice;

272.30 (5) if requested by the board, present complete records on a sample of patients treated
272.31 by the applicant. The sample must be drawn from patients treated by the applicant during

273.1 the 36 months preceding the date of application. The number of records shall be established
273.2 by the board. The records shall be reasonably representative of the treatment typically
273.3 provided by the applicant for each specialty area;

273.4 (6) at board discretion, pass a board-approved English proficiency test if English is not
273.5 the applicant's primary language;

273.6 (7) pass all components of the National Board Dental Examinations;

273.7 (8) pass the Minnesota Board of Dentistry jurisprudence examination;

273.8 (9) abide by professional ethical conduct requirements; and

273.9 (10) meet all other requirements prescribed by the Board of Dentistry.

273.10 (c) The application must include:

273.11 (1) a completed application furnished by the board;

273.12 ~~(2) at least two character references from two different dentists for each specialty area,~~
273.13 ~~one of whom must be a dentist practicing in the same specialty area, and the other from the~~
273.14 ~~director of each specialty program attended;~~

273.15 ~~(3) a licensed physician's statement attesting to the applicant's physical and mental~~
273.16 ~~condition;~~

273.17 ~~(4) a statement from a licensed ophthalmologist or optometrist attesting to the applicant's~~
273.18 ~~visual acuity;~~

273.19 ~~(5)~~ (2) a nonrefundable fee; and

273.20 ~~(6)~~ (3) a notarized, unmounted passport-type photograph, three inches by three inches,
273.21 ~~taken not more than six months before the date of application~~ copy of the applicant's
273.22 government issued photo identification card.

273.23 (d) A specialty dentist holding one or more specialty licenses is limited to practicing in
273.24 the dentist's designated specialty area or areas. The scope of practice must be defined by
273.25 each national specialty board recognized by the Commission on Dental Accreditation.

273.26 (e) A specialty dentist holding a general dental license is limited to practicing in the
273.27 dentist's designated specialty area or areas if the dentist has announced a limitation of
273.28 practice. The scope of practice must be defined by each national specialty board recognized
273.29 by the Commission on Dental Accreditation.

274.1 (f) All specialty dentists who have fulfilled the specialty dentist requirements and who
274.2 intend to limit their practice to a particular specialty area or areas may apply for one or more
274.3 specialty licenses.

274.4 Sec. 8. Minnesota Statutes 2020, section 150A.06, subdivision 2c, is amended to read:

274.5 Subd. 2c. **Guest license.** (a) The board shall grant a guest license to practice as a dentist,
274.6 dental hygienist, or licensed dental assistant if the following conditions are met:

274.7 (1) the dentist, dental hygienist, or dental assistant is currently licensed in good standing
274.8 in another United States jurisdiction;

274.9 (2) the dentist, dental hygienist, or dental assistant is currently engaged in the practice
274.10 of that person's respective profession in another United States jurisdiction;

274.11 (3) the dentist, dental hygienist, or dental assistant will limit that person's practice to a
274.12 public health setting in Minnesota that (i) is approved by the board; (ii) was established by
274.13 a nonprofit organization that is tax exempt under chapter 501(c)(3) of the Internal Revenue
274.14 Code of 1986; and (iii) provides dental care to patients who have difficulty accessing dental
274.15 care;

274.16 (4) the dentist, dental hygienist, or dental assistant agrees to treat indigent patients who
274.17 meet the eligibility criteria established by the clinic; and

274.18 (5) the dentist, dental hygienist, or dental assistant has applied to the board for a guest
274.19 license and has paid a nonrefundable license fee to the board ~~not to exceed \$75~~.

274.20 (b) A guest license must be renewed annually with the board and an annual renewal fee
274.21 ~~not to exceed \$75~~ must be paid to the board. Guest licenses expire on December 31 of each
274.22 year.

274.23 (c) A dentist, dental hygienist, or dental assistant practicing under a guest license under
274.24 this subdivision shall have the same obligations as a dentist, dental hygienist, or dental
274.25 assistant who is licensed in Minnesota and shall be subject to the laws and rules of Minnesota
274.26 and the regulatory authority of the board. If the board suspends or revokes the guest license
274.27 of, or otherwise disciplines, a dentist, dental hygienist, or dental assistant practicing under
274.28 this subdivision, the board shall promptly report such disciplinary action to the dentist's,
274.29 dental hygienist's, or dental assistant's regulatory board in the jurisdictions in which they
274.30 are licensed.

274.31 (d) The board may grant a guest license to a dentist, dental hygienist, or dental assistant
274.32 licensed in another United States jurisdiction to provide dental care to patients on a voluntary

275.1 basis without compensation for a limited period of time. The board shall not assess a fee
275.2 for the guest license for volunteer services issued under this paragraph.

275.3 (e) The board shall issue a guest license for volunteer services if:

275.4 (1) the board determines that the applicant's services will provide dental care to patients
275.5 who have difficulty accessing dental care;

275.6 (2) the care will be provided without compensation; and

275.7 (3) the applicant provides adequate proof of the status of all licenses to practice in other
275.8 jurisdictions. The board may require such proof on an application form developed by the
275.9 board.

275.10 (f) The guest license for volunteer services shall limit the licensee to providing dental
275.11 care services for a period of time not to exceed ten days in a calendar year. Guest licenses
275.12 expire on December 31 of each year.

275.13 (g) The holder of a guest license for volunteer services shall be subject to state laws and
275.14 rules regarding dentistry and the regulatory authority of the board. The board may revoke
275.15 the license of a dentist, dental hygienist, or dental assistant practicing under this subdivision
275.16 or take other regulatory action against the dentist, dental hygienist, or dental assistant. If an
275.17 action is taken, the board shall report the action to the regulatory board of those jurisdictions
275.18 where an active license is held by the dentist, dental hygienist, or dental assistant.

275.19 Sec. 9. Minnesota Statutes 2020, section 150A.06, subdivision 6, is amended to read:

275.20 **Subd. 6. Display of name and certificates.** (a) The renewal certificate of ~~every dentist,~~
275.21 ~~dental therapist, dental hygienist, or dental assistant~~ every licensee or registrant must be
275.22 conspicuously displayed in plain sight of patients in every office in which that person
275.23 practices. Duplicate renewal certificates may be obtained from the board.

275.24 (b) Near or on the entrance door to every office where dentistry is practiced, the name
275.25 of each dentist practicing there, as inscribed on the current license certificate, must be
275.26 displayed in plain sight.

275.27 (c) The board must allow the display of a mini-license for guest license holders
275.28 performing volunteer dental services. There is no fee for the mini-license for guest volunteers.

276.1 Sec. 10. Minnesota Statutes 2020, section 150A.06, is amended by adding a subdivision
276.2 to read:

276.3 Subd. 12. Licensure by credentials for dental therapy. (a) Any dental therapist may,
276.4 upon application and payment of a fee established by the board, apply for licensure based
276.5 on an evaluation of the applicant's education, experience, and performance record. The
276.6 applicant may be interviewed by the board to determine if the applicant:

276.7 (1) graduated with a baccalaureate or master's degree from a dental therapy program
276.8 accredited by the Commission on Dental Accreditation;

276.9 (2) provided evidence of successfully completing the board's jurisprudence examination;

276.10 (3) actively practiced at least 2,000 hours within 36 months of the application date or
276.11 passed a board-approved reentry program within 36 months of the application date;

276.12 (4) either:

276.13 (i) is currently licensed in another state or Canadian province and not subject to any
276.14 pending or final disciplinary action; or

276.15 (ii) was previously licensed in another state or Canadian province in good standing and
276.16 not subject to any final or pending disciplinary action at the time of surrender;

276.17 (5) passed a board-approved English proficiency test if English is not the applicant's
276.18 primary language required at the board's discretion; and

276.19 (6) met all curriculum equivalency requirements regarding dental therapy scope of
276.20 practice in Minnesota.

276.21 (b) The 2,000 practice hours required by clause (3) may count toward the 2,000 practice
276.22 hours required for consideration for advanced dental therapy certification, provided that all
276.23 other requirements of section 150A.106, subdivision 1, are met.

276.24 (c) The board, at its discretion, may waive specific licensure requirements in paragraph
276.25 (a).

276.26 (d) The board must license an applicant who fulfills the conditions of this subdivision
276.27 and demonstrates the minimum knowledge in dental subjects required for licensure under
276.28 subdivision 1d to practice the applicant's profession.

276.29 (e) The board must deny the application if the applicant does not demonstrate the
276.30 minimum knowledge in dental subjects required for licensure under subdivision 1d. If
276.31 licensure is denied, the board may notify the applicant of any specific remedy the applicant

277.1 could take to qualify for licensure. A denial does not prohibit the applicant from applying
277.2 for licensure under subdivision 1d.

277.3 (e) A candidate may appeal a denied application to the board according to subdivision
277.4 4a.

277.5 Sec. 11. Minnesota Statutes 2020, section 150A.09, is amended to read:

277.6 **150A.09 REGISTRATION OF LICENSES AND OR REGISTRATION**
277.7 **CERTIFICATES.**

277.8 Subdivision 1. **Registration information and procedure.** On or before the license
277.9 certificate expiration date every ~~licensed dentist, dental therapist, dental hygienist, and~~
277.10 ~~dental assistant~~ licensee or registrant shall ~~transmit to the executive secretary of the board,~~
277.11 ~~pertinent information~~ submit the renewal required by the board, together with the applicable
277.12 fee established by the board under section 150A.091. At least 30 days before a license
277.13 certificate expiration date, the board shall send a written notice stating the amount and due
277.14 date of the fee ~~and the information to be provided to every licensed dentist, dental therapist,~~
277.15 ~~dental hygienist, and dental assistant.~~

277.16 Subd. 3. **Current address, change of address.** Every ~~dentist, dental therapist, dental~~
277.17 ~~hygienist, and dental assistant~~ licensee or registrant shall maintain with the board a correct
277.18 and current mailing address and electronic mail address. For dentists engaged in the practice
277.19 of dentistry, the postal address shall be that of the location of the primary dental practice.
277.20 Within 30 days after changing postal or electronic mail addresses, every ~~dentist, dental~~
277.21 ~~therapist, dental hygienist, and dental assistant~~ licensee or registrant shall provide the board
277.22 ~~written notice of the new address either personally or by first class mail.~~

277.23 Subd. 4. **Duplicate certificates.** Duplicate licenses or duplicate certificates of ~~license~~
277.24 renewal may be issued by the board upon satisfactory proof of the need for the duplicates
277.25 and upon payment of the fee established by the board.

277.26 Subd. 5. **Late fee.** A late fee established by the board shall be paid if the ~~information~~
277.27 ~~and fee~~ required by subdivision 1 is not received by ~~the executive secretary of the board on~~
277.28 or before the registration or ~~license~~ renewal date.

277.29 Sec. 12. Minnesota Statutes 2020, section 150A.091, subdivision 2, is amended to read:

277.30 Subd. 2. **Application and initial license or registration fees.** Each applicant shall
277.31 submit with a license, advanced dental therapist certificate, or permit application a

278.1 nonrefundable fee in the following amounts in order to administratively process an
278.2 application:

278.3 (1) dentist, ~~\$140~~ \$308;

278.4 (2) full faculty dentist, ~~\$140~~ \$308;

278.5 (3) limited faculty dentist, \$140;

278.6 (4) resident dentist or dental provider, \$55;

278.7 (5) advanced dental therapist, \$100;

278.8 (6) dental therapist, ~~\$100~~ \$220;

278.9 (7) dental hygienist, ~~\$55~~ \$115;

278.10 (8) licensed dental assistant, ~~\$55~~; ~~and~~ \$115;

278.11 (9) dental assistant with a ~~permit~~ registration as described in Minnesota Rules, part
278.12 3100.8500, subpart 3, ~~\$15~~; \$27; and

278.13 (10) guest license, \$50.

278.14 Sec. 13. Minnesota Statutes 2020, section 150A.091, subdivision 5, is amended to read:

278.15 Subd. 5. **Biennial license or permit registration renewal fees.** Each of the following
278.16 applicants shall submit with a biennial license or permit renewal application a fee as
278.17 established by the board, not to exceed the following amounts:

278.18 (1) dentist or full faculty dentist, \$475;

278.19 (2) dental therapist, \$300;

278.20 (3) dental hygienist, \$200;

278.21 (4) licensed dental assistant, \$150; and

278.22 (5) dental assistant with a ~~permit~~ registration as described in Minnesota Rules, part
278.23 3100.8500, subpart 3, \$24.

278.24 Sec. 14. Minnesota Statutes 2020, section 150A.091, subdivision 8, is amended to read:

278.25 Subd. 8. **Duplicate license or certificate fee.** Each applicant shall submit, with a request
278.26 for issuance of a duplicate of the original license, or of an annual or biennial renewal
278.27 certificate for a license or permit, a fee in the following amounts:

279.1 (1) original dentist, full faculty dentist, dental therapist, dental hygiene, or dental assistant
279.2 license, \$35; and

279.3 (2) annual or biennial renewal certificates, \$10; ~~and~~.

279.4 ~~(3) wallet-sized license and renewal certificate, \$15.~~

279.5 Sec. 15. Minnesota Statutes 2020, section 150A.091, subdivision 9, is amended to read:

279.6 Subd. 9. **Licensure by credentials.** Each applicant for licensure as a dentist, dental
279.7 hygienist, or dental assistant by credentials pursuant to section 150A.06, subdivisions 4 and
279.8 8, and Minnesota Rules, part 3100.1400, shall submit with the license application a fee in
279.9 the following amounts:

279.10 (1) dentist, ~~\$725~~ \$893;

279.11 (2) dental hygienist, ~~\$175; and~~ \$235;

279.12 (3) dental assistant, ~~\$35;~~ \$71; and

279.13 (4) dental therapist, \$340.

279.14 Sec. 16. Minnesota Statutes 2020, section 150A.091, is amended by adding a subdivision
279.15 to read:

279.16 Subd. 21. **Failure to practice with a current license.** (a) If a licensee practices without
279.17 a current license and pursues reinstatement, the board may take the following administrative
279.18 actions based on the length of time practicing without a current license:

279.19 (1) for under one month, the board may not assess a penalty fee;

279.20 (2) for one month to six months, the board may assess a penalty of \$250;

279.21 (3) for over six months, the board may assess a penalty of \$500; and

279.22 (4) for over 12 months, the board may assess a penalty of \$1,000.

279.23 (b) In addition to the penalty fee, the board shall initiate the complaint process against
279.24 the licensee for failure to practice with a current license for over 12 months.

279.25 Sec. 17. Minnesota Statutes 2020, section 150A.091, is amended by adding a subdivision
279.26 to read:

279.27 Subd. 22. **Delegating regulated procedures to an individual with a terminated**
279.28 license. (a) If a dentist or dental therapist delegates regulated procedures to another dental
279.29 professional who had their license terminated, the board may take the following

280.1 administrative actions against the delegating dentist or dental therapist based on the length
280.2 of time they delegated regulated procedures:

280.3 (1) for under one month, the board may not assess a penalty fee;

280.4 (2) for one month to six months, the board may assess a penalty of \$100;

280.5 (3) for over six months, the board may assess a penalty of \$250; and

280.6 (4) for over 12 months, the board may assess a penalty of \$500.

280.7 (b) In addition to the penalty fee, the board shall initiate the complaint process against
280.8 a dentist or dental therapist who delegated regulated procedures to a dental professional
280.9 with a terminated license for over 12 months.

280.10 Sec. 18. Minnesota Statutes 2020, section 151.01, subdivision 27, is amended to read:

280.11 Subd. 27. **Practice of pharmacy.** "Practice of pharmacy" means:

280.12 (1) interpretation and evaluation of prescription drug orders;

280.13 (2) compounding, labeling, and dispensing drugs and devices (except labeling by a
280.14 manufacturer or packager of nonprescription drugs or commercially packaged legend drugs
280.15 and devices);

280.16 (3) participation in clinical interpretations and monitoring of drug therapy for assurance
280.17 of safe and effective use of drugs, including the performance of laboratory tests that are
280.18 waived under the federal Clinical Laboratory Improvement Act of 1988, United States Code,
280.19 title 42, section 263a et seq., provided that a pharmacist may interpret the results of laboratory
280.20 tests but may modify drug therapy only pursuant to a protocol or collaborative practice
280.21 agreement;

280.22 (4) participation in drug and therapeutic device selection; drug administration for first
280.23 dosage and medical emergencies; intramuscular and subcutaneous drug administration used
280.24 for the treatment of alcohol or opioid dependence under a prescription drug order; drug
280.25 regimen reviews; and drug or drug-related research;

280.26 (5) drug administration, through intramuscular and subcutaneous administration used
280.27 to treat mental illnesses as permitted under the following conditions:

280.28 (i) upon the order of a prescriber and the prescriber is notified after administration is
280.29 complete; or

280.30 (ii) pursuant to a protocol or collaborative practice agreement as defined by section
280.31 151.01, subdivisions 27b and 27c, and participation in the initiation, management,

281.1 modification, administration, and discontinuation of drug therapy is according to the protocol
281.2 or collaborative practice agreement between the pharmacist and a dentist, optometrist,
281.3 physician, podiatrist, or veterinarian, or an advanced practice registered nurse authorized
281.4 to prescribe, dispense, and administer under section 148.235. Any changes in drug therapy
281.5 or medication administration made pursuant to a protocol or collaborative practice agreement
281.6 must be documented by the pharmacist in the patient's medical record or reported by the
281.7 pharmacist to a practitioner responsible for the patient's care;

281.8 (6) participation in administration of influenza vaccines and vaccines approved by the
281.9 United States Food and Drug Administration related to COVID-19 or SARS-CoV-2 to all
281.10 eligible individuals six years of age and older and all other vaccines to patients 13 years of
281.11 age and older by written protocol with a physician licensed under chapter 147, a physician
281.12 assistant authorized to prescribe drugs under chapter 147A, or an advanced practice registered
281.13 nurse authorized to prescribe drugs under section 148.235, provided that:

281.14 (i) the protocol includes, at a minimum:

281.15 (A) the name, dose, and route of each vaccine that may be given;

281.16 (B) the patient population for whom the vaccine may be given;

281.17 (C) contraindications and precautions to the vaccine;

281.18 (D) the procedure for handling an adverse reaction;

281.19 (E) the name, signature, and address of the physician, physician assistant, or advanced
281.20 practice registered nurse;

281.21 (F) a telephone number at which the physician, physician assistant, or advanced practice
281.22 registered nurse can be contacted; and

281.23 (G) the date and time period for which the protocol is valid;

281.24 (ii) the pharmacist has successfully completed a program approved by the Accreditation
281.25 Council for Pharmacy Education specifically for the administration of immunizations or a
281.26 program approved by the board;

281.27 (iii) the pharmacist utilizes the Minnesota Immunization Information Connection to
281.28 assess the immunization status of individuals prior to the administration of vaccines, except
281.29 when administering influenza vaccines to individuals age nine and older;

281.30 (iv) the pharmacist reports the administration of the immunization to the Minnesota
281.31 Immunization Information Connection; and

282.1 (v) the pharmacist complies with guidelines for vaccines and immunizations established
282.2 by the federal Advisory Committee on Immunization Practices, except that a pharmacist
282.3 does not need to comply with those portions of the guidelines that establish immunization
282.4 schedules when administering a vaccine pursuant to a valid, patient-specific order issued
282.5 by a physician licensed under chapter 147, a physician assistant authorized to prescribe
282.6 drugs under chapter 147A, or an advanced practice registered nurse authorized to prescribe
282.7 drugs under section 148.235, provided that the order is consistent with the United States
282.8 Food and Drug Administration approved labeling of the vaccine;

282.9 (7) participation in the initiation, management, modification, and discontinuation of
282.10 drug therapy according to a written protocol or collaborative practice agreement between:
282.11 (i) one or more pharmacists and one or more dentists, optometrists, physicians, podiatrists,
282.12 or veterinarians; or (ii) one or more pharmacists and one or more physician assistants
282.13 authorized to prescribe, dispense, and administer under chapter 147A, or advanced practice
282.14 registered nurses authorized to prescribe, dispense, and administer under section 148.235.
282.15 Any changes in drug therapy made pursuant to a protocol or collaborative practice agreement
282.16 must be documented by the pharmacist in the patient's medical record or reported by the
282.17 pharmacist to a practitioner responsible for the patient's care;

282.18 (8) participation in the storage of drugs and the maintenance of records;

282.19 (9) patient counseling on therapeutic values, content, hazards, and uses of drugs and
282.20 devices;

282.21 (10) offering or performing those acts, services, operations, or transactions necessary
282.22 in the conduct, operation, management, and control of a pharmacy;

282.23 (11) participation in the initiation, management, modification, and discontinuation of
282.24 therapy with opiate antagonists, as defined in section 604A.04, subdivision 1, pursuant to:

282.25 (i) a written protocol as allowed under clause (7); or

282.26 (ii) a written protocol with a community health board medical consultant or a practitioner
282.27 designated by the commissioner of health, as allowed under section 151.37, subdivision 13;
282.28 ~~and~~

282.29 (12) prescribing self-administered hormonal contraceptives; nicotine replacement
282.30 medications; and opiate antagonists for the treatment of an acute opiate overdose pursuant
282.31 to section 151.37, subdivision 14, 15, or 16-; and

282.32 (13) participation in the placement of drug monitoring devices according to a prescription,
282.33 protocol, or collaborative practice agreement.

283.1 Sec. 19. Minnesota Statutes 2020, section 153.16, subdivision 1, is amended to read:

283.2 Subdivision 1. **License requirements.** The board shall issue a license to practice podiatric
283.3 medicine to a person who meets the following requirements:

283.4 (a) The applicant for a license shall file a written notarized application on forms provided
283.5 by the board, showing to the board's satisfaction that the applicant is of good moral character
283.6 and satisfies the requirements of this section.

283.7 (b) The applicant shall present evidence satisfactory to the board of being a graduate of
283.8 a podiatric medical school approved by the board based upon its faculty, curriculum, facilities,
283.9 accreditation by a recognized national accrediting organization approved by the board, and
283.10 other relevant factors.

283.11 (c) The applicant must have received a passing score on each part of the national board
283.12 examinations, parts one and two, prepared and graded by the National Board of Podiatric
283.13 Medical Examiners. The passing score for each part of the national board examinations,
283.14 parts one and two, is as defined by the National Board of Podiatric Medical Examiners.

283.15 (d) Applicants graduating after ~~1986~~ 1990 from a podiatric medical school shall present
283.16 evidence of successful completion of a residency program approved by a national accrediting
283.17 podiatric medicine organization.

283.18 (e) The applicant shall appear in person before the board or its designated representative
283.19 to show that the applicant satisfies the requirements of this section, including knowledge
283.20 of laws, rules, and ethics pertaining to the practice of podiatric medicine. The board may
283.21 establish as internal operating procedures the procedures or requirements for the applicant's
283.22 personal presentation. Upon completion of all other application requirements, a doctor of
283.23 podiatric medicine applying for a temporary military license has six months in which to
283.24 comply with this subdivision.

283.25 (f) The applicant shall pay a fee established by the board by rule. The fee shall not be
283.26 refunded.

283.27 (g) The applicant must not have engaged in conduct warranting disciplinary action
283.28 against a licensee. If the applicant does not satisfy the requirements of this paragraph, the
283.29 board may refuse to issue a license unless it determines that the public will be protected
283.30 through issuance of a license with conditions and limitations the board considers appropriate.

283.31 (h) Upon payment of a fee as the board may require, an applicant who fails to pass an
283.32 examination and is refused a license is entitled to reexamination within one year of the

284.1 board's refusal to issue the license. No more than two reexaminations are allowed without
284.2 a new application for a license.

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

284.4 Sec. 20. **TEMPORARY REQUIREMENTS GOVERNING AMBULANCE SERVICE**
284.5 **OPERATIONS AND THE PROVISION OF EMERGENCY MEDICAL SERVICES.**

284.6 Subdivision 1. **Application.** Notwithstanding any law to the contrary in Minnesota
284.7 Statutes, chapter 144E, an ambulance service may operate according to this section, and
284.8 emergency medical technicians, advanced emergency medical technicians, and paramedics
284.9 may provide emergency medical services according to this section.

284.10 Subd. 2. **Definitions.** (a) The terms defined in this subdivision apply to this section.

284.11 (b) "Advanced emergency medical technician" has the meaning given in Minnesota
284.12 Statutes, section 144E.001, subdivision 5d.

284.13 (c) "Advanced life support" has the meaning given in Minnesota Statutes, section
284.14 144E.001, subdivision 1b.

284.15 (d) "Ambulance" has the meaning given in Minnesota Statutes, section 144E.001,
284.16 subdivision 2.

284.17 (e) "Ambulance service personnel" has the meaning given in Minnesota Statutes, section
284.18 144E.001, subdivision 3a.

284.19 (f) "Basic life support" has the meaning given in Minnesota Statutes, section 144E.001,
284.20 subdivision 4b.

284.21 (g) "Board" means the Emergency Medical Services Regulatory Board.

284.22 (h) "Emergency medical technician" has the meaning given in Minnesota Statutes, section
284.23 144E.001, subdivision 5c.

284.24 (i) "Paramedic" has the meaning given in Minnesota Statutes, section 144E.001,
284.25 subdivision 5e.

284.26 (j) "Primary service area" means the area designated by the board according to Minnesota
284.27 Statutes, section 144E.06, to be served by an ambulance service.

284.28 Subd. 3. **Staffing.** (a) For emergency ambulance calls and interfacility transfers in an
284.29 ambulance service's primary service area, an ambulance service must staff an ambulance
284.30 that provides basic life support with at least:

285.1 (1) one emergency medical technician, who must be in the patient compartment when
285.2 a patient is being transported; and

285.3 (2) one individual to drive the ambulance. The driver must hold a valid driver's license
285.4 from any state, must have attended an emergency vehicle driving course approved by the
285.5 ambulance service, and must have completed a course on cardiopulmonary resuscitation
285.6 approved by the ambulance service.

285.7 (b) For emergency ambulance calls and interfacility transfers in an ambulance service's
285.8 primary service area, an ambulance service must staff an ambulance that provides advanced
285.9 life support with at least:

285.10 (1) one paramedic; one registered nurse who meets the requirements in Minnesota
285.11 Statutes, section 144E.001, subdivision 3a, clause (2); or one physician assistant who meets
285.12 the requirements in Minnesota Statutes, section 144E.001, subdivision 3a, clause (3), and
285.13 who must be in the patient compartment when a patient is being transported; and

285.14 (2) one individual to drive the ambulance. The driver must hold a valid driver's license
285.15 from any state, must have attended an emergency vehicle driving course approved by the
285.16 ambulance service, and must have completed a course on cardiopulmonary resuscitation
285.17 approved by the ambulance service.

285.18 (c) The ambulance service director and medical director must approve the staffing of
285.19 an ambulance according to this subdivision.

285.20 (d) An ambulance service staffing an ambulance according to this subdivision must
285.21 immediately notify the board in writing and in a manner prescribed by the board. The notice
285.22 must specify how the ambulance service is staffing its basic life support or advanced life
285.23 support ambulances and the time period the ambulance service plans to staff the ambulances
285.24 according to this subdivision. If an ambulance service continues to staff an ambulance
285.25 according to this subdivision after the date provided to the board in its initial notice, the
285.26 ambulance service must provide a new notice to the board in a manner that complies with
285.27 this paragraph.

285.28 (e) If an individual serving as a driver under this subdivision commits an act listed in
285.29 Minnesota Statutes, section 144E.27, subdivision 5, paragraph (a), the board may temporarily
285.30 suspend or prohibit the individual from driving an ambulance or place conditions on the
285.31 individual's ability to drive an ambulance using the procedures and authority in Minnesota
285.32 Statutes, section 144E.27, subdivisions 5 and 6.

286.1 Subd. 4. Use of expired emergency medications and medical supplies. (a) If an
286.2 ambulance service experiences a shortage of an emergency medication or medical supply,
286.3 ambulance service personnel may use an emergency medication or medical supply for up
286.4 to six months after the emergency medication's or medical supply's specified expiration
286.5 date, provided:

286.6 (1) the ambulance service director and medical director approve the use of the expired
286.7 emergency medication or medical supply;

286.8 (2) ambulance service personnel use an expired emergency medication or medical supply
286.9 only after depleting the ambulance service's supply of that emergency medication or medical
286.10 supply that is unexpired;

286.11 (3) the ambulance service has stored and maintained the expired emergency medication
286.12 or medical supply according to the manufacturer's instructions;

286.13 (4) if possible, ambulance service personnel obtain consent from the patient to use the
286.14 expired emergency medication or medical supply prior to its use; and

286.15 (5) when the ambulance service obtains a supply of that emergency medication or medical
286.16 supply that is unexpired, ambulance service personnel cease use of the expired emergency
286.17 medication or medical supply and instead use the unexpired emergency medication or
286.18 medical supply.

286.19 (b) Before approving the use of an expired emergency medication, an ambulance service
286.20 director and medical director must consult with the Board of Pharmacy regarding the safety
286.21 and efficacy of using the expired emergency medication.

286.22 (c) An ambulance service must keep a record of all expired emergency medications and
286.23 all expired medical supplies used and must submit that record in writing to the board in a
286.24 time and manner specified by the board. The record must list the specific expired emergency
286.25 medications and medical supplies used and the time period during which ambulance service
286.26 personnel used the expired emergency medication or medical supply.

286.27 Subd. 5. Provision of emergency medical services after certification expires. (a) At
286.28 the request of an emergency medical technician, advanced emergency medical technician,
286.29 or paramedic, and with the approval of the ambulance service director, an ambulance service
286.30 medical director may authorize the emergency medical technician, advanced emergency
286.31 medical technician, or paramedic to provide emergency medical services for the ambulance
286.32 service for up to three months after the certification of the emergency medical technician,
286.33 advanced emergency medical technician, or paramedic expires.

287.1 (b) An ambulance service must immediately notify the board each time its medical
287.2 director issues an authorization under paragraph (a). The notice must be provided in writing
287.3 and in a manner prescribed by the board and must include information on the time period
287.4 each emergency medical technician, advanced emergency medical technician, or paramedic
287.5 will provide emergency medical services according to an authorization under this subdivision;
287.6 information on why the emergency medical technician, advanced emergency medical
287.7 technician, or paramedic needs the authorization; and an attestation from the medical director
287.8 that the authorization is necessary to help the ambulance service adequately staff its
287.9 ambulances.

287.10 Subd. 6. **Reports.** The board must provide quarterly reports to the chairs and ranking
287.11 minority members of the legislative committees with jurisdiction over the board regarding
287.12 actions taken by ambulance services according to subdivisions 3, 4, and 5. The board must
287.13 submit reports by June 30, September 30, and December 31 of 2022; and by March 31, June
287.14 30, September 30, and December 31 of 2023. Each report must include the following
287.15 information:

287.16 (1) for each ambulance service staffing basic life support or advanced life support
287.17 ambulances according to subdivision 3, the primary service area served by the ambulance
287.18 service, the number of ambulances staffed according to subdivision 3, and the time period
287.19 the ambulance service has staffed and plans to staff the ambulances according to subdivision
287.20 3;

287.21 (2) for each ambulance service that authorized the use of an expired emergency
287.22 medication or medical supply according to subdivision 4, the expired emergency medications
287.23 and medical supplies authorized for use and the time period the ambulance service used
287.24 each expired emergency medication or medical supply; and

287.25 (3) for each ambulance service that authorized the provision of emergency medical
287.26 services according to subdivision 5, the number of emergency medical technicians, advanced
287.27 emergency medical technicians, and paramedics providing emergency medical services
287.28 under an expired certification and the time period each emergency medical technician,
287.29 advanced emergency medical technician, or paramedic provided and will provide emergency
287.30 medical services under an expired certification.

287.31 Subd. 7. **Expiration.** This section expires January 1, 2024.

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

288.1 Sec. 21. **REPEALER.**

288.2 Minnesota Statutes 2020, section 150A.091, subdivisions 3, 15, and 17, are repealed.

288.3 **ARTICLE 6**

288.4 **PRESCRIPTION DRUGS**

288.5 Section 1. Minnesota Statutes 2020, section 62A.02, subdivision 1, is amended to read:

288.6 Subdivision 1. **Filing.** For purposes of this section, "health plan" means a health plan
288.7 as defined in section 62A.011 or a policy of accident and sickness insurance as defined in
288.8 section 62A.01. No health plan shall be issued or delivered to any person in this state, nor
288.9 shall any application, rider, or endorsement be used in connection with the health plan, until
288.10 a copy of its form and of the classification of risks and the premium rates pertaining to the
288.11 form have been filed with the commissioner. The filing must include the health plan's
288.12 prescription drug formulary. Proposed revisions to the health plan's prescription drug
288.13 formulary must be filed with the commissioner no later than August 1 of the application
288.14 year. The filing for nongroup health plan forms shall include a statement of actuarial reasons
288.15 and data to support the rate. For health benefit plans as defined in section 62L.02, and for
288.16 health plans to be issued to individuals, the health carrier shall file with the commissioner
288.17 the information required in section 62L.08, subdivision 8. For group health plans for which
288.18 approval is sought for sales only outside of the small employer market as defined in section
288.19 62L.02, this section applies only to policies or contracts of accident and sickness insurance.
288.20 All forms intended for issuance in the individual or small employer market must be
288.21 accompanied by a statement as to the expected loss ratio for the form. Premium rates and
288.22 forms relating to specific insureds or proposed insureds, whether individuals or groups,
288.23 need not be filed, unless requested by the commissioner.

288.24 Sec. 2. Minnesota Statutes 2021 Supplement, section 62J.497, subdivision 1, is amended
288.25 to read:

288.26 Subdivision 1. **Definitions.** (a) For the purposes of this section, the following terms have
288.27 the meanings given.

288.28 (b) "Dispense" or "dispensing" has the meaning given in section 151.01, subdivision
288.29 30. Dispensing does not include the direct administering of a controlled substance to a
288.30 patient by a licensed health care professional.

288.31 (c) "Dispenser" means a person authorized by law to dispense a controlled substance,
288.32 pursuant to a valid prescription.

289.1 (d) "Electronic media" has the meaning given under Code of Federal Regulations, title
289.2 45, part 160.103.

289.3 (e) "E-prescribing" means the transmission using electronic media of prescription or
289.4 prescription-related information between a prescriber, dispenser, pharmacy benefit manager,
289.5 or group purchaser, either directly or through an intermediary, including an e-prescribing
289.6 network. E-prescribing includes, but is not limited to, two-way transmissions between the
289.7 point of care and the dispenser and two-way transmissions related to eligibility, formulary,
289.8 and medication history information.

289.9 (f) "Electronic prescription drug program" means a program that provides for
289.10 e-prescribing.

289.11 (g) "Group purchaser" has the meaning given in section 62J.03, subdivision 6.

289.12 (h) "HL7 messages" means a standard approved by the standards development
289.13 organization known as Health Level Seven.

289.14 (i) "National Provider Identifier" or "NPI" means the identifier described under Code
289.15 of Federal Regulations, title 45, part 162.406.

289.16 (j) "NCPDP" means the National Council for Prescription Drug Programs, Inc.

289.17 (k) "NCPDP Formulary and Benefits Standard" means the most recent version of the
289.18 National Council for Prescription Drug Programs Formulary and Benefits Standard or the
289.19 most recent standard adopted by the Centers for Medicare and Medicaid Services for
289.20 e-prescribing under Medicare Part D as required by section 1860D-4(e)(4)(D) of the Social
289.21 Security Act and regulations adopted under it. The standards shall be implemented according
289.22 to the Centers for Medicare and Medicaid Services schedule for compliance.

289.23 (l) "NCPDP Real-Time Prescription Benefit Standard" means the most recent National
289.24 Council for Prescription Drug Programs Real-Time Prescription Benefit Standard adopted
289.25 by the Centers for Medicare and Medicaid Services for e-prescribing under Medicare Part
289.26 D as required by section 1860D-4(e)(2) of the Social Security Act and regulations adopted
289.27 under it.

289.28 ~~(l)~~ (m) "NCPDP SCRIPT Standard" means the most recent version of the National
289.29 Council for Prescription Drug Programs SCRIPT Standard, or the most recent standard
289.30 adopted by the Centers for Medicare and Medicaid Services for e-prescribing under Medicare
289.31 Part D as required by section 1860D-4(e)(4)(D) of the Social Security Act, and regulations
289.32 adopted under it. The standards shall be implemented according to the Centers for Medicare
289.33 and Medicaid Services schedule for compliance.

290.1 ~~(m)~~ (n) "Pharmacy" has the meaning given in section 151.01, subdivision 2.

290.2 (o) "Pharmacy benefit manager" has the meaning given in section 62W.02, subdivision
290.3 15.

290.4 ~~(n)~~ (p) "Prescriber" means a licensed health care practitioner, other than a veterinarian,
290.5 as defined in section 151.01, subdivision 23.

290.6 ~~(o)~~ (q) "Prescription-related information" means information regarding eligibility for
290.7 drug benefits, medication history, or related health or drug information.

290.8 ~~(p)~~ (r) "Provider" or "health care provider" has the meaning given in section 62J.03,
290.9 subdivision 8.

290.10 (s) "Real-time prescription benefit tool" means a tool that is capable of being integrated
290.11 into a prescriber's e-prescribing system and that provides a prescriber with up-to-date and
290.12 patient-specific formulary and benefit information at the time the prescriber submits a
290.13 prescription.

290.14 Sec. 3. Minnesota Statutes 2021 Supplement, section 62J.497, subdivision 3, is amended
290.15 to read:

290.16 Subd. 3. **Standards for electronic prescribing.** (a) Prescribers and dispensers must use
290.17 the NCPDP SCRIPT Standard for the communication of a prescription or prescription-related
290.18 information.

290.19 (b) Providers, group purchasers, prescribers, and dispensers must use the NCPDP SCRIPT
290.20 Standard for communicating and transmitting medication history information.

290.21 (c) Providers, group purchasers, prescribers, and dispensers must use the NCPDP
290.22 Formulary and Benefits Standard for communicating and transmitting formulary and benefit
290.23 information.

290.24 (d) Providers, group purchasers, prescribers, and dispensers must use the national provider
290.25 identifier to identify a health care provider in e-prescribing or prescription-related transactions
290.26 when a health care provider's identifier is required.

290.27 (e) Providers, group purchasers, prescribers, and dispensers must communicate eligibility
290.28 information and conduct health care eligibility benefit inquiry and response transactions
290.29 according to the requirements of section 62J.536.

290.30 (f) Group purchasers and pharmacy benefit managers must use a real-time prescription
290.31 benefit tool that complies with the NCPDP Real-Time Prescription Benefit Standard and
290.32 that, at a minimum, notifies a prescriber:

291.1 (1) if a prescribed drug is covered by the patient's group purchaser or pharmacy benefit
291.2 manager;

291.3 (2) if a prescribed drug is included on the formulary or preferred drug list of the patient's
291.4 group purchaser or pharmacy benefit manager;

291.5 (3) of any patient cost-sharing for the prescribed drug;

291.6 (4) if prior authorization is required for the prescribed drug; and

291.7 (5) of a list of any available alternative drugs that are in the same class as the drug
291.8 originally prescribed and for which prior authorization is not required.

291.9 **EFFECTIVE DATE.** This section is effective January 1, 2023.

291.10 Sec. 4. Minnesota Statutes 2020, section 62J.84, as amended by Laws 2021, chapter 30,
291.11 article 3, sections 5 to 9, is amended to read:

291.12 **62J.84 PRESCRIPTION DRUG PRICE TRANSPARENCY.**

291.13 Subdivision 1. **Short title.** This section may be cited as the "Prescription Drug Price
291.14 Transparency Act."

291.15 Subd. 2. **Definitions.** (a) For purposes of this section, the terms defined in this subdivision
291.16 have the meanings given.

291.17 (b) "Biosimilar" means a drug that is produced or distributed pursuant to a biologics
291.18 license application approved under United States Code, title 42, section 262(K)(3).

291.19 (c) "Brand name drug" means a drug that is produced or distributed pursuant to:

291.20 (1) an original, new drug application approved under United States Code, title 21, section
291.21 355(c), except for a generic drug as defined under Code of Federal Regulations, title 42,
291.22 section 447.502; or

291.23 (2) a biologics license application approved under United States Code, title ~~45~~ 42, section
291.24 262(a)(c).

291.25 (d) "Commissioner" means the commissioner of health.

291.26 (e) "Course of treatment" means the total dosage of a single prescription for a prescription
291.27 drug recommended by the Food and Drug Administration (FDA)-approved prescribing
291.28 label. If the FDA-approved prescribing label includes more than one recommended dosage
291.29 for a single course of treatment, the course of treatment is the maximum recommended
291.30 dosage on the FDA-approved prescribing label.

292.1 ~~(e)~~ (f) "Generic drug" means a drug that is marketed or distributed pursuant to:

292.2 (1) an abbreviated new drug application approved under United States Code, title 21,
292.3 section 355(j);

292.4 (2) an authorized generic as defined under Code of Federal Regulations, title ~~45~~ 42,
292.5 section 447.502; or

292.6 (3) a drug that entered the market the year before 1962 and was not originally marketed
292.7 under a new drug application.

292.8 ~~(f)~~ (g) "Manufacturer" means a drug manufacturer licensed under section 151.252.

292.9 (h) "National Drug Code" means the three-segment code maintained by the FDA that
292.10 includes a labeler code, a product code, and a package code for a drug product and that has
292.11 been converted to an 11-digit format consisting of five digits in the first segment, four digits
292.12 in the second segment, and two digits in the third segment. A three-segment code shall be
292.13 considered converted to an 11-digit format when, as necessary, at least one "0" has been
292.14 added to the front of each segment containing less than the specified number of digits so
292.15 that each segment contains the specified number of digits.

292.16 ~~(g)~~ (i) "New prescription drug" or "new drug" means a prescription drug approved for
292.17 marketing by the United States Food and Drug Administration for which no previous
292.18 wholesale acquisition cost has been established for comparison.

292.19 ~~(h)~~ (j) "Patient assistance program" means a program that a manufacturer offers to the
292.20 public in which a consumer may reduce the consumer's out-of-pocket costs for prescription
292.21 drugs by using coupons, discount cards, prepaid gift cards, manufacturer debit cards, or by
292.22 other means.

292.23 ~~(i)~~ (k) "Prescription drug" or "drug" has the meaning provided in section 151.441,
292.24 subdivision 8.

292.25 ~~(j)~~ (l) "Price" means the wholesale acquisition cost as defined in United States Code,
292.26 title 42, section 1395w-3a(c)(6)(B).

292.27 (m) "Rebate" means a discount, chargeback, or other price concession that affects the
292.28 price of a prescription drug product, regardless of whether conferred through regular
292.29 aggregate payments, on a claim-by-claim basis at the point of sale, as part of retrospective
292.30 financial reconciliations including reconciliations that also reflect other contractual
292.31 arrangements, or by any other method. Rebate does not mean a bona fide service fee, as the
292.32 term is defined in Code of Federal Regulations, title 42, section 447.502.

293.1 (n) "30-day supply" means the total daily dosage units of a prescription drug
293.2 recommended by the prescribing label approved by the FDA for 30 days. If the
293.3 FDA-approved prescribing label includes more than one recommended daily dosage, the
293.4 30-day supply is based on the maximum recommended daily dosage on the FDA-approved
293.5 prescribing label.

293.6 **Subd. 3. Prescription drug price increases reporting.** (a) Beginning January 1, 2022,
293.7 a drug manufacturer must submit to the commissioner the information described in paragraph
293.8 (b) for each prescription drug for which the price was \$100 or greater for a 30-day supply
293.9 or for a course of treatment lasting less than 30 days and:

293.10 (1) for brand name drugs where there is an increase of ten percent or greater in the price
293.11 over the previous 12-month period or an increase of 16 percent or greater in the price over
293.12 the previous 24-month period; and

293.13 (2) for generic or biosimilar drugs where there is an increase of 50 percent or greater in
293.14 the price over the previous 12-month period.

293.15 (b) For each of the drugs described in paragraph (a), the manufacturer shall submit to
293.16 the commissioner no later than 60 days after the price increase goes into effect, in the form
293.17 and manner prescribed by the commissioner, the following information, if applicable:

293.18 (1) the name, description, and price of the drug and the net increase, expressed as a
293.19 percentage; with the following listed separately:

293.20 (i) National Drug Code;

293.21 (ii) product name;

293.22 (iii) dosage form;

293.23 (iv) strength; and

293.24 (v) package size;

293.25 (2) the factors that contributed to the price increase;

293.26 (3) the name of any generic version of the prescription drug available on the market;

293.27 (4) the introductory price of the prescription drug when it was introduced for sale in the
293.28 United States and the price of the drug on the last day of each of the five calendar years
293.29 preceding the price increase when it was approved for marketing by the Food and Drug
293.30 Administration and the net yearly increase, by calendar year, in the price of the prescription
293.31 drug during the previous five years;

- 294.1 (5) the direct costs incurred during the previous 12-month period by the manufacturer
294.2 that are associated with the prescription drug, listed separately:
- 294.3 (i) to manufacture the prescription drug;
- 294.4 (ii) to market the prescription drug, including advertising costs; and
- 294.5 (iii) to distribute the prescription drug;
- 294.6 (6) the number of units of the prescription drug sold during the previous 12-month period;
- 294.7 (7) the total rebate payable amount accrued for the prescription drug during the previous
294.8 12-month period;
- 294.9 ~~(6)~~ (8) the total sales revenue for the prescription drug during the previous 12-month
294.10 period;
- 294.11 ~~(7)~~ (9) the manufacturer's net profit attributable to the prescription drug during the
294.12 previous 12-month period;
- 294.13 ~~(8)~~ (10) the total amount of financial assistance the manufacturer has provided through
294.14 patient prescription assistance programs during the previous 12-month period, if applicable;
- 294.15 ~~(9)~~ (11) any agreement between a manufacturer and another entity contingent upon any
294.16 delay in offering to market a generic version of the prescription drug;
- 294.17 ~~(10)~~ (12) the patent expiration date of the prescription drug if it is under patent;
- 294.18 ~~(11)~~ (13) the name and location of the company that manufactured the drug; ~~and~~
- 294.19 ~~(12)~~ (14) if a brand name prescription drug, the ten highest prices paid for the prescription
294.20 drug during the previous calendar year in ~~any country other than~~ the ten countries, excluding
294.21 the United States., that charged the highest single price for the prescription drug; and
- 294.22 (15) if the prescription drug was acquired by the manufacturer during the previous
294.23 12-month period, all of the following information:
- 294.24 (i) price at acquisition;
- 294.25 (ii) price in the calendar year prior to acquisition;
- 294.26 (iii) name of the company from which the drug was acquired;
- 294.27 (iv) date of acquisition; and
- 294.28 (v) acquisition price.
- 294.29 (c) The manufacturer may submit any documentation necessary to support the information
294.30 reported under this subdivision.

295.1 Subd. 4. **New prescription drug price reporting.** (a) Beginning January 1, 2022, no
295.2 later than 60 days after a manufacturer introduces a new prescription drug for sale in the
295.3 United States that is a new brand name drug with a price that is greater than the tier threshold
295.4 established by the Centers for Medicare and Medicaid Services for specialty drugs in the
295.5 Medicare Part D program for a 30-day supply or for a course of treatment lasting less than
295.6 30 days or a new generic or biosimilar drug with a price that is greater than the tier threshold
295.7 established by the Centers for Medicare and Medicaid Services for specialty drugs in the
295.8 Medicare Part D program for a 30-day supply or for a course of treatment lasting less than
295.9 30 days and is not at least 15 percent lower than the referenced brand name drug when the
295.10 generic or biosimilar drug is launched, the manufacturer must submit to the commissioner,
295.11 in the form and manner prescribed by the commissioner, the following information, if
295.12 applicable:

295.13 (1) the description of the drug, with the following listed separately:

295.14 (i) National Drug Code;

295.15 (ii) product name;

295.16 (iii) dosage form;

295.17 (iv) strength; and

295.18 (v) package size

295.19 ~~(1)~~ (2) the price of the prescription drug;

295.20 ~~(2)~~ (3) whether the Food and Drug Administration granted the new prescription drug a
295.21 breakthrough therapy designation or a priority review;

295.22 ~~(3)~~ (4) the direct costs incurred by the manufacturer that are associated with the
295.23 prescription drug, listed separately:

295.24 (i) to manufacture the prescription drug;

295.25 (ii) to market the prescription drug, including advertising costs; and

295.26 (iii) to distribute the prescription drug; and

295.27 ~~(4)~~ (5) the patent expiration date of the drug if it is under patent.

295.28 (b) The manufacturer may submit documentation necessary to support the information
295.29 reported under this subdivision.

295.30 ~~Subd. 5. Newly acquired prescription drug price reporting.~~ (a) Beginning January
295.31 1, 2022, the acquiring drug manufacturer must submit to the commissioner the information

296.1 ~~described in paragraph (b) for each newly acquired prescription drug for which the price~~
296.2 ~~was \$100 or greater for a 30-day supply or for a course of treatment lasting less than 30~~
296.3 ~~days and:~~

296.4 ~~(1) for a newly acquired brand name drug where there is an increase of ten percent or~~
296.5 ~~greater in the price over the previous 12-month period or an increase of 16 percent or greater~~
296.6 ~~in price over the previous 24-month period; and~~

296.7 ~~(2) for a newly acquired generic drug where there is an increase of 50 percent or greater~~
296.8 ~~in the price over the previous 12-month period.~~

296.9 ~~(b) For each of the drugs described in paragraph (a), the acquiring manufacturer shall~~
296.10 ~~submit to the commissioner no later than 60 days after the acquiring manufacturer begins~~
296.11 ~~to sell the newly acquired drug, in the form and manner prescribed by the commissioner,~~
296.12 ~~the following information, if applicable:~~

296.13 ~~(1) the price of the prescription drug at the time of acquisition and in the calendar year~~
296.14 ~~prior to acquisition;~~

296.15 ~~(2) the name of the company from which the prescription drug was acquired, the date~~
296.16 ~~acquired, and the purchase price;~~

296.17 ~~(3) the year the prescription drug was introduced to market and the price of the~~
296.18 ~~prescription drug at the time of introduction;~~

296.19 ~~(4) the price of the prescription drug for the previous five years;~~

296.20 ~~(5) any agreement between a manufacturer and another entity contingent upon any delay~~
296.21 ~~in offering to market a generic version of the manufacturer's drug; and~~

296.22 ~~(6) the patent expiration date of the drug if it is under patent.~~

296.23 ~~(c) The manufacturer may submit any documentation necessary to support the information~~
296.24 ~~reported under this subdivision.~~

296.25 **Subd. 6. Public posting of prescription drug price information.** (a) The commissioner
296.26 shall post on the department's website, or may contract with a private entity or consortium
296.27 that satisfies the standards of section 62U.04, subdivision 6, to meet this requirement, the
296.28 following information:

296.29 (1) a list of the prescription drugs reported under subdivisions 3, 4, and 5, and the
296.30 manufacturers of those prescription drugs; and

296.31 (2) information reported to the commissioner under subdivisions 3, 4, and 5.

297.1 (b) The information must be published in an easy-to-read format and in a manner that
297.2 identifies the information that is disclosed on a per-drug basis and must not be aggregated
297.3 in a manner that prevents the identification of the prescription drug.

297.4 (c) The commissioner shall not post to the department's website or a private entity
297.5 contracting with the commissioner shall not post any information described in this section
297.6 if the information is not public data under section 13.02, subdivision 8a; or is trade secret
297.7 information under section 13.37, subdivision 1, paragraph (b); or is trade secret information
297.8 pursuant to the Defend Trade Secrets Act of 2016, United States Code, title 18, section
297.9 1836, as amended. If a manufacturer believes information should be withheld from public
297.10 disclosure pursuant to this paragraph, the manufacturer must clearly and specifically identify
297.11 that information and describe the legal basis in writing when the manufacturer submits the
297.12 information under this section. If the commissioner disagrees with the manufacturer's request
297.13 to withhold information from public disclosure, the commissioner shall provide the
297.14 manufacturer written notice that the information will be publicly posted 30 days after the
297.15 date of the notice.

297.16 (d) If the commissioner withholds any information from public disclosure pursuant to
297.17 this subdivision, the commissioner shall post to the department's website a report describing
297.18 the nature of the information and the commissioner's basis for withholding the information
297.19 from disclosure.

297.20 (e) To the extent the information required to be posted under this subdivision is collected
297.21 and made available to the public by another state, by the University of Minnesota, or through
297.22 an online drug pricing reference and analytical tool, the commissioner may reference the
297.23 availability of this drug price data from another source including, within existing
297.24 appropriations, creating the ability of the public to access the data from the source for
297.25 purposes of meeting the reporting requirements of this subdivision.

297.26 **Subd. 7. Consultation.** (a) The commissioner may consult with a private entity or
297.27 consortium that satisfies the standards of section 62U.04, subdivision 6, the University of
297.28 Minnesota, or the commissioner of commerce, as appropriate, in issuing the form and format
297.29 of the information reported under this section; in posting information pursuant to subdivision
297.30 6; and in taking any other action for the purpose of implementing this section.

297.31 (b) The commissioner may consult with representatives of the manufacturers to establish
297.32 a standard format for reporting information under this section and may use existing reporting
297.33 methodologies to establish a standard format to minimize administrative burdens to the state
297.34 and manufacturers.

298.1 Subd. 8. **Enforcement and penalties.** (a) A manufacturer may be subject to a civil
298.2 penalty, as provided in paragraph (b), for:

298.3 (1) failing to submit timely reports or notices as required by this section;

298.4 (2) failing to provide information required under this section; or

298.5 (3) providing inaccurate or incomplete information under this section.

298.6 (b) The commissioner shall adopt a schedule of civil penalties, not to exceed \$10,000
298.7 per day of violation, based on the severity of each violation.

298.8 (c) The commissioner shall impose civil penalties under this section as provided in
298.9 section 144.99, subdivision 4.

298.10 (d) The commissioner may remit or mitigate civil penalties under this section upon terms
298.11 and conditions the commissioner considers proper and consistent with public health and
298.12 safety.

298.13 (e) Civil penalties collected under this section shall be deposited in the health care access
298.14 fund.

298.15 Subd. 9. **Legislative report.** (a) No later than May 15, 2022, and by January 15 of each
298.16 year thereafter, the commissioner shall report to the chairs and ranking minority members
298.17 of the legislative committees with jurisdiction over commerce and health and human services
298.18 policy and finance on the implementation of this section, including but not limited to the
298.19 effectiveness in addressing the following goals:

298.20 (1) promoting transparency in pharmaceutical pricing for the state and other payers;

298.21 (2) enhancing the understanding on pharmaceutical spending trends; and

298.22 (3) assisting the state and other payers in the management of pharmaceutical costs.

298.23 (b) The report must include a summary of the information submitted to the commissioner
298.24 under subdivisions 3, 4, and 5.

298.25 Sec. 5. Minnesota Statutes 2020, section 62J.84, subdivision 2, is amended to read:

298.26 Subd. 2. **Definitions.** (a) For purposes of this section and section 62J.841, the terms
298.27 defined in this subdivision have the meanings given.

298.28 (b) "Biosimilar" means a drug that is produced or distributed pursuant to a biologics
298.29 license application approved under United States Code, title 42, section 262(K)(3).

298.30 (c) "Brand name drug" means a drug that is produced or distributed pursuant to:

299.1 (1) an original, new drug application approved under United States Code, title 21, section
299.2 355(c), except for a generic drug as defined under Code of Federal Regulations, title 42,
299.3 section 447.502; or

299.4 (2) a biologics license application approved under United States Code, title 45, section
299.5 262(a)(c).

299.6 (d) "Commissioner" means the commissioner of health.

299.7 (e) "Generic drug" means a drug that is marketed or distributed pursuant to:

299.8 (1) an abbreviated new drug application approved under United States Code, title 21,
299.9 section 355(j);

299.10 (2) an authorized generic as defined under Code of Federal Regulations, title 45, section
299.11 447.502; or

299.12 (3) a drug that entered the market the year before 1962 and was not originally marketed
299.13 under a new drug application.

299.14 (f) "Manufacturer" means a drug manufacturer licensed under section 151.252.

299.15 (g) "New prescription drug" or "new drug" means a prescription drug approved for
299.16 marketing by the United States Food and Drug Administration for which no previous
299.17 wholesale acquisition cost has been established for comparison.

299.18 (h) "Patient assistance program" means a program that a manufacturer offers to the public
299.19 in which a consumer may reduce the consumer's out-of-pocket costs for prescription drugs
299.20 by using coupons, discount cards, prepaid gift cards, manufacturer debit cards, or by other
299.21 means.

299.22 (i) "Prescription drug" or "drug" has the meaning provided in section 151.441, subdivision
299.23 8.

299.24 (j) "Price" means the wholesale acquisition cost as defined in United States Code, title
299.25 42, section 1395w-3a(c)(6)(B).

299.26 Sec. 6. Minnesota Statutes 2020, section 62J.84, subdivision 2, is amended to read:

299.27 Subd. 2. **Definitions.** (a) For purposes of this section, the terms defined in this subdivision
299.28 have the meanings given.

299.29 (b) "Biosimilar" means a drug that is produced or distributed pursuant to a biologics
299.30 license application approved under United States Code, title 42, section 262(K)(3).

299.31 (c) "Brand name drug" means a drug that is produced or distributed pursuant to:

300.1 (1) an original, new drug application approved under United States Code, title 21, section
300.2 355(c), except for a generic drug as defined under Code of Federal Regulations, title 42,
300.3 section 447.502; or

300.4 (2) a biologics license application approved under United States Code, title 45, section
300.5 262(a)(c).

300.6 (d) "Commissioner" means the commissioner of health.

300.7 (e) "Drug product family" means a group of one or more prescription drugs that share
300.8 a unique generic drug description or nontrade name and dosage form.

300.9 ~~(e)~~ (f) "Generic drug" means a drug that is marketed or distributed pursuant to:

300.10 (1) an abbreviated new drug application approved under United States Code, title 21,
300.11 section 355(j);

300.12 (2) an authorized generic as defined under Code of Federal Regulations, title 45, section
300.13 447.502; or

300.14 (3) a drug that entered the market the year before 1962 and was not originally marketed
300.15 under a new drug application.

300.16 ~~(f)~~ (g) "Manufacturer" means a drug manufacturer licensed under section 151.252.

300.17 ~~(g)~~ (h) "New prescription drug" or "new drug" means a prescription drug approved for
300.18 marketing by the United States Food and Drug Administration for which no previous
300.19 wholesale acquisition cost has been established for comparison.

300.20 ~~(h)~~ (i) "Patient assistance program" means a program that a manufacturer offers to the
300.21 public in which a consumer may reduce the consumer's out-of-pocket costs for prescription
300.22 drugs by using coupons, discount cards, prepaid gift cards, manufacturer debit cards, or by
300.23 other means.

300.24 (j) "Pharmacy" or "pharmacy provider" means a place of business licensed by the Board
300.25 of Pharmacy under section 151.19 in which prescription drugs are prepared, compounded,
300.26 or dispensed under the supervision of a pharmacist.

300.27 (k) "Pharmacy benefits manager (PBM)" means an entity licensed to act as a pharmacy
300.28 benefits manager under section 62W.03.

300.29 ~~(i)~~ (l) "Prescription drug" or "drug" has the meaning provided in section 151.441,
300.30 subdivision 8.

301.1 ~~(j)~~ (m) "Price" means the wholesale acquisition cost as defined in United States Code,
301.2 title 42, section 1395w-3a(c)(6)(B).

301.3 (n) "Pricing Unit" means the smallest dispensable amount of a prescription drug product
301.4 that could be dispensed.

301.5 (o) "Reporting entity" means any manufacturer, pharmacy, pharmacy benefits manager,
301.6 wholesale drug distributor, or any other entity required to submit data under this section.

301.7 (p) "Wholesale drug distributor" or "wholesaler" means an entity that:

301.8 (1) is licensed to act as a wholesale drug distributor under section 151.47; and

301.9 (2) distributes prescription drugs, of which it is not the manufacturer, to persons or
301.10 entities other than a consumer or patient in the state.

301.11 Sec. 7. Minnesota Statutes 2021 Supplement, section 62J.84, subdivision 6, is amended
301.12 to read:

301.13 Subd. 6. **Public posting of prescription drug price information.** (a) The commissioner
301.14 shall post on the department's website, or may contract with a private entity or consortium
301.15 that satisfies the standards of section 62U.04, subdivision 6, to meet this requirement, the
301.16 following information:

301.17 (1) a list of the prescription drugs reported under subdivisions 3, 4, and 5, and the
301.18 manufacturers of those prescription drugs; ~~and~~

301.19 (2) information reported to the commissioner under subdivisions 3, 4, and 5; and

301.20 (3) information reported to the commissioner under section 62J.841, subdivision 2.

301.21 (b) The information must be published in an easy-to-read format and in a manner that
301.22 identifies the information that is disclosed on a per-drug basis and must not be aggregated
301.23 in a manner that prevents the identification of the prescription drug.

301.24 (c) The commissioner shall not post to the department's website or a private entity
301.25 contracting with the commissioner shall not post any information described in this section
301.26 if the information is not public data under section 13.02, subdivision 8a; or is trade secret
301.27 information under section 13.37, subdivision 1, paragraph (b), subject to section 62J.841,
301.28 subdivision 2, paragraph (e); or is trade secret information pursuant to the Defend Trade
301.29 Secrets Act of 2016, United States Code, title 18, section 1836, as amended, subject to
301.30 section 62J.841, subdivision 2, paragraph (e). If a manufacturer believes information should
301.31 be withheld from public disclosure pursuant to this paragraph, the manufacturer must clearly
301.32 and specifically identify that information and describe the legal basis in writing when the

302.1 manufacturer submits the information under this section. If the commissioner disagrees
302.2 with the manufacturer's request to withhold information from public disclosure, the
302.3 commissioner shall provide the manufacturer written notice that the information will be
302.4 publicly posted 30 days after the date of the notice.

302.5 (d) If the commissioner withholds any information from public disclosure pursuant to
302.6 this subdivision, the commissioner shall post to the department's website a report describing
302.7 the nature of the information and the commissioner's basis for withholding the information
302.8 from disclosure.

302.9 (e) To the extent the information required to be posted under this subdivision is collected
302.10 and made available to the public by another state, by the University of Minnesota, or through
302.11 an online drug pricing reference and analytical tool, the commissioner may reference the
302.12 availability of this drug price data from another source including, within existing
302.13 appropriations, creating the ability of the public to access the data from the source for
302.14 purposes of meeting the reporting requirements of this subdivision.

302.15 Sec. 8. Minnesota Statutes 2021 Supplement, section 62J.84, subdivision 6, is amended
302.16 to read:

302.17 Subd. 6. **Public posting of prescription drug price information.** (a) The commissioner
302.18 shall post on the department's website, or may contract with a private entity or consortium
302.19 that satisfies the standards of section 62U.04, subdivision 6, to meet this requirement, the
302.20 following information:

302.21 (1) a list of the prescription drugs reported under subdivisions 3, 4, ~~and 5~~, 11, 12, 13,
302.22 and 14 and the manufacturers of those prescription drugs; and

302.23 (2) information reported to the commissioner under subdivisions 3, 4, ~~and 5~~, 11, 12, 13,
302.24 and 14.

302.25 (b) The information must be published in an easy-to-read format and in a manner that
302.26 identifies the information that is disclosed on a per-drug basis and must not be aggregated
302.27 in a manner that prevents the identification of the prescription drug.

302.28 (c) The commissioner shall not post to the department's website or a private entity
302.29 contracting with the commissioner shall not post any information described in this section
302.30 if the information is not public data under section 13.02, subdivision 8a; or is trade secret
302.31 information under section 13.37, subdivision 1, paragraph (b); or is trade secret information
302.32 pursuant to the Defend Trade Secrets Act of 2016, United States Code, title 18, section
302.33 1836, as amended. If a manufacturer believes information should be withheld from public

303.1 disclosure pursuant to this paragraph, the manufacturer must clearly and specifically identify
303.2 that information and describe the legal basis in writing when the manufacturer submits the
303.3 information under this section. If the commissioner disagrees with the manufacturer's request
303.4 to withhold information from public disclosure, the commissioner shall provide the
303.5 manufacturer written notice that the information will be publicly posted 30 days after the
303.6 date of the notice.

303.7 (d) If the commissioner withholds any information from public disclosure pursuant to
303.8 this subdivision, the commissioner shall post to the department's website a report describing
303.9 the nature of the information and the commissioner's basis for withholding the information
303.10 from disclosure.

303.11 (e) To the extent the information required to be posted under this subdivision is collected
303.12 and made available to the public by another state, by the University of Minnesota, or through
303.13 an online drug pricing reference and analytical tool, the commissioner may reference the
303.14 availability of this drug price data from another source including, within existing
303.15 appropriations, creating the ability of the public to access the data from the source for
303.16 purposes of meeting the reporting requirements of this subdivision.

303.17 Sec. 9. Minnesota Statutes 2020, section 62J.84, subdivision 7, is amended to read:

303.18 Subd. 7. **Consultation.** (a) The commissioner may consult with a private entity or
303.19 consortium that satisfies the standards of section 62U.04, subdivision 6, the University of
303.20 Minnesota, or the commissioner of commerce, as appropriate, in issuing the form and format
303.21 of the information reported under this section and section 62J.841; in posting information
303.22 pursuant to subdivision 6; and in taking any other action for the purpose of implementing
303.23 this section and section 62J.841.

303.24 (b) The commissioner may consult with representatives of the manufacturers to establish
303.25 a standard format for reporting information under this section and section 62J.841 and may
303.26 use existing reporting methodologies to establish a standard format to minimize
303.27 administrative burdens to the state and manufacturers.

303.28 Sec. 10. Minnesota Statutes 2020, section 62J.84, subdivision 7, is amended to read:

303.29 Subd. 7. **Consultation.** (a) The commissioner may consult with a private entity or
303.30 consortium that satisfies the standards of section 62U.04, subdivision 6, the University of
303.31 Minnesota, or the commissioner of commerce, as appropriate, in issuing the form and format
303.32 of the information reported under this section; in posting information pursuant to subdivision
303.33 6; and in taking any other action for the purpose of implementing this section.

304.1 (b) The commissioner may consult with representatives of the ~~manufacturers~~ reporting
 304.2 entities to establish a standard format for reporting information under this section and may
 304.3 use existing reporting methodologies to establish a standard format to minimize
 304.4 administrative burdens to the state and ~~manufacturers~~ reporting entities.

304.5 Sec. 11. Minnesota Statutes 2020, section 62J.84, subdivision 8, is amended to read:

304.6 Subd. 8. **Enforcement and penalties.** (a) A manufacturer may be subject to a civil
 304.7 penalty, as provided in paragraph (b), for:

304.8 (1) failing to submit timely reports or notices as required by this section and section
 304.9 62J.841;

304.10 (2) failing to provide information required under this section and section 62J.841; ~~or~~

304.11 (3) providing inaccurate or incomplete information under this section and section 62J.841;

304.12 or

304.13 (4) failing to comply with section 62J.841, subdivisions 2, paragraph (e), and 4.

304.14 (b) The commissioner shall adopt a schedule of civil penalties, not to exceed \$10,000
 304.15 per day of violation, based on the severity of each violation.

304.16 (c) The commissioner shall impose civil penalties under this section and section 62J.841
 304.17 as provided in section 144.99, subdivision 4.

304.18 (d) The commissioner may remit or mitigate civil penalties under this section and section
 304.19 62J.481 upon terms and conditions the commissioner considers proper and consistent with
 304.20 public health and safety.

304.21 (e) Civil penalties collected under this section and section 62J.841 shall be deposited in
 304.22 the health care access fund.

304.23 Sec. 12. Minnesota Statutes 2020, section 62J.84, subdivision 8, is amended to read:

304.24 Subd. 8. **Enforcement and penalties.** (a) A ~~manufacturer~~ reporting entity may be subject
 304.25 to a civil penalty, as provided in paragraph (b), for:

304.26 (1) failing to register under subdivision 15;

304.27 ~~(1)~~ (2) failing to submit timely reports or notices as required by this section;

304.28 ~~(2)~~ (3) failing to provide information required under this section; or

304.29 ~~(3)~~ (4) providing inaccurate or incomplete information under this section.

305.1 (b) The commissioner shall adopt a schedule of civil penalties, not to exceed \$10,000
305.2 per day of violation, based on the severity of each violation.

305.3 (c) The commissioner shall impose civil penalties under this section as provided in
305.4 section 144.99, subdivision 4.

305.5 (d) The commissioner may remit or mitigate civil penalties under this section upon terms
305.6 and conditions the commissioner considers proper and consistent with public health and
305.7 safety.

305.8 (e) Civil penalties collected under this section shall be deposited in the health care access
305.9 fund.

305.10 Sec. 13. Minnesota Statutes 2021 Supplement, section 62J.84, subdivision 9, is amended
305.11 to read:

305.12 Subd. 9. **Legislative report.** (a) No later than May 15, 2022, and by January 15 of each
305.13 year thereafter, the commissioner shall report to the chairs and ranking minority members
305.14 of the legislative committees with jurisdiction over commerce and health and human services
305.15 policy and finance on the implementation of this section and section 62J.841, including but
305.16 not limited to the effectiveness in addressing the following goals:

305.17 (1) promoting transparency in pharmaceutical pricing for the state, health carriers, and
305.18 other payers;

305.19 (2) enhancing the understanding on pharmaceutical spending trends; and

305.20 (3) assisting the state, health carriers, and other payers in the management of
305.21 pharmaceutical costs and limiting formulary changes due to prescription drug cost increases
305.22 during a coverage year.

305.23 (b) The report must include a summary of the information submitted to the commissioner
305.24 under subdivisions 3, 4, and 5, and section 62J.841.

305.25 Sec. 14. Minnesota Statutes 2021 Supplement, section 62J.84, subdivision 9, is amended
305.26 to read:

305.27 Subd. 9. **Legislative report.** (a) No later than May 15, 2022, and by January 15 of each
305.28 year thereafter, the commissioner shall report to the chairs and ranking minority members
305.29 of the legislative committees with jurisdiction over commerce and health and human services
305.30 policy and finance on the implementation of this section, including but not limited to the
305.31 effectiveness in addressing the following goals:

- 306.1 (1) promoting transparency in pharmaceutical pricing for the state and other payers;
- 306.2 (2) enhancing the understanding on pharmaceutical spending trends; and
- 306.3 (3) assisting the state and other payers in the management of pharmaceutical costs.

306.4 (b) The report must include a summary of the information submitted to the commissioner
306.5 under subdivisions 3, 4, ~~and~~ 5, 11, 12, 13, and 14.

306.6 Sec. 15. Minnesota Statutes 2020, section 62J.84, is amended by adding a subdivision to
306.7 read:

306.8 Subd. 10. **Notice of prescription drugs of substantial public interest.** (a) No later than
306.9 January 31, 2023, and quarterly thereafter, the commissioner shall produce and post on the
306.10 department's website a list of prescription drugs that the department determines to represent
306.11 a substantial public interest and for which the department intends to request data under
306.12 subdivisions 11, 12, 13, and 14, subject to paragraph (c). The department shall base its
306.13 inclusion of prescription drugs on any information the department determines is relevant
306.14 to providing greater consumer awareness of the factors contributing to the cost of prescription
306.15 drugs in the state, and the department shall consider drug product families that include
306.16 prescription drugs:

306.17 (1) that triggered reporting under subdivisions 3, 4, or 5 during the previous calendar
306.18 quarter;

306.19 (2) for which average claims paid amounts exceeded 125 percent of the price as of the
306.20 claim incurred date during the most recent calendar quarter for which claims paid amounts
306.21 are available; or

306.22 (3) that are identified by members of the public during a public comment period process.

306.23 (b) No sooner than 30 days after publicly posting the list of prescription drugs under
306.24 paragraph (a), the department shall notify, via e-mail, reporting entities registered with the
306.25 department of the requirement to report under subdivisions 11, 12, 13, and 14.

306.26 (c) No more than 500 prescription drugs may be designated as having a substantial public
306.27 interest in any one notice.

307.1 Sec. 16. Minnesota Statutes 2020, section 62J.84, is amended by adding a subdivision to
307.2 read:

307.3 Subd. 11. **Manufacturer prescription drug substantial public interest reporting.** (a)
307.4 Beginning January 1, 2023, a manufacturer must submit to the commissioner the information
307.5 described in paragraph (b) for any prescription drug:

307.6 (1) included in a notification to report issued to the manufacturer by the department
307.7 under subdivision 10;

307.8 (2) which the manufacturer manufactures or repackages;

307.9 (3) for which the manufacturer sets the wholesale acquisition cost; and

307.10 (4) for which the manufacturer has not submitted data under subdivisions 3 or 5 during
307.11 the 120-day period prior to the date of the notification to report.

307.12 (b) For each of the drugs described in paragraph (a), the manufacturer shall submit to
307.13 the commissioner no later than 60 days after the date of the notification to report, in the
307.14 form and manner prescribed by the commissioner, the following information, if applicable:

307.15 (1) a description of the drug with the following listed separately:

307.16 (i) National Drug Code;

307.17 (ii) product name;

307.18 (iii) dosage form;

307.19 (iv) strength; and

307.20 (v) package size;

307.21 (2) the price of the drug product on the later of:

307.22 (i) the day one year prior to the date of the notification to report;

307.23 (ii) the introduced to market date; or

307.24 (iii) the acquisition date;

307.25 (3) the price of the drug product on the date of the notification to report;

307.26 (4) the introductory price of the prescription drug when it was introduced for sale in the
307.27 United States and the price of the drug on the last day of each of the five calendar years
307.28 preceding the date of the notification to report;

307.29 (5) the direct costs incurred during the 12-month period prior to the date of the notification
307.30 to report by the manufacturer that are associated with the prescription drug, listed separately:

- 308.1 (i) to manufacture the prescription drug;
- 308.2 (ii) to market the prescription drug, including advertising costs; and
- 308.3 (iii) to distribute the prescription drug;
- 308.4 (6) the number of units of the prescription drug sold during the 12-month period prior
- 308.5 to the date of the notification to report;
- 308.6 (7) the total sales revenue for the prescription drug during the 12-month period prior to
- 308.7 the date of the notification to report;
- 308.8 (8) the total rebate payable amount accrued for the prescription drug during the 12-month
- 308.9 period prior to the date of the notification to report;
- 308.10 (9) the manufacturer's net profit attributable to the prescription drug during the 12-month
- 308.11 period prior to the date of the notification to report;
- 308.12 (10) the total amount of financial assistance the manufacturer has provided through
- 308.13 patient prescription assistance programs during the 12-month period prior to the date of the
- 308.14 notification to report, if applicable;
- 308.15 (11) any agreement between a manufacturer and another entity contingent upon any
- 308.16 delay in offering to market a generic version of the prescription drug;
- 308.17 (12) the patent expiration date of the prescription drug if it is under patent;
- 308.18 (13) the name and location of the company that manufactured the drug;
- 308.19 (14) if a brand name prescription drug, the ten countries other than the United States
- 308.20 that paid the highest prices for the prescription drug during the previous calendar year and
- 308.21 their prices; and
- 308.22 (15) if the prescription drug was acquired by the manufacturer within the 12-month
- 308.23 period prior to the date of the notification to report, all of the following information:
- 308.24 (i) price at acquisition;
- 308.25 (ii) price in the calendar year prior to acquisition;
- 308.26 (iii) name of the company from which the drug was acquired;
- 308.27 (iv) date of acquisition; and
- 308.28 (v) acquisition price.
- 308.29 (c) The manufacturer may submit any documentation necessary to support the information
- 308.30 reported under this subdivision.

309.1 Sec. 17. Minnesota Statutes 2020, section 62J.84, is amended by adding a subdivision to
309.2 read:

309.3 Subd. 12. Pharmacy prescription drug substantial public interest reporting. (a)
309.4 Beginning January 1, 2023, a pharmacy must submit to the commissioner the information
309.5 described in paragraph (b) for any prescription drug included in a notification to report
309.6 issued to the pharmacy by the department under subdivision 10.

309.7 (b) For each of the drugs described in paragraph (a), the pharmacy shall submit to the
309.8 commissioner no later than 60 days after the date of the notification to report in the form
309.9 and manner prescribed by the commissioner the following information, if applicable:

309.10 (1) a description of the drug with the following listed separately:

309.11 (i) National Drug Code;

309.12 (ii) product name;

309.13 (iii) dosage form;

309.14 (iv) strength; and

309.15 (v) package size;

309.16 (2) the number of units of the drug acquired during the 12-month period prior to the date
309.17 of the notification to report;

309.18 (3) the total spent before rebates by the pharmacy to acquire the drug during the 12-month
309.19 period prior to the date of the notification to report;

309.20 (4) the total rebate receivable amount accrued by the pharmacy for the drug during the
309.21 12-month period prior to the date of the notification to report;

309.22 (5) the number of pricing units of the drug dispensed by the pharmacy during the
309.23 12-month period prior to the date of the notification to report;

309.24 (6) the total payment receivable by the pharmacy for dispensing the drug, including
309.25 ingredient cost, dispensing fee, and administrative fees, during the 12-month period prior
309.26 to the date of the notification to report;

309.27 (7) the total rebate payable amount accrued by the pharmacy for the drug during the
309.28 12-month period prior to the date of the notification to report; and

309.29 (8) the average cash price paid by consumers per pricing unit for prescriptions dispensed
309.30 where no claim was submitted to a health care service plan or health insurer during the
309.31 12-month period prior to the date of the notification to report.

310.1 (c) The pharmacy may submit any documentation necessary to support the information
310.2 reported under this subdivision.

310.3 Sec. 18. Minnesota Statutes 2020, section 62J.84, is amended by adding a subdivision to
310.4 read:

310.5 Subd. 13. **Pharmacy benefit manager (PBM) prescription drug substantial public**
310.6 **interest reporting.** (a) Beginning January 1, 2023, a PBM as defined in section 62W.02,
310.7 subdivision 14, must submit to the commissioner the information described in paragraph
310.8 (b) for any prescription drug included in a notification to report issued to the PBM by the
310.9 department under subdivision 10.

310.10 (b) For each of the drugs described in paragraph (a), the PBM shall submit to the
310.11 commissioner no later than 60 days after the date of the notification to report, in the form
310.12 and manner prescribed by the commissioner, the following information, if applicable:

310.13 (1) a description of the drug with the following listed separately:

310.14 (i) National Drug Code;

310.15 (ii) product name;

310.16 (iii) dosage form;

310.17 (iv) strength; and

310.18 (v) package size;

310.19 (2) the number of pricing units of the drug product filled for which the PBM administered
310.20 claims during the 12-month period prior to the date of the notification to report;

310.21 (3) the total reimbursement amount accrued and payable to pharmacies for pricing units
310.22 of the drug product filled for which the PBM administered claims during the 12-month
310.23 period prior to the date of the notification to report;

310.24 (4) the total reimbursement or administrative fee amount or both accrued and receivable
310.25 from payers for pricing units of the drug product filled for which the PBM administered
310.26 claims during the 12-month period prior to the date of the notification to report;

310.27 (5) the total rebate receivable amount accrued by the PBM for the drug product during
310.28 the 12-month period prior to the date of the notification to report; and

310.29 (6) the total rebate payable amount accrued by the PBM for the drug product during the
310.30 12-month period prior to the date of the notification to report.

311.1 (c) The PBM may submit any documentation necessary to support the information
311.2 reported under this subdivision.

311.3 Sec. 19. Minnesota Statutes 2020, section 62J.84, is amended by adding a subdivision to
311.4 read:

311.5 **Subd. 14. Wholesaler prescription drug substantial public interest reporting. (a)**
311.6 Beginning January 1, 2023, a wholesaler must submit to the commissioner the information
311.7 described in paragraph (b) for any prescription drug included in a notification to report
311.8 issued to the wholesaler by the department under subdivision 10.

311.9 (b) For each of the drugs described in paragraph (a), the wholesaler shall submit to the
311.10 commissioner no later than 60 days after the date of the notification to report, in the form
311.11 and manner prescribed by the commissioner, the following information, if applicable:

311.12 (1) a description of the drug with the following listed separately:

311.13 (i) National Drug Code;

311.14 (ii) product name;

311.15 (iii) dosage form;

311.16 (iv) strength; and

311.17 (v) package size;

311.18 (2) the number of units of the drug product acquired by the wholesale drug distributor
311.19 during the 12-month period prior to the date of the notification to report;

311.20 (3) the total spent before rebates by the wholesale drug distributor to acquire the drug
311.21 product during the 12-month period prior to the date of the notification to report;

311.22 (4) the total rebate receivable amount accrued by the wholesale drug distributor for the
311.23 drug product during the 12-month period prior to the date of the notification to report;

311.24 (5) the number of units of the drug product sold by the wholesale drug distributor during
311.25 the 12-month period prior to the date of the notification to report;

311.26 (6) gross revenue from sales in the United States generated by the wholesale drug
311.27 distributor for the drug product during the 12-month period prior to the date of the notification
311.28 to report; and

311.29 (7) total rebate payable amount accrued by the wholesale drug distributor for the drug
311.30 product during the 12-month period prior to the date of the notification to report.

312.1 (c) The wholesaler may submit any documentation necessary to support the information
312.2 reported under this subdivision.

312.3 Sec. 20. Minnesota Statutes 2020, section 62J.84, is amended by adding a subdivision to
312.4 read:

312.5 Subd. 15. **Registration requirement.** Beginning January 1, 2023, a reporting entity
312.6 subject to this chapter shall register with the department in a form and manner prescribed
312.7 by the commissioner.

312.8 Sec. 21. Minnesota Statutes 2020, section 62J.84, is amended by adding a subdivision to
312.9 read:

312.10 Subd. 16. **Rulemaking.** For the purposes of this section, the commissioner may use the
312.11 expedited rulemaking process under section 14.389.

312.12 Sec. 22. **[62J.84] REPORTING PRESCRIPTION DRUG PRICES; FORMULARY**
312.13 **DEVELOPMENT AND PRICE STABILITY.**

312.14 Subdivision 1. **Definitions.** (a) For purposes of this section, the terms in this subdivision
312.15 have the meanings given.

312.16 (b) "Average wholesale price" means the customary reference price for sales by a drug
312.17 wholesaler to a retail pharmacy, as established and published by the manufacturer.

312.18 (c) "National drug code" means the numerical code maintained by the United States
312.19 Food and Drug Administration and includes the label code, product code, and package code.

312.20 (d) "Unit" has the meaning given in United States Code, title 42, section 1395w-3a(b)(2).

312.21 (e) "Wholesale acquisition cost" has the meaning given in United States Code, title 42,
312.22 section 1395w-3a(c)(6)(B).

312.23 Subd. 2. **Price reporting.** (a) Beginning July 31, 2023, and by July 31 each year
312.24 thereafter, a manufacturer must report to the commissioner the information in paragraph
312.25 (b) for every drug with a wholesale acquisition cost of \$100 or more for a 30-day supply
312.26 or for a course of treatment lasting less than 30 days, as applicable to the next calendar year.

312.27 (b) A manufacturer shall report a drug's:

312.28 (1) national drug code, labeler code, and the manufacturer name associated with the
312.29 labeler code;

312.30 (2) brand name, if applicable;

- 313.1 (3) generic name, if applicable;
- 313.2 (4) wholesale acquisition cost for one unit;
- 313.3 (5) measure that constitutes a wholesale acquisition cost unit;
- 313.4 (6) average wholesale price; and
- 313.5 (7) status as brand name or generic.
- 313.6 (c) The effective date of the information described in paragraph (b) must be included in
- 313.7 the report to the commissioner.
- 313.8 (d) A manufacturer must report the information described in this subdivision in the form
- 313.9 and manner specified by the commissioner.
- 313.10 (e) Information reported under this subdivision is classified as public data not on
- 313.11 individuals, as defined in section 13.02, subdivision 14, and must not be classified by the
- 313.12 manufacturer as trade secret information, as defined in section 13.37, subdivision 1, paragraph
- 313.13 (b).
- 313.14 (f) A manufacturer's failure to report the information required by this subdivision is
- 313.15 grounds for disciplinary action under section 151.071, subdivision 2.
- 313.16 Subd. 3. **Public posting of prescription drug price information.** By October 1 of each
- 313.17 year, beginning October 1, 2023, the commissioner must post the information reported
- 313.18 under subdivision 2 on the department website, as required by section 62J.84, subdivision
- 313.19 6.
- 313.20 Subd. 4. **Price change.** (a) If a drug subject to price reporting under subdivision 2 is
- 313.21 included in the formulary of a health plan submitted to and approved by the commissioner
- 313.22 of commerce for the next calendar year under section 62A.02, subdivision 1, the manufacturer
- 313.23 may increase the wholesale acquisition cost of the drug for the next calendar year only after
- 313.24 providing the commissioner with at least 90 days' written notice.
- 313.25 (b) A manufacturer's failure to meet the requirements of paragraph (a) is grounds for
- 313.26 disciplinary action under section 151.071, subdivision 2.
- 313.27 Sec. 23. **[62J.841] DEFINITIONS.**
- 313.28 Subdivision 1. **Scope.** For purposes of sections 62J.841 to 62J.845, the following
- 313.29 definitions apply.
- 313.30 Subd. 2. **Consumer Price Index.** "Consumer Price Index" means the Consumer Price
- 313.31 Index, Annual Average, for All Urban Consumers, CPI-U: U.S. City Average, All Items,

314.1 reported by the United States Department of Labor, Bureau of Labor Statistics, or its
314.2 successor or, if the index is discontinued, an equivalent index reported by a federal authority
314.3 or, if no such index is reported, "Consumer Price Index" means a comparable index chosen
314.4 by the Bureau of Labor Statistics.

314.5 Subd. 3. **Generic or off-patent drug.** "Generic or off-patent drug" means any prescription
314.6 drug for which any exclusive marketing rights granted under the Federal Food, Drug, and
314.7 Cosmetic Act; section 351 of the federal Public Health Service Act; and federal patent law
314.8 have expired, including any drug-device combination product for the delivery of a generic
314.9 drug.

314.10 Subd. 4. **Manufacturer.** "Manufacturer" has the meaning provided in section 151.01,
314.11 subdivision 14a.

314.12 Subd. 5. **Prescription drug.** "Prescription drug" means a drug for human use subject
314.13 to United States Code, title 21, section 353(b)(1).

314.14 Subd. 6. **Wholesale acquisition cost.** "Wholesale acquisition cost" has the meaning
314.15 provided in United States Code, title 42, section 1395w-3a.

314.16 Subd. 7. **Wholesale distributor.** "Wholesale distributor" has the meaning provided in
314.17 section 151.441, subdivision 14.

314.18 **Sec. 24. [62J.842] EXCESSIVE PRICE INCREASES PROHIBITED.**

314.19 Subdivision 1. **Prohibition.** No manufacturer shall impose, or cause to be imposed, an
314.20 excessive price increase, whether directly or through a wholesale distributor, pharmacy, or
314.21 similar intermediary, on the sale of any generic or off-patent drug sold, dispensed, or
314.22 delivered to any consumer in the state.

314.23 Subd. 2. **Excessive price increase.** A price increase is excessive for purposes of this
314.24 section when:

314.25 (1) the price increase, adjusted for inflation utilizing the Consumer Price Index, exceeds:

314.26 (i) 15 percent of the wholesale acquisition cost over the immediately preceding calendar
314.27 year; or

314.28 (ii) 40 percent of the wholesale acquisition cost over the immediately preceding three
314.29 calendar years; and

314.30 (2) the price increase, adjusted for inflation utilizing the Consumer Price Index, exceeds
314.31 \$30 for:

315.1 (i) a 30-day supply of the drug; or

315.2 (ii) a course of treatment lasting less than 30 days.

315.3 Subd. 3. **Exemption.** It is not a violation of this section for a wholesale distributor or
315.4 pharmacy to increase the price of a generic or off-patent drug if the price increase is directly
315.5 attributable to additional costs for the drug imposed on the wholesale distributor or pharmacy
315.6 by the manufacturer of the drug.

315.7 Sec. 25. **[62J.843] REGISTERED AGENT AND OFFICE WITHIN THE STATE.**

315.8 Any manufacturer that sells, distributes, delivers, or offers for sale any generic or
315.9 off-patent drug in the state is required to maintain a registered agent and office within the
315.10 state.

315.11 Sec. 26. **[62J.844] ENFORCEMENT.**

315.12 Subdivision 1. **Notification.** The commissioner of management and budget and any
315.13 other state agency that provides or purchases a pharmacy benefit, except the Department
315.14 of Human Services, and any entity under contract with a state agency to provide a pharmacy
315.15 benefit other than an entity under contract with the Department of Human Services, shall
315.16 notify the manufacturer of a generic or off-patent drug, the attorney general, and the Board
315.17 of Pharmacy of any price increase in violation of section 62J.842.

315.18 Subd. 2. **Submission of drug cost statement and other information by manufacturer;**
315.19 **investigation by attorney general.** (a) Within 45 days of receiving a notice under subdivision
315.20 1, the manufacturer of the generic or off-patent drug shall submit a drug cost statement to
315.21 the attorney general. The statement must:

315.22 (1) itemize the cost components related to production of the drug;

315.23 (2) identify the circumstances and timing of any increase in materials or manufacturing
315.24 costs that caused any increase during the preceding calendar year, or preceding three calendar
315.25 years as applicable, in the price of the drug; and

315.26 (3) provide any other information that the manufacturer believes to be relevant to a
315.27 determination of whether a violation of section 62J.842 has occurred.

315.28 (b) The attorney general may investigate whether a violation of section 62J.842 has
315.29 occurred, is occurring, or is about to occur, in accordance with section 8.31, subdivision 2.

315.30 Subd. 3. **Petition to court.** (a) On petition of the attorney general, a court may issue an
315.31 order:

- 316.1 (1) compelling the manufacturer of a generic or off-patent drug to:
316.2 (i) provide the drug cost statement required under subdivision 2, paragraph (a); and
316.3 (ii) answer interrogatories, produce records or documents, or be examined under oath,
316.4 as required by the attorney general under subdivision 2, paragraph (b);
316.5 (2) restraining or enjoining a violation of sections 62J.841 to 62J.845, including issuing
316.6 an order requiring that drug prices be restored to levels that comply with section 62J.842;
316.7 (3) requiring the manufacturer to provide an accounting to the attorney general of all
316.8 revenues resulting from a violation of section 62J.842;
316.9 (4) requiring the manufacturer to repay to all consumers, including any third-party payers,
316.10 any money acquired as a result of a price increase that violates section 62J.842;
316.11 (5) notwithstanding section 16A.151, if a manufacturer is unable to determine the
316.12 individual transactions necessary to provide the repayments described in clause (4), requiring
316.13 that all revenues generated from a violation of section 62J.842 be remitted to the state and
316.14 deposited into a special fund to be used for initiatives to reduce the cost to consumers of
316.15 acquiring prescription drugs;
316.16 (6) imposing a civil penalty of up to \$10,000 per day for each violation of section 62J.842;
316.17 (7) providing for the attorney general's recovery of its costs and disbursements incurred
316.18 in bringing an action against a manufacturer found in violation of section 62J.842, including
316.19 the costs of investigation and reasonable attorney's fees; and
316.20 (8) providing any other appropriate relief, including any other equitable relief as
316.21 determined by the court.

316.22 (b) For purposes of paragraph (a), clause (6), every individual transaction in violation
316.23 of section 62J.842 must be considered a separate violation.

316.24 Subd. 4. **Private right of action.** Any action brought pursuant to section 8.31, subdivision
316.25 3a, by a person injured by a violation of this section is for the benefit of the public.

316.26 Sec. 27. **[62J.845] PROHIBITION ON WITHDRAWAL OF GENERIC OR**
316.27 **OFF-PATENT DRUGS FOR SALE.**

316.28 Subdivision 1. **Prohibition.** A manufacturer of a generic or off-patent drug is prohibited
316.29 from withdrawing that drug from sale or distribution within this state for the purpose of
316.30 avoiding the prohibition on excessive price increases under section 62J.842.

317.1 Subd. 2. **Notice to board and attorney general.** Any manufacturer that intends to
317.2 withdraw a generic or off-patent drug from sale or distribution within the state shall provide
317.3 a written notice of withdrawal to the Board of Pharmacy and the attorney general at least
317.4 180 days prior to the withdrawal.

317.5 Subd. 3. **Financial penalty.** The attorney general shall assess a penalty of \$500,000 on
317.6 any manufacturer of a generic or off-patent drug that it determines has failed to comply
317.7 with the requirements of this section.

317.8 Sec. 28. [62J.846] SEVERABILITY.

317.9 If any provision of sections 62J.841 to 62J.845 or the application thereof to any person
317.10 or circumstance is held invalid for any reason in a court of competent jurisdiction, the
317.11 invalidity does not affect other provisions or any other application of sections 62J.841 to
317.12 62J.845 that can be given effect without the invalid provision or application.

317.13 Sec. 29. [62J.85] CITATION.

317.14 Sections 62J.85 to 62J.95 may be cited as the "Prescription Drug Affordability Act."

317.15 Sec. 30. [62J.86] DEFINITIONS.

317.16 Subdivision 1. **Definitions.** For the purposes of sections 62J.85 to 62J.95, the following
317.17 terms have the meanings given.

317.18 Subd. 2. **Advisory council.** "Advisory council" means the Prescription Drug Affordability
317.19 Advisory Council established under section 62J.88.

317.20 Subd. 3. **Biologic.** "Biologic" means a drug that is produced or distributed in accordance
317.21 with a biologics license application approved under Code of Federal Regulations, title 42,
317.22 section 447.502.

317.23 Subd. 4. **Biosimilar.** "Biosimilar" has the meaning provided in section 62J.84, subdivision
317.24 2, paragraph (b).

317.25 Subd. 5. **Board.** "Board" means the Prescription Drug Affordability Board established
317.26 under section 62J.87.

317.27 Subd. 6. **Brand name drug.** "Brand name drug" has the meaning provided in section
317.28 62J.84, subdivision 2, paragraph (c).

317.29 Subd. 7. **Generic drug.** "Generic drug" has the meaning provided in section 62J.84,
317.30 subdivision 2, paragraph (e).

318.1 Subd. 8. **Group purchaser.** "Group purchaser" has the meaning given in section 62J.03,
318.2 subdivision 6, and includes pharmacy benefit managers as defined in section 62W.02,
318.3 subdivision 15.

318.4 Subd. 9. **Manufacturer.** "Manufacturer" means an entity that:

318.5 (1) engages in the manufacture of a prescription drug product or enters into a lease with
318.6 another manufacturer to market and distribute a prescription drug product under the entity's
318.7 own name; and

318.8 (2) sets or changes the wholesale acquisition cost of the prescription drug product it
318.9 manufactures or markets.

318.10 Subd. 10. **Prescription drug product.** "Prescription drug product" means a brand name
318.11 drug, a generic drug, a biologic, or a biosimilar.

318.12 Subd. 11. **Wholesale acquisition cost or WAC.** "Wholesale acquisition cost" or "WAC"
318.13 has the meaning given in United States Code, title 42, section 1395W-3a(c)(6)(B).

318.14 Sec. 31. **[62J.87] PRESCRIPTION DRUG AFFORDABILITY BOARD.**

318.15 Subdivision 1. **Establishment.** The commissioner of commerce shall establish the
318.16 Prescription Drug Affordability Board, which shall be governed as a board under section
318.17 15.012, paragraph (a), to protect consumers, state and local governments, health plan
318.18 companies, providers, pharmacies, and other health care system stakeholders from
318.19 unaffordable costs of certain prescription drugs.

318.20 Subd. 2. **Membership.** (a) The Prescription Drug Affordability Board consists of nine
318.21 members appointed as follows:

318.22 (1) seven voting members appointed by the governor;

318.23 (2) one nonvoting member appointed by the majority leader of the senate; and

318.24 (3) one nonvoting member appointed by the speaker of the house.

318.25 (b) All members appointed must have knowledge and demonstrated expertise in
318.26 pharmaceutical economics and finance or health care economics and finance. A member
318.27 must not be an employee of, a board member of, or a consultant to a manufacturer or trade
318.28 association for manufacturers or a pharmacy benefit manager or trade association for
318.29 pharmacy benefit managers.

318.30 (c) Initial appointments must be made by January 1, 2023.

319.1 Subd. 3. **Terms.** (a) Board appointees shall serve four-year terms, except that initial
319.2 appointees shall serve staggered terms of two, three, or four years as determined by lot by
319.3 the secretary of state. A board member shall serve no more than two consecutive terms.

319.4 (b) A board member may resign at any time by giving written notice to the board.

319.5 Subd. 4. **Chair; other officers.** (a) The governor shall designate an acting chair from
319.6 the members appointed by the governor. The acting chair shall convene the first meeting
319.7 of the board.

319.8 (b) The board shall elect a chair to replace the acting chair at the first meeting of the
319.9 board by a majority of the members. The chair shall serve for one year.

319.10 (c) The board shall elect a vice-chair and other officers from its membership as it deems
319.11 necessary.

319.12 Subd. 5. **Staff; technical assistance.** (a) The board shall hire an executive director and
319.13 other staff, who shall serve in the unclassified service. The executive director must have
319.14 knowledge and demonstrated expertise in pharmacoeconomics, pharmacology, health policy,
319.15 health services research, medicine, or a related field or discipline. The board may employ
319.16 or contract for professional and technical assistance as the board deems necessary to perform
319.17 the board's duties.

319.18 (b) The attorney general shall provide legal services to the board.

319.19 Subd. 6. **Compensation.** The board members shall not receive compensation but may
319.20 receive reimbursement for expenses as authorized under section 15.059, subdivision 3.

319.21 Subd. 7. **Meetings.** (a) Meetings of the board are subject to chapter 13D. The board shall
319.22 meet publicly at least every three months to review prescription drug product information
319.23 submitted to the board under section 62J.90. If there are no pending submissions, the chair
319.24 of the board may cancel or postpone the required meeting. The board may meet in closed
319.25 session when reviewing proprietary information as determined under the standards developed
319.26 in accordance with section 62J.91, subdivision 4.

319.27 (b) The board shall announce each public meeting at least two weeks prior to the
319.28 scheduled date of the meeting. Any materials for the meeting must be made public at least
319.29 one week prior to the scheduled date of the meeting.

319.30 (c) At each public meeting, the board shall provide the opportunity for comments from
319.31 the public, including the opportunity for written comments to be submitted to the board
319.32 prior to a decision by the board.

320.1 Sec. 32. [62J.88] PRESCRIPTION DRUG AFFORDABILITY ADVISORY
320.2 COUNCIL.

320.3 Subdivision 1. Establishment. The governor shall appoint a 12-member stakeholder
320.4 advisory council to provide advice to the board on drug cost issues and to represent
320.5 stakeholders' views. The members of the advisory council shall be appointed based on their
320.6 knowledge and demonstrated expertise in one or more of the following areas: the
320.7 pharmaceutical business; practice of medicine; patient perspectives; health care cost trends
320.8 and drivers; clinical and health services research; and the health care marketplace.

320.9 Subd. 2. Membership. The council's membership shall consist of the following:

320.10 (1) two members representing patients and health care consumers;

320.11 (2) two members representing health care providers;

320.12 (3) one member representing health plan companies;

320.13 (4) two members representing employers, with one member representing large employers
320.14 and one member representing small employers;

320.15 (5) one member representing government employee benefit plans;

320.16 (6) one member representing pharmaceutical manufacturers;

320.17 (7) one member who is a health services clinical researcher;

320.18 (8) one member who is a pharmacologist; and

320.19 (9) one member representing the commissioner of health with expertise in health
320.20 economics.

320.21 Subd. 3. Terms. (a) The initial appointments to the advisory council must be made by
320.22 January 1, 2023. The initial appointed advisory council members shall serve staggered terms
320.23 of two, three, or four years determined by lot by the secretary of state. Following the initial
320.24 appointments, the advisory council members shall serve four-year terms.

320.25 (b) Removal and vacancies of advisory council members are governed by section 15.059.

320.26 Subd. 4. Compensation. Advisory council members may be compensated according to
320.27 section 15.059.

320.28 Subd. 5. Meetings. Meetings of the advisory council are subject to chapter 13D. The
320.29 advisory council shall meet publicly at least every three months to advise the board on drug
320.30 cost issues related to the prescription drug product information submitted to the board under
320.31 section 62J.90.

321.1 Subd. 6. **Exemption.** Notwithstanding section 15.059, the advisory council shall not
321.2 expire.

321.3 Sec. 33. **[62J.89] CONFLICTS OF INTEREST.**

321.4 Subdivision 1. **Definition.** (a) For purposes of this section, "conflict of interest" means
321.5 a financial or personal association that has the potential to bias or have the appearance of
321.6 biasing a person's decisions in matters related to the board or the advisory council, or in the
321.7 conduct of the board's or council's activities.

321.8 (b) A conflict of interest includes any instance in which a person or a person's immediate
321.9 family member has received or could receive a direct or indirect financial benefit of any
321.10 amount deriving from the result or findings of a decision or determination of the board.

321.11 (c) For purposes of this section, a person's immediate family member includes a spouse,
321.12 parent, child, or other legal dependent, or an in-law of any of the preceding individuals.

321.13 (d) For purposes of this section, a financial benefit includes honoraria, fees, stock, the
321.14 value of stock holdings, and any direct financial benefit deriving from the finding of a review
321.15 conducted under sections 62J.85 to 62J.95.

321.16 (e) Ownership of securities is not a conflict of interest if the securities are: (1) part of a
321.17 diversified mutual or exchange traded fund; or (2) in a tax-deferred or tax-exempt retirement
321.18 account that is administered by an independent trustee.

321.19 Subd. 2. **General.** (a) A board or advisory council member, board staff member, or
321.20 third-party contractor must disclose any conflicts of interest to the appointing authority or
321.21 the board prior to the acceptance of an appointment, an offer of employment, or a contractual
321.22 agreement. The information disclosed must include the type, nature, and magnitude of the
321.23 interests involved.

321.24 (b) A board member, board staff member, or third-party contractor with a conflict of
321.25 interest relating to any prescription drug product under review must recuse themselves from
321.26 any discussion, review, decision, or determination made by the board relating to the
321.27 prescription drug product.

321.28 (c) Any conflict of interest must be disclosed in advance of the first meeting after the
321.29 conflict is identified or within five days after the conflict is identified, whichever is earlier.

321.30 Subd. 3. **Prohibitions.** Board members, board staff, or third-party contractors are
321.31 prohibited from accepting gifts, bequeaths, or donations of services or property that raise

322.1 the specter of a conflict of interest or have the appearance of injecting bias into the activities
322.2 of the board.

322.3 Sec. 34. [62J.90] PRESCRIPTION DRUG PRICE INFORMATION; DECISION
322.4 TO CONDUCT COST REVIEW.

322.5 Subdivision 1. Drug price information from the commissioner of health and other
322.6 sources. (a) The commissioner of health shall provide to the board the information reported
322.7 to the commissioner by drug manufacturers under section 62J.84, subdivisions 3, 4, and 5.
322.8 The commissioner shall provide this information to the board within 30 days of the date the
322.9 information is received from drug manufacturers.

322.10 (b) The board shall subscribe to one or more prescription drug pricing files, such as
322.11 Medispan or FirstDatabank, or as otherwise determined by the board.

322.12 Subd. 2. Identification of certain prescription drug products. (a) The board, in
322.13 consultation with the advisory council, shall identify the following prescription drug products:

322.14 (1) brand name drugs or biologics for which the WAC increases by more than ten percent
322.15 or by more than \$10,000 during any 12-month period or course of treatment if less than 12
322.16 months, after adjusting for changes in the consumer price index (CPI);

322.17 (2) brand name drugs or biologics introduced at a WAC of \$30,000 or more per calendar
322.18 year or per course of treatment;

322.19 (3) biosimilar drugs introduced at a WAC that is not at least 15 percent lower than the
322.20 referenced brand name biologic at the time the biosimilar is introduced; and

322.21 (4) generic drugs for which the WAC:

322.22 (i) is \$100 or more, after adjusting for changes in the CPI, for:

322.23 (A) a 30-day supply lasting a patient for a period of 30 consecutive days based on the
322.24 recommended dosage approved for labeling by the United States Food and Drug
322.25 Administration (FDA);

322.26 (B) a supply lasting a patient for fewer than 30 days based on recommended dosage
322.27 approved for labeling by the FDA; or

322.28 (C) one unit of the drug if the labeling approved by the FDA does not recommend a
322.29 finite dosage; and

323.1 (ii) has increased by 200 percent or more during the immediate preceding 12-month
323.2 period, as determined by the difference between the resulting WAC and the average of the
323.3 WAC reported over the preceding 12 months, after adjusting for changes in the CPI.

323.4 (b) The board, in consultation with the advisory council, shall identify prescription drug
323.5 products not described in paragraph (a) that may impose costs that create significant
323.6 affordability challenges for the state health care system or for patients, including but not
323.7 limited to drugs to address public health emergencies.

323.8 (c) The board shall make available to the public the names and related price information
323.9 of the prescription drug products identified under this subdivision, with the exception of
323.10 information determined by the board to be proprietary under the standards developed by
323.11 the board under section 62J.91, subdivision 4.

323.12 Subd. 3. **Determination to proceed with review.** (a) The board may initiate a cost
323.13 review of a prescription drug product identified by the board under this section.

323.14 (b) The board shall consider requests by the public for the board to proceed with a cost
323.15 review of any prescription drug product identified under this section.

323.16 (c) If there is no consensus among the members of the board on whether or not to initiate
323.17 a cost review of a prescription drug product, any member of the board may request a vote
323.18 to determine whether or not to review the cost of the prescription drug product.

323.19 **Sec. 35. [62J.91] PRESCRIPTION DRUG PRODUCT REVIEWS.**

323.20 Subdivision 1. **General.** Once the board decides to proceed with a cost review of a
323.21 prescription drug product, the board shall conduct the review and make a determination as
323.22 to whether appropriate utilization of the prescription drug under review, based on utilization
323.23 that is consistent with the United States Food and Drug Administration (FDA) label or
323.24 standard medical practice, has led or will lead to affordability challenges for the state health
323.25 care system or for patients.

323.26 Subd. 2. **Review considerations.** In reviewing the cost of a prescription drug product,
323.27 the board may consider the following factors:

323.28 (1) the price at which the prescription drug product has been and will be sold in the state;

323.29 (2) the average monetary price concession, discount, or rebate the manufacturer provides
323.30 to a group purchaser in this state as reported by the manufacturer and the group purchaser,
323.31 expressed as a percent of the WAC for the prescription drug product under review;

323.32 (3) the price at which therapeutic alternatives have been or will be sold in the state;

324.1 (4) the average monetary price concession, discount, or rebate the manufacturer provides
324.2 or is expected to provide to a group purchaser or group purchasers in the state for therapeutic
324.3 alternatives;

324.4 (5) the cost to group purchasers based on patient access consistent with the FDA-labeled
324.5 indications;

324.6 (6) the impact on patient access resulting from the cost of the prescription drug product
324.7 relative to insurance benefit design;

324.8 (7) the current or expected dollar value of drug-specific patient access programs supported
324.9 by manufacturers;

324.10 (8) the relative financial impacts to health, medical, or other social services costs that
324.11 can be quantified and compared to baseline effects of existing therapeutic alternatives;

324.12 (9) the average patient co-pay or other cost-sharing for the prescription drug product in
324.13 the state;

324.14 (10) any information a manufacturer chooses to provide; and

324.15 (11) any other factors as determined by the board.

324.16 Subd. 3. **Further review factors.** If, after considering the factors described in subdivision
324.17 2, the board is unable to determine whether a prescription drug product will produce or has
324.18 produced an affordability challenge, the board may consider:

324.19 (1) manufacturer research and development costs, as indicated on the manufacturer's
324.20 federal tax filing for the most recent tax year, in proportion to the manufacturer's sales in
324.21 the state;

324.22 (2) the portion of direct-to-consumer marketing costs eligible for favorable federal tax
324.23 treatment in the most recent tax year that is specific to the prescription drug product under
324.24 review, multiplied by the ratio of total manufacturer in-state sales to total manufacturer
324.25 sales in the United States for the product under review;

324.26 (3) gross and net manufacturer revenues for the most recent tax year;

324.27 (4) any information and research related to the manufacturer's selection of the introductory
324.28 price or price increase, including but not limited to:

324.29 (i) life cycle management;

324.30 (ii) market competition and context; and

324.31 (iii) projected revenue; and

325.1 (5) any additional factors determined by the board to be relevant.

325.2 Subd. 4. **Public data; proprietary information.** (a) Any submission made to the board
325.3 related to a drug cost review must be made available to the public with the exception of
325.4 information determined by the board to be proprietary.

325.5 (b) The board shall establish the standards for the information to be considered proprietary
325.6 under paragraph (a) and section 62J.90, subdivision 2, including standards for heightened
325.7 consideration of proprietary information for submissions for a cost review of a drug that is
325.8 not yet approved by the FDA.

325.9 (c) Prior to the board establishing the standards under paragraph (b), the public must be
325.10 provided notice and the opportunity to submit comments.

325.11 Sec. 36. **[62J.92] DETERMINATIONS; COMPLIANCE; REMEDIES.**

325.12 Subdivision 1. **Upper payment limit.** (a) In the event the board finds that the spending
325.13 on a prescription drug product reviewed under section 62J.91 creates an affordability
325.14 challenge for the state health care system or for patients, the board shall establish an upper
325.15 payment limit after considering:

325.16 (1) the cost of administering the drug;

325.17 (2) the cost of delivering the drug to consumers;

325.18 (3) the range of prices at which the drug is sold in the United States according to one or
325.19 more pricing files accessed under section 62J.90, subdivision 1, and the range at which
325.20 pharmacies are reimbursed in Canada; and

325.21 (4) any other relevant pricing and administrative cost information for the drug.

325.22 (b) The upper payment limit must apply to all public and private purchases, payments,
325.23 and payer reimbursements for the prescription drug products received by an individual in
325.24 the state in person, by mail, or by other means.

325.25 Subd. 2. **Noncompliance.** (a) The failure of an entity to comply with an upper payment
325.26 limit established by the board under this section shall be referred to the Office of the Attorney
325.27 General.

325.28 (b) If the Office of the Attorney General finds that an entity was noncompliant with the
325.29 upper payment limit requirements, the attorney general may pursue remedies consistent
325.30 with chapter 8 or appropriate criminal charges if there is evidence of intentional profiteering.

326.1 (c) An entity that obtains price concessions from a drug manufacturer that result in a
326.2 lower net cost to the stakeholder than the upper payment limit established by the board must
326.3 not be considered to be in noncompliance.

326.4 (d) The Office of the Attorney General may provide guidance to stakeholders concerning
326.5 activities that could be considered noncompliant.

326.6 Subd. 3. Appeals. (a) Persons affected by a decision of the board may request an appeal
326.7 of the board's decision within 30 days of the date of the decision. The board shall hear the
326.8 appeal and render a decision within 60 days of the hearing.

326.9 (b) All appeal decisions are subject to judicial review in accordance with chapter 14.

326.10 Sec. 37. [62J.93] REPORTS.

326.11 Beginning March 1, 2023, and each March 1 thereafter, the board shall submit a report
326.12 to the governor and legislature on general price trends for prescription drug products and
326.13 the number of prescription drug products that were subject to the board's cost review and
326.14 analysis, including the result of any analysis and the number and disposition of appeals and
326.15 judicial reviews.

326.16 Sec. 38. [62J.94] ERISA PLANS AND MEDICARE DRUG PLANS.

326.17 (a) Nothing in sections 62J.85 to 62J.95 shall be construed to require ERISA plans or
326.18 Medicare Part D plans to comply with decisions of the board. ERISA plans or Medicare
326.19 Part D plans may choose to exceed the upper payment limit established by the board under
326.20 section 62J.92.

326.21 (b) Providers who dispense and administer drugs in the state must bill all payers no more
326.22 than the upper payment limit without regard to whether or not an ERISA plan or Medicare
326.23 Part D plan chooses to reimburse the provider in an amount greater than the upper payment
326.24 limit established by the board.

326.25 (c) For purposes of this section, an ERISA plan or group health plan is an employee
326.26 welfare benefit plan established or maintained by an employer or an employee organization,
326.27 or both, that provides employer sponsored health coverage to employees and the employee's
326.28 dependents and is subject to the Employee Retirement Income Security Act of 1974 (ERISA).

326.29 Sec. 39. [62J.95] SEVERABILITY.

326.30 If any provision of sections 62J.85 to 62J.94 or the application thereof to any person or
326.31 circumstance is held invalid for any reason in a court of competent jurisdiction, the invalidity

327.1 does not affect other provisions or any other application of sections 62J.85 to 62J.94 that
327.2 can be given effect without the invalid provision or application.

327.3 Sec. 40. [62Q.1842] PROHIBITION ON USE OF STEP THERAPY FOR
327.4 ANTIRETROVIRAL DRUGS.

327.5 Subdivision 1. Definitions. (a) For purposes of this section, the following definitions
327.6 apply.

327.7 (b) "Health plan" has the meaning given in section 62Q.01, subdivision 3, and includes
327.8 health coverage provided by a managed care plan or a county-based purchasing plan
327.9 participating in a public program under chapter 256B or 256L or an integrated health
327.10 partnership under section 256B.0755.

327.11 (c) "Step therapy protocol" has the meaning given in section 62Q.184.

327.12 Subd. 2. Prohibition on use of step therapy protocols. A health plan that covers
327.13 antiretroviral drugs that are medically necessary for the prevention of HIV/AIDS, including
327.14 preexposure prophylaxis and postexposure prophylaxis, must not limit or exclude coverage
327.15 for the antiretroviral drugs by requiring prior authorization or by requiring an enrollee to
327.16 follow a step therapy protocol.

327.17 Sec. 41. [62Q.481] COST-SHARING FOR PRESCRIPTION DRUGS AND RELATED
327.18 MEDICAL SUPPLIES TO TREAT CHRONIC DISEASE.

327.19 Subdivision 1. Cost-sharing limits. (a) A health plan must limit the amount of any
327.20 enrollee cost-sharing for prescription drugs prescribed to treat a chronic disease to no more
327.21 than \$25 per one-month supply for each prescription drug and to no more than \$50 per
327.22 month in total for all related medical supplies. Coverage under this section must not be
327.23 subject to any deductible.

327.24 (b) If application of this section before an enrollee has met their plan's deductible would
327.25 result in health savings account ineligibility under United States Code, title 26, section 223,
327.26 then this section must apply to that specific prescription drug or related medical supply only
327.27 after the enrollee has met their plan's deductible.

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

327.30 (b) "Chronic disease" means diabetes, asthma, and allergies requiring the use of
327.31 epinephrine auto-injectors.

328.1 (c) "Cost-sharing" means co-payments and coinsurance.

328.2 (d) "Related medical supplies" means syringes, insulin pens, insulin pumps, epinephrine
328.3 auto-injectors, test strips, glucometers, continuous glucose monitors, and other medical
328.4 supply items necessary to effectively and appropriately administer a prescription drug
328.5 prescribed to treat a chronic disease.

328.6 **EFFECTIVE DATE.** This section is effective January 1, 2023, and applies to health
328.7 plans offered, issued, or renewed on or after that date.

328.8 Sec. 42. **[62Q.524] COVERAGE FOR DRUGS TO PREVENT THE ACQUISITION**
328.9 **OF HUMAN IMMUNODEFICIENCY VIRUS.**

328.10 (a) A health plan that provides prescription drug coverage must provide coverage in
328.11 accordance with this section for:

328.12 (1) any antiretroviral drug approved by the United States Food and Drug Administration
328.13 (FDA) for preventing the acquisition of human immunodeficiency virus (HIV) that is
328.14 prescribed, dispensed, or administered by a pharmacist who meets the requirements described
328.15 in section 151.37, subdivision 17; and

328.16 (2) any laboratory testing necessary for therapy that uses the drugs described in clause
328.17 (1) that is ordered, performed, and interpreted by a pharmacist who meets the requirements
328.18 described in section 151.37, subdivision 17.

328.19 (b) A health plan must provide the same terms of prescription drug coverage for drugs
328.20 to prevent the acquisition of HIV that are prescribed or administered by a pharmacist if the
328.21 pharmacist meets the requirements described in section 151.37, subdivision 17, as would
328.22 apply had the drug been prescribed or administered by a physician, physician assistant, or
328.23 advanced practice registered nurse. The health plan may require pharmacists or pharmacies
328.24 to meet reasonable medical management requirements when providing the services described
328.25 in paragraph (a) if other providers are required to meet the same requirements.

328.26 (c) A health plan must reimburse an in-network pharmacist or pharmacy for the drugs
328.27 and testing described in paragraph (a) at a rate equal to the rate of reimbursement provided
328.28 to a physician, physician assistant, or advanced practice registered nurse if providing similar
328.29 services.

328.30 (d) A health plan is not required to cover the drugs and testing described in paragraph
328.31 (a) if provided by a pharmacist or pharmacy that is out-of-network unless the health plan
328.32 covers similar services provided by out-of-network providers. A health plan must ensure

329.1 that the health plan's provider network includes in-network pharmacies that provide the
329.2 services described in paragraph (a).

329.3 Sec. 43. [62Q.83] PRESCRIPTION DRUG BENEFIT TRANSPARENCY AND
329.4 MANAGEMENT.

329.5 Subdivision 1. Definitions. (a) For purposes of this section, the following terms have
329.6 the meanings given.

329.7 (b) "Drug" has the meaning given in section 151.01, subdivision 5.

329.8 (c) "Enrollee contract term" means the 12-month term during which benefits associated
329.9 with health plan company products are in effect. For managed care plans and county-based
329.10 purchasing plans under section 256B.69 and chapter 256L, enrollee contract term means a
329.11 single calendar quarter.

329.12 (d) "Formulary" means a list of prescription drugs developed by clinical and pharmacy
329.13 experts that represents the health plan company's medically appropriate and cost-effective
329.14 prescription drugs approved for use.

329.15 (e) "Health plan company" has the meaning given in section 62Q.01, subdivision 4, and
329.16 includes an entity that performs pharmacy benefits management for the health plan company.
329.17 For purposes of this paragraph, "pharmacy benefits management" means the administration
329.18 or management of prescription drug benefits provided by the health plan company for the
329.19 benefit of the plan's enrollees and may include but is not limited to procurement of
329.20 prescription drugs, clinical formulary development and management services, claims
329.21 processing, and rebate contracting and administration.

329.22 (f) "Prescription" has the meaning given in section 151.01, subdivision 16a.

329.23 Subd. 2. Prescription drug benefit disclosure. (a) A health plan company that provides
329.24 prescription drug benefit coverage and uses a formulary must make the plan's formulary
329.25 and related benefit information available by electronic means and, upon request, in writing
329.26 at least 30 days before annual renewal dates.

329.27 (b) Formularies must be organized and disclosed consistent with the most recent version
329.28 of the United States Pharmacopeia's (USP) Model Guidelines.

329.29 (c) For each item or category of items on the formulary, the specific enrollee benefit
329.30 terms must be identified, including enrollee cost-sharing and expected out-of-pocket costs.

329.31 Subd. 3. Formulary changes. (a) Once a formulary has been established, a health plan
329.32 company may, at any time during the enrollee's contract term:

330.1 (1) expand its formulary by adding drugs to the formulary;

330.2 (2) reduce co-payments or coinsurance; or

330.3 (3) move a drug to a benefit category that reduces an enrollee's cost.

330.4 (b) A health plan company may remove a brand name drug from the plan's formulary
330.5 or place a brand name drug in a benefit category that increases an enrollee's cost only upon
330.6 the addition to the formulary of a generic or multisource brand name drug rated as
330.7 therapeutically equivalent according to the FDA Orange Book or a biologic drug rated as
330.8 interchangeable according to the FDA Purple Book at a lower cost to the enrollee, and upon
330.9 at least a 60-day notice to prescribers, pharmacists, and affected enrollees.

330.10 (c) A health plan company may change utilization review requirements or move drugs
330.11 to a benefit category that increases an enrollee's cost during the enrollee's contract term
330.12 upon at least a 60-day notice to prescribers, pharmacists, and affected enrollees, provided
330.13 that these changes do not apply to enrollees who are currently taking the drugs affected by
330.14 these changes for the duration of the enrollee's contract term.

330.15 (d) A health plan company may remove any drugs from the plan's formulary that have
330.16 been deemed unsafe by the Food and Drug Administration; that have been withdrawn by
330.17 either the Food and Drug Administration or the product manufacturer; or when an
330.18 independent source of research, clinical guidelines, or evidence-based standards has issued
330.19 drug-specific warnings or recommended changes in drug usage.

330.20 (e) The state employee group insurance program and coverage offered through that
330.21 program are exempt from the requirements of this subdivision.

330.22 Subd. 4. **Not severable.** (a) The provisions of this section are not severable from the
330.23 amendments and enactments in this act to sections 62A.02, subdivision 1; 62J.84,
330.24 subdivisions 2, 6, 7, 8, and 9; 62J.841; and 151.071, subdivision 2.

330.25 (b) If any amendment or enactment listed in paragraph (a) or its application to any
330.26 individual, entity, or circumstance is found to be void for any reason, this section is also
330.27 void.

330.28 **EFFECTIVE DATE.** This section is effective January 1, 2024, and applies to health
330.29 plans offered, sold, issued, or renewed on or after that date.

330.30 Sec. 44. **[62W.0751] ALTERNATIVE BIOLOGICAL PRODUCTS.**

330.31 Subdivision 1. **Definitions.** (a) For purposes of this section, the following terms have
330.32 the meanings given.

331.1 (b) "Biological product" has the meaning given in section 151.01, subdivision 40.

331.2 (c) "Biosimilar" or "biosimilar product" has the meaning given in section 151.01,
331.3 subdivision 43.

331.4 (d) "Interchangeable biological product" has the meaning given in section 151.01,
331.5 subdivision 41.

331.6 (e) "Reference biological product" has the meaning given in section 151.01, subdivision
331.7 44.

331.8 **Subd. 2. Pharmacy and provider choice related to dispensing reference biological**
331.9 **products, interchangeable biological products, or biosimilar products. (a)**

331.10 Notwithstanding paragraph (b), a pharmacy benefit manager or health carrier must not
331.11 require or demonstrate a preference for a reference biological product administered to a
331.12 patient by a physician or health care provider or any product that is biosimilar to the reference
331.13 biological product or an interchangeable biological product administered to a patient by a
331.14 physician or health care provider.

331.15 (b) If a pharmacy benefit manager or health carrier elects coverage of a product listed
331.16 in paragraph (a), and there are two or less biosimilar products available relative to the
331.17 reference product, the pharmacy benefit manager or health carrier must elect equivalent
331.18 coverage for all of the products that are biosimilar to the reference biological product or
331.19 interchangeable biological product.

331.20 (c) If a pharmacy benefit manager or health carrier elects coverage of a product listed
331.21 in paragraph (a), and there are greater than two biosimilar products available relative to the
331.22 reference product, the pharmacy benefit manager or health carrier must elect preferential
331.23 coverage for all of the products that are biosimilar to the reference biological or
331.24 interchangeable biological products.

331.25 (d) A pharmacy benefit manager or health carrier must not impose limits on access to a
331.26 product required to be covered under paragraph (b) that are more restrictive than limits
331.27 imposed on access to a product listed in paragraph (a), or that otherwise have the same
331.28 effect as giving preferred status to a product listed in paragraph (a) over the product required
331.29 to be covered under paragraph (b).

331.30 (e) This section only applies to new administrations of a reference biological product.
331.31 Nothing in this section requires switching from a prescribed reference biological product
331.32 for a patient on an active course of treatment.

332.1 Subd. 3. **Exemption.** The state employee group insurance program, and coverage offered
332.2 through that program, are exempt from the requirements of this section.

332.3 **EFFECTIVE DATE.** This section is effective January 1, 2023.

332.4 Sec. 45. **[62W.15] CLINICIAN-ADMINISTERED DRUGS.**

332.5 Subdivision 1. **Definitions.** (a) For purposes of this section, the following terms have
332.6 the meanings given.

332.7 (b) "Affiliated pharmacy" means a pharmacy in which a pharmacy benefit manager or
332.8 health carrier has an ownership interest either directly or indirectly, or through an affiliate
332.9 or subsidiary.

332.10 (c) "Clinician-administered drug" means an outpatient prescription drug other than a
332.11 vaccine that:

332.12 (1) cannot reasonably be self-administered by the patient to whom the drug is prescribed
332.13 or by an individual assisting the patient with self-administration; and

332.14 (2) is typically administered:

332.15 (i) by a health care provider authorized to administer the drug, including when acting
332.16 under a physician's delegation and supervision; and

332.17 (ii) in a physician's office, hospital outpatient infusion center, or other clinical setting.

332.18 Subd. 2. **Prohibition on requiring coverage as a pharmacy benefit.** A pharmacy
332.19 benefit manager or health carrier shall not require that a clinician-administered drug or the
332.20 administration of a clinician-administered drug be covered as a pharmacy benefit.

332.21 Subd. 3. **Enrollee choice.** A pharmacy benefit manager or health carrier:

332.22 (1) shall permit an enrollee to obtain a clinician-administered drug from a health care
332.23 provider authorized to administer the drug, or a pharmacy;

332.24 (2) shall not interfere with the enrollee's right to obtain a clinician-administered drug
332.25 from their provider or pharmacy of choice, and shall not offer financial or other incentives
332.26 to influence the enrollee's choice of a provider or pharmacy;

332.27 (3) shall not require clinician-administered drugs to be dispensed by a pharmacy selected
332.28 by the pharmacy benefit manager or health carrier; and

332.29 (4) shall not limit or exclude coverage for a clinician-administered drug when it is not
332.30 dispensed by a pharmacy selected by the pharmacy benefit manager or health carrier, if the
332.31 drug would otherwise be covered.

333.1 Subd. 4. Cost-sharing and reimbursement. A pharmacy benefit manager or health
333.2 carrier:

333.3 (1) may impose coverage or benefit limitations on an enrollee who obtains a
333.4 clinician-administered drug from a health care provider authorized to administer the drug,
333.5 or a pharmacy, only if these limitations would also be imposed were the drug to be obtained
333.6 from an affiliated pharmacy or a pharmacy selected by the pharmacy benefit manager or
333.7 health carrier; and

333.8 (2) may impose cost-sharing requirements on an enrollee who obtains a
333.9 clinician-administered drug from a health care provider authorized to administer the drug,
333.10 or a pharmacy, only if these requirements would also be imposed were the drug to be obtained
333.11 from an affiliated pharmacy or a pharmacy selected by the pharmacy benefit manager or
333.12 health carrier.

333.13 Subd. 5. Other requirements. A pharmacy benefit manager or health carrier:

333.14 (1) shall not require or encourage the dispensing of a clinician-administered drug to an
333.15 enrollee in a manner that is inconsistent with the supply chain security controls and chain
333.16 of distribution set by the federal Drug Supply Chain Security Act, United States Code, title
333.17 21, section 360eee, et seq.;

333.18 (2) shall not require a specialty pharmacy to dispense a clinician-administered medication
333.19 directly to a patient with the intention that the patient will transport the medication to a
333.20 health care provider for administration; and

333.21 (3) may offer, but shall not require:

333.22 (i) the use of a home infusion pharmacy to dispense or administer clinician-administered
333.23 drugs to enrollees; and

333.24 (ii) the use of an infusion site external to the enrollee's provider office or clinic.

333.25 **EFFECTIVE DATE.** This section is effective January 1, 2023.

333.26 Sec. 46. Minnesota Statutes 2020, section 151.01, subdivision 23, is amended to read:

333.27 Subd. 23. **Practitioner.** "Practitioner" means a licensed doctor of medicine, licensed
333.28 doctor of osteopathic medicine duly licensed to practice medicine, licensed doctor of
333.29 dentistry, licensed doctor of optometry, licensed podiatrist, licensed veterinarian, licensed
333.30 advanced practice registered nurse, or licensed physician assistant. For purposes of sections
333.31 151.15, subdivision 4; 151.211, subdivision 3; 151.252, subdivision 3; 151.37, subdivision
333.32 2, paragraph (b); and 151.461, "practitioner" also means a dental therapist authorized to

334.1 dispense and administer under chapter 150A. For purposes of sections 151.252, subdivision
334.2 3, and 151.461, "practitioner" also means a pharmacist authorized to prescribe
334.3 self-administered hormonal contraceptives, nicotine replacement medications, or opiate
334.4 antagonists under section 151.37, subdivision 14, 15, or 16, or authorized to prescribe drugs
334.5 to prevent the acquisition of human immunodeficiency virus (HIV) under section 151.37,
334.6 subdivision 17.

334.7 Sec. 47. Minnesota Statutes 2020, section 151.01, subdivision 27, is amended to read:

334.8 Subd. 27. **Practice of pharmacy.** "Practice of pharmacy" means:

334.9 (1) interpretation and evaluation of prescription drug orders;

334.10 (2) compounding, labeling, and dispensing drugs and devices (except labeling by a
334.11 manufacturer or packager of nonprescription drugs or commercially packaged legend drugs
334.12 and devices);

334.13 (3) participation in clinical interpretations and monitoring of drug therapy for assurance
334.14 of safe and effective use of drugs, including the performance of laboratory tests that are
334.15 waived under the federal Clinical Laboratory Improvement Act of 1988, United States Code,
334.16 title 42, section 263a et seq., provided that a pharmacist may interpret the results of laboratory
334.17 tests but may modify drug therapy only pursuant to a protocol or collaborative practice
334.18 agreement;

334.19 (4) participation in drug and therapeutic device selection; drug administration for first
334.20 dosage and medical emergencies; intramuscular and subcutaneous administration used for
334.21 the treatment of alcohol or opioid dependence; drug regimen reviews; and drug or
334.22 drug-related research;

334.23 (5) drug administration, through intramuscular and subcutaneous administration used
334.24 to treat mental illnesses as permitted under the following conditions:

334.25 (i) upon the order of a prescriber and the prescriber is notified after administration is
334.26 complete; or

334.27 (ii) pursuant to a protocol or collaborative practice agreement as defined by section
334.28 151.01, subdivisions 27b and 27c, and participation in the initiation, management,
334.29 modification, administration, and discontinuation of drug therapy is according to the protocol
334.30 or collaborative practice agreement between the pharmacist and a dentist, optometrist,
334.31 physician, podiatrist, or veterinarian, or an advanced practice registered nurse authorized
334.32 to prescribe, dispense, and administer under section 148.235. Any changes in drug therapy
334.33 or medication administration made pursuant to a protocol or collaborative practice agreement

335.1 must be documented by the pharmacist in the patient's medical record or reported by the
335.2 pharmacist to a practitioner responsible for the patient's care;

335.3 (6) participation in administration of influenza vaccines and vaccines approved by the
335.4 United States Food and Drug Administration related to COVID-19 or SARS-CoV-2 to all
335.5 eligible individuals six years of age and older and all other vaccines to patients 13 years of
335.6 age and older by written protocol with a physician licensed under chapter 147, a physician
335.7 assistant authorized to prescribe drugs under chapter 147A, or an advanced practice registered
335.8 nurse authorized to prescribe drugs under section 148.235, provided that:

335.9 (i) the protocol includes, at a minimum:

335.10 (A) the name, dose, and route of each vaccine that may be given;

335.11 (B) the patient population for whom the vaccine may be given;

335.12 (C) contraindications and precautions to the vaccine;

335.13 (D) the procedure for handling an adverse reaction;

335.14 (E) the name, signature, and address of the physician, physician assistant, or advanced
335.15 practice registered nurse;

335.16 (F) a telephone number at which the physician, physician assistant, or advanced practice
335.17 registered nurse can be contacted; and

335.18 (G) the date and time period for which the protocol is valid;

335.19 (ii) the pharmacist has successfully completed a program approved by the Accreditation
335.20 Council for Pharmacy Education specifically for the administration of immunizations or a
335.21 program approved by the board;

335.22 (iii) the pharmacist utilizes the Minnesota Immunization Information Connection to
335.23 assess the immunization status of individuals prior to the administration of vaccines, except
335.24 when administering influenza vaccines to individuals age nine and older;

335.25 (iv) the pharmacist reports the administration of the immunization to the Minnesota
335.26 Immunization Information Connection; and

335.27 (v) the pharmacist complies with guidelines for vaccines and immunizations established
335.28 by the federal Advisory Committee on Immunization Practices, except that a pharmacist
335.29 does not need to comply with those portions of the guidelines that establish immunization
335.30 schedules when administering a vaccine pursuant to a valid, patient-specific order issued
335.31 by a physician licensed under chapter 147, a physician assistant authorized to prescribe
335.32 drugs under chapter 147A, or an advanced practice registered nurse authorized to prescribe

336.1 drugs under section 148.235, provided that the order is consistent with the United States
336.2 Food and Drug Administration approved labeling of the vaccine;

336.3 (7) participation in the initiation, management, modification, and discontinuation of
336.4 drug therapy according to a written protocol or collaborative practice agreement between:
336.5 (i) one or more pharmacists and one or more dentists, optometrists, physicians, podiatrists,
336.6 or veterinarians; or (ii) one or more pharmacists and one or more physician assistants
336.7 authorized to prescribe, dispense, and administer under chapter 147A, or advanced practice
336.8 registered nurses authorized to prescribe, dispense, and administer under section 148.235.
336.9 Any changes in drug therapy made pursuant to a protocol or collaborative practice agreement
336.10 must be documented by the pharmacist in the patient's medical record or reported by the
336.11 pharmacist to a practitioner responsible for the patient's care;

336.12 (8) participation in the storage of drugs and the maintenance of records;

336.13 (9) patient counseling on therapeutic values, content, hazards, and uses of drugs and
336.14 devices;

336.15 (10) offering or performing those acts, services, operations, or transactions necessary
336.16 in the conduct, operation, management, and control of a pharmacy;

336.17 (11) participation in the initiation, management, modification, and discontinuation of
336.18 therapy with opiate antagonists, as defined in section 604A.04, subdivision 1, pursuant to:

336.19 (i) a written protocol as allowed under clause (7); or

336.20 (ii) a written protocol with a community health board medical consultant or a practitioner
336.21 designated by the commissioner of health, as allowed under section 151.37, subdivision 13;
336.22 ~~and~~

336.23 (12) prescribing self-administered hormonal contraceptives; nicotine replacement
336.24 medications; and opiate antagonists for the treatment of an acute opiate overdose pursuant
336.25 to section 151.37, subdivision 14, 15, or 16;

336.26 (13) prescribing, dispensing, and administering drugs for preventing the acquisition of
336.27 human immunodeficiency virus (HIV) if the pharmacist meets the requirements under
336.28 section 151.37, subdivision 17; and

336.29 (14) ordering, conducting, and interpreting laboratory tests necessary for therapies that
336.30 use drugs for preventing the acquisition of HIV, if the pharmacist meets the requirements
336.31 under section 151.37, subdivision 17.

337.1 Sec. 48. Minnesota Statutes 2020, section 151.01, is amended by adding a subdivision to
337.2 read:

337.3 Subd. 43. **Biosimilar product.** "Biosimilar product" or "interchangeable biologic product"
337.4 means a biological product that the United States Food and Drug Administration has licensed
337.5 and determined to be biosimilar under United States Code, title 42, section 262(i)(2).

337.6 **EFFECTIVE DATE.** This section is effective January 1, 2023.

337.7 Sec. 49. Minnesota Statutes 2020, section 151.01, is amended by adding a subdivision to
337.8 read:

337.9 Subd. 44. **Reference biological product.** "Reference biological product" means the
337.10 single biological product for which the United States Food and Drug Administration has
337.11 approved an initial biological product license application, against which other biological
337.12 products are evaluated for licensure as biosimilar products or interchangeable biological
337.13 products.

337.14 **EFFECTIVE DATE.** This section is effective January 1, 2023.

337.15 Sec. 50. Minnesota Statutes 2020, section 151.071, subdivision 1, is amended to read:

337.16 Subdivision 1. **Forms of disciplinary action.** When the board finds that a licensee,
337.17 registrant, or applicant has engaged in conduct prohibited under subdivision 2, it may do
337.18 one or more of the following:

337.19 (1) deny the issuance of a license or registration;

337.20 (2) refuse to renew a license or registration;

337.21 (3) revoke the license or registration;

337.22 (4) suspend the license or registration;

337.23 (5) impose limitations, conditions, or both on the license or registration, including but
337.24 not limited to: the limitation of practice to designated settings; the limitation of the scope
337.25 of practice within designated settings; the imposition of retraining or rehabilitation
337.26 requirements; the requirement of practice under supervision; the requirement of participation
337.27 in a diversion program such as that established pursuant to section 214.31 or the conditioning
337.28 of continued practice on demonstration of knowledge or skills by appropriate examination
337.29 or other review of skill and competence;

337.30 (6) impose a civil penalty not exceeding \$10,000 for each separate violation, except that
337.31 a civil penalty not exceeding \$25,000 may be imposed for each separate violation of section

338.1 62J.842, the amount of the civil penalty to be fixed so as to deprive a licensee or registrant
338.2 of any economic advantage gained by reason of the violation, to discourage similar violations
338.3 by the licensee or registrant or any other licensee or registrant, or to reimburse the board
338.4 for the cost of the investigation and proceeding, including but not limited to, fees paid for
338.5 services provided by the Office of Administrative Hearings, legal and investigative services
338.6 provided by the Office of the Attorney General, court reporters, witnesses, reproduction of
338.7 records, board members' per diem compensation, board staff time, and travel costs and
338.8 expenses incurred by board staff and board members; and

338.9 (7) reprimand the licensee or registrant.

338.10 Sec. 51. Minnesota Statutes 2020, section 151.071, subdivision 2, is amended to read:

338.11 Subd. 2. **Grounds for disciplinary action.** The following conduct is prohibited and is
338.12 grounds for disciplinary action:

338.13 (1) failure to demonstrate the qualifications or satisfy the requirements for a license or
338.14 registration contained in this chapter or the rules of the board. The burden of proof is on
338.15 the applicant to demonstrate such qualifications or satisfaction of such requirements;

338.16 (2) obtaining a license by fraud or by misleading the board in any way during the
338.17 application process or obtaining a license by cheating, or attempting to subvert the licensing
338.18 examination process. Conduct that subverts or attempts to subvert the licensing examination
338.19 process includes, but is not limited to: (i) conduct that violates the security of the examination
338.20 materials, such as removing examination materials from the examination room or having
338.21 unauthorized possession of any portion of a future, current, or previously administered
338.22 licensing examination; (ii) conduct that violates the standard of test administration, such as
338.23 communicating with another examinee during administration of the examination, copying
338.24 another examinee's answers, permitting another examinee to copy one's answers, or
338.25 possessing unauthorized materials; or (iii) impersonating an examinee or permitting an
338.26 impersonator to take the examination on one's own behalf;

338.27 (3) for a pharmacist, pharmacy technician, pharmacist intern, applicant for a pharmacist
338.28 or pharmacy license, or applicant for a pharmacy technician or pharmacist intern registration,
338.29 conviction of a felony reasonably related to the practice of pharmacy. Conviction as used
338.30 in this subdivision includes a conviction of an offense that if committed in this state would
338.31 be deemed a felony without regard to its designation elsewhere, or a criminal proceeding
338.32 where a finding or verdict of guilt is made or returned but the adjudication of guilt is either
338.33 withheld or not entered thereon. The board may delay the issuance of a new license or

339.1 registration if the applicant has been charged with a felony until the matter has been
339.2 adjudicated;

339.3 (4) for a facility, other than a pharmacy, licensed or registered by the board, if an owner
339.4 or applicant is convicted of a felony reasonably related to the operation of the facility. The
339.5 board may delay the issuance of a new license or registration if the owner or applicant has
339.6 been charged with a felony until the matter has been adjudicated;

339.7 (5) for a controlled substance researcher, conviction of a felony reasonably related to
339.8 controlled substances or to the practice of the researcher's profession. The board may delay
339.9 the issuance of a registration if the applicant has been charged with a felony until the matter
339.10 has been adjudicated;

339.11 (6) disciplinary action taken by another state or by one of this state's health licensing
339.12 agencies:

339.13 (i) revocation, suspension, restriction, limitation, or other disciplinary action against a
339.14 license or registration in another state or jurisdiction, failure to report to the board that
339.15 charges or allegations regarding the person's license or registration have been brought in
339.16 another state or jurisdiction, or having been refused a license or registration by any other
339.17 state or jurisdiction. The board may delay the issuance of a new license or registration if an
339.18 investigation or disciplinary action is pending in another state or jurisdiction until the
339.19 investigation or action has been dismissed or otherwise resolved; and

339.20 (ii) revocation, suspension, restriction, limitation, or other disciplinary action against a
339.21 license or registration issued by another of this state's health licensing agencies, failure to
339.22 report to the board that charges regarding the person's license or registration have been
339.23 brought by another of this state's health licensing agencies, or having been refused a license
339.24 or registration by another of this state's health licensing agencies. The board may delay the
339.25 issuance of a new license or registration if a disciplinary action is pending before another
339.26 of this state's health licensing agencies until the action has been dismissed or otherwise
339.27 resolved;

339.28 (7) for a pharmacist, pharmacy, pharmacy technician, or pharmacist intern, violation of
339.29 any order of the board, of any of the provisions of this chapter or any rules of the board or
339.30 violation of any federal, state, or local law or rule reasonably pertaining to the practice of
339.31 pharmacy;

339.32 (8) for a facility, other than a pharmacy, licensed by the board, violations of any order
339.33 of the board, of any of the provisions of this chapter or the rules of the board or violation
339.34 of any federal, state, or local law relating to the operation of the facility;

340.1 (9) engaging in any unethical conduct; conduct likely to deceive, defraud, or harm the
340.2 public, or demonstrating a willful or careless disregard for the health, welfare, or safety of
340.3 a patient; or pharmacy practice that is professionally incompetent, in that it may create
340.4 unnecessary danger to any patient's life, health, or safety, in any of which cases, proof of
340.5 actual injury need not be established;

340.6 (10) aiding or abetting an unlicensed person in the practice of pharmacy, except that it
340.7 is not a violation of this clause for a pharmacist to supervise a properly registered pharmacy
340.8 technician or pharmacist intern if that person is performing duties allowed by this chapter
340.9 or the rules of the board;

340.10 (11) for an individual licensed or registered by the board, adjudication as mentally ill
340.11 or developmentally disabled, or as a chemically dependent person, a person dangerous to
340.12 the public, a sexually dangerous person, or a person who has a sexual psychopathic
340.13 personality, by a court of competent jurisdiction, within or without this state. Such
340.14 adjudication shall automatically suspend a license for the duration thereof unless the board
340.15 orders otherwise;

340.16 (12) for a pharmacist or pharmacy intern, engaging in unprofessional conduct as specified
340.17 in the board's rules. In the case of a pharmacy technician, engaging in conduct specified in
340.18 board rules that would be unprofessional if it were engaged in by a pharmacist or pharmacist
340.19 intern or performing duties specifically reserved for pharmacists under this chapter or the
340.20 rules of the board;

340.21 (13) for a pharmacy, operation of the pharmacy without a pharmacist present and on
340.22 duty except as allowed by a variance approved by the board;

340.23 (14) for a pharmacist, the inability to practice pharmacy with reasonable skill and safety
340.24 to patients by reason of illness, use of alcohol, drugs, narcotics, chemicals, or any other type
340.25 of material or as a result of any mental or physical condition, including deterioration through
340.26 the aging process or loss of motor skills. In the case of registered pharmacy technicians,
340.27 pharmacist interns, or controlled substance researchers, the inability to carry out duties
340.28 allowed under this chapter or the rules of the board with reasonable skill and safety to
340.29 patients by reason of illness, use of alcohol, drugs, narcotics, chemicals, or any other type
340.30 of material or as a result of any mental or physical condition, including deterioration through
340.31 the aging process or loss of motor skills;

340.32 (15) for a pharmacist, pharmacy, pharmacist intern, pharmacy technician, medical gas
340.33 dispenser, or controlled substance researcher, revealing a privileged communication from
340.34 or relating to a patient except when otherwise required or permitted by law;

341.1 (16) for a pharmacist or pharmacy, improper management of patient records, including
341.2 failure to maintain adequate patient records, to comply with a patient's request made pursuant
341.3 to sections 144.291 to 144.298, or to furnish a patient record or report required by law;

341.4 (17) fee splitting, including without limitation:

341.5 (i) paying, offering to pay, receiving, or agreeing to receive, a commission, rebate,
341.6 kickback, or other form of remuneration, directly or indirectly, for the referral of patients;

341.7 (ii) referring a patient to any health care provider as defined in sections 144.291 to
341.8 144.298 in which the licensee or registrant has a financial or economic interest as defined
341.9 in section 144.6521, subdivision 3, unless the licensee or registrant has disclosed the
341.10 licensee's or registrant's financial or economic interest in accordance with section 144.6521;
341.11 and

341.12 (iii) any arrangement through which a pharmacy, in which the prescribing practitioner
341.13 does not have a significant ownership interest, fills a prescription drug order and the
341.14 prescribing practitioner is involved in any manner, directly or indirectly, in setting the price
341.15 for the filled prescription that is charged to the patient, the patient's insurer or pharmacy
341.16 benefit manager, or other person paying for the prescription or, in the case of veterinary
341.17 patients, the price for the filled prescription that is charged to the client or other person
341.18 paying for the prescription, except that a veterinarian and a pharmacy may enter into such
341.19 an arrangement provided that the client or other person paying for the prescription is notified,
341.20 in writing and with each prescription dispensed, about the arrangement, unless such
341.21 arrangement involves pharmacy services provided for livestock, poultry, and agricultural
341.22 production systems, in which case client notification would not be required;

341.23 (18) engaging in abusive or fraudulent billing practices, including violations of the
341.24 federal Medicare and Medicaid laws or state medical assistance laws or rules;

341.25 (19) engaging in conduct with a patient that is sexual or may reasonably be interpreted
341.26 by the patient as sexual, or in any verbal behavior that is seductive or sexually demeaning
341.27 to a patient;

341.28 (20) failure to make reports as required by section 151.072 or to cooperate with an
341.29 investigation of the board as required by section 151.074;

341.30 (21) knowingly providing false or misleading information that is directly related to the
341.31 care of a patient unless done for an accepted therapeutic purpose such as the dispensing and
341.32 administration of a placebo;

342.1 (22) aiding suicide or aiding attempted suicide in violation of section 609.215 as
342.2 established by any of the following:

342.3 (i) a copy of the record of criminal conviction or plea of guilty for a felony in violation
342.4 of section 609.215, subdivision 1 or 2;

342.5 (ii) a copy of the record of a judgment of contempt of court for violating an injunction
342.6 issued under section 609.215, subdivision 4;

342.7 (iii) a copy of the record of a judgment assessing damages under section 609.215,
342.8 subdivision 5; or

342.9 (iv) a finding by the board that the person violated section 609.215, subdivision 1 or 2.
342.10 The board must investigate any complaint of a violation of section 609.215, subdivision 1
342.11 or 2;

342.12 (23) for a pharmacist, practice of pharmacy under a lapsed or nonrenewed license. For
342.13 a pharmacist intern, pharmacy technician, or controlled substance researcher, performing
342.14 duties permitted to such individuals by this chapter or the rules of the board under a lapsed
342.15 or nonrenewed registration. For a facility required to be licensed under this chapter, operation
342.16 of the facility under a lapsed or nonrenewed license or registration; ~~and~~

342.17 (24) for a pharmacist, pharmacist intern, or pharmacy technician, termination or discharge
342.18 from the health professionals services program for reasons other than the satisfactory
342.19 completion of the program; and

342.20 (25) for a drug manufacturer, failure to comply with section 62J.841.

342.21 Sec. 52. Minnesota Statutes 2020, section 151.071, subdivision 2, is amended to read:

342.22 Subd. 2. **Grounds for disciplinary action.** The following conduct is prohibited and is
342.23 grounds for disciplinary action:

342.24 (1) failure to demonstrate the qualifications or satisfy the requirements for a license or
342.25 registration contained in this chapter or the rules of the board. The burden of proof is on
342.26 the applicant to demonstrate such qualifications or satisfaction of such requirements;

342.27 (2) obtaining a license by fraud or by misleading the board in any way during the
342.28 application process or obtaining a license by cheating, or attempting to subvert the licensing
342.29 examination process. Conduct that subverts or attempts to subvert the licensing examination
342.30 process includes, but is not limited to: (i) conduct that violates the security of the examination
342.31 materials, such as removing examination materials from the examination room or having
342.32 unauthorized possession of any portion of a future, current, or previously administered

343.1 licensing examination; (ii) conduct that violates the standard of test administration, such as
343.2 communicating with another examinee during administration of the examination, copying
343.3 another examinee's answers, permitting another examinee to copy one's answers, or
343.4 possessing unauthorized materials; or (iii) impersonating an examinee or permitting an
343.5 impersonator to take the examination on one's own behalf;

343.6 (3) for a pharmacist, pharmacy technician, pharmacist intern, applicant for a pharmacist
343.7 or pharmacy license, or applicant for a pharmacy technician or pharmacist intern registration,
343.8 conviction of a felony reasonably related to the practice of pharmacy. Conviction as used
343.9 in this subdivision includes a conviction of an offense that if committed in this state would
343.10 be deemed a felony without regard to its designation elsewhere, or a criminal proceeding
343.11 where a finding or verdict of guilt is made or returned but the adjudication of guilt is either
343.12 withheld or not entered thereon. The board may delay the issuance of a new license or
343.13 registration if the applicant has been charged with a felony until the matter has been
343.14 adjudicated;

343.15 (4) for a facility, other than a pharmacy, licensed or registered by the board, if an owner
343.16 or applicant is convicted of a felony reasonably related to the operation of the facility. The
343.17 board may delay the issuance of a new license or registration if the owner or applicant has
343.18 been charged with a felony until the matter has been adjudicated;

343.19 (5) for a controlled substance researcher, conviction of a felony reasonably related to
343.20 controlled substances or to the practice of the researcher's profession. The board may delay
343.21 the issuance of a registration if the applicant has been charged with a felony until the matter
343.22 has been adjudicated;

343.23 (6) disciplinary action taken by another state or by one of this state's health licensing
343.24 agencies:

343.25 (i) revocation, suspension, restriction, limitation, or other disciplinary action against a
343.26 license or registration in another state or jurisdiction, failure to report to the board that
343.27 charges or allegations regarding the person's license or registration have been brought in
343.28 another state or jurisdiction, or having been refused a license or registration by any other
343.29 state or jurisdiction. The board may delay the issuance of a new license or registration if an
343.30 investigation or disciplinary action is pending in another state or jurisdiction until the
343.31 investigation or action has been dismissed or otherwise resolved; and

343.32 (ii) revocation, suspension, restriction, limitation, or other disciplinary action against a
343.33 license or registration issued by another of this state's health licensing agencies, failure to
343.34 report to the board that charges regarding the person's license or registration have been

344.1 brought by another of this state's health licensing agencies, or having been refused a license
344.2 or registration by another of this state's health licensing agencies. The board may delay the
344.3 issuance of a new license or registration if a disciplinary action is pending before another
344.4 of this state's health licensing agencies until the action has been dismissed or otherwise
344.5 resolved;

344.6 (7) for a pharmacist, pharmacy, pharmacy technician, or pharmacist intern, violation of
344.7 any order of the board, of any of the provisions of this chapter or any rules of the board or
344.8 violation of any federal, state, or local law or rule reasonably pertaining to the practice of
344.9 pharmacy;

344.10 (8) for a facility, other than a pharmacy, licensed by the board, violations of any order
344.11 of the board, of any of the provisions of this chapter or the rules of the board or violation
344.12 of any federal, state, or local law relating to the operation of the facility;

344.13 (9) engaging in any unethical conduct; conduct likely to deceive, defraud, or harm the
344.14 public, or demonstrating a willful or careless disregard for the health, welfare, or safety of
344.15 a patient; or pharmacy practice that is professionally incompetent, in that it may create
344.16 unnecessary danger to any patient's life, health, or safety, in any of which cases, proof of
344.17 actual injury need not be established;

344.18 (10) aiding or abetting an unlicensed person in the practice of pharmacy, except that it
344.19 is not a violation of this clause for a pharmacist to supervise a properly registered pharmacy
344.20 technician or pharmacist intern if that person is performing duties allowed by this chapter
344.21 or the rules of the board;

344.22 (11) for an individual licensed or registered by the board, adjudication as mentally ill
344.23 or developmentally disabled, or as a chemically dependent person, a person dangerous to
344.24 the public, a sexually dangerous person, or a person who has a sexual psychopathic
344.25 personality, by a court of competent jurisdiction, within or without this state. Such
344.26 adjudication shall automatically suspend a license for the duration thereof unless the board
344.27 orders otherwise;

344.28 (12) for a pharmacist or pharmacy intern, engaging in unprofessional conduct as specified
344.29 in the board's rules. In the case of a pharmacy technician, engaging in conduct specified in
344.30 board rules that would be unprofessional if it were engaged in by a pharmacist or pharmacist
344.31 intern or performing duties specifically reserved for pharmacists under this chapter or the
344.32 rules of the board;

344.33 (13) for a pharmacy, operation of the pharmacy without a pharmacist present and on
344.34 duty except as allowed by a variance approved by the board;

345.1 (14) for a pharmacist, the inability to practice pharmacy with reasonable skill and safety
345.2 to patients by reason of illness, use of alcohol, drugs, narcotics, chemicals, or any other type
345.3 of material or as a result of any mental or physical condition, including deterioration through
345.4 the aging process or loss of motor skills. In the case of registered pharmacy technicians,
345.5 pharmacist interns, or controlled substance researchers, the inability to carry out duties
345.6 allowed under this chapter or the rules of the board with reasonable skill and safety to
345.7 patients by reason of illness, use of alcohol, drugs, narcotics, chemicals, or any other type
345.8 of material or as a result of any mental or physical condition, including deterioration through
345.9 the aging process or loss of motor skills;

345.10 (15) for a pharmacist, pharmacy, pharmacist intern, pharmacy technician, medical gas
345.11 dispenser, or controlled substance researcher, revealing a privileged communication from
345.12 or relating to a patient except when otherwise required or permitted by law;

345.13 (16) for a pharmacist or pharmacy, improper management of patient records, including
345.14 failure to maintain adequate patient records, to comply with a patient's request made pursuant
345.15 to sections 144.291 to 144.298, or to furnish a patient record or report required by law;

345.16 (17) fee splitting, including without limitation:

345.17 (i) paying, offering to pay, receiving, or agreeing to receive, a commission, rebate,
345.18 kickback, or other form of remuneration, directly or indirectly, for the referral of patients;

345.19 (ii) referring a patient to any health care provider as defined in sections 144.291 to
345.20 144.298 in which the licensee or registrant has a financial or economic interest as defined
345.21 in section 144.6521, subdivision 3, unless the licensee or registrant has disclosed the
345.22 licensee's or registrant's financial or economic interest in accordance with section 144.6521;
345.23 and

345.24 (iii) any arrangement through which a pharmacy, in which the prescribing practitioner
345.25 does not have a significant ownership interest, fills a prescription drug order and the
345.26 prescribing practitioner is involved in any manner, directly or indirectly, in setting the price
345.27 for the filled prescription that is charged to the patient, the patient's insurer or pharmacy
345.28 benefit manager, or other person paying for the prescription or, in the case of veterinary
345.29 patients, the price for the filled prescription that is charged to the client or other person
345.30 paying for the prescription, except that a veterinarian and a pharmacy may enter into such
345.31 an arrangement provided that the client or other person paying for the prescription is notified,
345.32 in writing and with each prescription dispensed, about the arrangement, unless such
345.33 arrangement involves pharmacy services provided for livestock, poultry, and agricultural
345.34 production systems, in which case client notification would not be required;

346.1 (18) engaging in abusive or fraudulent billing practices, including violations of the
346.2 federal Medicare and Medicaid laws or state medical assistance laws or rules;

346.3 (19) engaging in conduct with a patient that is sexual or may reasonably be interpreted
346.4 by the patient as sexual, or in any verbal behavior that is seductive or sexually demeaning
346.5 to a patient;

346.6 (20) failure to make reports as required by section 151.072 or to cooperate with an
346.7 investigation of the board as required by section 151.074;

346.8 (21) knowingly providing false or misleading information that is directly related to the
346.9 care of a patient unless done for an accepted therapeutic purpose such as the dispensing and
346.10 administration of a placebo;

346.11 (22) aiding suicide or aiding attempted suicide in violation of section 609.215 as
346.12 established by any of the following:

346.13 (i) a copy of the record of criminal conviction or plea of guilty for a felony in violation
346.14 of section 609.215, subdivision 1 or 2;

346.15 (ii) a copy of the record of a judgment of contempt of court for violating an injunction
346.16 issued under section 609.215, subdivision 4;

346.17 (iii) a copy of the record of a judgment assessing damages under section 609.215,
346.18 subdivision 5; or

346.19 (iv) a finding by the board that the person violated section 609.215, subdivision 1 or 2.
346.20 The board must investigate any complaint of a violation of section 609.215, subdivision 1
346.21 or 2;

346.22 (23) for a pharmacist, practice of pharmacy under a lapsed or nonrenewed license. For
346.23 a pharmacist intern, pharmacy technician, or controlled substance researcher, performing
346.24 duties permitted to such individuals by this chapter or the rules of the board under a lapsed
346.25 or nonrenewed registration. For a facility required to be licensed under this chapter, operation
346.26 of the facility under a lapsed or nonrenewed license or registration; ~~and~~

346.27 (24) for a pharmacist, pharmacist intern, or pharmacy technician, termination or discharge
346.28 from the health professionals services program for reasons other than the satisfactory
346.29 completion of the program; and

346.30 (25) for a manufacturer, a violation of section 62J.842 or 62J.845.

347.1 Sec. 53. Minnesota Statutes 2021 Supplement, section 151.335, is amended to read:

347.2 **151.335 DELIVERY THROUGH COMMON CARRIER; COMPLIANCE WITH**
347.3 **TEMPERATURE REQUIREMENTS.**

347.4 In addition to complying with the requirements of Minnesota Rules, part 6800.3000, a
347.5 mail order or specialty pharmacy that employs the United States Postal Service or other
347.6 common carrier to deliver a filled prescription directly to a patient must ensure that the drug
347.7 is delivered in compliance with temperature requirements established by the manufacturer
347.8 of the drug. The methods used to ensure compliance must include but are not limited to
347.9 enclosing in each medication's packaging a device recognized by the United States
347.10 Pharmacopeia by which the patient can easily detect improper storage or temperature
347.11 variations. The pharmacy must develop written policies and procedures that are consistent
347.12 with United States Pharmacopeia, chapters 1079 and 1118, and with nationally recognized
347.13 standards issued by standard-setting or accreditation organizations recognized by the board
347.14 through guidance. The policies and procedures must be provided to the board upon request.

347.15 Sec. 54. Minnesota Statutes 2020, section 151.37, is amended by adding a subdivision to
347.16 read:

347.17 Subd. 17. **Drugs for preventing the acquisition of HIV.** (a) A pharmacist is authorized
347.18 to prescribe and administer drugs to prevent the acquisition of human immunodeficiency
347.19 virus (HIV) in accordance with this subdivision.

347.20 (b) By January 1, 2023, the board of pharmacy shall develop a standardized protocol
347.21 for a pharmacist to follow in prescribing the drugs described in paragraph (a). In developing
347.22 the protocol, the board may consult with community health advocacy groups, the board of
347.23 medical practice, the board of nursing, the commissioner of health, professional pharmacy
347.24 associations, and professional associations for physicians, physician assistants, and advanced
347.25 practice registered nurses.

347.26 (c) Before a pharmacist is authorized to prescribe a drug described in paragraph (a), the
347.27 pharmacist must successfully complete a training program specifically developed for
347.28 prescribing drugs for preventing the acquisition of HIV that is offered by a college of
347.29 pharmacy, a continuing education provider that is accredited by the Accreditation Council
347.30 for Pharmacy Education, or a program approved by the board. To maintain authorization
347.31 to prescribe, the pharmacist shall complete continuing education requirements as specified
347.32 by the board.

348.1 (d) Before prescribing a drug described in paragraph (a), the pharmacist shall follow the
348.2 appropriate standardized protocol developed under paragraph (b) and, if appropriate, may
348.3 dispense to a patient a drug described in paragraph (a).

348.4 (e) Before dispensing a drug described under paragraph (a) that is prescribed by the
348.5 pharmacist, the pharmacist must provide counseling to the patient on the use of the drugs
348.6 and must provide the patient with a fact sheet that includes the indications and
348.7 contraindications for the use of these drugs, the appropriate method for using these drugs,
348.8 the need for medical follow up, and any other additional information listed in Minnesota
348.9 Rules, part 6800.0910, subpart 2, that is required to be provided to a patient during the
348.10 counseling process.

348.11 (f) A pharmacist is prohibited from delegating the prescribing authority provided under
348.12 this subdivision to any other person. A pharmacist intern registered under section 151.101
348.13 may prepare the prescription, but before the prescription is processed or dispensed, a
348.14 pharmacist authorized to prescribe under this subdivision must review, approve, and sign
348.15 the prescription.

348.16 (g) Nothing in this subdivision prohibits a pharmacist from participating in the initiation,
348.17 management, modification, and discontinuation of drug therapy according to a protocol as
348.18 authorized in this section and in section 151.01, subdivision 27.

348.19 Sec. 55. Minnesota Statutes 2020, section 151.555, as amended by Laws 2021, chapter
348.20 30, article 5, sections 2 to 5, is amended to read:

348.21 **151.555 PRESCRIPTION DRUG MEDICATION REPOSITORY PROGRAM.**

348.22 Subdivision 1. **Definitions.** (a) For the purposes of this section, the terms defined in this
348.23 subdivision have the meanings given.

348.24 (b) "Central repository" means a wholesale distributor that meets the requirements under
348.25 subdivision 3 and enters into a contract with the Board of Pharmacy in accordance with this
348.26 section.

348.27 (c) "Distribute" means to deliver, other than by administering or dispensing.

348.28 (d) "Donor" means:

348.29 (1) a health care facility as defined in this subdivision;

348.30 (2) a skilled nursing facility licensed under chapter 144A;

348.31 (3) an assisted living facility licensed under chapter 144G;

349.1 (4) a pharmacy licensed under section 151.19, and located either in the state or outside
349.2 the state;

349.3 (5) a drug wholesaler licensed under section 151.47;

349.4 (6) a drug manufacturer licensed under section 151.252; or

349.5 (7) an individual at least 18 years of age, provided that the drug or medical supply that
349.6 is donated was obtained legally and meets the requirements of this section for donation.

349.7 (e) "Drug" means any prescription drug that has been approved for medical use in the
349.8 United States, is listed in the United States Pharmacopoeia or National Formulary, and
349.9 meets the criteria established under this section for donation; or any over-the-counter
349.10 medication that meets the criteria established under this section for donation. This definition
349.11 includes cancer drugs and antirejection drugs, but does not include controlled substances,
349.12 as defined in section 152.01, subdivision 4, or a prescription drug that can only be dispensed
349.13 to a patient registered with the drug's manufacturer in accordance with federal Food and
349.14 Drug Administration requirements.

349.15 (f) "Health care facility" means:

349.16 (1) a physician's office or health care clinic where licensed practitioners provide health
349.17 care to patients;

349.18 (2) a hospital licensed under section 144.50;

349.19 (3) a pharmacy licensed under section 151.19 and located in Minnesota; or

349.20 (4) a nonprofit community clinic, including a federally qualified health center; a rural
349.21 health clinic; public health clinic; or other community clinic that provides health care utilizing
349.22 a sliding fee scale to patients who are low-income, uninsured, or underinsured.

349.23 (g) "Local repository" means a health care facility that elects to accept donated drugs
349.24 and medical supplies and meets the requirements of subdivision 4.

349.25 (h) "Medical supplies" or "supplies" means any prescription ~~and~~ or nonprescription
349.26 medical supplies needed to administer a ~~prescription~~ drug.

349.27 (i) "Original, sealed, unopened, tamper-evident packaging" means packaging that is
349.28 sealed, unopened, and tamper-evident, including a manufacturer's original unit dose or
349.29 unit-of-use container, a repackager's original unit dose or unit-of-use container, or unit-dose
349.30 packaging prepared by a licensed pharmacy according to the standards of Minnesota Rules,
349.31 part 6800.3750.

350.1 (j) "Practitioner" has the meaning given in section 151.01, subdivision 23, except that
350.2 it does not include a veterinarian.

350.3 Subd. 2. **Establishment; contract and oversight.** (a) By January 1, 2020, the Board of
350.4 Pharmacy shall establish a ~~drug~~ medication repository program, through which donors may
350.5 donate a drug or medical supply for use by an individual who meets the eligibility criteria
350.6 specified under subdivision 5.

350.7 (b) The board shall contract with a central repository that meets the requirements of
350.8 subdivision 3 to implement and administer the ~~prescription drug~~ medication repository
350.9 program. The contract must:

350.10 (1) require the board to transfer to the central repository any money appropriated by the
350.11 legislature for the purpose of operating the medication repository program and require the
350.12 central repository to spend any money transferred only for purposes specified in the contract;

350.13 (2) require the central repository to report the following performance measures to the
350.14 board:

350.15 (i) the number of individuals served and the types of medications these individuals
350.16 received;

350.17 (ii) the number of clinics, pharmacies, and long-term care facilities with which the central
350.18 repository partnered;

350.19 (iii) the number and cost of medications accepted for inventory, disposed of, and
350.20 dispensed to individuals in need; and

350.21 (iv) locations within the state to which medications are shipped or delivered; and

350.22 (3) require the board to annually audit the expenditure by the central repository of any
350.23 funds appropriated by the legislature and transferred by the board to ensure that this funding
350.24 is used only for purposes specified in the contract.

350.25 Subd. 3. **Central repository requirements.** (a) The board may publish a request for
350.26 proposal for participants who meet the requirements of this subdivision and are interested
350.27 in acting as the central repository for the ~~drug~~ medication repository program. If the board
350.28 publishes a request for proposal, it shall follow all applicable state procurement procedures
350.29 in the selection process. The board may also work directly with the University of Minnesota
350.30 to establish a central repository.

351.1 (b) To be eligible to act as the central repository, the participant must be a wholesale
351.2 drug distributor located in Minnesota, licensed pursuant to section 151.47, and in compliance
351.3 with all applicable federal and state statutes, rules, and regulations.

351.4 (c) The central repository shall be subject to inspection by the board pursuant to section
351.5 151.06, subdivision 1.

351.6 (d) The central repository shall comply with all applicable federal and state laws, rules,
351.7 and regulations pertaining to the ~~drug~~ medication repository program, drug storage, and
351.8 dispensing. The facility must maintain in good standing any state license or registration that
351.9 applies to the facility.

351.10 Subd. 4. **Local repository requirements.** (a) To be eligible for participation in the ~~drug~~
351.11 medication repository program, a health care facility must agree to comply with all applicable
351.12 federal and state laws, rules, and regulations pertaining to the ~~drug~~ medication repository
351.13 program, drug storage, and dispensing. The facility must also agree to maintain in good
351.14 standing any required state license or registration that may apply to the facility.

351.15 (b) A local repository may elect to participate in the program by submitting the following
351.16 information to the central repository on a form developed by the board and made available
351.17 on the board's website:

351.18 (1) the name, street address, and telephone number of the health care facility and any
351.19 state-issued license or registration number issued to the facility, including the issuing state
351.20 agency;

351.21 (2) the name and telephone number of a responsible pharmacist or practitioner who is
351.22 employed by or under contract with the health care facility; and

351.23 (3) a statement signed and dated by the responsible pharmacist or practitioner indicating
351.24 that the health care facility meets the eligibility requirements under this section and agrees
351.25 to comply with this section.

351.26 (c) Participation in the ~~drug~~ medication repository program is voluntary. A local
351.27 repository may withdraw from participation in the ~~drug~~ medication repository program at
351.28 any time by providing written notice to the central repository on a form developed by the
351.29 board and made available on the board's website. The central repository shall provide the
351.30 board with a copy of the withdrawal notice within ten business days from the date of receipt
351.31 of the withdrawal notice.

352.1 Subd. 5. **Individual eligibility and application requirements.** (a) To be eligible for
352.2 the ~~drug~~ medication repository program, an individual must submit to a local repository an
352.3 intake application form that is signed by the individual and attests that the individual:

352.4 (1) is a resident of Minnesota;

352.5 (2) is uninsured and is not enrolled in the medical assistance program under chapter
352.6 256B or the MinnesotaCare program under chapter 256L, has no prescription drug coverage,
352.7 or is underinsured;

352.8 (3) acknowledges that the drugs or medical supplies to be received through the program
352.9 may have been donated; and

352.10 (4) consents to a waiver of the child-resistant packaging requirements of the federal
352.11 Poison Prevention Packaging Act.

352.12 (b) Upon determining that an individual is eligible for the program, the local repository
352.13 shall furnish the individual with an identification card. The card shall be valid for one year
352.14 from the date of issuance and may be used at any local repository. A new identification card
352.15 may be issued upon expiration once the individual submits a new application form.

352.16 (c) The local repository shall send a copy of the intake application form to the central
352.17 repository by regular mail, facsimile, or secured e-mail within ten days from the date the
352.18 application is approved by the local repository.

352.19 (d) The board shall develop and make available on the board's website an application
352.20 form and the format for the identification card.

352.21 Subd. 6. **Standards and procedures for accepting donations of drugs and supplies.** (a)
352.22 A donor may donate ~~prescription~~ drugs or medical supplies to the central repository or a
352.23 local repository if the drug or supply meets the requirements of this section as determined
352.24 by a pharmacist or practitioner who is employed by or under contract with the central
352.25 repository or a local repository.

352.26 (b) A ~~prescription~~ drug is eligible for donation under the ~~drug~~ medication repository
352.27 program if the following requirements are met:

352.28 (1) the donation is accompanied by a ~~drug~~ medication repository donor form described
352.29 under paragraph (d) that is signed by an individual who is authorized by the donor to attest
352.30 to the donor's knowledge in accordance with paragraph (d);

352.31 (2) the drug's expiration date is at least six months after the date the drug was donated.
352.32 If a donated drug bears an expiration date that is less than six months from the donation

353.1 date, the drug may be accepted and distributed if the drug is in high demand and can be
353.2 dispensed for use by a patient before the drug's expiration date;

353.3 (3) the drug is in its original, sealed, unopened, tamper-evident packaging that includes
353.4 the expiration date. Single-unit-dose drugs may be accepted if the single-unit-dose packaging
353.5 is unopened;

353.6 (4) the drug or the packaging does not have any physical signs of tampering, misbranding,
353.7 deterioration, compromised integrity, or adulteration;

353.8 (5) the drug does not require storage temperatures other than normal room temperature
353.9 as specified by the manufacturer or United States Pharmacopoeia, unless the drug is being
353.10 donated directly by its manufacturer, a wholesale drug distributor, or a pharmacy located
353.11 in Minnesota; and

353.12 (6) the ~~prescription~~ drug is not a controlled substance.

353.13 (c) A medical supply is eligible for donation under the ~~drug~~ medication repository
353.14 program if the following requirements are met:

353.15 (1) the supply has no physical signs of tampering, misbranding, or alteration and there
353.16 is no reason to believe it has been adulterated, tampered with, or misbranded;

353.17 (2) the supply is in its original, unopened, sealed packaging;

353.18 (3) the donation is accompanied by a ~~drug~~ medication repository donor form described
353.19 under paragraph (d) that is signed by an individual who is authorized by the donor to attest
353.20 to the donor's knowledge in accordance with paragraph (d); and

353.21 (4) if the supply bears an expiration date, the date is at least six months later than the
353.22 date the supply was donated. If the donated supply bears an expiration date that is less than
353.23 six months from the date the supply was donated, the supply may be accepted and distributed
353.24 if the supply is in high demand and can be dispensed for use by a patient before the supply's
353.25 expiration date.

353.26 (d) The board shall develop the ~~drug~~ medication repository donor form and make it
353.27 available on the board's website. The form must state that to the best of the donor's knowledge
353.28 the donated drug or supply has been properly stored under appropriate temperature and
353.29 humidity conditions and that the drug or supply has never been opened, used, tampered
353.30 with, adulterated, or misbranded.

353.31 (e) Donated drugs and supplies may be shipped or delivered to the premises of the central
353.32 repository or a local repository, and shall be inspected by a pharmacist or an authorized

354.1 practitioner who is employed by or under contract with the repository and who has been
354.2 designated by the repository to accept donations. A drop box must not be used to deliver
354.3 or accept donations.

354.4 (f) The central repository and local repository shall inventory all drugs and supplies
354.5 donated to the repository. For each drug, the inventory must include the drug's name, strength,
354.6 quantity, manufacturer, expiration date, and the date the drug was donated. For each medical
354.7 supply, the inventory must include a description of the supply, its manufacturer, the date
354.8 the supply was donated, and, if applicable, the supply's brand name and expiration date.

354.9 Subd. 7. **Standards and procedures for inspecting and storing donated ~~prescription~~**
354.10 **drugs and supplies.** (a) A pharmacist or authorized practitioner who is employed by or
354.11 under contract with the central repository or a local repository shall inspect all donated
354.12 ~~prescription~~ drugs and supplies before the drug or supply is dispensed to determine, to the
354.13 extent reasonably possible in the professional judgment of the pharmacist or practitioner,
354.14 that the drug or supply is not adulterated or misbranded, has not been tampered with, is safe
354.15 and suitable for dispensing, has not been subject to a recall, and meets the requirements for
354.16 donation. The pharmacist or practitioner who inspects the drugs or supplies shall sign an
354.17 inspection record stating that the requirements for donation have been met. If a local
354.18 repository receives drugs and supplies from the central repository, the local repository does
354.19 not need to reinspect the drugs and supplies.

354.20 (b) The central repository and local repositories shall store donated drugs and supplies
354.21 in a secure storage area under environmental conditions appropriate for the drug or supply
354.22 being stored. Donated drugs and supplies may not be stored with nondonated inventory.

354.23 (c) The central repository and local repositories shall dispose of all ~~prescription~~ drugs
354.24 and medical supplies that are not suitable for donation in compliance with applicable federal
354.25 and state statutes, regulations, and rules concerning hazardous waste.

354.26 (d) In the event that controlled substances or ~~prescription~~ drugs that can only be dispensed
354.27 to a patient registered with the drug's manufacturer are shipped or delivered to a central or
354.28 local repository for donation, the shipment delivery must be documented by the repository
354.29 and returned immediately to the donor or the donor's representative that provided the drugs.

354.30 (e) Each repository must develop drug and medical supply recall policies and procedures.
354.31 If a repository receives a recall notification, the repository shall destroy all of the drug or
354.32 medical supply in its inventory that is the subject of the recall and complete a record of
354.33 destruction form in accordance with paragraph (f). If a drug or medical supply that is the
354.34 subject of a Class I or Class II recall has been dispensed, the repository shall immediately

355.1 notify the recipient of the recalled drug or medical supply. A drug that potentially is subject
355.2 to a recall need not be destroyed if its packaging bears a lot number and that lot of the drug
355.3 is not subject to the recall. If no lot number is on the drug's packaging, it must be destroyed.

355.4 (f) A record of destruction of donated drugs and supplies that are not dispensed under
355.5 subdivision 8, are subject to a recall under paragraph (e), or are not suitable for donation
355.6 shall be maintained by the repository for at least two years. For each drug or supply destroyed,
355.7 the record shall include the following information:

355.8 (1) the date of destruction;

355.9 (2) the name, strength, and quantity of the drug destroyed; and

355.10 (3) the name of the person or firm that destroyed the drug.

355.11 Subd. 8. **Dispensing requirements.** (a) Donated drugs and supplies may be dispensed
355.12 if the drugs or supplies are prescribed by a practitioner for use by an eligible individual and
355.13 are dispensed by a pharmacist or practitioner. A repository shall dispense drugs and supplies
355.14 to eligible individuals in the following priority order: (1) individuals who are uninsured;
355.15 (2) individuals with no prescription drug coverage; and (3) individuals who are underinsured.
355.16 A repository shall dispense donated ~~prescription~~ drugs in compliance with applicable federal
355.17 and state laws and regulations for dispensing ~~prescription~~ drugs, including all requirements
355.18 relating to packaging, labeling, record keeping, drug utilization review, and patient
355.19 counseling.

355.20 (b) Before dispensing or administering a drug or supply, the pharmacist or practitioner
355.21 shall visually inspect the drug or supply for adulteration, misbranding, tampering, and date
355.22 of expiration. Drugs or supplies that have expired or appear upon visual inspection to be
355.23 adulterated, misbranded, or tampered with in any way must not be dispensed or administered.

355.24 (c) Before a drug or supply is dispensed or administered to an individual, the individual
355.25 must sign a drug repository recipient form acknowledging that the individual understands
355.26 the information stated on the form. The board shall develop the form and make it available
355.27 on the board's website. The form must include the following information:

355.28 (1) that the drug or supply being dispensed or administered has been donated and may
355.29 have been previously dispensed;

355.30 (2) that a visual inspection has been conducted by the pharmacist or practitioner to ensure
355.31 that the drug or supply has not expired, has not been adulterated or misbranded, and is in
355.32 its original, unopened packaging; and

356.1 (3) that the dispensing pharmacist, the dispensing or administering practitioner, the
356.2 central repository or local repository, the Board of Pharmacy, and any other participant of
356.3 the ~~drug~~ medication repository program cannot guarantee the safety of the drug or medical
356.4 supply being dispensed or administered and that the pharmacist or practitioner has determined
356.5 that the drug or supply is safe to dispense or administer based on the accuracy of the donor's
356.6 form submitted with the donated drug or medical supply and the visual inspection required
356.7 to be performed by the pharmacist or practitioner before dispensing or administering.

356.8 Subd. 9. **Handling fees.** (a) The central or local repository may charge the individual
356.9 receiving a drug or supply a handling fee of no more than 250 percent of the medical
356.10 assistance program dispensing fee for each drug or medical supply dispensed or administered
356.11 by that repository.

356.12 (b) A repository that dispenses or administers a drug or medical supply through the drug
356.13 repository program shall not receive reimbursement under the medical assistance program
356.14 or the MinnesotaCare program for that dispensed or administered drug or supply.

356.15 Subd. 10. **Distribution of donated drugs and supplies.** (a) The central repository and
356.16 local repositories may distribute drugs and supplies donated under the drug repository
356.17 program to other participating repositories for use pursuant to this program.

356.18 (b) A local repository that elects not to dispense donated drugs or supplies must transfer
356.19 all donated drugs and supplies to the central repository. A copy of the donor form that was
356.20 completed by the original donor under subdivision 6 must be provided to the central
356.21 repository at the time of transfer.

356.22 Subd. 11. **Forms and record-keeping requirements.** (a) The following forms developed
356.23 for the administration of this program shall be utilized by the participants of the program
356.24 and shall be available on the board's website:

356.25 (1) intake application form described under subdivision 5;

356.26 (2) local repository participation form described under subdivision 4;

356.27 (3) local repository withdrawal form described under subdivision 4;

356.28 (4) ~~drug~~ medication repository donor form described under subdivision 6;

356.29 (5) record of destruction form described under subdivision 7; and

356.30 (6) ~~drug~~ medication repository recipient form described under subdivision 8.

356.31 (b) All records, including drug inventory, inspection, and disposal of donated ~~prescription~~
356.32 drugs and medical supplies, must be maintained by a repository for a minimum of two years.

357.1 Records required as part of this program must be maintained pursuant to all applicable
357.2 practice acts.

357.3 (c) Data collected by the ~~drug~~ medication repository program from all local repositories
357.4 shall be submitted quarterly or upon request to the central repository. Data collected may
357.5 consist of the information, records, and forms required to be collected under this section.

357.6 (d) The central repository shall submit reports to the board as required by the contract
357.7 or upon request of the board.

357.8 Subd. 12. **Liability.** (a) The manufacturer of a drug or supply is not subject to criminal
357.9 or civil liability for injury, death, or loss to a person or to property for causes of action
357.10 described in clauses (1) and (2). A manufacturer is not liable for:

357.11 (1) the intentional or unintentional alteration of the drug or supply by a party not under
357.12 the control of the manufacturer; or

357.13 (2) the failure of a party not under the control of the manufacturer to transfer or
357.14 communicate product or consumer information or the expiration date of the donated drug
357.15 or supply.

357.16 (b) A health care facility participating in the program, a pharmacist dispensing a drug
357.17 or supply pursuant to the program, a practitioner dispensing or administering a drug or
357.18 supply pursuant to the program, or a donor of a drug or medical supply is immune from
357.19 civil liability for an act or omission that causes injury to or the death of an individual to
357.20 whom the drug or supply is dispensed and no disciplinary action by a health-related licensing
357.21 board shall be taken against a pharmacist or practitioner so long as the drug or supply is
357.22 donated, accepted, distributed, and dispensed according to the requirements of this section.
357.23 This immunity does not apply if the act or omission involves reckless, wanton, or intentional
357.24 misconduct, or malpractice unrelated to the quality of the drug or medical supply.

357.25 Subd. 13. **Drug returned for credit.** Nothing in this section allows a long-term care
357.26 facility to donate a drug to a central or local repository when federal or state law requires
357.27 the drug to be returned to the pharmacy that initially dispensed it, so that the pharmacy can
357.28 credit the payer for the amount of the drug returned.

357.29 Subd. 14. **Cooperation.** The central repository, as approved by the Board of Pharmacy,
357.30 may enter into an agreement with another state that has an established drug repository or
357.31 drug donation program if the other state's program includes regulations to ensure the purity,
357.32 integrity, and safety of the drugs and supplies donated, to permit the central repository to
357.33 offer to another state program inventory that is not needed by a Minnesota resident and to

358.1 accept inventory from another state program to be distributed to local repositories and
358.2 dispensed to Minnesota residents in accordance with this program.

358.3 Subd. 15. **Funding.** The central repository may seek grants and other funds from nonprofit
358.4 charitable organizations, the federal government, and other sources to fund the ongoing
358.5 operations of the medication repository program.

358.6 Sec. 56. Minnesota Statutes 2020, section 152.125, is amended to read:

358.7 **152.125 INTRACTABLE PAIN.**

358.8 Subdivision 1. ~~Definition~~ **Definitions.** (a) For purposes of this section, the terms in this
358.9 subdivision have the meanings given.

358.10 (b) "Drug diversion" means the unlawful transfer of prescription drugs from their licit
358.11 medical purpose to the illicit marketplace.

358.12 (c) "Intractable pain" means a pain state in which the cause of the pain cannot be removed
358.13 or otherwise treated with the consent of the patient and in which, in the generally accepted
358.14 course of medical practice, no relief or cure of the cause of the pain is possible, or none has
358.15 been found after reasonable efforts. Examples of conditions associated with intractable pain
358.16 sometimes but do not always include cancer and the recovery period, sickle cell disease,
358.17 noncancer pain, rare diseases, orphan diseases, severe injuries, and health conditions requiring
358.18 the provision of palliative care or hospice care. Reasonable efforts for relieving or curing
358.19 the cause of the pain may be determined on the basis of, but are not limited to, the following:

358.20 (1) when treating a nonterminally ill patient for intractable pain, an evaluation conducted
358.21 by the attending physician and one or more physicians specializing in pain medicine or the
358.22 treatment of the area, system, or organ of the body confirmed or perceived as the source of
358.23 the intractable pain; or

358.24 (2) when treating a terminally ill patient, an evaluation conducted by the attending
358.25 physician who does so in accordance with the standard of care and the level of care, skill,
358.26 and treatment that would be recognized by a reasonably prudent physician under similar
358.27 conditions and circumstances.

358.28 (d) "Palliative care" has the meaning provided in section 144A.75, subdivision 12.

358.29 (e) "Rare disease" means a disease, disorder, or condition that affects fewer than 200,000
358.30 individuals in the United States and is chronic, serious, life altering, or life threatening.

359.1 Subd. 1a. Criteria for the evaluation and treatment of intractable pain. The evaluation
359.2 and treatment of intractable pain when treating a nonterminally ill patient is governed by
359.3 the following criteria:

359.4 (1) a diagnosis of intractable pain by the treating physician and either by a physician
359.5 specializing in pain medicine or a physician treating the area, system, or organ of the body
359.6 that is the source of the pain is sufficient to meet the definition of intractable pain; and

359.7 (2) the cause of the diagnosis of intractable pain must not interfere with medically
359.8 necessary treatment including but not limited to prescribing or administering a controlled
359.9 substance in Schedules II to V of section 152.02.

359.10 **Subd. 2. Prescription and administration of controlled substances for intractable**
359.11 **pain.** (a) Notwithstanding any other provision of this chapter, a physician, advanced practice
359.12 registered nurse, or physician assistant may prescribe or administer a controlled substance
359.13 in Schedules II to V of section 152.02 to an individual a patient in the course of the
359.14 physician's, advanced practice registered nurse's, or physician assistant's treatment of the
359.15 individual patient for a diagnosed condition causing intractable pain. No physician, advanced
359.16 practice registered nurse, or physician assistant shall be subject to disciplinary action by
359.17 the Board of Medical Practice or Board of Nursing for appropriately prescribing or
359.18 administering a controlled substance in Schedules II to V of section 152.02 in the course
359.19 of treatment of an individual a patient for intractable pain, provided the physician, advanced
359.20 practice registered nurse, or physician assistant:

359.21 (1) keeps accurate records of the purpose, use, prescription, and disposal of controlled
359.22 substances, writes accurate prescriptions, and prescribes medications in conformance with
359.23 chapter 147- or 148 or in accordance with the current standard of care; and

359.24 (2) enters into a patient-provider agreement that meets the criteria in subdivision 5.

359.25 (b) No physician, advanced practice registered nurse, or physician assistant, acting in
359.26 good faith and based on the needs of the patient, shall be subject to any civil or criminal
359.27 action or investigation, disenrollment, or termination by the commissioner of health or
359.28 human services solely for prescribing a dosage that equates to an upward deviation from
359.29 morphine milligram equivalent dosage recommendations or thresholds specified in state or
359.30 federal opioid prescribing guidelines or policies, including but not limited to the Guideline
359.31 for Prescribing Opioids for Chronic Pain issued by the Centers for Disease Control and
359.32 Prevention, Minnesota opioid prescribing guidelines, the Minnesota opioid prescribing
359.33 improvement program, and the Minnesota quality improvement program established under
359.34 section 256B.0638.

360.1 (c) A physician, advanced practice registered nurse, or physician assistant treating
360.2 intractable pain by prescribing, dispensing, or administering a controlled substance in
360.3 Schedules II to V of section 152.02 that includes but is not opioid analgesics must not taper
360.4 a patient's medication dosage solely to meet a predetermined morphine milligram equivalent
360.5 dosage recommendation or threshold if the patient is stable and compliant with the treatment
360.6 plan, is experiencing no serious harm from the level of medication currently being prescribed
360.7 or previously prescribed, and is in compliance with the patient-provider agreement as
360.8 described in subdivision 5.

360.9 (d) A physician's, advanced practice registered nurse's, or physician assistant's decision
360.10 to taper a patient's medication dosage must be based on factors other than a morphine
360.11 milligram equivalent recommendation or threshold.

360.12 (e) No pharmacist, health plan company, or pharmacy benefit manager shall refuse to
360.13 fill a prescription for an opiate issued by a licensed practitioner with the authority to prescribe
360.14 opiates solely based on the prescription exceeding a predetermined morphine milligram
360.15 equivalent dosage recommendation or threshold.

360.16 Subd. 3. **Limits on applicability.** This section does not apply to:

360.17 (1) a physician's, advanced practice registered nurse's, or physician assistant's treatment
360.18 of ~~an individual~~ a patient for chemical dependency resulting from the use of controlled
360.19 substances in Schedules II to V of section 152.02;

360.20 (2) the prescription or administration of controlled substances in Schedules II to V of
360.21 section 152.02 to ~~an individual~~ a patient whom the physician, advanced practice registered
360.22 nurse, or physician assistant knows to be using the controlled substances for nontherapeutic
360.23 or drug diversion purposes;

360.24 (3) the prescription or administration of controlled substances in Schedules II to V of
360.25 section 152.02 for the purpose of terminating the life of ~~an individual~~ a patient having
360.26 intractable pain; or

360.27 (4) the prescription or administration of a controlled substance in Schedules II to V of
360.28 section 152.02 that is not a controlled substance approved by the United States Food and
360.29 Drug Administration for pain relief.

360.30 Subd. 4. **Notice of risks.** Prior to treating ~~an individual~~ a patient for intractable pain in
360.31 accordance with subdivision 2, a physician, advanced practice registered nurse, or physician
360.32 assistant shall discuss with the ~~individual~~ patient or the patient's legal guardian, if applicable,
360.33 the risks associated with the controlled substances in Schedules II to V of section 152.02

361.1 to be prescribed or administered in the course of the physician's, advanced practice registered
361.2 nurse's, or physician assistant's treatment of ~~an individual~~ a patient, and document the
361.3 discussion in the ~~individual's~~ patient's record as required in the patient-provider agreement
361.4 described in subdivision 5.

361.5 Subd. 5. **Patient-provider agreement.** (a) Before treating a patient for intractable pain,
361.6 a physician, advanced practice registered nurse, or physician assistant and the patient or the
361.7 patient's legal guardian, if applicable, must mutually agree to the treatment and enter into
361.8 a provider-patient agreement. The agreement must include a description of the prescriber's
361.9 and the patient's expectations, responsibilities, and rights according to best practices and
361.10 current standards of care.

361.11 (b) The agreement must be signed by the patient or the patient's legal guardian, if
361.12 applicable, and the physician, advanced practice registered nurse, or physician assistant and
361.13 included in the patient's medical records. A copy of the signed agreement must be provided
361.14 to the patient.

361.15 (c) The agreement must be reviewed by the patient and the physician, advanced practice
361.16 registered nurse, or physician assistant annually. If there is a change in the patient's treatment
361.17 plan, the agreement must be updated and a revised agreement must be signed by the patient
361.18 or the patient's legal guardian. A copy of the revised agreement must be included in the
361.19 patient's medical record and a copy must be provided to the patient.

361.20 (d) A patient-provider agreement is not required in an emergency or inpatient hospital
361.21 setting.

361.22 Sec. 57. Minnesota Statutes 2021 Supplement, section 256B.0625, subdivision 13, is
361.23 amended to read:

361.24 Subd. 13. **Drugs.** (a) Medical assistance covers drugs, except for fertility drugs when
361.25 specifically used to enhance fertility, if prescribed by a licensed practitioner and dispensed
361.26 by a licensed pharmacist, by a physician enrolled in the medical assistance program as a
361.27 dispensing physician, or by a physician, a physician assistant, or an advanced practice
361.28 registered nurse employed by or under contract with a community health board as defined
361.29 in section 145A.02, subdivision 5, for the purposes of communicable disease control.

361.30 (b) The dispensed quantity of a prescription drug must not exceed a 34-day supply,
361.31 unless authorized by the commissioner or the drug appears on the 90-day supply list published
361.32 by the commissioner. The 90-day supply list shall be published by the commissioner on the
361.33 department's website. The commissioner may add to, delete from, and otherwise modify

362.1 the 90-day supply list after providing public notice and the opportunity for a 15-day public
362.2 comment period. The 90-day supply list may include cost-effective generic drugs and shall
362.3 not include controlled substances.

362.4 (c) For the purpose of this subdivision and subdivision 13d, an "active pharmaceutical
362.5 ingredient" is defined as a substance that is represented for use in a drug and when used in
362.6 the manufacturing, processing, or packaging of a drug becomes an active ingredient of the
362.7 drug product. An "excipient" is defined as an inert substance used as a diluent or vehicle
362.8 for a drug. The commissioner shall establish a list of active pharmaceutical ingredients and
362.9 excipients which are included in the medical assistance formulary. Medical assistance covers
362.10 selected active pharmaceutical ingredients and excipients used in compounded prescriptions
362.11 when the compounded combination is specifically approved by the commissioner or when
362.12 a commercially available product:

362.13 (1) is not a therapeutic option for the patient;

362.14 (2) does not exist in the same combination of active ingredients in the same strengths
362.15 as the compounded prescription; and

362.16 (3) cannot be used in place of the active pharmaceutical ingredient in the compounded
362.17 prescription.

362.18 (d) Medical assistance covers the following over-the-counter drugs when prescribed by
362.19 a licensed practitioner or by a licensed pharmacist who meets standards established by the
362.20 commissioner, in consultation with the board of pharmacy: antacids, acetaminophen, family
362.21 planning products, aspirin, insulin, products for the treatment of lice, vitamins for adults
362.22 with documented vitamin deficiencies, vitamins for children under the age of seven and
362.23 pregnant or nursing women, and any other over-the-counter drug identified by the
362.24 commissioner, in consultation with the Formulary Committee, as necessary, appropriate,
362.25 and cost-effective for the treatment of certain specified chronic diseases, conditions, or
362.26 disorders, and this determination shall not be subject to the requirements of chapter 14. A
362.27 pharmacist may prescribe over-the-counter medications as provided under this paragraph
362.28 for purposes of receiving reimbursement under Medicaid. When prescribing over-the-counter
362.29 drugs under this paragraph, licensed pharmacists must consult with the recipient to determine
362.30 necessity, provide drug counseling, review drug therapy for potential adverse interactions,
362.31 and make referrals as needed to other health care professionals.

362.32 (e) Effective January 1, 2006, medical assistance shall not cover drugs that are coverable
362.33 under Medicare Part D as defined in the Medicare Prescription Drug, Improvement, and
362.34 Modernization Act of 2003, Public Law 108-173, section 1860D-2(e), for individuals eligible

363.1 for drug coverage as defined in the Medicare Prescription Drug, Improvement, and
363.2 Modernization Act of 2003, Public Law 108-173, section 1860D-1(a)(3)(A). For these
363.3 individuals, medical assistance may cover drugs from the drug classes listed in United States
363.4 Code, title 42, section 1396r-8(d)(2), subject to this subdivision and subdivisions 13a to
363.5 13g, except that drugs listed in United States Code, title 42, section 1396r-8(d)(2)(E), shall
363.6 not be covered.

363.7 (f) Medical assistance covers drugs acquired through the federal 340B Drug Pricing
363.8 Program and dispensed by 340B covered entities and ambulatory pharmacies under common
363.9 ownership of the 340B covered entity. Medical assistance does not cover drugs acquired
363.10 through the federal 340B Drug Pricing Program and dispensed by 340B contract pharmacies.

363.11 (g) Notwithstanding paragraph (a), medical assistance covers self-administered hormonal
363.12 contraceptives prescribed and dispensed by a licensed pharmacist in accordance with section
363.13 151.37, subdivision 14; nicotine replacement medications prescribed and dispensed by a
363.14 licensed pharmacist in accordance with section 151.37, subdivision 15; and opiate antagonists
363.15 used for the treatment of an acute opiate overdose prescribed and dispensed by a licensed
363.16 pharmacist in accordance with section 151.37, subdivision 16.

363.17 (h) Medical assistance coverage of, and reimbursement for, antiretroviral drugs to prevent
363.18 the acquisition of human immunodeficiency virus (HIV) and any laboratory testing necessary
363.19 for therapy that uses these drugs must meet the requirements that would otherwise apply to
363.20 a health plan under section 62Q.524.

363.21 Sec. 58. Minnesota Statutes 2020, section 256B.0625, subdivision 13f, is amended to read:

363.22 Subd. 13f. **Prior authorization.** (a) The Formulary Committee shall review and
363.23 recommend drugs which require prior authorization. The Formulary Committee shall
363.24 establish general criteria to be used for the prior authorization of brand-name drugs for
363.25 which generically equivalent drugs are available, but the committee is not required to review
363.26 each brand-name drug for which a generically equivalent drug is available.

363.27 (b) Prior authorization may be required by the commissioner before certain formulary
363.28 drugs are eligible for payment. The Formulary Committee may recommend drugs for prior
363.29 authorization directly to the commissioner. The commissioner may also request that the
363.30 Formulary Committee review a drug for prior authorization. Before the commissioner may
363.31 require prior authorization for a drug:

363.32 (1) the commissioner must provide information to the Formulary Committee on the
363.33 impact that placing the drug on prior authorization may have on the quality of patient care

364.1 and on program costs, information regarding whether the drug is subject to clinical abuse
364.2 or misuse, and relevant data from the state Medicaid program if such data is available;

364.3 (2) the Formulary Committee must review the drug, taking into account medical and
364.4 clinical data and the information provided by the commissioner; and

364.5 (3) the Formulary Committee must hold a public forum and receive public comment for
364.6 an additional 15 days.

364.7 The commissioner must provide a 15-day notice period before implementing the prior
364.8 authorization.

364.9 (c) Except as provided in subdivision 13j, prior authorization shall not be required or
364.10 utilized for any atypical antipsychotic drug prescribed for the treatment of mental illness
364.11 if:

364.12 (1) there is no generically equivalent drug available; and

364.13 (2) the drug was initially prescribed for the recipient prior to July 1, 2003; or

364.14 (3) the drug is part of the recipient's current course of treatment.

364.15 This paragraph applies to any multistate preferred drug list or supplemental drug rebate
364.16 program established or administered by the commissioner. Prior authorization shall
364.17 automatically be granted for 60 days for brand name drugs prescribed for treatment of mental
364.18 illness within 60 days of when a generically equivalent drug becomes available, provided
364.19 that the brand name drug was part of the recipient's course of treatment at the time the
364.20 generically equivalent drug became available.

364.21 (d) The commissioner may require prior authorization for brand name drugs whenever
364.22 a generically equivalent product is available, even if the prescriber specifically indicates
364.23 "dispense as written-brand necessary" on the prescription as required by section 151.21,
364.24 subdivision 2.

364.25 (e) Notwithstanding this subdivision, the commissioner may automatically require prior
364.26 authorization, for a period not to exceed 180 days, for any drug that is approved by the
364.27 United States Food and Drug Administration on or after July 1, 2005. The 180-day period
364.28 begins no later than the first day that a drug is available for shipment to pharmacies within
364.29 the state. The Formulary Committee shall recommend to the commissioner general criteria
364.30 to be used for the prior authorization of the drugs, but the committee is not required to
364.31 review each individual drug. In order to continue prior authorizations for a drug after the
364.32 180-day period has expired, the commissioner must follow the provisions of this subdivision.

365.1 (f) Prior authorization under this subdivision shall comply with ~~section~~ sections 62Q.184
365.2 and 62Q.1842.

365.3 (g) Any step therapy protocol requirements established by the commissioner must comply
365.4 with ~~section~~ sections 62Q.1841 and 62Q.1842.

365.5 **Sec. 59. STUDY OF PHARMACY AND PROVIDER CHOICE OF BIOLOGICAL**
365.6 **PRODUCTS.**

365.7 The commissioner of health, within the limits of existing resources, shall analyze the
365.8 effect of Minnesota Statutes, section 62W.0751, on the net price for different payors of
365.9 biological products, interchangeable biological products, and biosimilar products. The
365.10 commissioner of health shall report findings to the chairs and ranking minority members
365.11 of the legislative committees with jurisdiction over health and human services finance and
365.12 policy and insurance by December 15, 2024.

365.13 **ARTICLE 7**

365.14 **HEALTH INSURANCE**

365.15 Section 1. Minnesota Statutes 2020, section 62A.25, subdivision 2, is amended to read:

365.16 Subd. 2. **Required coverage.** (a) Every policy, plan, certificate or contract to which this
365.17 section applies shall provide benefits for reconstructive surgery when such service is
365.18 incidental to or follows surgery resulting from injury, sickness or other diseases of the
365.19 involved part or when such service is performed on a covered dependent child because of
365.20 congenital disease or anomaly which has resulted in a functional defect as determined by
365.21 the attending physician.

365.22 (b) The coverage limitations on reconstructive surgery in paragraph (a) do not apply to
365.23 reconstructive breast surgery: (1) following mastectomies; or (2) if the patient has been
365.24 diagnosed with ectodermal dysplasia and has congenitally absent breast tissue or nipples.
365.25 ~~In these cases, Coverage for reconstructive surgery must be provided if the mastectomy is~~
365.26 ~~medically necessary as determined by the attending physician.~~

365.27 (c) Reconstructive surgery benefits include all stages of reconstruction ~~of the breast on~~
365.28 ~~which the mastectomy has been performed,~~ including surgery and reconstruction of the
365.29 other breast to produce a symmetrical appearance, and prosthesis and physical complications
365.30 at all stages ~~of a mastectomy,~~ including lymphedemas, in a manner determined in consultation
365.31 with the attending physician and patient. Coverage may be subject to annual deductible,

366.1 co-payment, and coinsurance provisions as may be deemed appropriate and as are consistent
366.2 with those established for other benefits under the plan or coverage. Coverage may not:

366.3 (1) deny to a patient eligibility, or continued eligibility, to enroll or to renew coverage
366.4 under the terms of the plan, solely for the purpose of avoiding the requirements of this
366.5 section; and

366.6 (2) penalize or otherwise reduce or limit the reimbursement of an attending provider, or
366.7 provide monetary or other incentives to an attending provider to induce the provider to
366.8 provide care to an individual participant or beneficiary in a manner inconsistent with this
366.9 section.

366.10 Written notice of the availability of the coverage must be delivered to the participant upon
366.11 enrollment and annually thereafter.

366.12 **EFFECTIVE DATE.** This section is effective January 1, 2023, and applies to health
366.13 plans offered, issued, or sold on or after that date.

366.14 Sec. 2. **[62A.255] COVERAGE OF LYMPHEDEMA TREATMENT.**

366.15 Subdivision 1. **Scope of coverage.** This section applies to all health plans that are sold,
366.16 issued, or renewed to a Minnesota resident.

366.17 Subd. 2. **Required coverage.** (a) Each health plan must provide coverage for lymphedema
366.18 treatment, including coverage for compression treatment items, complex decongestive
366.19 therapy, and outpatient self-management training and education during lymphedema treatment
366.20 if prescribed by a licensed health care professional. Lymphedema compression treatment
366.21 items include: (1) compression garments, stockings, and sleeves; (2) compression devices;
366.22 and (3) bandaging systems, components, and supplies that are primarily and customarily
366.23 used in the treatment of lymphedema.

366.24 (b) If applicable to the enrollee's health plan, a health carrier may require the prescribing
366.25 health care professional to be within the enrollee's health plan provider network if the
366.26 provider network meets network adequacy requirements under section 62K.10.

366.27 (c) A health plan must not apply any cost-sharing requirements, benefit limitations, or
366.28 service limitations for lymphedema treatment and compression treatment items that place
366.29 a greater financial burden on the enrollee or are more restrictive than cost-sharing
366.30 requirements or limitations applied by the health plan to other similar services or benefits.

366.31 **EFFECTIVE DATE.** This section is effective January 1, 2023, and applies to any health
366.32 plan issued, sold, or renewed on or after that date.

367.1 Sec. 3. Minnesota Statutes 2020, section 62A.28, subdivision 2, is amended to read:

367.2 Subd. 2. **Required coverage.** Every policy, plan, certificate, or contract referred to in
367.3 subdivision 1 ~~issued or renewed after August 1, 1987,~~ must provide coverage for scalp hair
367.4 prostheses worn for hair loss suffered as a result of alopecia areata or ectodermal dysplasias.

367.5 The coverage required by this section is subject to the co-payment, coinsurance,
367.6 deductible, and other enrollee cost-sharing requirements that apply to similar types of items
367.7 under the policy, plan, certificate, or contract and may be limited to one prosthesis per
367.8 benefit year.

367.9 **EFFECTIVE DATE.** This section is effective January 1, 2023, and applies to health
367.10 plans offered, issued, or sold on or after that date.

367.11 Sec. 4. Minnesota Statutes 2020, section 62A.30, is amended by adding a subdivision to
367.12 read:

367.13 Subd. 5. **Mammogram; diagnostic services and testing.** If a health care provider
367.14 determines an enrollee requires additional diagnostic services or testing after a mammogram,
367.15 a health plan must provide coverage for the additional diagnostic services or testing with
367.16 no cost sharing, including co-pay, deductible, or coinsurance.

367.17 **EFFECTIVE DATE.** This section is effective January 1, 2023, and applies to health
367.18 plans offered, issued, or sold on or after that date.

367.19 Sec. 5. **[62A.3096] COVERAGE FOR ECTODERMAL DYSPLASIAS.**

367.20 Subdivision 1. **Definition.** For purposes of this chapter, "ectodermal dysplasias" means
367.21 a genetic disorder involving the absence or deficiency of tissues and structures derived from
367.22 the embryonic ectoderm.

367.23 Subd. 2. **Coverage.** A health plan must provide coverage for the treatment of ectodermal
367.24 dysplasias.

367.25 Subd. 3. **Dental coverage.** (a) A health plan must provide coverage for dental treatments
367.26 related to ectodermal dysplasias. Covered dental treatments must include but are not limited
367.27 to bone grafts, dental implants, orthodontia, dental prosthodontics, and dental maintenance.

367.28 (b) If a dental treatment is eligible for coverage under a dental insurance plan or other
367.29 health plan, the coverage under this subdivision is secondary.

367.30 **EFFECTIVE DATE.** This section is effective January 1, 2023, and applies to health
367.31 plans offered, issued, or sold on or after that date.

368.1 Sec. 6. [62Q.451] UNRESTRICTED ACCESS TO SERVICES FOR THE
368.2 DIAGNOSIS, MONITORING, AND TREATMENT OF RARE DISEASES.

368.3 (a) No health plan company may restrict the choice of an enrollee as to where the enrollee
368.4 receives services from a licensed health care provider related to the diagnosis, monitoring,
368.5 and treatment of a rare disease or condition. Except as provided in paragraph (b), for purposes
368.6 of this section, "rare disease or condition" means any disease or condition:

368.7 (1) that affects fewer than 200,000 persons in the United States and is chronic, serious,
368.8 life-altering, or life-threatening;

368.9 (2) that affects more than 200,000 persons in the United States and a drug for treatment
368.10 has been designated as such pursuant to United States Code, title 21, section 360bb;

368.11 (3) that is labeled as a rare disease or condition on the Genetic and Rare Diseases
368.12 Information Center list created by the National Institutes of Health; or

368.13 (4) for which a pediatric patient:

368.14 (i) has received two or more clinical consultations from a primary care provider or
368.15 specialty provider;

368.16 (ii) has a delay in skill acquisition and development, regression in skill acquisition,
368.17 failure to thrive, or multisystemic involvement; and

368.18 (iii) had laboratory or clinical testing that failed to provide a definitive diagnosis or
368.19 resulted in conflicting diagnoses.

368.20 (b) A rare disease or condition does not include an infectious disease that has widely
368.21 available and known protocols for diagnosis and treatment and that is commonly treated in
368.22 a primary care setting, even if it affects less than 200,000 persons in the United States.

368.23 (c) Cost-sharing requirements and benefit or services limitations for the diagnosis and
368.24 treatment of a rare disease or condition must not place a greater financial burden on the
368.25 enrollee or be more restrictive than those requirements for in-network medical treatment.

368.26 (d) This section does not apply to health plan coverage provided through the State
368.27 Employee Group Insurance Program (SEGIP) under chapter 43A.

368.28 **EFFECTIVE DATE.** This section is effective January 1, 2023, and applies to health
368.29 plans offered, issued, or renewed on or after that date.

369.1 Sec. 7. Minnesota Statutes 2020, section 256B.0625, is amended by adding a subdivision
369.2 to read:

369.3 Subd. 68. Services for the diagnosis, monitoring, and treatment of rare
369.4 diseases. Medical assistance coverage for services related to the diagnosis, monitoring, and
369.5 treatment of a rare disease or condition must meet the requirements in section 62Q.451.

369.6 EFFECTIVE DATE. This section is effective January 1, 2023.

369.7 Sec. 8. Minnesota Statutes 2020, section 256B.0625, is amended by adding a subdivision
369.8 to read:

369.9 Subd. 69. Ectodermal dysplasias. Medical assistance and MinnesotaCare cover treatment
369.10 for ectodermal dysplasias. Coverage must meet the requirements of sections 62A.25, 62A.28,
369.11 and 62A.3096.

369.12 EFFECTIVE DATE. This section is effective January 1, 2023.

369.13

ARTICLE 8

369.14

COMMUNITY SUPPORTS AND BEHAVIORAL HEALTH POLICY

369.15 Section 1. Minnesota Statutes 2021 Supplement, section 62A.673, subdivision 2, is
369.16 amended to read:

369.17 Subd. 2. **Definitions.** (a) For purposes of this section, the terms defined in this subdivision
369.18 have the meanings given.

369.19 (b) "Distant site" means a site at which a health care provider is located while providing
369.20 health care services or consultations by means of telehealth.

369.21 (c) "Health care provider" means a health care professional who is licensed or registered
369.22 by the state to perform health care services within the provider's scope of practice and in
369.23 accordance with state law. A health care provider includes a mental health professional as
369.24 defined under section ~~245.462, subdivision 18, or 245.4871, subdivision 27~~ 245I.04,
369.25 subdivision 2; a mental health practitioner as defined under section ~~245.462, subdivision~~
369.26 ~~17, or 245.4871, subdivision 26~~ 245I.04, subdivision 4; a clinical trainee under section
369.27 245I.04, subdivision 6; a treatment coordinator under section 245G.11, subdivision 7; an
369.28 alcohol and drug counselor under section 245G.11, subdivision 5; and a recovery peer under
369.29 section 245G.11, subdivision 8.

369.30 (d) "Health carrier" has the meaning given in section 62A.011, subdivision 2.

370.1 (e) "Health plan" has the meaning given in section 62A.011, subdivision 3. Health plan
370.2 includes dental plans as defined in section 62Q.76, subdivision 3, but does not include dental
370.3 plans that provide indemnity-based benefits, regardless of expenses incurred, and are designed
370.4 to pay benefits directly to the policy holder.

370.5 (f) "Originating site" means a site at which a patient is located at the time health care
370.6 services are provided to the patient by means of telehealth. For purposes of store-and-forward
370.7 technology, the originating site also means the location at which a health care provider
370.8 transfers or transmits information to the distant site.

370.9 (g) "Store-and-forward technology" means the asynchronous electronic transfer or
370.10 transmission of a patient's medical information or data from an originating site to a distant
370.11 site for the purposes of diagnostic and therapeutic assistance in the care of a patient.

370.12 (h) "Telehealth" means the delivery of health care services or consultations through the
370.13 use of real time two-way interactive audio and visual communications to provide or support
370.14 health care delivery and facilitate the assessment, diagnosis, consultation, treatment,
370.15 education, and care management of a patient's health care. Telehealth includes the application
370.16 of secure video conferencing, store-and-forward technology, and synchronous interactions
370.17 between a patient located at an originating site and a health care provider located at a distant
370.18 site. Until July 1, 2023, telehealth also includes audio-only communication between a health
370.19 care provider and a patient in accordance with subdivision 6, paragraph (b). Telehealth does
370.20 not include communication between health care providers that consists solely of a telephone
370.21 conversation, e-mail, or facsimile transmission. Telehealth does not include communication
370.22 between a health care provider and a patient that consists solely of an e-mail or facsimile
370.23 transmission. Telehealth does not include telemonitoring services as defined in paragraph
370.24 (i).

370.25 (i) "Telemonitoring services" means the remote monitoring of clinical data related to
370.26 the enrollee's vital signs or biometric data by a monitoring device or equipment that transmits
370.27 the data electronically to a health care provider for analysis. Telemonitoring is intended to
370.28 collect an enrollee's health-related data for the purpose of assisting a health care provider
370.29 in assessing and monitoring the enrollee's medical condition or status.

370.30 **EFFECTIVE DATE.** This section is effective July 1, 2022, or upon federal approval,
370.31 whichever is later. The commissioner of human services shall notify the revisor of statutes
370.32 when federal approval is obtained.

371.1 Sec. 2. Minnesota Statutes 2021 Supplement, section 148F.11, subdivision 1, is amended
371.2 to read:

371.3 Subdivision 1. **Other professionals.** (a) Nothing in this chapter prevents members of
371.4 other professions or occupations from performing functions for which they are qualified or
371.5 licensed. This exception includes, but is not limited to: licensed physicians; registered nurses;
371.6 licensed practical nurses; licensed psychologists and licensed psychological practitioners;
371.7 members of the clergy provided such services are provided within the scope of regular
371.8 ministries; American Indian medicine men and women; licensed attorneys; probation officers;
371.9 licensed marriage and family therapists; licensed social workers; social workers employed
371.10 by city, county, or state agencies; licensed professional counselors; licensed professional
371.11 clinical counselors; licensed school counselors; registered occupational therapists or
371.12 occupational therapy assistants; Upper Midwest Indian Council on Addictive Disorders
371.13 (UMICAD) certified counselors when providing services to Native American people; city,
371.14 county, or state employees when providing assessments or case management under Minnesota
371.15 Rules, chapter 9530; and ~~individuals defined in section 256B.0623, subdivision 5, clauses~~
371.16 ~~(4) to (6),~~ staff persons providing co-occurring substance use disorder treatment in adult
371.17 mental health rehabilitative programs certified or licensed by the Department of Human
371.18 Services under section 245I.23, 256B.0622, or 256B.0623.

371.19 (b) Nothing in this chapter prohibits technicians and resident managers in programs
371.20 licensed by the Department of Human Services from discharging their duties as provided
371.21 in Minnesota Rules, chapter 9530.

371.22 (c) Any person who is exempt from licensure under this section must not use a title
371.23 incorporating the words "alcohol and drug counselor" or "licensed alcohol and drug
371.24 counselor" or otherwise hold himself or herself out to the public by any title or description
371.25 stating or implying that he or she is engaged in the practice of alcohol and drug counseling,
371.26 or that he or she is licensed to engage in the practice of alcohol and drug counseling, unless
371.27 that person is also licensed as an alcohol and drug counselor. Persons engaged in the practice
371.28 of alcohol and drug counseling are not exempt from the board's jurisdiction solely by the
371.29 use of one of the titles in paragraph (a).

371.30 **EFFECTIVE DATE.** This section is effective July 1, 2022, or upon federal approval,
371.31 whichever is later. The commissioner of human services shall notify the revisor of statutes
371.32 when federal approval is obtained.

372.1 Sec. 3. Minnesota Statutes 2021 Supplement, section 245.467, subdivision 2, is amended
372.2 to read:

372.3 Subd. 2. **Diagnostic assessment.** ~~Providers~~ A provider of services governed by this
372.4 section must complete a diagnostic assessment of a client according to the standards of
372.5 section 245I.10, ~~subdivisions 4 to 6.~~

372.6 **EFFECTIVE DATE.** This section is effective July 1, 2022, or upon federal approval,
372.7 whichever is later. The commissioner of human services shall notify the revisor of statutes
372.8 when federal approval is obtained.

372.9 Sec. 4. Minnesota Statutes 2021 Supplement, section 245.467, subdivision 3, is amended
372.10 to read:

372.11 Subd. 3. **Individual treatment plans.** ~~Providers~~ A provider of services governed by
372.12 this section must complete an individual treatment plan for a client according to the standards
372.13 of section 245I.10, subdivisions 7 and 8.

372.14 **EFFECTIVE DATE.** This section is effective July 1, 2022, or upon federal approval,
372.15 whichever is later. The commissioner of human services shall notify the revisor of statutes
372.16 when federal approval is obtained.

372.17 Sec. 5. Minnesota Statutes 2021 Supplement, section 245.4871, subdivision 21, is amended
372.18 to read:

372.19 Subd. 21. **Individual treatment plan.** (a) "Individual treatment plan" means the
372.20 formulation of planned services that are responsive to the needs and goals of a client. An
372.21 individual treatment plan must be completed according to section 245I.10, subdivisions 7
372.22 and 8.

372.23 (b) A children's residential facility licensed under Minnesota Rules, chapter 2960, is
372.24 exempt from the requirements of section 245I.10, subdivisions 7 and 8. Instead, the individual
372.25 treatment plan must:

372.26 (1) include a written plan of intervention, treatment, and services for a child with an
372.27 emotional disturbance that the service provider develops under the clinical supervision of
372.28 a mental health professional on the basis of a diagnostic assessment;

372.29 (2) be developed in conjunction with the family unless clinically inappropriate; and

373.1 (3) identify goals and objectives of treatment, treatment strategy, a schedule for
373.2 accomplishing treatment goals and objectives, and the individuals responsible for providing
373.3 treatment to the child with an emotional disturbance.

373.4 **EFFECTIVE DATE.** This section is effective July 1, 2022, or upon federal approval,
373.5 whichever is later. The commissioner of human services shall notify the revisor of statutes
373.6 when federal approval is obtained.

373.7 Sec. 6. Minnesota Statutes 2021 Supplement, section 245.4876, subdivision 2, is amended
373.8 to read:

373.9 Subd. 2. **Diagnostic assessment. Providers** A provider of services governed by this
373.10 section shall must complete a diagnostic assessment of a client according to the standards
373.11 of section 245I.10, subdivisions 4 to 6. Notwithstanding the required timelines for completing
373.12 a diagnostic assessment in section 245I.10, a children's residential facility licensed under
373.13 Minnesota Rules, chapter 2960, that provides mental health services to children must, within
373.14 ten days of the client's admission: (1) complete the client's diagnostic assessment; or (2)
373.15 review and update the client's diagnostic assessment with a summary of the child's current
373.16 mental health status and service needs if a diagnostic assessment is available that was
373.17 completed within 180 days preceding admission and the client's mental health status has
373.18 not changed markedly since the diagnostic assessment.

373.19 **EFFECTIVE DATE.** This section is effective July 1, 2022, or upon federal approval,
373.20 whichever is later. The commissioner of human services shall notify the revisor of statutes
373.21 when federal approval is obtained.

373.22 Sec. 7. Minnesota Statutes 2021 Supplement, section 245.4876, subdivision 3, is amended
373.23 to read:

373.24 Subd. 3. **Individual treatment plans. Providers** A provider of services governed by
373.25 this section shall must complete an individual treatment plan for a client according to the
373.26 standards of section 245I.10, subdivisions 7 and 8. A children's residential facility licensed
373.27 according to Minnesota Rules, chapter 2960, is exempt from the requirements in section
373.28 245I.10, subdivisions 7 and 8. Instead, the facility must involve the child and the child's
373.29 family in all phases of developing and implementing the individual treatment plan to the
373.30 extent appropriate and must review the individual treatment plan every 90 days after intake.

373.31 **EFFECTIVE DATE.** This section is effective July 1, 2022, or upon federal approval,
373.32 whichever is later. The commissioner of human services shall notify the revisor of statutes
373.33 when federal approval is obtained.

374.1 Sec. 8. Minnesota Statutes 2021 Supplement, section 245.735, subdivision 3, is amended
374.2 to read:

374.3 Subd. 3. **Certified community behavioral health clinics.** (a) The commissioner shall
374.4 establish a state certification process for certified community behavioral health clinics
374.5 (CCBHCs) that satisfy all federal requirements necessary for CCBHCs certified under this
374.6 section to be eligible for reimbursement under medical assistance, without service area
374.7 limits based on geographic area or region. The commissioner shall consult with CCBHC
374.8 stakeholders before establishing and implementing changes in the certification process and
374.9 requirements. Entities that choose to be CCBHCs must:

374.10 (1) comply with state licensing requirements and other requirements issued by the
374.11 commissioner;

374.12 (2) employ or contract for clinic staff who have backgrounds in diverse disciplines,
374.13 including licensed mental health professionals and licensed alcohol and drug counselors,
374.14 and staff who are culturally and linguistically trained to meet the needs of the population
374.15 the clinic serves;

374.16 (3) ensure that clinic services are available and accessible to individuals and families of
374.17 all ages and genders and that crisis management services are available 24 hours per day;

374.18 (4) establish fees for clinic services for individuals who are not enrolled in medical
374.19 assistance using a sliding fee scale that ensures that services to patients are not denied or
374.20 limited due to an individual's inability to pay for services;

374.21 (5) comply with quality assurance reporting requirements and other reporting
374.22 requirements, including any required reporting of encounter data, clinical outcomes data,
374.23 and quality data;

374.24 (6) provide crisis mental health and substance use services, withdrawal management
374.25 services, emergency crisis intervention services, and stabilization services through existing
374.26 mobile crisis services; screening, assessment, and diagnosis services, including risk
374.27 assessments and level of care determinations; person- and family-centered treatment planning;
374.28 outpatient mental health and substance use services; targeted case management; psychiatric
374.29 rehabilitation services; peer support and counselor services and family support services;
374.30 and intensive community-based mental health services, including mental health services
374.31 for members of the armed forces and veterans. CCBHCs must directly provide the majority
374.32 of these services to enrollees, but may coordinate some services with another entity through
374.33 a collaboration or agreement, pursuant to paragraph (b);

375.1 (7) provide coordination of care across settings and providers to ensure seamless
375.2 transitions for individuals being served across the full spectrum of health services, including
375.3 acute, chronic, and behavioral needs. Care coordination may be accomplished through
375.4 partnerships or formal contracts with:

375.5 (i) counties, health plans, pharmacists, pharmacies, rural health clinics, federally qualified
375.6 health centers, inpatient psychiatric facilities, substance use and detoxification facilities, or
375.7 community-based mental health providers; and

375.8 (ii) other community services, supports, and providers, including schools, child welfare
375.9 agencies, juvenile and criminal justice agencies, Indian health services clinics, tribally
375.10 licensed health care and mental health facilities, urban Indian health clinics, Department of
375.11 Veterans Affairs medical centers, outpatient clinics, drop-in centers, acute care hospitals,
375.12 and hospital outpatient clinics;

375.13 (8) be certified as a mental health ~~clinics~~ clinic under section ~~245.69, subdivision 2~~
375.14 245I.20;

375.15 (9) comply with standards established by the commissioner relating to CCBHC
375.16 screenings, assessments, and evaluations;

375.17 (10) be licensed to provide substance use disorder treatment under chapter 245G;

375.18 (11) be certified to provide children's therapeutic services and supports under section
375.19 256B.0943;

375.20 (12) be certified to provide adult rehabilitative mental health services under section
375.21 256B.0623;

375.22 (13) be enrolled to provide mental health crisis response services under ~~sections~~ section
375.23 256B.0624 and 256B.0944;

375.24 (14) be enrolled to provide mental health targeted case management under section
375.25 256B.0625, subdivision 20;

375.26 (15) comply with standards relating to mental health case management in Minnesota
375.27 Rules, parts 9520.0900 to 9520.0926;

375.28 (16) provide services that comply with the evidence-based practices described in
375.29 paragraph (e); and

375.30 (17) comply with standards relating to peer services under sections 256B.0615,
375.31 256B.0616, and 245G.07, subdivision 1, paragraph (a), clause (5), as applicable when peer
375.32 services are provided.

376.1 (b) If a certified CCBHC is unable to provide one or more of the services listed in
376.2 paragraph (a), clauses (6) to (17), the CCBHC may contract with another entity that has the
376.3 required authority to provide that service and that meets the following criteria as a designated
376.4 collaborating organization:

376.5 (1) the entity has a formal agreement with the CCBHC to furnish one or more of the
376.6 services under paragraph (a), clause (6);

376.7 (2) the entity provides assurances that it will provide services according to CCBHC
376.8 service standards and provider requirements;

376.9 (3) the entity agrees that the CCBHC is responsible for coordinating care and has clinical
376.10 and financial responsibility for the services that the entity provides under the agreement;
376.11 and

376.12 (4) the entity meets any additional requirements issued by the commissioner.

376.13 (c) Notwithstanding any other law that requires a county contract or other form of county
376.14 approval for certain services listed in paragraph (a), clause (6), a clinic that otherwise meets
376.15 CCBHC requirements may receive the prospective payment under section 256B.0625,
376.16 subdivision 5m, for those services without a county contract or county approval. As part of
376.17 the certification process in paragraph (a), the commissioner shall require a letter of support
376.18 from the CCBHC's host county confirming that the CCBHC and the county or counties it
376.19 serves have an ongoing relationship to facilitate access and continuity of care, especially
376.20 for individuals who are uninsured or who may go on and off medical assistance.

376.21 (d) When the standards listed in paragraph (a) or other applicable standards conflict or
376.22 address similar issues in duplicative or incompatible ways, the commissioner may grant
376.23 variances to state requirements if the variances do not conflict with federal requirements
376.24 for services reimbursed under medical assistance. If standards overlap, the commissioner
376.25 may substitute all or a part of a licensure or certification that is substantially the same as
376.26 another licensure or certification. The commissioner shall consult with stakeholders, as
376.27 described in subdivision 4, before granting variances under this provision. For the CCBHC
376.28 that is certified but not approved for prospective payment under section 256B.0625,
376.29 subdivision 5m, the commissioner may grant a variance under this paragraph if the variance
376.30 does not increase the state share of costs.

376.31 (e) The commissioner shall issue a list of required evidence-based practices to be
376.32 delivered by CCBHCs, and may also provide a list of recommended evidence-based practices.
376.33 The commissioner may update the list to reflect advances in outcomes research and medical
376.34 services for persons living with mental illnesses or substance use disorders. The commissioner

377.1 shall take into consideration the adequacy of evidence to support the efficacy of the practice,
377.2 the quality of workforce available, and the current availability of the practice in the state.
377.3 At least 30 days before issuing the initial list and any revisions, the commissioner shall
377.4 provide stakeholders with an opportunity to comment.

377.5 (f) The commissioner shall recertify CCBHCs at least every three years. The
377.6 commissioner shall establish a process for decertification and shall require corrective action,
377.7 medical assistance repayment, or decertification of a CCBHC that no longer meets the
377.8 requirements in this section or that fails to meet the standards provided by the commissioner
377.9 in the application and certification process.

377.10 **EFFECTIVE DATE.** This section is effective July 1, 2022, or upon federal approval,
377.11 whichever is later. The commissioner of human services shall notify the revisor of statutes
377.12 when federal approval is obtained.

377.13 Sec. 9. Minnesota Statutes 2021 Supplement, section 245A.03, subdivision 7, is amended
377.14 to read:

377.15 Subd. 7. **Licensing moratorium.** (a) The commissioner shall not issue an initial license
377.16 for child foster care licensed under Minnesota Rules, parts 2960.3000 to 2960.3340, or adult
377.17 foster care licensed under Minnesota Rules, parts 9555.5105 to 9555.6265, under this chapter
377.18 for a physical location that will not be the primary residence of the license holder for the
377.19 entire period of licensure. If a family child foster care home or family adult foster care home
377.20 license is issued during this moratorium, and the license holder changes the license holder's
377.21 primary residence away from the physical location of the foster care license, the
377.22 commissioner shall revoke the license according to section 245A.07. The commissioner
377.23 shall not issue an initial license for a community residential setting licensed under chapter
377.24 245D. When approving an exception under this paragraph, the commissioner shall consider
377.25 the resource need determination process in paragraph (h), the availability of foster care
377.26 licensed beds in the geographic area in which the licensee seeks to operate, the results of a
377.27 person's choices during their annual assessment and service plan review, and the
377.28 recommendation of the local county board. The determination by the commissioner is final
377.29 and not subject to appeal. Exceptions to the moratorium include:

377.30 (1) foster care settings where at least 80 percent of the residents are 55 years of age or
377.31 older;

377.32 (2) foster care licenses replacing foster care licenses in existence on May 15, 2009, or
377.33 community residential setting licenses replacing adult foster care licenses in existence on

378.1 December 31, 2013, and determined to be needed by the commissioner under paragraph
378.2 (b);

378.3 (3) new foster care licenses or community residential setting licenses determined to be
378.4 needed by the commissioner under paragraph (b) for the closure of a nursing facility, ICF/DD,
378.5 or regional treatment center; restructuring of state-operated services that limits the capacity
378.6 of state-operated facilities; or allowing movement to the community for people who no
378.7 longer require the level of care provided in state-operated facilities as provided under section
378.8 256B.092, subdivision 13, or 256B.49, subdivision 24;

378.9 (4) new foster care licenses or community residential setting licenses determined to be
378.10 needed by the commissioner under paragraph (b) for persons requiring hospital level care;
378.11 or

378.12 ~~(5) new foster care licenses or community residential setting licenses for people receiving~~
378.13 ~~services under chapter 245D and residing in an unlicensed setting before May 1, 2017, and~~
378.14 ~~for which a license is required. This exception does not apply to people living in their own~~
378.15 ~~home. For purposes of this clause, there is a presumption that a foster care or community~~
378.16 ~~residential setting license is required for services provided to three or more people in a~~
378.17 ~~dwelling unit when the setting is controlled by the provider. A license holder subject to this~~
378.18 ~~exception may rebut the presumption that a license is required by seeking a reconsideration~~
378.19 ~~of the commissioner's determination. The commissioner's disposition of a request for~~
378.20 ~~reconsideration is final and not subject to appeal under chapter 14. The exception is available~~
378.21 ~~until June 30, 2018. This exception is available when:~~

378.22 ~~(i) the person's case manager provided the person with information about the choice of~~
378.23 ~~service, service provider, and location of service, including in the person's home, to help~~
378.24 ~~the person make an informed choice; and~~

378.25 ~~(ii) the person's services provided in the licensed foster care or community residential~~
378.26 ~~setting are less than or equal to the cost of the person's services delivered in the unlicensed~~
378.27 ~~setting as determined by the lead agency; or~~

378.28 ~~(6)~~ (5) new foster care licenses or community residential setting licenses for people
378.29 receiving customized living or 24-hour customized living services under the brain injury
378.30 or community access for disability inclusion waiver plans under section 256B.49 and residing
378.31 in the customized living setting before July 1, 2022, for which a license is required. A
378.32 customized living service provider subject to this exception may rebut the presumption that
378.33 a license is required by seeking a reconsideration of the commissioner's determination. The
378.34 commissioner's disposition of a request for reconsideration is final and not subject to appeal

379.1 under chapter 14. The exception is available until June 30, 2023. This exception is available
379.2 when:

379.3 (i) the person's customized living services are provided in a customized living service
379.4 setting serving four or fewer people under the brain injury or community access for disability
379.5 inclusion waiver plans under section 256B.49 in a single-family home operational on or
379.6 before June 30, 2021. Operational is defined in section 256B.49, subdivision 28;

379.7 (ii) the person's case manager provided the person with information about the choice of
379.8 service, service provider, and location of service, including in the person's home, to help
379.9 the person make an informed choice; and

379.10 (iii) the person's services provided in the licensed foster care or community residential
379.11 setting are less than or equal to the cost of the person's services delivered in the customized
379.12 living setting as determined by the lead agency.

379.13 (b) The commissioner shall determine the need for newly licensed foster care homes or
379.14 community residential settings as defined under this subdivision. As part of the determination,
379.15 the commissioner shall consider the availability of foster care capacity in the area in which
379.16 the licensee seeks to operate, and the recommendation of the local county board. The
379.17 determination by the commissioner must be final. A determination of need is not required
379.18 for a change in ownership at the same address.

379.19 (c) When an adult resident served by the program moves out of a foster home that is not
379.20 the primary residence of the license holder according to section 256B.49, subdivision 15,
379.21 paragraph (f), or the adult community residential setting, the county shall immediately
379.22 inform the Department of Human Services Licensing Division. The department may decrease
379.23 the statewide licensed capacity for adult foster care settings.

379.24 (d) Residential settings that would otherwise be subject to the decreased license capacity
379.25 established in paragraph (c) shall be exempt if the license holder's beds are occupied by
379.26 residents whose primary diagnosis is mental illness and the license holder is certified under
379.27 the requirements in subdivision 6a or section 245D.33.

379.28 (e) A resource need determination process, managed at the state level, using the available
379.29 reports required by section 144A.351, and other data and information shall be used to
379.30 determine where the reduced capacity determined under section 256B.493 will be
379.31 implemented. The commissioner shall consult with the stakeholders described in section
379.32 144A.351, and employ a variety of methods to improve the state's capacity to meet the
379.33 informed decisions of those people who want to move out of corporate foster care or
379.34 community residential settings, long-term service needs within budgetary limits, including

380.1 seeking proposals from service providers or lead agencies to change service type, capacity,
380.2 or location to improve services, increase the independence of residents, and better meet
380.3 needs identified by the long-term services and supports reports and statewide data and
380.4 information.

380.5 (f) At the time of application and reapplication for licensure, the applicant and the license
380.6 holder that are subject to the moratorium or an exclusion established in paragraph (a) are
380.7 required to inform the commissioner whether the physical location where the foster care
380.8 will be provided is or will be the primary residence of the license holder for the entire period
380.9 of licensure. If the primary residence of the applicant or license holder changes, the applicant
380.10 or license holder must notify the commissioner immediately. The commissioner shall print
380.11 on the foster care license certificate whether or not the physical location is the primary
380.12 residence of the license holder.

380.13 (g) License holders of foster care homes identified under paragraph (f) that are not the
380.14 primary residence of the license holder and that also provide services in the foster care home
380.15 that are covered by a federally approved home and community-based services waiver, as
380.16 authorized under chapter 256S or section 256B.092 or 256B.49, must inform the human
380.17 services licensing division that the license holder provides or intends to provide these
380.18 waiver-funded services.

380.19 (h) The commissioner may adjust capacity to address needs identified in section
380.20 144A.351. Under this authority, the commissioner may approve new licensed settings or
380.21 delicense existing settings. Delicensing of settings will be accomplished through a process
380.22 identified in section 256B.493. Annually, by August 1, the commissioner shall provide
380.23 information and data on capacity of licensed long-term services and supports, actions taken
380.24 under the subdivision to manage statewide long-term services and supports resources, and
380.25 any recommendations for change to the legislative committees with jurisdiction over the
380.26 health and human services budget.

380.27 (i) The commissioner must notify a license holder when its corporate foster care or
380.28 community residential setting licensed beds are reduced under this section. The notice of
380.29 reduction of licensed beds must be in writing and delivered to the license holder by certified
380.30 mail or personal service. The notice must state why the licensed beds are reduced and must
380.31 inform the license holder of its right to request reconsideration by the commissioner. The
380.32 license holder's request for reconsideration must be in writing. If mailed, the request for
380.33 reconsideration must be postmarked and sent to the commissioner within 20 calendar days
380.34 after the license holder's receipt of the notice of reduction of licensed beds. If a request for

381.1 reconsideration is made by personal service, it must be received by the commissioner within
381.2 20 calendar days after the license holder's receipt of the notice of reduction of licensed beds.

381.3 (j) The commissioner shall not issue an initial license for children's residential treatment
381.4 services licensed under Minnesota Rules, parts 2960.0580 to 2960.0700, under this chapter
381.5 for a program that Centers for Medicare and Medicaid Services would consider an institution
381.6 for mental diseases. Facilities that serve only private pay clients are exempt from the
381.7 moratorium described in this paragraph. The commissioner has the authority to manage
381.8 existing statewide capacity for children's residential treatment services subject to the
381.9 moratorium under this paragraph and may issue an initial license for such facilities if the
381.10 initial license would not increase the statewide capacity for children's residential treatment
381.11 services subject to the moratorium under this paragraph.

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

381.13 Sec. 10. Minnesota Statutes 2020, section 245D.12, is amended to read:

381.14 **245D.12 INTEGRATED COMMUNITY SUPPORTS; SETTING CAPACITY**
381.15 **REPORT.**

381.16 (a) The license holder providing integrated community support, as defined in section
381.17 245D.03, subdivision 1, paragraph (c), clause (8), must submit a setting capacity report to
381.18 the commissioner to ensure the identified location of service delivery meets the criteria of
381.19 the home and community-based service requirements as specified in section 256B.492.

381.20 (b) The license holder shall provide the setting capacity report on the forms and in the
381.21 manner prescribed by the commissioner. The report must include:

381.22 (1) the address of the multifamily housing building where the license holder delivers
381.23 integrated community supports and owns, leases, or has a direct or indirect financial
381.24 relationship with the property owner;

381.25 (2) the total number of living units in the multifamily housing building described in
381.26 clause (1) where integrated community supports are delivered;

381.27 (3) the total number of living units in the multifamily housing building described in
381.28 clause (1), including the living units identified in clause (2); ~~and~~

381.29 (4) the total number of people who could reside in the living units in the multifamily
381.30 housing building described in clause (2) and receive integrated community supports; and

381.31 ~~(4)~~ (5) the percentage of living units that are controlled by the license holder in the
381.32 multifamily housing building by dividing clause (2) by clause (3).

382.1 (c) Only one license holder may deliver integrated community supports at the address
382.2 of the multifamily housing building.

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

382.4 Sec. 11. Minnesota Statutes 2021 Supplement, section 245I.02, subdivision 19, is amended
382.5 to read:

382.6 Subd. 19. **Level of care assessment.** "Level of care assessment" means the level of care
382.7 decision support tool appropriate to the client's age. For a client five years of age or younger,
382.8 a level of care assessment is the Early Childhood Service Intensity Instrument (ESCII). For
382.9 a client six to 17 years of age, a level of care assessment is the Child and Adolescent Service
382.10 Intensity Instrument (CASII). For a client 18 years of age or older, a level of care assessment
382.11 is the Level of Care Utilization System for Psychiatric and Addiction Services (LOCUS)
382.12 or another tool authorized by the commissioner.

382.13 Sec. 12. Minnesota Statutes 2021 Supplement, section 245I.02, subdivision 36, is amended
382.14 to read:

382.15 Subd. 36. **Staff person.** "Staff person" means an individual who works under a license
382.16 holder's direction or under a contract with a license holder. Staff person includes an intern,
382.17 consultant, contractor, individual who works part-time, and an individual who does not
382.18 provide direct contact services to clients but does have physical access to clients. Staff
382.19 person includes a volunteer who provides treatment services to a client or a volunteer whom
382.20 the license holder regards as a staff person for the purpose of meeting staffing or service
382.21 delivery requirements. A staff person must be 18 years of age or older.

382.22 Sec. 13. Minnesota Statutes 2021 Supplement, section 245I.03, subdivision 9, is amended
382.23 to read:

382.24 Subd. 9. **Volunteers.** A If a license holder uses volunteers, the license holder must have
382.25 policies and procedures for using volunteers, including when a the license holder must
382.26 submit a background study for a volunteer, and the specific tasks that a volunteer may
382.27 perform.

382.28 **EFFECTIVE DATE.** This section is effective July 1, 2022, or upon federal approval,
382.29 whichever is later. The commissioner of human services shall notify the revisor of statutes
382.30 when federal approval is obtained.

383.1 Sec. 14. Minnesota Statutes 2021 Supplement, section 245I.04, subdivision 4, is amended
383.2 to read:

383.3 Subd. 4. **Mental health practitioner qualifications.** (a) An individual who is qualified
383.4 in at least one of the ways described in paragraph (b) to (d) may serve as a mental health
383.5 practitioner.

383.6 (b) An individual is qualified as a mental health practitioner through relevant coursework
383.7 if the individual completes at least 30 semester hours or 45 quarter hours in behavioral
383.8 sciences or related fields and:

383.9 (1) has at least 2,000 hours of experience providing services to individuals with:

383.10 (i) a mental illness or a substance use disorder; or

383.11 (ii) a traumatic brain injury or a developmental disability, and completes the additional
383.12 training described in section 245I.05, subdivision 3, paragraph (c), before providing direct
383.13 contact services to a client;

383.14 (2) is fluent in the non-English language of the ethnic group to which at least 50 percent
383.15 of the individual's clients belong, and completes the additional training described in section
383.16 245I.05, subdivision 3, paragraph (c), before providing direct contact services to a client;

383.17 (3) is working in a day treatment program under section 256B.0671, subdivision 3, or
383.18 256B.0943; ~~or~~

383.19 (4) has completed a practicum or internship that (i) required direct interaction with adult
383.20 clients or child clients, and (ii) was focused on behavioral sciences or related fields; or

383.21 (5) is in the process of completing a practicum or internship as part of a formal
383.22 undergraduate or graduate training program in social work, psychology, or counseling.

383.23 (c) An individual is qualified as a mental health practitioner through work experience
383.24 if the individual:

383.25 (1) has at least 4,000 hours of experience in the delivery of services to individuals with:

383.26 (i) a mental illness or a substance use disorder; or

383.27 (ii) a traumatic brain injury or a developmental disability, and completes the additional
383.28 training described in section 245I.05, subdivision 3, paragraph (c), before providing direct
383.29 contact services to clients; or

384.1 (2) receives treatment supervision at least once per week until meeting the requirement
384.2 in clause (1) of 4,000 hours of experience and has at least 2,000 hours of experience providing
384.3 services to individuals with:

384.4 (i) a mental illness or a substance use disorder; or

384.5 (ii) a traumatic brain injury or a developmental disability, and completes the additional
384.6 training described in section 245I.05, subdivision 3, paragraph (c), before providing direct
384.7 contact services to clients.

384.8 (d) An individual is qualified as a mental health practitioner if the individual has a
384.9 master's or other graduate degree in behavioral sciences or related fields.

384.10 EFFECTIVE DATE. This section is effective July 1, 2022, or upon federal approval,
384.11 whichever is later. The commissioner of human services shall notify the revisor of statutes
384.12 when federal approval is obtained.

384.13 Sec. 15. Minnesota Statutes 2021 Supplement, section 245I.05, subdivision 3, is amended
384.14 to read:

384.15 Subd. 3. **Initial training.** (a) A staff person must receive training about:

384.16 (1) vulnerable adult maltreatment under section 245A.65, subdivision 3; and

384.17 (2) the maltreatment of minor reporting requirements and definitions in chapter 260E
384.18 within 72 hours of first providing direct contact services to a client.

384.19 (b) Before providing direct contact services to a client, a staff person must receive training
384.20 about:

384.21 (1) client rights and protections under section 245I.12;

384.22 (2) the Minnesota Health Records Act, including client confidentiality, family engagement
384.23 under section 144.294, and client privacy;

384.24 (3) emergency procedures that the staff person must follow when responding to a fire,
384.25 inclement weather, a report of a missing person, and a behavioral or medical emergency;

384.26 (4) specific activities and job functions for which the staff person is responsible, including
384.27 the license holder's program policies and procedures applicable to the staff person's position;

384.28 (5) professional boundaries that the staff person must maintain; and

384.29 (6) specific needs of each client to whom the staff person will be providing direct contact
384.30 services, including each client's developmental status, cognitive functioning, and physical
384.31 and mental abilities.

385.1 (c) Before providing direct contact services to a client, a mental health rehabilitation
385.2 worker, mental health behavioral aide, or mental health practitioner ~~qualified under~~ required
385.3 to receive the training according to section 245I.04, subdivision 4, must receive 30 hours
385.4 of training about:

385.5 (1) mental illnesses;

385.6 (2) client recovery and resiliency;

385.7 (3) mental health de-escalation techniques;

385.8 (4) co-occurring mental illness and substance use disorders; and

385.9 (5) psychotropic medications and medication side effects.

385.10 (d) Within 90 days of first providing direct contact services to an adult client, a clinical
385.11 trainee, mental health practitioner, mental health certified peer specialist, or mental health
385.12 rehabilitation worker must receive training about:

385.13 (1) trauma-informed care and secondary trauma;

385.14 (2) person-centered individual treatment plans, including seeking partnerships with
385.15 family and other natural supports;

385.16 (3) co-occurring substance use disorders; and

385.17 (4) culturally responsive treatment practices.

385.18 (e) Within 90 days of first providing direct contact services to a child client, a clinical
385.19 trainee, mental health practitioner, mental health certified family peer specialist, mental
385.20 health certified peer specialist, or mental health behavioral aide must receive training about
385.21 the topics in clauses (1) to (5). This training must address the developmental characteristics
385.22 of each child served by the license holder and address the needs of each child in the context
385.23 of the child's family, support system, and culture. Training topics must include:

385.24 (1) trauma-informed care and secondary trauma, including adverse childhood experiences
385.25 (ACEs);

385.26 (2) family-centered treatment plan development, including seeking partnership with a
385.27 child client's family and other natural supports;

385.28 (3) mental illness and co-occurring substance use disorders in family systems;

385.29 (4) culturally responsive treatment practices; and

385.30 (5) child development, including cognitive functioning, and physical and mental abilities.

386.1 (f) For a mental health behavioral aide, the training under paragraph (e) must include
386.2 parent team training using a curriculum approved by the commissioner.

386.3 **EFFECTIVE DATE.** This section is effective July 1, 2022, or upon federal approval,
386.4 whichever is later. The commissioner of human services shall notify the revisor of statutes
386.5 when federal approval is obtained.

386.6 Sec. 16. Minnesota Statutes 2021 Supplement, section 245I.08, subdivision 4, is amended
386.7 to read:

386.8 Subd. 4. **Progress notes.** A license holder must use a progress note to document each
386.9 occurrence of a mental health service that a staff person provides to a client. A progress
386.10 note must include the following:

386.11 (1) the type of service;

386.12 (2) the date of service;

386.13 (3) the start and stop time of the service unless the license holder is licensed as a
386.14 residential program;

386.15 (4) the location of the service;

386.16 (5) the scope of the service, including: (i) the targeted goal and objective; (ii) the
386.17 intervention that the staff person provided to the client and the methods that the staff person
386.18 used; (iii) the client's response to the intervention; (iv) the staff person's plan to take future
386.19 actions, including changes in treatment that the staff person will implement if the intervention
386.20 was ineffective; and (v) the service modality;

386.21 (6) the signature, ~~printed name~~, and credentials of the staff person who provided the
386.22 service to the client;

386.23 (7) the mental health provider travel documentation required by section 256B.0625, if
386.24 applicable; and

386.25 (8) significant observations by the staff person, if applicable, including: (i) the client's
386.26 current risk factors; (ii) emergency interventions by staff persons; (iii) consultations with
386.27 or referrals to other professionals, family, or significant others; and (iv) changes in the
386.28 client's mental or physical symptoms.

386.29 **EFFECTIVE DATE.** This section is effective July 1, 2022, or upon federal approval,
386.30 whichever is later. The commissioner of human services shall notify the revisor of statutes
386.31 when federal approval is obtained.

387.1 Sec. 17. Minnesota Statutes 2021 Supplement, section 245I.09, subdivision 2, is amended
387.2 to read:

387.3 Subd. 2. **Record retention.** A license holder must retain client records of a discharged
387.4 client for a minimum of five years from the date of the client's discharge. A license holder
387.5 who ~~ceases to provide treatment services to a client~~ closes a program must retain ~~the~~ a
387.6 client's records for a minimum of five years from the date that the license holder stopped
387.7 providing services to the client and must notify the commissioner of the location of the
387.8 client records and the name of the individual responsible for storing and maintaining the
387.9 client records.

387.10 **EFFECTIVE DATE.** This section is effective July 1, 2022, or upon federal approval,
387.11 whichever is later. The commissioner of human services shall notify the revisor of statutes
387.12 when federal approval is obtained.

387.13 Sec. 18. Minnesota Statutes 2021 Supplement, section 245I.10, subdivision 2, is amended
387.14 to read:

387.15 Subd. 2. **Generally.** (a) A license holder must use a client's diagnostic assessment or
387.16 crisis assessment to determine a client's eligibility for mental health services, except as
387.17 provided in this section.

387.18 (b) Prior to completing a client's initial diagnostic assessment, a license holder may
387.19 provide a client with the following services:

387.20 (1) an explanation of findings;

387.21 (2) neuropsychological testing, neuropsychological assessment, and psychological
387.22 testing;

387.23 (3) any combination of psychotherapy sessions, family psychotherapy sessions, and
387.24 family psychoeducation sessions not to exceed three sessions;

387.25 (4) crisis assessment services according to section 256B.0624; and

387.26 (5) ten days of intensive residential treatment services according to the assessment and
387.27 treatment planning standards in section ~~245.23~~ 245I.23, subdivision 7.

387.28 (c) Based on the client's needs that a crisis assessment identifies under section 256B.0624,
387.29 a license holder may provide a client with the following services:

387.30 (1) crisis intervention and stabilization services under section 245I.23 or 256B.0624;

387.31 and

388.1 (2) any combination of psychotherapy sessions, group psychotherapy sessions, family
388.2 psychotherapy sessions, and family psychoeducation sessions not to exceed ten sessions
388.3 within a 12-month period without prior authorization.

388.4 (d) Based on the client's needs in the client's brief diagnostic assessment, a license holder
388.5 may provide a client with any combination of psychotherapy sessions, group psychotherapy
388.6 sessions, family psychotherapy sessions, and family psychoeducation sessions not to exceed
388.7 ten sessions within a 12-month period without prior authorization for any new client or for
388.8 an existing client who the license holder projects will need fewer than ten sessions during
388.9 the next 12 months.

388.10 (e) Based on the client's needs that a hospital's medical history and presentation
388.11 examination identifies, a license holder may provide a client with:

388.12 (1) any combination of psychotherapy sessions, group psychotherapy sessions, family
388.13 psychotherapy sessions, and family psychoeducation sessions not to exceed ten sessions
388.14 within a 12-month period without prior authorization for any new client or for an existing
388.15 client who the license holder projects will need fewer than ten sessions during the next 12
388.16 months; and

388.17 (2) up to five days of day treatment services or partial hospitalization.

388.18 (f) A license holder must complete a new standard diagnostic assessment of a client:

388.19 (1) when the client requires services of a greater number or intensity than the services
388.20 that paragraphs (b) to (e) describe;

388.21 (2) at least annually following the client's initial diagnostic assessment if the client needs
388.22 additional mental health services and the client does not meet the criteria for a brief
388.23 assessment;

388.24 (3) when the client's mental health condition has changed markedly since the client's
388.25 most recent diagnostic assessment; or

388.26 (4) when the client's current mental health condition does not meet the criteria of the
388.27 client's current diagnosis.

388.28 (g) For an existing client, the license holder must ensure that a new standard diagnostic
388.29 assessment includes a written update containing all significant new or changed information
388.30 about the client, and an update regarding what information has not significantly changed,
388.31 including a discussion with the client about changes in the client's life situation, functioning,
388.32 presenting problems, and progress with achieving treatment goals since the client's last
388.33 diagnostic assessment was completed.

389.1 **EFFECTIVE DATE.** This section is effective July 1, 2022, or upon federal approval,
389.2 whichever is later. The commissioner of human services shall notify the revisor of statutes
389.3 when federal approval is obtained.

389.4 Sec. 19. Minnesota Statutes 2021 Supplement, section 245I.10, subdivision 6, is amended
389.5 to read:

389.6 Subd. 6. **Standard diagnostic assessment; required elements.** (a) Only a mental health
389.7 professional or a clinical trainee may complete a standard diagnostic assessment of a client.
389.8 A standard diagnostic assessment of a client must include a face-to-face interview with a
389.9 client and a written evaluation of the client. The assessor must complete a client's standard
389.10 diagnostic assessment within the client's cultural context.

389.11 (b) When completing a standard diagnostic assessment of a client, the assessor must
389.12 gather and document information about the client's current life situation, including the
389.13 following information:

389.14 (1) the client's age;

389.15 (2) the client's current living situation, including the client's housing status and household
389.16 members;

389.17 (3) the status of the client's basic needs;

389.18 (4) the client's education level and employment status;

389.19 (5) the client's current medications;

389.20 (6) any immediate risks to the client's health and safety;

389.21 (7) the client's perceptions of the client's condition;

389.22 (8) the client's description of the client's symptoms, including the reason for the client's
389.23 referral;

389.24 (9) the client's history of mental health treatment; and

389.25 (10) cultural influences on the client.

389.26 (c) If the assessor cannot obtain the information that this ~~subdivision~~ paragraph requires
389.27 without retraumatizing the client or harming the client's willingness to engage in treatment,
389.28 the assessor must identify which topics will require further assessment during the course
389.29 of the client's treatment. The assessor must gather and document information related to the
389.30 following topics:

390.1 (1) the client's relationship with the client's family and other significant personal
390.2 relationships, including the client's evaluation of the quality of each relationship;

390.3 (2) the client's strengths and resources, including the extent and quality of the client's
390.4 social networks;

390.5 (3) important developmental incidents in the client's life;

390.6 (4) maltreatment, trauma, potential brain injuries, and abuse that the client has suffered;

390.7 (5) the client's history of or exposure to alcohol and drug usage and treatment; and

390.8 (6) the client's health history and the client's family health history, including the client's
390.9 physical, chemical, and mental health history.

390.10 (d) When completing a standard diagnostic assessment of a client, an assessor must use
390.11 a recognized diagnostic framework.

390.12 (1) When completing a standard diagnostic assessment of a client who is five years of
390.13 age or younger, the assessor must use the current edition of the DC: 0-5 Diagnostic
390.14 Classification of Mental Health and Development Disorders of Infancy and Early Childhood
390.15 published by Zero to Three.

390.16 (2) When completing a standard diagnostic assessment of a client who is six years of
390.17 age or older, the assessor must use the current edition of the Diagnostic and Statistical
390.18 Manual of Mental Disorders published by the American Psychiatric Association.

390.19 (3) When completing a standard diagnostic assessment of a client who is five years of
390.20 age or younger, an assessor must administer the Early Childhood Service Intensity Instrument
390.21 (ECSII) to the client and include the results in the client's assessment.

390.22 (4) When completing a standard diagnostic assessment of a client who is six to 17 years
390.23 of age, an assessor must administer the Child and Adolescent Service Intensity Instrument
390.24 (CASII) to the client and include the results in the client's assessment.

390.25 (5) When completing a standard diagnostic assessment of a client who is 18 years of
390.26 age or older, an assessor must use either (i) the CAGE-AID Questionnaire or (ii) the criteria
390.27 in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders
390.28 published by the American Psychiatric Association to screen and assess the client for a
390.29 substance use disorder.

390.30 (e) When completing a standard diagnostic assessment of a client, the assessor must
390.31 include and document the following components of the assessment:

390.32 (1) the client's mental status examination;

391.1 (2) the client's baseline measurements; symptoms; behavior; skills; abilities; resources;
391.2 vulnerabilities; safety needs, including client information that supports the assessor's findings
391.3 after applying a recognized diagnostic framework from paragraph (d); and any differential
391.4 diagnosis of the client;

391.5 (3) an explanation of: (i) how the assessor diagnosed the client using the information
391.6 from the client's interview, assessment, psychological testing, and collateral information
391.7 about the client; (ii) the client's needs; (iii) the client's risk factors; (iv) the client's strengths;
391.8 and (v) the client's responsivity factors.

391.9 (f) When completing a standard diagnostic assessment of a client, the assessor must
391.10 consult the client and the client's family about which services that the client and the family
391.11 prefer to treat the client. The assessor must make referrals for the client as to services required
391.12 by law.

391.13 **EFFECTIVE DATE.** This section is effective July 1, 2022, or upon federal approval,
391.14 whichever is later. The commissioner of human services shall notify the revisor of statutes
391.15 when federal approval is obtained.

391.16 Sec. 20. Minnesota Statutes 2021 Supplement, section 245I.20, subdivision 5, is amended
391.17 to read:

391.18 **Subd. 5. Treatment supervision specified.** (a) A mental health professional must remain
391.19 responsible for each client's case. The certification holder must document the name of the
391.20 mental health professional responsible for each case and the dates that the mental health
391.21 professional is responsible for the client's case from beginning date to end date. The
391.22 certification holder must assign each client's case for assessment, diagnosis, and treatment
391.23 services to a treatment team member who is competent in the assigned clinical service, the
391.24 recommended treatment strategy, and in treating the client's characteristics.

391.25 (b) Treatment supervision of mental health practitioners and clinical trainees required
391.26 by section 245I.06 must include case reviews as described in this paragraph. Every two
391.27 months, a mental health professional must complete and document a case review of each
391.28 client assigned to the mental health professional when the client is receiving clinical services
391.29 from a mental health practitioner or clinical trainee. The case review must include a
391.30 consultation process that thoroughly examines the client's condition and treatment, including:
391.31 (1) a review of the client's reason for seeking treatment, diagnoses and assessments, and
391.32 the individual treatment plan; (2) a review of the appropriateness, duration, and outcome
391.33 of treatment provided to the client; and (3) treatment recommendations.

392.1 Sec. 21. Minnesota Statutes 2021 Supplement, section 245I.23, subdivision 22, is amended
392.2 to read:

392.3 Subd. 22. **Additional policy and procedure requirements.** (a) In addition to the policies
392.4 and procedures in section 245I.03, the license holder must establish, enforce, and maintain
392.5 the policies and procedures in this subdivision.

392.6 (b) The license holder must have policies and procedures for receiving referrals and
392.7 making admissions determinations about referred persons under subdivisions ~~14 to 16~~ 15
392.8 to 17.

392.9 (c) The license holder must have policies and procedures for discharging clients under
392.10 subdivision ~~17~~ 18. In the policies and procedures, the license holder must identify the staff
392.11 persons who are authorized to discharge clients from the program.

392.12 **EFFECTIVE DATE.** This section is effective July 1, 2022, or upon federal approval,
392.13 whichever is later. The commissioner of human services shall notify the revisor of statutes
392.14 when federal approval is obtained.

392.15 Sec. 22. Minnesota Statutes 2021 Supplement, section 254B.05, subdivision 5, is amended
392.16 to read:

392.17 Subd. 5. **Rate requirements.** (a) The commissioner shall establish rates for substance
392.18 use disorder services and service enhancements funded under this chapter.

392.19 (b) Eligible substance use disorder treatment services include:

392.20 (1) outpatient treatment services that are licensed according to sections 245G.01 to
392.21 245G.17, or applicable tribal license;

392.22 (2) comprehensive assessments provided according to sections 245.4863, paragraph (a),
392.23 and 245G.05;

392.24 (3) care coordination services provided according to section 245G.07, subdivision 1,
392.25 paragraph (a), clause (5);

392.26 (4) peer recovery support services provided according to section 245G.07, subdivision
392.27 2, clause (8);

392.28 (5) on July 1, 2019, or upon federal approval, whichever is later, withdrawal management
392.29 services provided according to chapter 245F;

392.30 (6) medication-assisted therapy services that are licensed according to sections 245G.01
392.31 to 245G.17 and 245G.22, or applicable tribal license;

393.1 (7) medication-assisted therapy plus enhanced treatment services that meet the
393.2 requirements of clause (6) and provide nine hours of clinical services each week;

393.3 (8) high, medium, and low intensity residential treatment services that are licensed
393.4 according to sections 245G.01 to 245G.17 and 245G.21 or applicable tribal license which
393.5 provide, respectively, 30, 15, and five hours of clinical services each week;

393.6 (9) hospital-based treatment services that are licensed according to sections 245G.01 to
393.7 245G.17 or applicable tribal license and licensed as a hospital under sections 144.50 to
393.8 144.56;

393.9 (10) adolescent treatment programs that are licensed as outpatient treatment programs
393.10 according to sections 245G.01 to 245G.18 or as residential treatment programs according
393.11 to Minnesota Rules, parts 2960.0010 to 2960.0220, and 2960.0430 to 2960.0490, or
393.12 applicable tribal license;

393.13 (11) high-intensity residential treatment services that are licensed according to sections
393.14 245G.01 to 245G.17 and 245G.21 or applicable tribal license, which provide 30 hours of
393.15 clinical services each week provided by a state-operated vendor or to clients who have been
393.16 civilly committed to the commissioner, present the most complex and difficult care needs,
393.17 and are a potential threat to the community; and

393.18 (12) room and board facilities that meet the requirements of subdivision 1a.

393.19 (c) The commissioner shall establish higher rates for programs that meet the requirements
393.20 of paragraph (b) and one of the following additional requirements:

393.21 (1) programs that serve parents with their children if the program:

393.22 (i) provides on-site child care during the hours of treatment activity that:

393.23 (A) is licensed under chapter 245A as a child care center under Minnesota Rules, chapter
393.24 9503; or

393.25 (B) meets the licensure exclusion criteria of section 245A.03, subdivision 2, paragraph
393.26 (a), clause (6), and meets the requirements under section 245G.19, subdivision 4; or

393.27 (ii) arranges for off-site child care during hours of treatment activity at a facility that is
393.28 licensed under chapter 245A as:

393.29 (A) a child care center under Minnesota Rules, chapter 9503; or

393.30 (B) a family child care home under Minnesota Rules, chapter 9502;

394.1 (2) culturally specific or culturally responsive programs as defined in section 254B.01,
394.2 subdivision 4a;

394.3 (3) disability responsive programs as defined in section 254B.01, subdivision 4b;

394.4 (4) programs that offer medical services delivered by appropriately credentialed health
394.5 care staff in an amount equal to two hours per client per week if the medical needs of the
394.6 client and the nature and provision of any medical services provided are documented in the
394.7 client file; or

394.8 (5) programs that offer services to individuals with co-occurring mental health and
394.9 chemical dependency problems if:

394.10 (i) the program meets the co-occurring requirements in section 245G.20;

394.11 (ii) 25 percent of the counseling staff are licensed mental health professionals, ~~as defined~~
394.12 ~~in section 245.462, subdivision 18, clauses (1) to (6)~~ under section 245I.04, subdivision 2,
394.13 or are students or licensing candidates under the supervision of a licensed alcohol and drug
394.14 counselor supervisor and ~~licensed~~ licensed mental health professional under section 245I.04,
394.15 subdivision 2, except that no more than 50 percent of the mental health staff may be students
394.16 or licensing candidates with time documented to be directly related to provisions of
394.17 co-occurring services;

394.18 (iii) clients scoring positive on a standardized mental health screen receive a mental
394.19 health diagnostic assessment within ten days of admission;

394.20 (iv) the program has standards for multidisciplinary case review that include a monthly
394.21 review for each client that, at a minimum, includes a licensed mental health professional
394.22 and licensed alcohol and drug counselor, and their involvement in the review is documented;

394.23 (v) family education is offered that addresses mental health and substance abuse disorders
394.24 and the interaction between the two; and

394.25 (vi) co-occurring counseling staff shall receive eight hours of co-occurring disorder
394.26 training annually.

394.27 (d) In order to be eligible for a higher rate under paragraph (c), clause (1), a program
394.28 that provides arrangements for off-site child care must maintain current documentation at
394.29 the chemical dependency facility of the child care provider's current licensure to provide
394.30 child care services. Programs that provide child care according to paragraph (c), clause (1),
394.31 must be deemed in compliance with the licensing requirements in section 245G.19.

395.1 (e) Adolescent residential programs that meet the requirements of Minnesota Rules,
395.2 parts 2960.0430 to 2960.0490 and 2960.0580 to 2960.0690, are exempt from the requirements
395.3 in paragraph (c), clause (4), items (i) to (iv).

395.4 (f) Subject to federal approval, substance use disorder services that are otherwise covered
395.5 as direct face-to-face services may be provided via telehealth as defined in section 256B.0625,
395.6 subdivision 3b. The use of telehealth to deliver services must be medically appropriate to
395.7 the condition and needs of the person being served. Reimbursement shall be at the same
395.8 rates and under the same conditions that would otherwise apply to direct face-to-face services.

395.9 (g) For the purpose of reimbursement under this section, substance use disorder treatment
395.10 services provided in a group setting without a group participant maximum or maximum
395.11 client to staff ratio under chapter 245G shall not exceed a client to staff ratio of 48 to one.
395.12 At least one of the attending staff must meet the qualifications as established under this
395.13 chapter for the type of treatment service provided. A recovery peer may not be included as
395.14 part of the staff ratio.

395.15 (h) Payment for outpatient substance use disorder services that are licensed according
395.16 to sections 245G.01 to 245G.17 is limited to six hours per day or 30 hours per week unless
395.17 prior authorization of a greater number of hours is obtained from the commissioner.

395.18 **EFFECTIVE DATE.** This section is effective July 1, 2022, or upon federal approval,
395.19 whichever is later. The commissioner of human services shall notify the revisor of statutes
395.20 when federal approval is obtained.

395.21 Sec. 23. Minnesota Statutes 2021 Supplement, section 256B.0622, subdivision 2, is
395.22 amended to read:

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

395.25 (b) "ACT team" means the group of interdisciplinary mental health staff who work as
395.26 a team to provide assertive community treatment.

395.27 (c) "Assertive community treatment" means intensive nonresidential treatment and
395.28 rehabilitative mental health services provided according to the assertive community treatment
395.29 model. Assertive community treatment provides a single, fixed point of responsibility for
395.30 treatment, rehabilitation, and support needs for clients. Services are offered 24 hours per
395.31 day, seven days per week, in a community-based setting.

395.32 (d) "Individual treatment plan" means a plan described by section 245I.10, subdivisions
395.33 7 and 8.

396.1 (e) "Crisis assessment and intervention" means ~~mental health~~ mobile crisis response
396.2 services ~~as defined in~~ under section 256B.0624, ~~subdivision 2.~~

396.3 (f) "Individual treatment team" means a minimum of three members of the ACT team
396.4 who are responsible for consistently carrying out most of a client's assertive community
396.5 treatment services.

396.6 (g) "Primary team member" means the person who leads and coordinates the activities
396.7 of the individual treatment team and is the individual treatment team member who has
396.8 primary responsibility for establishing and maintaining a therapeutic relationship with the
396.9 client on a continuing basis.

396.10 (h) "Certified rehabilitation specialist" means a staff person who is qualified according
396.11 to section 245I.04, subdivision 8.

396.12 (i) "Clinical trainee" means a staff person who is qualified according to section 245I.04,
396.13 subdivision 6.

396.14 (j) "Mental health certified peer specialist" means a staff person who is qualified
396.15 according to section 245I.04, subdivision 10.

396.16 (k) "Mental health practitioner" means a staff person who is qualified according to section
396.17 245I.04, subdivision 4.

396.18 (l) "Mental health professional" means a staff person who is qualified according to
396.19 section 245I.04, subdivision 2.

396.20 (m) "Mental health rehabilitation worker" means a staff person who is qualified according
396.21 to section 245I.04, subdivision 14.

396.22 **EFFECTIVE DATE.** This section is effective July 1, 2022, or upon federal approval,
396.23 whichever is later. The commissioner of human services shall notify the revisor of statutes
396.24 when federal approval is obtained.

396.25 Sec. 24. Minnesota Statutes 2021 Supplement, section 256B.0625, subdivision 3b, is
396.26 amended to read:

396.27 Subd. 3b. **Telehealth services.** (a) Medical assistance covers medically necessary services
396.28 and consultations delivered by a health care provider through telehealth in the same manner
396.29 as if the service or consultation was delivered through in-person contact. Services or
396.30 consultations delivered through telehealth shall be paid at the full allowable rate.

397.1 (b) The commissioner may establish criteria that a health care provider must attest to in
397.2 order to demonstrate the safety or efficacy of delivering a particular service through
397.3 telehealth. The attestation may include that the health care provider:

397.4 (1) has identified the categories or types of services the health care provider will provide
397.5 through telehealth;

397.6 (2) has written policies and procedures specific to services delivered through telehealth
397.7 that are regularly reviewed and updated;

397.8 (3) has policies and procedures that adequately address patient safety before, during,
397.9 and after the service is delivered through telehealth;

397.10 (4) has established protocols addressing how and when to discontinue telehealth services;
397.11 and

397.12 (5) has an established quality assurance process related to delivering services through
397.13 telehealth.

397.14 (c) As a condition of payment, a licensed health care provider must document each
397.15 occurrence of a health service delivered through telehealth to a medical assistance enrollee.
397.16 Health care service records for services delivered through telehealth must meet the
397.17 requirements set forth in Minnesota Rules, part 9505.2175, subparts 1 and 2, and must
397.18 document:

397.19 (1) the type of service delivered through telehealth;

397.20 (2) the time the service began and the time the service ended, including an a.m. and p.m.
397.21 designation;

397.22 (3) the health care provider's basis for determining that telehealth is an appropriate and
397.23 effective means for delivering the service to the enrollee;

397.24 (4) the mode of transmission used to deliver the service through telehealth and records
397.25 evidencing that a particular mode of transmission was utilized;

397.26 (5) the location of the originating site and the distant site;

397.27 (6) if the claim for payment is based on a physician's consultation with another physician
397.28 through telehealth, the written opinion from the consulting physician providing the telehealth
397.29 consultation; and

397.30 (7) compliance with the criteria attested to by the health care provider in accordance
397.31 with paragraph (b).

398.1 (d) Telehealth visits, as described in this subdivision provided through audio and visual
398.2 communication, or accessible video-based platforms may be used to satisfy the face-to-face
398.3 requirement for reimbursement under the payment methods that apply to a federally qualified
398.4 health center, rural health clinic, Indian health service, 638 tribal clinic, and certified
398.5 community behavioral health clinic, if the service would have otherwise qualified for
398.6 payment if performed in person. Beginning July 1, 2021, visits provided through telephone
398.7 may satisfy the face-to-face requirement for reimbursement under these payment methods
398.8 if the service would have otherwise qualified for payment if performed in person until the
398.9 COVID-19 federal public health emergency ends or July 1, 2023, whichever is earlier.

398.10 ~~(e) For mental health services or assessments delivered through telehealth that are based~~
398.11 ~~on an individual treatment plan, the provider may document the client's verbal approval or~~
398.12 ~~electronic written approval of the treatment plan or change in the treatment plan in lieu of~~
398.13 ~~the client's signature in accordance with Minnesota Rules, part 9505.0371.~~

398.14 ~~(f)~~ (e) For purposes of this subdivision, unless otherwise covered under this chapter:

398.15 (1) "telehealth" means the delivery of health care services or consultations through the
398.16 use of real-time two-way interactive audio and visual communication to provide or support
398.17 health care delivery and facilitate the assessment, diagnosis, consultation, treatment,
398.18 education, and care management of a patient's health care. Telehealth includes the application
398.19 of secure video conferencing, store-and-forward technology, and synchronous interactions
398.20 between a patient located at an originating site and a health care provider located at a distant
398.21 site. Telehealth does not include communication between health care providers, or between
398.22 a health care provider and a patient that consists solely of an audio-only communication,
398.23 e-mail, or facsimile transmission or as specified by law;

398.24 (2) "health care provider" means a health care provider as defined under section 62A.673,
398.25 a community paramedic as defined under section 144E.001, subdivision 5f, a community
398.26 health worker who meets the criteria under subdivision 49, paragraph (a), a mental health
398.27 certified peer specialist under section ~~256B.0615~~, subdivision 5 245I.04, subdivision 10, a
398.28 mental health certified family peer specialist under section ~~256B.0616~~, subdivision 5 245I.04,
398.29 subdivision 12, a mental health rehabilitation worker under section ~~256B.0623~~, subdivision
398.30 5, paragraph (a), clause (4), and paragraph (b) 245I.04, subdivision 14, a mental health
398.31 behavioral aide under section ~~256B.0943~~, subdivision 7, paragraph (b), clause (3) 245I.04,
398.32 subdivision 16, a treatment coordinator under section 245G.11, subdivision 7, an alcohol
398.33 and drug counselor under section 245G.11, subdivision 5, a recovery peer under section
398.34 245G.11, subdivision 8; and

399.1 (3) "originating site," "distant site," and "store-and-forward technology" have the
399.2 meanings given in section 62A.673, subdivision 2.

399.3 **EFFECTIVE DATE.** This section is effective July 1, 2022, or upon federal approval,
399.4 whichever is later, except that the amendment to paragraph (d) is effective retroactively
399.5 from July 1, 2021, and expires when the COVID-19 federal public health emergency ends
399.6 or July 1, 2023, whichever is earlier. The commissioner of human services shall notify the
399.7 revisor of statutes when federal approval is obtained and when the amendments to paragraph
399.8 (d) expire.

399.9 Sec. 25. Minnesota Statutes 2020, section 256B.0659, subdivision 19, is amended to read:

399.10 Subd. 19. **Personal care assistance choice option; qualifications; duties.** (a) Under
399.11 personal care assistance choice, the recipient or responsible party shall:

399.12 (1) recruit, hire, schedule, and terminate personal care assistants according to the terms
399.13 of the written agreement required under subdivision 20, paragraph (a);

399.14 (2) develop a personal care assistance care plan based on the assessed needs and
399.15 addressing the health and safety of the recipient with the assistance of a qualified professional
399.16 as needed;

399.17 (3) orient and train the personal care assistant with assistance as needed from the qualified
399.18 professional;

399.19 (4) ~~effective January 1, 2010,~~ supervise and evaluate the personal care assistant with the
399.20 qualified professional, who is required to visit the recipient at least every 180 days;

399.21 (5) monitor and verify in writing and report to the personal care assistance choice agency
399.22 the number of hours worked by the personal care assistant and the qualified professional;

399.23 (6) engage in an annual ~~face-to-face~~ reassessment as required in subdivision 3a to
399.24 determine continuing eligibility and service authorization; and

399.25 (7) use the same personal care assistance choice provider agency if shared personal
399.26 assistance care is being used.

399.27 (b) The personal care assistance choice provider agency shall:

399.28 (1) meet all personal care assistance provider agency standards;

399.29 (2) enter into a written agreement with the recipient, responsible party, and personal
399.30 care assistants;

400.1 (3) not be related as a parent, child, sibling, or spouse to the recipient or the personal
400.2 care assistant; and

400.3 (4) ensure arm's-length transactions without undue influence or coercion with the recipient
400.4 and personal care assistant.

400.5 (c) The duties of the personal care assistance choice provider agency are to:

400.6 (1) be the employer of the personal care assistant and the qualified professional for
400.7 employment law and related regulations including, but not limited to, purchasing and
400.8 maintaining workers' compensation, unemployment insurance, surety and fidelity bonds,
400.9 and liability insurance, and submit any or all necessary documentation including, but not
400.10 limited to, workers' compensation, unemployment insurance, and labor market data required
400.11 under section 256B.4912, subdivision 1a;

400.12 (2) bill the medical assistance program for personal care assistance services and qualified
400.13 professional services;

400.14 (3) request and complete background studies that comply with the requirements for
400.15 personal care assistants and qualified professionals;

400.16 (4) pay the personal care assistant and qualified professional based on actual hours of
400.17 services provided;

400.18 (5) withhold and pay all applicable federal and state taxes;

400.19 (6) verify and keep records of hours worked by the personal care assistant and qualified
400.20 professional;

400.21 (7) make the arrangements and pay taxes and other benefits, if any, and comply with
400.22 any legal requirements for a Minnesota employer;

400.23 (8) enroll in the medical assistance program as a personal care assistance choice agency;
400.24 and

400.25 (9) enter into a written agreement as specified in subdivision 20 before services are
400.26 provided.

400.27 Sec. 26. Minnesota Statutes 2021 Supplement, section 256B.0671, subdivision 6, is
400.28 amended to read:

400.29 **Subd. 6. Dialectical behavior therapy.** (a) Subject to federal approval, medical assistance
400.30 covers intensive mental health outpatient treatment for dialectical behavior therapy for
400.31 adults. A dialectical behavior therapy provider must make reasonable and good faith efforts

401.1 to report individual client outcomes to the commissioner using instruments and protocols
401.2 that are approved by the commissioner.

401.3 (b) "Dialectical behavior therapy" means an evidence-based treatment approach that a
401.4 mental health professional or clinical trainee provides to a client or a group of clients in an
401.5 intensive outpatient treatment program using a combination of individualized rehabilitative
401.6 and psychotherapeutic interventions. A dialectical behavior therapy program involves:
401.7 individual dialectical behavior therapy, group skills training, telephone coaching, and team
401.8 consultation meetings.

401.9 (c) To be eligible for dialectical behavior therapy, a client must:

401.10 ~~(1)~~ be 18 years of age or older;

401.11 ~~(2)~~ (1) have mental health needs that available community-based services cannot meet
401.12 or that the client must receive concurrently with other community-based services;

401.13 ~~(3)~~ (2) have either:

401.14 (i) a diagnosis of borderline personality disorder; or

401.15 (ii) multiple mental health diagnoses, exhibit behaviors characterized by impulsivity or
401.16 intentional self-harm, and be at significant risk of death, morbidity, disability, or severe
401.17 dysfunction in multiple areas of the client's life;

401.18 ~~(4)~~ (3) be cognitively capable of participating in dialectical behavior therapy as an
401.19 intensive therapy program and be able and willing to follow program policies and rules to
401.20 ensure the safety of the client and others; and

401.21 ~~(5)~~ (4) be at significant risk of one or more of the following if the client does not receive
401.22 dialectical behavior therapy:

401.23 (i) having a mental health crisis;

401.24 (ii) requiring a more restrictive setting such as hospitalization;

401.25 (iii) decompensating; or

401.26 (iv) engaging in intentional self-harm behavior.

401.27 (d) Individual dialectical behavior therapy combines individualized rehabilitative and
401.28 psychotherapeutic interventions to treat a client's suicidal and other dysfunctional behaviors
401.29 and to reinforce a client's use of adaptive skillful behaviors. A mental health professional
401.30 or clinical trainee must provide individual dialectical behavior therapy to a client. A mental
401.31 health professional or clinical trainee providing dialectical behavior therapy to a client must:

- 402.1 (1) identify, prioritize, and sequence the client's behavioral targets;
- 402.2 (2) treat the client's behavioral targets;
- 402.3 (3) assist the client in applying dialectical behavior therapy skills to the client's natural
402.4 environment through telephone coaching outside of treatment sessions;
- 402.5 (4) measure the client's progress toward dialectical behavior therapy targets;
- 402.6 (5) help the client manage mental health crises and life-threatening behaviors; and
- 402.7 (6) help the client learn and apply effective behaviors when working with other treatment
402.8 providers.
- 402.9 (e) Group skills training combines individualized psychotherapeutic and psychiatric
402.10 rehabilitative interventions conducted in a group setting to reduce the client's suicidal and
402.11 other dysfunctional coping behaviors and restore function. Group skills training must teach
402.12 the client adaptive skills in the following areas: (1) mindfulness; (2) interpersonal
402.13 effectiveness; (3) emotional regulation; and (4) distress tolerance.
- 402.14 (f) Group skills training must be provided by two mental health professionals or by a
402.15 mental health professional co-facilitating with a clinical trainee or a mental health practitioner.
402.16 Individual skills training must be provided by a mental health professional, a clinical trainee,
402.17 or a mental health practitioner.
- 402.18 (g) Before a program provides dialectical behavior therapy to a client, the commissioner
402.19 must certify the program as a dialectical behavior therapy provider. To qualify for
402.20 certification as a dialectical behavior therapy provider, a provider must:
- 402.21 (1) allow the commissioner to inspect the provider's program;
- 402.22 (2) provide evidence to the commissioner that the program's policies, procedures, and
402.23 practices meet the requirements of this subdivision and chapter 245I;
- 402.24 (3) be enrolled as a MHCP provider; and
- 402.25 (4) have a manual that outlines the program's policies, procedures, and practices that
402.26 meet the requirements of this subdivision.
- 402.27 **EFFECTIVE DATE.** This section is effective July 1, 2022, or upon federal approval,
402.28 whichever is later. The commissioner of human services shall notify the revisor of statutes
402.29 when federal approval is obtained.

403.1 Sec. 27. Minnesota Statutes 2021 Supplement, section 256B.0911, subdivision 3a, is
403.2 amended to read:

403.3 Subd. 3a. **Assessment and support planning.** (a) Persons requesting assessment, services
403.4 planning, or other assistance intended to support community-based living, including persons
403.5 who need assessment ~~in order~~ to determine waiver or alternative care program eligibility,
403.6 must be visited by a long-term care consultation team within 20 calendar days after the date
403.7 on which an assessment was requested or recommended. Upon statewide implementation
403.8 of subdivisions 2b, 2c, and 5, this requirement also applies to an assessment of a person
403.9 requesting personal care assistance services. The commissioner shall provide at least a
403.10 90-day notice to lead agencies prior to the effective date of this requirement. Assessments
403.11 must be conducted according to paragraphs (b) to (r).

403.12 (b) Upon implementation of subdivisions 2b, 2c, and 5, lead agencies shall use certified
403.13 assessors to conduct the assessment. For a person with complex health care needs, a public
403.14 health or registered nurse from the team must be consulted.

403.15 (c) The MnCHOICES assessment provided by the commissioner to lead agencies must
403.16 be used to complete a comprehensive, conversation-based, person-centered assessment.
403.17 The assessment must include the health, psychological, functional, environmental, and
403.18 social needs of the individual necessary to develop a person-centered community support
403.19 plan that meets the individual's needs and preferences.

403.20 (d) Except as provided in paragraph (r), the assessment must be conducted by a certified
403.21 assessor in a face-to-face conversational interview with the person being assessed. The
403.22 person's legal representative must provide input during the assessment process and may do
403.23 so remotely if requested. At the request of the person, other individuals may participate in
403.24 the assessment to provide information on the needs, strengths, and preferences of the person
403.25 necessary to develop a community support plan that ensures the person's health and safety.
403.26 Except for legal representatives or family members invited by the person, persons
403.27 participating in the assessment may not be a provider of service or have any financial interest
403.28 in the provision of services. For persons who are to be assessed for elderly waiver customized
403.29 living or adult day services under chapter 256S, with the permission of the person being
403.30 assessed or the person's designated or legal representative, the client's current or proposed
403.31 provider of services may submit a copy of the provider's nursing assessment or written
403.32 report outlining its recommendations regarding the client's care needs. The person conducting
403.33 the assessment must notify the provider of the date by which this information is to be
403.34 submitted. This information shall be provided to the person conducting the assessment prior
403.35 to the assessment. For a person who is to be assessed for waiver services under section

404.1 256B.092 or 256B.49, with the permission of the person being assessed or the person's
404.2 designated legal representative, the person's current provider of services may submit a
404.3 written report outlining recommendations regarding the person's care needs the person
404.4 completed in consultation with someone who is known to the person and has interaction
404.5 with the person on a regular basis. The provider must submit the report at least 60 days
404.6 before the end of the person's current service agreement. The certified assessor must consider
404.7 the content of the submitted report prior to finalizing the person's assessment or reassessment.

404.8 (e) The certified assessor and the individual responsible for developing the coordinated
404.9 service and support plan must complete the community support plan and the coordinated
404.10 service and support plan no more than 60 calendar days from the assessment visit. The
404.11 person or the person's legal representative must be provided with a written community
404.12 support plan within the timelines established by the commissioner, regardless of whether
404.13 the person is eligible for Minnesota health care programs.

404.14 (f) For a person being assessed for elderly waiver services under chapter 256S, a provider
404.15 who submitted information under paragraph (d) shall receive the final written community
404.16 support plan when available and the Residential Services Workbook.

404.17 (g) The written community support plan must include:

404.18 (1) a summary of assessed needs as defined in paragraphs (c) and (d);

404.19 (2) the individual's options and choices to meet identified needs, including:

404.20 (i) all available options for case management services and providers;

404.21 (ii) all available options for employment services, settings, and providers;

404.22 (iii) all available options for living arrangements;

404.23 (iv) all available options for self-directed services and supports, including self-directed
404.24 budget options; and

404.25 (v) service provided in a non-disability-specific setting;

404.26 (3) identification of health and safety risks and how those risks will be addressed,
404.27 including personal risk management strategies;

404.28 (4) referral information; and

404.29 (5) informal caregiver supports, if applicable.

405.1 For a person determined eligible for state plan home care under subdivision 1a, paragraph
405.2 (b), clause (1), the person or person's representative must also receive a copy of the home
405.3 care service plan developed by the certified assessor.

405.4 (h) A person may request assistance in identifying community supports without
405.5 participating in a complete assessment. Upon a request for assistance identifying community
405.6 support, the person must be transferred or referred to long-term care options counseling
405.7 services available under sections 256.975, subdivision 7, and 256.01, subdivision 24, for
405.8 telephone assistance and follow up.

405.9 (i) The person has the right to make the final decision:

405.10 (1) between institutional placement and community placement after the recommendations
405.11 have been provided, except as provided in section 256.975, subdivision 7a, paragraph (d);

405.12 (2) between community placement in a setting controlled by a provider and living
405.13 independently in a setting not controlled by a provider;

405.14 (3) between day services and employment services; and

405.15 (4) regarding available options for self-directed services and supports, including
405.16 self-directed funding options.

405.17 (j) The lead agency must give the person receiving long-term care consultation services
405.18 or the person's legal representative, materials, and forms supplied by the commissioner
405.19 containing the following information:

405.20 (1) written recommendations for community-based services and consumer-directed
405.21 options;

405.22 (2) documentation that the most cost-effective alternatives available were offered to the
405.23 individual. For purposes of this clause, "cost-effective" means community services and
405.24 living arrangements that cost the same as or less than institutional care. For an individual
405.25 found to meet eligibility criteria for home and community-based service programs under
405.26 chapter 256S or section 256B.49, "cost-effectiveness" has the meaning found in the federally
405.27 approved waiver plan for each program;

405.28 (3) the need for and purpose of preadmission screening conducted by long-term care
405.29 options counselors according to section 256.975, subdivisions 7a to 7c, if the person selects
405.30 nursing facility placement. If the individual selects nursing facility placement, the lead
405.31 agency shall forward information needed to complete the level of care determinations and
405.32 screening for developmental disability and mental illness collected during the assessment
405.33 to the long-term care options counselor using forms provided by the commissioner;

406.1 (4) the role of long-term care consultation assessment and support planning in eligibility
406.2 determination for waiver and alternative care programs, and state plan home care, case
406.3 management, and other services as defined in subdivision 1a, paragraphs (a), clause (6),
406.4 and (b);

406.5 (5) information about Minnesota health care programs;

406.6 (6) the person's freedom to accept or reject the recommendations of the team;

406.7 (7) the person's right to confidentiality under the Minnesota Government Data Practices
406.8 Act, chapter 13;

406.9 (8) the certified assessor's decision regarding the person's need for institutional level of
406.10 care as determined under criteria established in subdivision 4e and the certified assessor's
406.11 decision regarding eligibility for all services and programs as defined in subdivision 1a,
406.12 paragraphs (a), clause (6), and (b);

406.13 (9) the person's right to appeal the certified assessor's decision regarding eligibility for
406.14 all services and programs as defined in subdivision 1a, paragraphs (a), clauses (6), (7), and
406.15 (8), and (b), and incorporating the decision regarding the need for institutional level of care
406.16 or the lead agency's final decisions regarding public programs eligibility according to section
406.17 256.045, subdivision 3. The certified assessor must verbally communicate this appeal right
406.18 to the person and must visually point out where in the document the right to appeal is stated;
406.19 and

406.20 (10) documentation that available options for employment services, independent living,
406.21 and self-directed services and supports were described to the individual.

406.22 (k) An assessment that is completed as part of an eligibility determination for multiple
406.23 programs for the alternative care, elderly waiver, developmental disabilities, community
406.24 access for disability inclusion, community alternative care, and brain injury waiver programs
406.25 under chapter 256S and sections 256B.0913, 256B.092, and 256B.49 is valid to establish
406.26 service eligibility for no more than 60 calendar days after the date of the assessment.

406.27 (l) The effective eligibility start date for programs in paragraph (k) can never be prior
406.28 to the date of assessment. If an assessment was completed more than 60 days before the
406.29 effective waiver or alternative care program eligibility start date, assessment and support
406.30 plan information must be updated and documented in the department's Medicaid Management
406.31 Information System (MMIS). Notwithstanding retroactive medical assistance coverage of
406.32 state plan services, the effective date of eligibility for programs included in paragraph (k)
406.33 cannot be prior to the date the most recent updated assessment is completed.

407.1 (m) If an eligibility update is completed within 90 days of the previous assessment and
407.2 documented in the department's Medicaid Management Information System (MMIS), the
407.3 effective date of eligibility for programs included in paragraph (k) is the date of the previous
407.4 face-to-face assessment when all other eligibility requirements are met.

407.5 (n) If a person who receives home and community-based waiver services under section
407.6 256B.0913, 256B.092, or 256B.49 or chapter 256S temporarily enters for 121 days or fewer
407.7 a hospital, institution of mental disease, nursing facility, intensive residential treatment
407.8 services program, transitional care unit, or inpatient substance use disorder treatment setting,
407.9 the person may return to the community with home and community-based waiver services
407.10 under the same waiver, without requiring an assessment or reassessment under this section,
407.11 unless the person's annual reassessment is otherwise due. Nothing in this paragraph shall
407.12 change annual long-term care consultation reassessment requirements, payment for
407.13 institutional or treatment services, medical assistance financial eligibility, or any other law.

407.14 (o) At the time of reassessment, the certified assessor shall assess each person receiving
407.15 waiver residential supports and services currently residing in a community residential setting,
407.16 licensed adult foster care home that is either not the primary residence of the license holder
407.17 or in which the license holder is not the primary caregiver, family adult foster care residence,
407.18 customized living setting, or supervised living facility to determine if that person would
407.19 prefer to be served in a community-living setting as defined in section 256B.49, subdivision
407.20 23, in a setting not controlled by a provider, or to receive integrated community supports
407.21 as described in section 245D.03, subdivision 1, paragraph (c), clause (8). The certified
407.22 assessor shall offer the person, through a person-centered planning process, the option to
407.23 receive alternative housing and service options.

407.24 (p) At the time of reassessment, the certified assessor shall assess each person receiving
407.25 waiver day services to determine if that person would prefer to receive employment services
407.26 as described in section 245D.03, subdivision 1, paragraph (c), clauses (5) to (7). The certified
407.27 assessor shall describe to the person through a person-centered planning process the option
407.28 to receive employment services.

407.29 (q) At the time of reassessment, the certified assessor shall assess each person receiving
407.30 non-self-directed waiver services to determine if that person would prefer an available
407.31 service and setting option that would permit self-directed services and supports. The certified
407.32 assessor shall describe to the person through a person-centered planning process the option
407.33 to receive self-directed services and supports.

408.1 (r) All assessments performed according to this subdivision must be face-to-face unless
408.2 the assessment is a reassessment meeting the requirements of this paragraph. Remote
408.3 reassessments conducted by interactive video or telephone may substitute for face-to-face
408.4 reassessments. For services provided by the developmental disabilities waiver under section
408.5 256B.092, and the community access for disability inclusion, community alternative care,
408.6 and brain injury waiver programs under section 256B.49, remote reassessments may be
408.7 substituted for two consecutive reassessments if followed by a face-to-face reassessment.
408.8 For services provided by alternative care under section 256B.0913, essential community
408.9 supports under section 256B.0922, and the elderly waiver under chapter 256S, remote
408.10 reassessments may be substituted for one reassessment if followed by a face-to-face
408.11 reassessment. A remote reassessment is permitted only if the person being reassessed, ~~or~~
408.12 ~~the person's legal representative, and the lead agency case manager both agree that there is~~
408.13 ~~no change in the person's condition, there is no need for a change in service, and that a~~
408.14 ~~remote reassessment is appropriate~~ or the person's legal representative provide informed
408.15 choice for a remote assessment. The person being reassessed, or the person's legal
408.16 representative, has the right to refuse a remote reassessment at any time. During a remote
408.17 reassessment, if the certified assessor determines a face-to-face reassessment is necessary
408.18 ~~in order~~ to complete the assessment, the lead agency shall schedule a face-to-face
408.19 reassessment. All other requirements of a face-to-face reassessment shall apply to a remote
408.20 reassessment, including updates to a person's support plan.

408.21 Sec. 28. Minnesota Statutes 2021 Supplement, section 256B.0946, subdivision 1, is
408.22 amended to read:

408.23 Subdivision 1. **Required covered service components.** (a) Subject to federal approval,
408.24 medical assistance covers medically necessary intensive treatment services when the services
408.25 are provided by a provider entity certified under and meeting the standards in this section.
408.26 The provider entity must make reasonable and good faith efforts to report individual client
408.27 outcomes to the commissioner, using instruments and protocols approved by the
408.28 commissioner.

408.29 (b) Intensive treatment services to children with mental illness residing in foster family
408.30 settings that comprise specific required service components provided in clauses (1) to (6)
408.31 are reimbursed by medical assistance when they meet the following standards:

408.32 (1) psychotherapy provided by a mental health professional or a clinical trainee;

408.33 (2) crisis planning;

409.1 (3) individual, family, and group psychoeducation services provided by a mental health
409.2 professional or a clinical trainee;

409.3 (4) clinical care consultation provided by a mental health professional or a clinical
409.4 trainee;

409.5 (5) individual treatment plan development as defined in ~~Minnesota Rules, part 9505.0371,~~
409.6 ~~subpart 7~~ section 245I.10, subdivisions 7 and 8; and

409.7 (6) service delivery payment requirements as provided under subdivision 4.

409.8 **EFFECTIVE DATE.** This section is effective July 1, 2022, or upon federal approval,
409.9 whichever is later. The commissioner of human services shall notify the revisor of statutes
409.10 when federal approval is obtained.

409.11 Sec. 29. Minnesota Statutes 2021 Supplement, section 256B.0947, subdivision 2, is
409.12 amended to read:

409.13 Subd. 2. **Definitions.** For purposes of this section, the following terms have the meanings
409.14 given them.

409.15 (a) "Intensive nonresidential rehabilitative mental health services" means child
409.16 rehabilitative mental health services as defined in section 256B.0943, except that these
409.17 services are provided by a multidisciplinary staff using a total team approach consistent
409.18 with assertive community treatment, as adapted for youth, and are directed to recipients
409.19 who are eight years of age or older and under 26 years of age who require intensive services
409.20 to prevent admission to an inpatient psychiatric hospital or placement in a residential
409.21 treatment facility or who require intensive services to step down from inpatient or residential
409.22 care to community-based care.

409.23 (b) "Co-occurring mental illness and substance use disorder" means a dual diagnosis of
409.24 at least one form of mental illness and at least one substance use disorder. Substance use
409.25 disorders include alcohol or drug abuse or dependence, excluding nicotine use.

409.26 (c) "Standard diagnostic assessment" means the assessment described in section 245I.10,
409.27 subdivision 6.

409.28 (d) "Medication education services" means services provided individually or in groups,
409.29 which focus on:

409.30 (1) educating the client and client's family or significant nonfamilial supporters about
409.31 mental illness and symptoms;

409.32 (2) the role and effects of medications in treating symptoms of mental illness; and

410.1 (3) the side effects of medications.

410.2 Medication education is coordinated with medication management services and does not
410.3 duplicate it. Medication education services are provided by physicians, pharmacists, or
410.4 registered nurses with certification in psychiatric and mental health care.

410.5 (e) "Mental health professional" means a staff person who is qualified according to
410.6 section 245I.04, subdivision 2.

410.7 (f) "Provider agency" means a for-profit or nonprofit organization established to
410.8 administer an assertive community treatment for youth team.

410.9 (g) "Substance use disorders" means one or more of the disorders defined in the diagnostic
410.10 and statistical manual of mental disorders, current edition.

410.11 (h) "Transition services" means:

410.12 (1) activities, materials, consultation, and coordination that ensures continuity of the
410.13 client's care in advance of and in preparation for the client's move from one stage of care
410.14 or life to another by maintaining contact with the client and assisting the client to establish
410.15 provider relationships;

410.16 (2) providing the client with knowledge and skills needed posttransition;

410.17 (3) establishing communication between sending and receiving entities;

410.18 (4) supporting a client's request for service authorization and enrollment; and

410.19 (5) establishing and enforcing procedures and schedules.

410.20 ~~A youth's transition from the children's mental health system and services to the adult~~
410.21 ~~mental health system and services and return to the client's home and entry or re-entry into~~
410.22 ~~community-based mental health services following discharge from an out-of-home placement~~
410.23 ~~or inpatient hospital stay.~~

410.24 (i) "Treatment team" means all staff who provide services to recipients under this section.

410.25 (j) "Family peer specialist" means a staff person who is qualified under section
410.26 256B.0616.

410.27 Sec. 30. Minnesota Statutes 2021 Supplement, section 256B.0947, subdivision 6, is
410.28 amended to read:

410.29 Subd. 6. **Service standards.** The standards in this subdivision apply to intensive
410.30 nonresidential rehabilitative mental health services.

- 411.1 (a) The treatment team must use team treatment, not an individual treatment model.
- 411.2 (b) Services must be available at times that meet client needs.
- 411.3 (c) Services must be age-appropriate and meet the specific needs of the client.
- 411.4 (d) The level of care assessment as defined in section 245I.02, subdivision 19, and
- 411.5 functional assessment as defined in section 245I.02, subdivision 17, must be updated at
- 411.6 least every ~~90 days~~ six months or prior to discharge from the service, whichever comes
- 411.7 first.
- 411.8 (e) The treatment team must complete an individual treatment plan for each client,
- 411.9 according to section 245I.10, subdivisions 7 and 8, and the individual treatment plan must:
- 411.10 (1) be completed in consultation with the client's current therapist and key providers and
- 411.11 provide for ongoing consultation with the client's current therapist to ensure therapeutic
- 411.12 continuity and to facilitate the client's return to the community. For clients under the age of
- 411.13 18, the treatment team must consult with parents and guardians in developing the treatment
- 411.14 plan;
- 411.15 (2) if a need for substance use disorder treatment is indicated by validated assessment:
- 411.16 (i) identify goals, objectives, and strategies of substance use disorder treatment;
- 411.17 (ii) develop a schedule for accomplishing substance use disorder treatment goals and
- 411.18 objectives; and
- 411.19 (iii) identify the individuals responsible for providing substance use disorder treatment
- 411.20 services and supports; and
- 411.21 (3) provide for the client's transition out of intensive nonresidential rehabilitative mental
- 411.22 health services by defining the team's actions to assist the client and subsequent providers
- 411.23 in the transition to less intensive or "stepped down" services; ~~and~~.
- 411.24 ~~(4) notwithstanding section 245I.10, subdivision 8, be reviewed at least every 90 days~~
- 411.25 ~~and revised to document treatment progress or, if progress is not documented, to document~~
- 411.26 ~~changes in treatment.~~
- 411.27 (f) The treatment team shall actively and assertively engage the client's family members
- 411.28 and significant others by establishing communication and collaboration with the family and
- 411.29 significant others and educating the family and significant others about the client's mental
- 411.30 illness, symptom management, and the family's role in treatment, unless the team knows or
- 411.31 has reason to suspect that the client has suffered or faces a threat of suffering any physical
- 411.32 or mental injury, abuse, or neglect from a family member or significant other.

412.1 (g) For a client age 18 or older, the treatment team may disclose to a family member,
412.2 other relative, or a close personal friend of the client, or other person identified by the client,
412.3 the protected health information directly relevant to such person's involvement with the
412.4 client's care, as provided in Code of Federal Regulations, title 45, part 164.502(b). If the
412.5 client is present, the treatment team shall obtain the client's agreement, provide the client
412.6 with an opportunity to object, or reasonably infer from the circumstances, based on the
412.7 exercise of professional judgment, that the client does not object. If the client is not present
412.8 or is unable, by incapacity or emergency circumstances, to agree or object, the treatment
412.9 team may, in the exercise of professional judgment, determine whether the disclosure is in
412.10 the best interests of the client and, if so, disclose only the protected health information that
412.11 is directly relevant to the family member's, relative's, friend's, or client-identified person's
412.12 involvement with the client's health care. The client may orally agree or object to the
412.13 disclosure and may prohibit or restrict disclosure to specific individuals.

412.14 (h) The treatment team shall provide interventions to promote positive interpersonal
412.15 relationships.

412.16 **EFFECTIVE DATE.** This section is effective July 1, 2022, or upon federal approval,
412.17 whichever is later. The commissioner of human services shall notify the revisor of statutes
412.18 when federal approval is obtained.

412.19 Sec. 31. Minnesota Statutes 2021 Supplement, section 256B.0949, subdivision 2, is
412.20 amended to read:

412.21 Subd. 2. **Definitions.** (a) The terms used in this section have the meanings given in this
412.22 subdivision.

412.23 (b) "Agency" means the legal entity that is enrolled with Minnesota health care programs
412.24 as a medical assistance provider according to Minnesota Rules, part 9505.0195, to provide
412.25 EIDBI services and that has the legal responsibility to ensure that its employees or contractors
412.26 carry out the responsibilities defined in this section. Agency includes a licensed individual
412.27 professional who practices independently and acts as an agency.

412.28 (c) "Autism spectrum disorder or a related condition" or "ASD or a related condition"
412.29 means either autism spectrum disorder (ASD) as defined in the current version of the
412.30 Diagnostic and Statistical Manual of Mental Disorders (DSM) or a condition that is found
412.31 to be closely related to ASD, as identified under the current version of the DSM, and meets
412.32 all of the following criteria:

412.33 (1) is severe and chronic;

- 413.1 (2) results in impairment of adaptive behavior and function similar to that of a person
413.2 with ASD;
- 413.3 (3) requires treatment or services similar to those required for a person with ASD; and
- 413.4 (4) results in substantial functional limitations in three core developmental deficits of
413.5 ASD: social or interpersonal interaction; functional communication, including nonverbal
413.6 or social communication; and restrictive or repetitive behaviors or hyperreactivity or
413.7 hyporeactivity to sensory input; and may include deficits or a high level of support in one
413.8 or more of the following domains:
- 413.9 (i) behavioral challenges and self-regulation;
- 413.10 (ii) cognition;
- 413.11 (iii) learning and play;
- 413.12 (iv) self-care; or
- 413.13 (v) safety.
- 413.14 (d) "Person" means a person under 21 years of age.
- 413.15 (e) "Clinical supervision" means the overall responsibility for the control and direction
413.16 of EIDBI service delivery, including individual treatment planning, staff supervision,
413.17 individual treatment plan progress monitoring, and treatment review for each person. Clinical
413.18 supervision is provided by a qualified supervising professional (QSP) who takes full
413.19 professional responsibility for the service provided by each supervisee.
- 413.20 (f) "Commissioner" means the commissioner of human services, unless otherwise
413.21 specified.
- 413.22 (g) "Comprehensive multidisciplinary evaluation" or "CMDE" means a comprehensive
413.23 evaluation of a person to determine medical necessity for EIDBI services based on the
413.24 requirements in subdivision 5.
- 413.25 (h) "Department" means the Department of Human Services, unless otherwise specified.
- 413.26 (i) "Early intensive developmental and behavioral intervention benefit" or "EIDBI
413.27 benefit" means a variety of individualized, intensive treatment modalities approved and
413.28 published by the commissioner that are based in behavioral and developmental science
413.29 consistent with best practices on effectiveness.
- 413.30 (j) "Generalizable goals" means results or gains that are observed during a variety of
413.31 activities over time with different people, such as providers, family members, other adults,

414.1 and people, and in different environments including, but not limited to, clinics, homes,
414.2 schools, and the community.

414.3 (k) "Incident" means when any of the following occur:

414.4 (1) an illness, accident, or injury that requires first aid treatment;

414.5 (2) a bump or blow to the head; or

414.6 (3) an unusual or unexpected event that jeopardizes the safety of a person or staff,
414.7 including a person leaving the agency unattended.

414.8 (l) "Individual treatment plan" or "ITP" means the person-centered, individualized written
414.9 plan of care that integrates and coordinates person and family information from the CMDE
414.10 for a person who meets medical necessity for the EIDBI benefit. An individual treatment
414.11 plan must meet the standards in subdivision 6.

414.12 (m) "Legal representative" means the parent of a child who is under 18 years of age, a
414.13 court-appointed guardian, or other representative with legal authority to make decisions
414.14 about service for a person. For the purpose of this subdivision, "other representative with
414.15 legal authority to make decisions" includes a health care agent or an attorney-in-fact
414.16 authorized through a health care directive or power of attorney.

414.17 (n) "Mental health professional" means a staff person who is qualified according to
414.18 section 245I.04, subdivision 2.

414.19 (o) "Person-centered" means a service that both responds to the identified needs, interests,
414.20 values, preferences, and desired outcomes of the person or the person's legal representative
414.21 and respects the person's history, dignity, and cultural background and allows inclusion and
414.22 participation in the person's community.

414.23 (p) "Qualified EIDBI provider" means a person who is a QSP or a level I, level II, or
414.24 level III treatment provider.

414.25 (q) "Advanced certification" means a person who has completed advanced certification
414.26 in an approved modality under subdivision 13, paragraph (b).

414.27 Sec. 32. Minnesota Statutes 2021 Supplement, section 256B.0949, subdivision 13, is
414.28 amended to read:

414.29 Subd. 13. **Covered services.** (a) The services described in paragraphs (b) to (l) are
414.30 eligible for reimbursement by medical assistance under this section. Services must be
414.31 provided by a qualified EIDBI provider and supervised by a QSP. An EIDBI service must
414.32 address the person's medically necessary treatment goals and must be targeted to develop,

415.1 enhance, or maintain the individual developmental skills of a person with ASD or a related
415.2 condition to improve functional communication, including nonverbal or social
415.3 communication, social or interpersonal interaction, restrictive or repetitive behaviors,
415.4 hyperreactivity or hyporeactivity to sensory input, behavioral challenges and self-regulation,
415.5 cognition, learning and play, self-care, and safety.

415.6 (b) EIDBI treatment must be delivered consistent with the standards of an approved
415.7 modality, as published by the commissioner. EIDBI modalities include:

415.8 (1) applied behavior analysis (ABA);

415.9 (2) developmental individual-difference relationship-based model (DIR/Floortime);

415.10 (3) early start Denver model (ESDM);

415.11 (4) PLAY project;

415.12 (5) relationship development intervention (RDI); or

415.13 (6) additional modalities not listed in clauses (1) to (5) upon approval by the
415.14 commissioner.

415.15 (c) An EIDBI provider may use one or more of the EIDBI modalities in paragraph (b),
415.16 clauses (1) to (5), as the primary modality for treatment as a covered service, or several
415.17 EIDBI modalities in combination as the primary modality of treatment, as approved by the
415.18 commissioner. An EIDBI provider that identifies and provides assurance of qualifications
415.19 for a single specific treatment modality, including an EIDBI provider with advanced
415.20 certification overseeing implementation, must document the required qualifications to meet
415.21 fidelity to the specific model in a manner determined by the commissioner.

415.22 (d) Each qualified EIDBI provider must identify and provide assurance of qualifications
415.23 for professional licensure certification, or training in evidence-based treatment methods,
415.24 and must document the required qualifications outlined in subdivision 15 in a manner
415.25 determined by the commissioner.

415.26 (e) CMDE is a comprehensive evaluation of the person's developmental status to
415.27 determine medical necessity for EIDBI services and meets the requirements of subdivision
415.28 5. The services must be provided by a qualified CMDE provider.

415.29 (f) EIDBI intervention observation and direction is the clinical direction and oversight
415.30 of EIDBI services by the QSP, level I treatment provider, or level II treatment provider,
415.31 including developmental and behavioral techniques, progress measurement, data collection,
415.32 function of behaviors, and generalization of acquired skills for the direct benefit of a person.

416.1 EIDBI intervention observation and direction informs any modification of the current
416.2 treatment protocol to support the outcomes outlined in the ITP.

416.3 (g) Intervention is medically necessary direct treatment provided to a person with ASD
416.4 or a related condition as outlined in their ITP. All intervention services must be provided
416.5 under the direction of a QSP. Intervention may take place across multiple settings. The
416.6 frequency and intensity of intervention services are provided based on the number of
416.7 treatment goals, person and family or caregiver preferences, and other factors. Intervention
416.8 services may be provided individually or in a group. Intervention with a higher provider
416.9 ratio may occur when deemed medically necessary through the person's ITP.

416.10 (1) Individual intervention is treatment by protocol administered by a single qualified
416.11 EIDBI provider delivered to one person.

416.12 (2) Group intervention is treatment by protocol provided by one or more qualified EIDBI
416.13 providers, delivered to at least two people who receive EIDBI services.

416.14 (3) Higher provider ratio intervention is treatment with protocol modification provided
416.15 by two or more qualified EIDBI providers delivered to one person in an environment that
416.16 meets the person's needs and under the direction of the QSP or level I provider.

416.17 (h) ITP development and ITP progress monitoring is development of the initial, annual,
416.18 and progress monitoring of an ITP. ITP development and ITP progress monitoring documents
416.19 provide oversight and ongoing evaluation of a person's treatment and progress on targeted
416.20 goals and objectives and integrate and coordinate the person's and the person's legal
416.21 representative's information from the CMDE and ITP progress monitoring. This service
416.22 must be reviewed and completed by the QSP, and may include input from a level I provider
416.23 or a level II provider.

416.24 (i) Family caregiver training and counseling is specialized training and education for a
416.25 family or primary caregiver to understand the person's developmental status and help with
416.26 the person's needs and development. This service must be provided by the QSP, level I
416.27 provider, or level II provider.

416.28 (j) A coordinated care conference is a voluntary meeting with the person and the person's
416.29 family to review the CMDE or ITP progress monitoring and to integrate and coordinate
416.30 services across providers and service-delivery systems to develop the ITP. This service
416.31 ~~must be provided by the QSP and~~ may include the CMDE provider ~~or~~, QSP, a level I
416.32 provider, or a level II provider.

417.1 (k) Travel time is allowable billing for traveling to and from the person's home, school,
417.2 a community setting, or place of service outside of an EIDBI center, clinic, or office from
417.3 a specified location to provide in-person EIDBI intervention, observation and direction, or
417.4 family caregiver training and counseling. The person's ITP must specify the reasons the
417.5 provider must travel to the person.

417.6 (l) Medical assistance covers medically necessary EIDBI services and consultations
417.7 delivered by a licensed health care provider via telehealth, as defined under section
417.8 256B.0625, subdivision 3b, in the same manner as if the service or consultation was delivered
417.9 in person.

417.10 Sec. 33. Minnesota Statutes 2020, section 256K.26, subdivision 2, is amended to read:

417.11 Subd. 2. **Implementation.** The commissioner, in consultation with the commissioners
417.12 of the Department of Corrections and the Minnesota Housing Finance Agency, counties,
417.13 Tribes, providers, and funders of supportive housing and services, shall develop application
417.14 requirements and make funds available according to this section, with the goal of providing
417.15 maximum flexibility in program design.

417.16 Sec. 34. Minnesota Statutes 2020, section 256K.26, subdivision 6, is amended to read:

417.17 Subd. 6. **Outcomes.** Projects will be selected to further the following outcomes:

417.18 (1) reduce the number of Minnesota individuals and families that experience long-term
417.19 homelessness;

417.20 (2) increase the number of housing opportunities with supportive services;

417.21 (3) develop integrated, cost-effective service models that address the multiple barriers
417.22 to obtaining housing stability faced by people experiencing long-term homelessness,
417.23 including abuse, neglect, chemical dependency, disability, chronic health problems, or other
417.24 factors including ethnicity and race that may result in poor outcomes or service disparities;

417.25 (4) encourage partnerships among counties, Tribes, community agencies, schools, and
417.26 other providers so that the service delivery system is seamless for people experiencing
417.27 long-term homelessness;

417.28 (5) increase employability, self-sufficiency, and other social outcomes for individuals
417.29 and families experiencing long-term homelessness; and

418.1 (6) reduce inappropriate use of emergency health care, shelter, ~~chemical dependency~~
418.2 substance use disorder treatment, foster care, child protection, corrections, and similar
418.3 services used by people experiencing long-term homelessness.

418.4 Sec. 35. Minnesota Statutes 2020, section 256K.26, subdivision 7, is amended to read:

418.5 Subd. 7. **Eligible services.** Services eligible for funding under this section are all services
418.6 needed to maintain households in permanent supportive housing, as determined by the
418.7 ~~county or counties~~ or Tribes administering the project or projects.

418.8 Sec. 36. Minnesota Statutes 2021 Supplement, section 256P.01, subdivision 6a, is amended
418.9 to read:

418.10 Subd. 6a. **Qualified professional.** (a) For illness, injury, or incapacity, a "qualified
418.11 professional" means a licensed physician, physician assistant, advanced practice registered
418.12 nurse, physical therapist, occupational therapist, or licensed chiropractor, according to their
418.13 scope of practice.

418.14 (b) For developmental disability, learning disability, and intelligence testing, a "qualified
418.15 professional" means a licensed physician, physician assistant, advanced practice registered
418.16 nurse, licensed independent clinical social worker, licensed psychologist, certified school
418.17 psychologist, or certified psychometrist working under the supervision of a licensed
418.18 psychologist.

418.19 (c) For mental health, a "qualified professional" means a licensed physician, advanced
418.20 practice registered nurse, or qualified mental health professional under section 245I.04,
418.21 subdivision 2.

418.22 (d) For substance use disorder, a "qualified professional" means a licensed physician, a
418.23 qualified mental health professional under section ~~245.462, subdivision 18, clauses (1) to~~
418.24 ~~(6)~~ 245I.04, subdivision 2, or an individual as defined in section 245G.11, subdivision 3,
418.25 4, or 5.

418.26 **EFFECTIVE DATE.** This section is effective July 1, 2022, or upon federal approval,
418.27 whichever is later. The commissioner of human services shall notify the revisor of statutes
418.28 when federal approval is obtained.

419.1 Sec. 37. Minnesota Statutes 2020, section 256Q.06, is amended by adding a subdivision
419.2 to read:

419.3 Subd. 6. **Account creation.** If an eligible individual is unable to establish the eligible
419.4 individual's own ABLE account, an ABLE account may be established on behalf of the
419.5 eligible individual by the eligible individual's agent under a power of attorney or, if none,
419.6 by the eligible individual's conservator or legal guardian, spouse, parent, sibling, or
419.7 grandparent or a representative payee appointed for the eligible individual by the Social
419.8 Security Administration, in that order.

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

419.10 Sec. 38. Laws 2020, First Special Session chapter 7, section 1, subdivision 1, as amended
419.11 by Laws 2021, First Special Session chapter 7, article 2, section 71, is amended to read:

419.12 Subdivision 1. **Waivers and modifications; federal funding extension.** When the
419.13 peacetime emergency declared by the governor in response to the COVID-19 outbreak
419.14 expires, is terminated, or is rescinded by the proper authority, the following waivers and
419.15 modifications to human services programs issued by the commissioner of human services
419.16 pursuant to Executive Orders 20-11 and 20-12 ~~that are required to comply with federal law~~
419.17 may remain in effect for the time period set out in applicable federal law or for the time
419.18 period set out in any applicable federally approved waiver or state plan amendment,
419.19 whichever is later:

419.20 (1) CV15: allowing telephone or video visits for waiver programs;

419.21 (2) CV17: preserving health care coverage for Medical Assistance and MinnesotaCare;

419.22 (3) CV18: implementation of federal changes to the Supplemental Nutrition Assistance
419.23 Program;

419.24 (4) CV20: eliminating cost-sharing for COVID-19 diagnosis and treatment;

419.25 (5) CV24: allowing telephone or video use for targeted case management visits;

419.26 (6) CV30: expanding telemedicine in health care, mental health, and substance use
419.27 disorder settings;

419.28 (7) CV37: implementation of federal changes to the Supplemental Nutrition Assistance
419.29 Program;

419.30 (8) CV39: implementation of federal changes to the Supplemental Nutrition Assistance
419.31 Program;

420.1 (9) CV42: implementation of federal changes to the Supplemental Nutrition Assistance
420.2 Program;

420.3 (10) CV43: expanding remote home and community-based waiver services;

420.4 (11) CV44: allowing remote delivery of adult day services;

420.5 (12) CV59: modifying eligibility period for the federally funded Refugee Cash Assistance
420.6 Program;

420.7 (13) CV60: modifying eligibility period for the federally funded Refugee Social Services
420.8 Program; and

420.9 (14) CV109: providing 15 percent increase for Minnesota Food Assistance Program and
420.10 Minnesota Family Investment Program maximum food benefits.

420.11 Sec. 39. **REVISOR INSTRUCTION.**

420.12 In Minnesota Statutes and Minnesota Rules, the revisor of statutes shall change the term
420.13 "chemical dependency" or similar terms to "substance use disorder." The revisor may make
420.14 grammatical changes related to the term change.

420.15 Sec. 40. **REPEALER.**

420.16 (a) Minnesota Statutes 2020, sections 254A.04; and 254B.14, subdivisions 1, 2, 3, 4,
420.17 and 6, are repealed.

420.18 (b) Minnesota Statutes 2021 Supplement, section 254B.14, subdivision 5, is repealed.

420.19 ARTICLE 9

420.20 COMMUNITY SUPPORTS

420.21 Section 1. Minnesota Statutes 2020, section 245A.04, is amended by adding a subdivision
420.22 to read:

420.23 Subd. 15b. **Additional community residential setting closure requirements.** (a) In
420.24 addition to the requirements in subdivision 15a, in the event that a license holder elects to
420.25 voluntarily close a community residential setting, the license holder must notify the
420.26 commissioner, the Office of Ombudsman for Mental Health and Developmental Disabilities,
420.27 and the Office of Ombudsman for Long-Term Care in writing by submitting notification at
420.28 least 60 days prior to closure. The closure notification must include:

421.1 (1) assurance the license holder notified or will notify residents and their expanded
421.2 support teams, if applicable, of the closure and comply with the conditions for service
421.3 terminations under section 245D.10, subd. 3a;

421.4 (2) procedures and actions the license holder will implement to maintain compliance
421.5 with this subdivision and subdivision 15a; and

421.6 (3) assurance the license holder will meet with the case manager and the person's
421.7 expanded support team, as defined in section 245D.02, subdivision 8b, within ten working
421.8 days of delivering any service terminations to develop a person-centered relocation plan
421.9 with each individual impacted by the change in service. The license holder must complete
421.10 a relocation plan for each impacted individual 45 days prior to the service termination or
421.11 closure date, whichever is sooner.

421.12 (b) The commissioner may require the license holder to work with a transitional team
421.13 comprised of department staff, staff of the Office of Ombudsman for Mental Health and
421.14 Developmental Disabilities, staff of the Office of Ombudsman for Long-Term Care, and
421.15 other professionals the commissioner deems necessary to assist in the proper relocation of
421.16 residents.

421.17 (c) The commissioner may eliminate a closure rate adjustment under section 256B.493
421.18 for violations of this subdivision.

421.19 Sec. 2. Minnesota Statutes 2020, section 245D.10, subdivision 3a, is amended to read:

421.20 Subd. 3a. **Service termination.** (a) The license holder must establish policies and
421.21 procedures for service termination that promote continuity of care and service coordination
421.22 with the person and the case manager and with other licensed caregivers, if any, who also
421.23 provide support to the person. The policy must include the requirements specified in
421.24 paragraphs (b) to (f).

421.25 (b) The license holder must permit each person to remain in the program or to continue
421.26 receiving services and must not terminate services unless:

421.27 (1) the termination is necessary for the person's welfare and the ~~facility~~ license holder
421.28 cannot meet the person's needs;

421.29 (2) the safety of the person ~~or~~ others in the program, or staff is endangered and positive
421.30 support strategies were attempted and have not achieved and effectively maintained safety
421.31 for the person or others;

422.1 (3) the health of the person or others in the program, or staff would otherwise be
422.2 endangered;

422.3 (4) the ~~program~~ license holder has not been paid for services;

422.4 (5) the program or license holder ceases to operate;

422.5 (6) the person has been terminated by the lead agency from waiver eligibility; or

422.6 (7) for state-operated community-based services, the person no longer demonstrates
422.7 complex behavioral needs that cannot be met by private community-based providers
422.8 identified in section 252.50, subdivision 5, paragraph (a), clause (1).

422.9 (c) Prior to giving notice of service termination, the license holder must document actions
422.10 taken to minimize or eliminate the need for termination. Action taken by the license holder
422.11 must include, at a minimum:

422.12 (1) consultation with the person's support team or expanded support team to identify
422.13 and resolve issues leading to issuance of the termination notice;

422.14 (2) a request to the case manager for intervention services identified in section 245D.03,
422.15 subdivision 1, paragraph (c), clause (1), or other professional consultation or intervention
422.16 services to support the person in the program. This requirement does not apply to notices
422.17 of service termination issued under paragraph (b), clauses (4) and (7); and

422.18 (3) for state-operated community-based services terminating services under paragraph
422.19 (b), clause (7), the state-operated community-based services must engage in consultation
422.20 with the person's support team or expanded support team to:

422.21 (i) identify that the person no longer demonstrates complex behavioral needs that cannot
422.22 be met by private community-based providers identified in section 252.50, subdivision 5,
422.23 paragraph (a), clause (1);

422.24 (ii) provide notice of intent to issue a termination of services to the lead agency when a
422.25 finding has been made that a person no longer demonstrates complex behavioral needs that
422.26 cannot be met by private community-based providers identified in section 252.50, subdivision
422.27 5, paragraph (a), clause (1);

422.28 (iii) assist the lead agency and case manager in developing a person-centered transition
422.29 plan to a private community-based provider to ensure continuity of care; and

422.30 (iv) coordinate with the lead agency to ensure the private community-based service
422.31 provider is able to meet the person's needs and criteria established in a person's
422.32 person-centered transition plan.

423.1 If, based on the best interests of the person, the circumstances at the time of the notice were
423.2 such that the license holder was unable to take the action specified in clauses (1) and (2),
423.3 the license holder must document the specific circumstances and the reason for being unable
423.4 to do so.

423.5 (d) The notice of service termination must meet the following requirements:

423.6 (1) the license holder must notify the person or the person's legal representative and the
423.7 case manager in writing of the intended service termination. If the service termination is
423.8 from residential supports and services as defined in section 245D.03, subdivision 1, paragraph
423.9 (c), clause (3), the license holder must also notify the commissioner in writing; and

423.10 (2) the notice must include:

423.11 (i) the reason for the action;

423.12 (ii) except for a service termination under paragraph (b), clause (5), a summary of actions
423.13 taken to minimize or eliminate the need for service termination or temporary service
423.14 suspension as required under paragraph (c), and why these measures failed to prevent the
423.15 termination or suspension;

423.16 (iii) the person's right to appeal the termination of services under section 256.045,
423.17 subdivision 3, paragraph (a); and

423.18 (iv) the person's right to seek a temporary order staying the termination of services
423.19 according to the procedures in section 256.045, subdivision 4a or 6, paragraph (c).

423.20 (e) Notice of the proposed termination of service, including those situations that began
423.21 with a temporary service suspension, must be given at least 90 days prior to termination of
423.22 services under paragraph (b), clause (7), 60 days prior to termination when a license holder
423.23 is providing intensive supports and services identified in section 245D.03, subdivision 1,
423.24 paragraph (c), and 30 days prior to termination for all other services licensed under this
423.25 chapter. This notice may be given in conjunction with a notice of temporary service
423.26 suspension under subdivision 3.

423.27 (f) During the service termination notice period, the license holder must:

423.28 (1) work with the support team or expanded support team to develop reasonable
423.29 alternatives to protect the person and others and to support continuity of care;

423.30 (2) provide information requested by the person or case manager; and

423.31 (3) maintain information about the service termination, including the written notice of
423.32 intended service termination, in the service recipient record.

424.1 (g) For notices issued under paragraph (b), clause (7), the lead agency shall provide
424.2 notice to the commissioner and state-operated services at least 30 days before the conclusion
424.3 of the 90-day termination period, if an appropriate alternative provider cannot be secured.
424.4 Upon receipt of this notice, the commissioner and state-operated services shall reassess
424.5 whether a private community-based service can meet the person's needs. If the commissioner
424.6 determines that a private provider can meet the person's needs, state-operated services shall,
424.7 if necessary, extend notice of service termination until placement can be made. If the
424.8 commissioner determines that a private provider cannot meet the person's needs,
424.9 state-operated services shall rescind the notice of service termination and re-engage with
424.10 the lead agency in service planning for the person.

424.11 (h) For state-operated community-based services, the license holder shall prioritize the
424.12 capacity created within the existing service site by the termination of services under paragraph
424.13 (b), clause (7), to serve persons described in section 252.50, subdivision 5, paragraph (a),
424.14 clause (1).

424.15 Sec. 3. Minnesota Statutes 2020, section 256.01, is amended by adding a subdivision to
424.16 read:

424.17 Subd. 12b. Department of Human Services systemic critical incident review team. (a)
424.18 The commissioner may establish a Department of Human Services systemic critical incident
424.19 review team to review required critical incident reports under section 626.557 for which
424.20 the Department of Human Services is responsible under section 626.5572, subdivision 13;
424.21 chapter 245D; or Minnesota Rules, chapter 9544. When reviewing a critical incident, the
424.22 systemic critical incident review team must identify systemic influences to the incident
424.23 rather than determining the culpability of any actors involved in the incident. The systemic
424.24 critical incident review may assess the entire critical incident process from the point of an
424.25 entity reporting the critical incident through the ongoing case management process.
424.26 Department staff must lead and conduct the reviews and may utilize county staff as reviewers.
424.27 The systemic critical incident review process may include but is not limited to:

424.28 (1) data collection about the incident and actors involved. Data may include the critical
424.29 incident report under review; previous incident reports pertaining to the person receiving
424.30 services; the service provider's policies and procedures applicable to the incident; the
424.31 coordinated service and support plan as defined in section 245D.02, subdivision 4b, for the
424.32 person receiving services; or an interview of an actor involved in the critical incident or the
424.33 review of the critical incident. Actors may include:

424.34 (i) staff of the provider agency;

- 425.1 (ii) lead agency staff administering home and community-based services delivered by
425.2 the provider;
- 425.3 (iii) Department of Human Services staff with oversight of home and community-based
425.4 services;
- 425.5 (iv) Department of Health staff with oversight of home and community-based services;
- 425.6 (v) members of the community including advocates, legal representatives, health care
425.7 providers, pharmacy staff, or others with knowledge of the incident or the actors in the
425.8 incident; and
- 425.9 (vi) staff from the Office of the Ombudsman for Mental Health and Developmental
425.10 Disabilities;
- 425.11 (2) systemic mapping of the critical incident. The team conducting the systemic mapping
425.12 of the incident may include any actors identified in clause (1), designated representatives
425.13 of other provider agencies, regional teams, and representatives of the local regional quality
425.14 council identified in section 256B.097; and
- 425.15 (3) analysis of the case for systemic influences.
- 425.16 (b) The critical incident review team must aggregate data collected and provide the
425.17 aggregated data to regional teams, participating regional quality councils, and the
425.18 commissioner. The regional teams and quality councils must analyze the data and make
425.19 recommendations to the commissioner regarding systemic changes that would decrease the
425.20 number and severity of critical incidents in the future or improve the quality of the home
425.21 and community-based service system.
- 425.22 (c) A selection committee must select cases for the systemic critical incident review
425.23 process from among the following critical incident categories:
- 425.24 (1) cases of caregiver neglect identified in section 626.5572, subdivision 17;
- 425.25 (2) cases involving financial exploitation identified in section 626.5572, subdivision 9;
- 425.26 (3) incidents identified in section 245D.02, subdivision 11;
- 425.27 (4) incidents identified in Minnesota Rules, part 9544.0110; and
- 425.28 (5) service terminations reported to the department in accordance with section 245D.10,
425.29 subdivision 3a.
- 425.30 (d) The systemic critical incident review under this section must not replace the process
425.31 for screening or investigating cases of alleged maltreatment of an adult under section 626.557.

426.1 The department, under the jurisdiction of the commissioner, may select for systemic critical
426.2 incident review cases reported for suspected maltreatment and closed following initial or
426.3 final disposition.

426.4 (e) The proceedings and records of the review team are confidential data on individuals
426.5 or protected nonpublic data as defined in section 13.02, subdivisions 3 and 13. Data that
426.6 document a person's opinions formed as a result of the review are not subject to discovery
426.7 or introduction into evidence in a civil or criminal action against a professional, the state,
426.8 or a county agency arising out of the matters that the team is reviewing. Information,
426.9 documents, and records otherwise available from other sources are not immune from
426.10 discovery or use in a civil or criminal action solely because the information, documents,
426.11 and records were assessed or presented during review team proceedings. A person who
426.12 presented information before the systemic critical incident review team or who is a member
426.13 of the team must not be prevented from testifying about matters within the person's
426.14 knowledge. In a civil or criminal proceeding, a person must not be questioned about opinions
426.15 formed by the person as a result of the review.

426.16 (f) By October 1 of each year, the commissioner shall prepare an annual public report
426.17 containing the following information:

426.18 (1) the number of cases reviewed under each critical incident category identified in
426.19 paragraph (b) and a geographical description of where cases under each category originated;

426.20 (2) an aggregate summary of the systemic themes from the critical incidents examined
426.21 by the critical incident review team during the previous year;

426.22 (3) a synopsis of the conclusions, incident analyses, or exploratory activities taken in
426.23 regard to the critical incidents examined by the critical incident review team; and

426.24 (4) recommendations made to the commissioner regarding systemic changes that could
426.25 decrease the number and severity of critical incidents in the future or improve the quality
426.26 of the home and community-based service system.

426.27 Sec. 4. Minnesota Statutes 2020, section 256.045, subdivision 3, is amended to read:

426.28 Subd. 3. **State agency hearings.** (a) State agency hearings are available for the following:

426.29 (1) any person applying for, receiving or having received public assistance, medical
426.30 care, or a program of social services granted by the state agency or a county agency or the
426.31 federal Food and Nutrition Act whose application for assistance is denied, not acted upon
426.32 with reasonable promptness, or whose assistance is suspended, reduced, terminated, or
426.33 claimed to have been incorrectly paid;

427.1 (2) any patient or relative aggrieved by an order of the commissioner under section
427.2 252.27;

427.3 (3) a party aggrieved by a ruling of a prepaid health plan;

427.4 (4) except as provided under chapter 245C, any individual or facility determined by a
427.5 lead investigative agency to have maltreated a vulnerable adult under section 626.557 after
427.6 they have exercised their right to administrative reconsideration under section 626.557;

427.7 (5) any person whose claim for foster care payment according to a placement of the
427.8 child resulting from a child protection assessment under chapter 260E is denied or not acted
427.9 upon with reasonable promptness, regardless of funding source;

427.10 (6) any person to whom a right of appeal according to this section is given by other
427.11 provision of law;

427.12 (7) an applicant aggrieved by an adverse decision to an application for a hardship waiver
427.13 under section 256B.15;

427.14 (8) an applicant aggrieved by an adverse decision to an application or redetermination
427.15 for a Medicare Part D prescription drug subsidy under section 256B.04, subdivision 4a;

427.16 (9) except as provided under chapter 245A, an individual or facility determined to have
427.17 maltreated a minor under chapter 260E, after the individual or facility has exercised the
427.18 right to administrative reconsideration under chapter 260E;

427.19 (10) except as provided under chapter 245C, an individual disqualified under sections
427.20 245C.14 and 245C.15, following a reconsideration decision issued under section 245C.23,
427.21 on the basis of serious or recurring maltreatment; a preponderance of the evidence that the
427.22 individual has committed an act or acts that meet the definition of any of the crimes listed
427.23 in section 245C.15, subdivisions 1 to 4; or for failing to make reports required under section
427.24 260E.06, subdivision 1, or 626.557, subdivision 3. Hearings regarding a maltreatment
427.25 determination under clause (4) or (9) and a disqualification under this clause in which the
427.26 basis for a disqualification is serious or recurring maltreatment, shall be consolidated into
427.27 a single fair hearing. In such cases, the scope of review by the human services judge shall
427.28 include both the maltreatment determination and the disqualification. The failure to exercise
427.29 the right to an administrative reconsideration shall not be a bar to a hearing under this section
427.30 if federal law provides an individual the right to a hearing to dispute a finding of
427.31 maltreatment;

427.32 (11) any person with an outstanding debt resulting from receipt of public assistance,
427.33 medical care, or the federal Food and Nutrition Act who is contesting a setoff claim by the

428.1 Department of Human Services or a county agency. The scope of the appeal is the validity
428.2 of the claimant agency's intention to request a setoff of a refund under chapter 270A against
428.3 the debt;

428.4 (12) a person issued a notice of service termination under section 245D.10, subdivision
428.5 3a, ~~from~~ by a licensed provider of any residential supports and or services as defined listed
428.6 in section 245D.03, subdivision 1, ~~paragraph~~ paragraphs (b) and (c), ~~clause (3)~~, that is not
428.7 otherwise subject to appeal under subdivision 4a;

428.8 (13) an individual disability waiver recipient based on a denial of a request for a rate
428.9 exception under section 256B.4914; or

428.10 (14) a person issued a notice of service termination under section 245A.11, subdivision
428.11 11, that is not otherwise subject to appeal under subdivision 4a.

428.12 (b) The hearing for an individual or facility under paragraph (a), clause (4), (9), or (10),
428.13 is the only administrative appeal to the final agency determination specifically, including
428.14 a challenge to the accuracy and completeness of data under section 13.04. Hearings requested
428.15 under paragraph (a), clause (4), apply only to incidents of maltreatment that occur on or
428.16 after October 1, 1995. Hearings requested by nursing assistants in nursing homes alleged
428.17 to have maltreated a resident prior to October 1, 1995, shall be held as a contested case
428.18 proceeding under the provisions of chapter 14. Hearings requested under paragraph (a),
428.19 clause (9), apply only to incidents of maltreatment that occur on or after July 1, 1997. A
428.20 hearing for an individual or facility under paragraph (a), clauses (4), (9), and (10), is only
428.21 available when there is no district court action pending. If such action is filed in district
428.22 court while an administrative review is pending that arises out of some or all of the events
428.23 or circumstances on which the appeal is based, the administrative review must be suspended
428.24 until the judicial actions are completed. If the district court proceedings are completed,
428.25 dismissed, or overturned, the matter may be considered in an administrative hearing.

428.26 (c) For purposes of this section, bargaining unit grievance procedures are not an
428.27 administrative appeal.

428.28 (d) The scope of hearings involving claims to foster care payments under paragraph (a),
428.29 clause (5), shall be limited to the issue of whether the county is legally responsible for a
428.30 child's placement under court order or voluntary placement agreement and, if so, the correct
428.31 amount of foster care payment to be made on the child's behalf and shall not include review
428.32 of the propriety of the county's child protection determination or child placement decision.

428.33 (e) The scope of hearings under paragraph (a), clauses (12) and (14), shall be limited to
428.34 whether the proposed termination of services is authorized under section 245D.10,

429.1 subdivision 3a, paragraph (b), or 245A.11, subdivision 11, and whether the requirements
429.2 of section 245D.10, subdivision 3a, paragraphs (c) to (e), or 245A.11, subdivision 2a,
429.3 paragraphs (d) to (f), were met. If the appeal includes a request for a temporary stay of
429.4 termination of services, the scope of the hearing shall also include whether the case
429.5 management provider has finalized arrangements for a residential facility, a program, or
429.6 services that will meet the assessed needs of the recipient by the effective date of the service
429.7 termination.

429.8 (f) A vendor of medical care as defined in section 256B.02, subdivision 7, or a vendor
429.9 under contract with a county agency to provide social services is not a party and may not
429.10 request a hearing under this section, except if assisting a recipient as provided in subdivision
429.11 4.

429.12 (g) An applicant or recipient is not entitled to receive social services beyond the services
429.13 prescribed under chapter 256M or other social services the person is eligible for under state
429.14 law.

429.15 (h) The commissioner may summarily affirm the county or state agency's proposed
429.16 action without a hearing when the sole issue is an automatic change due to a change in state
429.17 or federal law.

429.18 (i) Unless federal or Minnesota law specifies a different time frame in which to file an
429.19 appeal, an individual or organization specified in this section may contest the specified
429.20 action, decision, or final disposition before the state agency by submitting a written request
429.21 for a hearing to the state agency within 30 days after receiving written notice of the action,
429.22 decision, or final disposition, or within 90 days of such written notice if the applicant,
429.23 recipient, patient, or relative shows good cause, as defined in section 256.0451, subdivision
429.24 13, why the request was not submitted within the 30-day time limit. The individual filing
429.25 the appeal has the burden of proving good cause by a preponderance of the evidence.

429.26 Sec. 5. Minnesota Statutes 2020, section 256B.0651, subdivision 1, is amended to read:

429.27 Subdivision 1. **Definitions.** (a) For the purposes of sections 256B.0651 to 256B.0654
429.28 and 256B.0659, the terms in paragraphs (b) to ~~(g)~~ (i) have the meanings given.

429.29 (b) "Activities of daily living" has the meaning given in section 256B.0659, subdivision
429.30 1, paragraph (b).

429.31 (c) "Assessment" means a review and evaluation of a recipient's need for home care
429.32 services conducted in person.

430.1 (d) "Care coordination" means a service performed by a licensed professional to
430.2 coordinate both skilled and unskilled home care services, except personal care assistance,
430.3 for a recipient, and may include documentation and coordination activities not carried out
430.4 in conjunction with a care evaluation visit.

430.5 (e) "Care evaluation" means a start-of-care visit, a resumption-of-care visit, or a
430.6 recertification visit that is a face-to-face assessment of a person by a licensed professional
430.7 to develop, update, or review the service plan for both skilled and unskilled home care
430.8 services, except personal care assistance.

430.9 ~~(d)~~ (f) "Home care services" means medical assistance covered services that are home
430.10 health agency services, including skilled nurse visits; home health aide visits; physical
430.11 therapy, occupational therapy, respiratory therapy, and language-speech pathology therapy;
430.12 home care nursing; and personal care assistance.

430.13 ~~(e)~~ (g) "Home residence," effective January 1, 2010, means a residence owned or rented
430.14 by the recipient either alone, with roommates of the recipient's choosing, or with an unpaid
430.15 responsible party or legal representative; or a family foster home where the license holder
430.16 lives with the recipient and is not paid to provide home care services for the recipient except
430.17 as allowed under sections 256B.0652, subdivision 10, and 256B.0654, subdivision 4.

430.18 ~~(f)~~ (h) "Medically necessary" has the meaning given in Minnesota Rules, parts 9505.0170
430.19 to 9505.0475.

430.20 ~~(g)~~ (i) "Ventilator-dependent" means an individual who receives mechanical ventilation
430.21 for life support at least six hours per day and is expected to be or has been dependent on a
430.22 ventilator for at least 30 consecutive days.

430.23 **EFFECTIVE DATE.** This section is effective January 1, 2023, or upon federal approval,
430.24 whichever is later. The commissioner of human services shall notify the revisor of statutes
430.25 when federal approval is obtained.

430.26 Sec. 6. Minnesota Statutes 2020, section 256B.0651, subdivision 2, is amended to read:

430.27 Subd. 2. **Services covered.** Home care services covered under this section and sections
430.28 256B.0652 to 256B.0654 and 256B.0659 include:

430.29 (1) care coordination services under subdivision 1, paragraph (d);

430.30 (2) care evaluation services under subdivision 1, paragraph (e);

430.31 ~~(4)~~ (3) nursing services under sections 256B.0625, subdivision 6a, and 256B.0653;

431.1 ~~(2)~~ (4) home care nursing services under sections 256B.0625, subdivision 7, and
 431.2 256B.0654;

431.3 ~~(3)~~ (5) home health services under sections 256B.0625, subdivision 6a, and 256B.0653;

431.4 ~~(4)~~ (6) personal care assistance services under sections 256B.0625, subdivision 19a, and
 431.5 256B.0659;

431.6 ~~(5)~~ (7) supervision of personal care assistance services provided by a qualified
 431.7 professional under sections 256B.0625, subdivision 19a, and 256B.0659;

431.8 ~~(6)~~ (8) face-to-face assessments by county public health nurses for services under sections
 431.9 256B.0625, subdivision 19a, and 256B.0659; and

431.10 ~~(7)~~ (9) service updates and review of temporary increases for personal care assistance
 431.11 services by the county public health nurse for services under sections 256B.0625, subdivision
 431.12 19a, and 256B.0659.

431.13 **EFFECTIVE DATE.** This section is effective January 1, 2023, or upon federal approval,
 431.14 whichever is later. The commissioner of human services shall notify the revisor of statutes
 431.15 when federal approval is obtained.

431.16 Sec. 7. Minnesota Statutes 2020, section 256B.0652, subdivision 11, is amended to read:

431.17 Subd. 11. **Limits on services without authorization.** A recipient may receive the
 431.18 following home care services during a calendar year:

431.19 (1) up to two face-to-face assessments to determine a recipient's need for personal care
 431.20 assistance services;

431.21 (2) one service update done to determine a recipient's need for personal care assistance
 431.22 services; ~~and~~

431.23 (3) up to nine face-to-face visits that may include both skilled nurse visits; and care
 431.24 evaluations; and

431.25 (4) up to four 15-minute units of care coordination per episode of care to coordinate
 431.26 home health services for a recipient.

431.27 **EFFECTIVE DATE.** This section is effective January 1, 2023, or upon federal approval,
 431.28 whichever is later. The commissioner of human services shall notify the revisor of statutes
 431.29 when federal approval is obtained.

432.1 Sec. 8. Minnesota Statutes 2020, section 256B.0653, subdivision 6, is amended to read:

432.2 Subd. 6. **Noncovered home health agency services.** The following are not eligible for
432.3 payment under medical assistance as a home health agency service:

432.4 (1) telehomecare skilled nurses services that is communication between the home care
432.5 nurse and recipient that consists solely of a telephone conversation, facsimile, electronic
432.6 mail, or a consultation between two health care practitioners;

432.7 (2) the following skilled nurse visits:

432.8 (i) for the purpose of monitoring medication compliance with an established medication
432.9 program for a recipient;

432.10 (ii) administering or assisting with medication administration, including injections,
432.11 prefilling syringes for injections, or oral medication setup of an adult recipient, when, as
432.12 determined and documented by the registered nurse, the need can be met by an available
432.13 pharmacy or the recipient or a family member is physically and mentally able to
432.14 self-administer or prefill a medication;

432.15 (iii) services done for the sole purpose of supervision of the home health aide or personal
432.16 care assistant;

432.17 (iv) services done for the sole purpose to train other home health agency workers;

432.18 (v) services done for the sole purpose of blood samples or lab draw when the recipient
432.19 is able to access these services outside the home; and

432.20 (vi) Medicare evaluation or administrative nursing visits required by Medicare, with the
432.21 exception of care evaluation as defined in section 256B.0651, subdivision 1, paragraph (e);

432.22 (3) home health aide visits when the following activities are the sole purpose for the
432.23 visit: companionship, socialization, household tasks, transportation, and education;

432.24 (4) home care therapies provided in other settings such as a clinic or as an inpatient or
432.25 when the recipient can access therapy outside of the recipient's residence; and

432.26 (5) home health agency services without qualifying documentation of a face-to-face
432.27 encounter as specified in subdivision 7.

432.28 **EFFECTIVE DATE.** This section is effective January 1, 2023, or upon federal approval,
432.29 whichever is later. The commissioner of human services shall notify the revisor of statutes
432.30 when federal approval is obtained.

433.1 Sec. 9. Minnesota Statutes 2020, section 256B.0659, subdivision 1, is amended to read:

433.2 Subdivision 1. **Definitions.** (a) For the purposes of this section, the terms defined in
433.3 paragraphs (b) to (r) have the meanings given unless otherwise provided in text.

433.4 (b) "Activities of daily living" means grooming, dressing, bathing, transferring, mobility,
433.5 positioning, eating, and toileting.

433.6 (c) "Behavior," effective January 1, 2010, means a category to determine the home care
433.7 rating and is based on the criteria found in this section. "Level I behavior" means physical
433.8 aggression ~~towards~~ toward self, others, or destruction of property that requires the immediate
433.9 response of another person.

433.10 (d) "Complex health-related needs," effective January 1, 2010, means a category to
433.11 determine the home care rating and is based on the criteria found in this section.

433.12 (e) "Critical activities of daily living," effective January 1, 2010, means transferring,
433.13 mobility, eating, and toileting.

433.14 (f) "Dependency in activities of daily living" means a person requires assistance to begin
433.15 and complete one or more of the activities of daily living.

433.16 (g) "Extended personal care assistance service" means personal care assistance services
433.17 included in a service plan under one of the home and community-based services waivers
433.18 authorized under chapter 256S and sections 256B.092, subdivision 5, and 256B.49, which
433.19 exceed the amount, duration, and frequency of the state plan personal care assistance services
433.20 for participants who:

433.21 (1) need assistance provided periodically during a week, but less than daily will not be
433.22 able to remain in their homes without the assistance, and other replacement services are
433.23 more expensive or are not available when personal care assistance services are to be reduced;
433.24 or

433.25 (2) need additional personal care assistance services beyond the amount authorized by
433.26 the state plan personal care assistance assessment in order to ensure that their safety, health,
433.27 and welfare are provided for in their homes.

433.28 (h) "Health-related procedures and tasks" means procedures and tasks that can be
433.29 delegated or assigned by a licensed health care professional under state law to be performed
433.30 by a personal care assistant.

433.31 (i) "Instrumental activities of daily living" means activities to include meal planning and
433.32 preparation; basic assistance with paying bills; shopping for food, clothing, and other

434.1 essential items; performing household tasks integral to the personal care assistance services;
434.2 communication by telephone and other media; and traveling, including to medical
434.3 appointments and to participate in the community. For purposes of this paragraph, traveling
434.4 includes driving and accompanying the recipient in the recipient's chosen mode of
434.5 transportation and according to the recipient's personal care assistance care plan.

434.6 (j) "Managing employee" has the same definition as Code of Federal Regulations, title
434.7 42, section 455.

434.8 (k) "Qualified professional" means a professional providing supervision of personal care
434.9 assistance services and staff as defined in section 256B.0625, subdivision 19c.

434.10 (l) "Personal care assistance provider agency" means a medical assistance enrolled
434.11 provider that provides or assists with providing personal care assistance services and includes
434.12 a personal care assistance provider organization, personal care assistance choice agency,
434.13 class A licensed nursing agency, and Medicare-certified home health agency.

434.14 (m) "Personal care assistant" or "PCA" means an individual employed by a personal
434.15 care assistance agency who provides personal care assistance services.

434.16 (n) "Personal care assistance care plan" means a written description of personal care
434.17 assistance services developed by the personal care assistance provider according to the
434.18 service plan.

434.19 (o) "Responsible party" means an individual who is capable of providing the support
434.20 necessary to assist the recipient to live in the community.

434.21 (p) "Self-administered medication" means medication taken orally, by injection, nebulizer,
434.22 or insertion, or applied topically without the need for assistance.

434.23 (q) "Service plan" means a written summary of the assessment and description of the
434.24 services needed by the recipient.

434.25 (r) "Wages and benefits" means wages and salaries, the employer's share of FICA taxes,
434.26 Medicare taxes, state and federal unemployment taxes, workers' compensation, mileage
434.27 reimbursement, health and dental insurance, life insurance, disability insurance, long-term
434.28 care insurance, uniform allowance, and contributions to employee retirement accounts.

434.29 **EFFECTIVE DATE.** This section is effective within 90 days following federal approval.
434.30 The commissioner of human services shall notify the revisor of statutes when federal approval
434.31 is obtained.

435.1 Sec. 10. Minnesota Statutes 2020, section 256B.0659, subdivision 12, is amended to read:

435.2 Subd. 12. **Documentation of personal care assistance services provided.** (a) Personal
435.3 care assistance services for a recipient must be documented daily by each personal care
435.4 assistant, on a time sheet form approved by the commissioner. All documentation may be
435.5 web-based, electronic, or paper documentation. The completed form must be submitted on
435.6 a monthly basis to the provider and kept in the recipient's health record.

435.7 (b) The activity documentation must correspond to the personal care assistance care plan
435.8 and be reviewed by the qualified professional.

435.9 (c) The personal care assistant time sheet must be on a form approved by the
435.10 commissioner documenting time the personal care assistant provides services in the home.
435.11 The following criteria must be included in the time sheet:

435.12 (1) full name of personal care assistant and individual provider number;

435.13 (2) provider name and telephone numbers;

435.14 (3) full name of recipient and either the recipient's medical assistance identification
435.15 number or date of birth;

435.16 (4) consecutive dates, including month, day, and year, and arrival and departure times
435.17 with a.m. or p.m. notations;

435.18 (5) signatures of recipient or the responsible party;

435.19 (6) personal signature of the personal care assistant;

435.20 (7) any shared care provided, if applicable;

435.21 (8) a statement that it is a federal crime to provide false information on personal care
435.22 service billings for medical assistance payments; ~~and~~

435.23 (9) dates and location of recipient stays in a hospital, care facility, or incarceration; and

435.24 (10) any time spent traveling, as described in subdivision 1, paragraph (i), including
435.25 start and stop times with a.m. and p.m. designations, the origination site, and the destination
435.26 site.

435.27 **EFFECTIVE DATE.** This section is effective within 90 days following federal approval.
435.28 The commissioner of human services shall notify the revisor of statutes when federal approval
435.29 is obtained.

436.1 Sec. 11. Minnesota Statutes 2020, section 256B.0659, subdivision 19, is amended to read:

436.2 Subd. 19. **Personal care assistance choice option; qualifications; duties.** (a) Under
436.3 personal care assistance choice, the recipient or responsible party shall:

436.4 (1) recruit, hire, schedule, and terminate personal care assistants according to the terms
436.5 of the written agreement required under subdivision 20, paragraph (a);

436.6 (2) develop a personal care assistance care plan based on the assessed needs and
436.7 addressing the health and safety of the recipient with the assistance of a qualified professional
436.8 as needed;

436.9 (3) orient and train the personal care assistant with assistance as needed from the qualified
436.10 professional;

436.11 (4) ~~effective January 1, 2010,~~ supervise and evaluate the personal care assistant with the
436.12 qualified professional, who is required to visit the recipient at least every 180 days;

436.13 (5) monitor and verify in writing and report to the personal care assistance choice agency
436.14 the number of hours worked by the personal care assistant and the qualified professional;

436.15 (6) engage in an annual face-to-face reassessment to determine continuing eligibility
436.16 and service authorization; ~~and~~

436.17 (7) use the same personal care assistance choice provider agency if shared personal
436.18 assistance care is being used; and

436.19 (8) ensure that a personal care assistant driving the recipient under subdivision 1,
436.20 paragraph (i), has a valid driver's license and the vehicle used is registered and insured
436.21 according to Minnesota law.

436.22 (b) The personal care assistance choice provider agency shall:

436.23 (1) meet all personal care assistance provider agency standards;

436.24 (2) enter into a written agreement with the recipient, responsible party, and personal
436.25 care assistants;

436.26 (3) not be related as a parent, child, sibling, or spouse to the recipient or the personal
436.27 care assistant; and

436.28 (4) ensure arm's-length transactions without undue influence or coercion with the recipient
436.29 and personal care assistant.

436.30 (c) The duties of the personal care assistance choice provider agency are to:

437.1 (1) be the employer of the personal care assistant and the qualified professional for
437.2 employment law and related regulations including, but not limited to, purchasing and
437.3 maintaining workers' compensation, unemployment insurance, surety and fidelity bonds,
437.4 and liability insurance, and submit any or all necessary documentation including, but not
437.5 limited to, workers' compensation, unemployment insurance, and labor market data required
437.6 under section 256B.4912, subdivision 1a;

437.7 (2) bill the medical assistance program for personal care assistance services and qualified
437.8 professional services;

437.9 (3) request and complete background studies that comply with the requirements for
437.10 personal care assistants and qualified professionals;

437.11 (4) pay the personal care assistant and qualified professional based on actual hours of
437.12 services provided;

437.13 (5) withhold and pay all applicable federal and state taxes;

437.14 (6) verify and keep records of hours worked by the personal care assistant and qualified
437.15 professional;

437.16 (7) make the arrangements and pay taxes and other benefits, if any, and comply with
437.17 any legal requirements for a Minnesota employer;

437.18 (8) enroll in the medical assistance program as a personal care assistance choice agency;
437.19 and

437.20 (9) enter into a written agreement as specified in subdivision 20 before services are
437.21 provided.

437.22 **EFFECTIVE DATE.** This section is effective within 90 days following federal approval.
437.23 The commissioner of human services shall notify the revisor of statutes when federal approval
437.24 is obtained.

437.25 Sec. 12. Minnesota Statutes 2020, section 256B.0659, subdivision 24, is amended to read:

437.26 Subd. 24. **Personal care assistance provider agency; general duties.** A personal care
437.27 assistance provider agency shall:

437.28 (1) enroll as a Medicaid provider meeting all provider standards, including completion
437.29 of the required provider training;

437.30 (2) comply with general medical assistance coverage requirements;

- 438.1 (3) demonstrate compliance with law and policies of the personal care assistance program
438.2 to be determined by the commissioner;
- 438.3 (4) comply with background study requirements;
- 438.4 (5) verify and keep records of hours worked by the personal care assistant and qualified
438.5 professional;
- 438.6 (6) not engage in any agency-initiated direct contact or marketing in person, by phone,
438.7 or other electronic means to potential recipients, guardians, or family members;
- 438.8 (7) pay the personal care assistant and qualified professional based on actual hours of
438.9 services provided;
- 438.10 (8) withhold and pay all applicable federal and state taxes;
- 438.11 (9) document that the agency uses a minimum of 72.5 percent of the revenue generated
438.12 by the medical assistance rate for personal care assistance services for employee personal
438.13 care assistant wages and benefits. The revenue generated by the qualified professional and
438.14 the reasonable costs associated with the qualified professional shall not be used in making
438.15 this calculation;
- 438.16 (10) make the arrangements and pay unemployment insurance, taxes, workers'
438.17 compensation, liability insurance, and other benefits, if any;
- 438.18 (11) enter into a written agreement under subdivision 20 before services are provided;
- 438.19 (12) report suspected neglect and abuse to the common entry point according to section
438.20 256B.0651;
- 438.21 (13) provide the recipient with a copy of the home care bill of rights at start of service;
- 438.22 (14) request reassessments at least 60 days prior to the end of the current authorization
438.23 for personal care assistance services, on forms provided by the commissioner;
- 438.24 (15) comply with the labor market reporting requirements described in section 256B.4912,
438.25 subdivision 1a; ~~and~~
- 438.26 (16) document that the agency uses the additional revenue due to the enhanced rate under
438.27 subdivision 17a for the wages and benefits of the PCAs whose services meet the requirements
438.28 under subdivision 11, paragraph (d); and
- 438.29 (17) ensure that a personal care assistant driving a recipient under subdivision 1,
438.30 paragraph (i), has a valid driver's license and the vehicle used is registered and insured
438.31 according to Minnesota law.

439.1 **EFFECTIVE DATE.** This section is effective within 90 days following federal approval.
439.2 The commissioner of human services shall notify the revisor of statutes when federal approval
439.3 is obtained.

439.4 Sec. 13. Minnesota Statutes 2020, section 256B.092, is amended by adding a subdivision
439.5 to read:

439.6 Subd. 15. **Community residential setting notice of closure; planning process.** (a) The
439.7 lead agency shall, within five working days of receiving initial notice of a community
439.8 residential setting's intent to terminate services of a person due to closure pursuant to section
439.9 245A.04, subdivision 15b, provide the license holder and the expanded support team with
439.10 the contact information of those persons responsible for coordinating county and state social
439.11 services agency efforts in the planning process.

439.12 (b) Within ten working days of receipt of the notice of closure and proposed closure
439.13 plan, the county social services agency and license holder shall meet to develop a
439.14 person-centered relocation plan with each individual impacted by the closure. The license
439.15 holder shall inform the commissioner, the Office of Ombudsman for Mental Health and
439.16 Developmental Disabilities, and the Office of Ombudsman for Long-Term Care of the date,
439.17 time, and location of the meeting so that their representatives may attend.

439.18 Sec. 14. Minnesota Statutes 2020, section 256B.49, is amended by adding a subdivision
439.19 to read:

439.20 Subd. 30. **Community residential setting; notice of closure; planning process.** (a)
439.21 The lead agency shall, within five working days of receiving initial notice of a community
439.22 residential setting's intent to terminate services of a person due to closure pursuant to section
439.23 245A.04, subdivision 15b, provide the license holder and the expanded support team with
439.24 the contact information of those persons responsible for coordinating county and state social
439.25 services agency efforts in the planning process.

439.26 (b) Within ten working days of receipt of the notice of closure and proposed closure
439.27 plan, the county social services agency and license holder shall meet to develop a
439.28 person-centered relocation plan with each individual impacted by the closure. The license
439.29 holder shall inform the commissioner, the Office of Ombudsman for Mental Health and
439.30 Developmental Disabilities, and the Office of Ombudsman for Long-Term Care of the date,
439.31 time, and location of the meeting so that their representatives may attend.

440.1 Sec. 15. Minnesota Statutes 2020, section 256B.4911, is amended by adding a subdivision
440.2 to read:

440.3 Subd. 6. **Services provided by parents and spouses.** (a) Upon federal approval, this
440.4 subdivision limits medical assistance payments under the consumer-directed community
440.5 supports option for personal assistance services provided by a parent to the parent's minor
440.6 child or by a spouse. This subdivision applies to the consumer-directed community supports
440.7 option available under all of the following:

440.8 (1) alternative care program;

440.9 (2) brain injury waiver;

440.10 (3) community alternative care waiver;

440.11 (4) community access for disability inclusion waiver;

440.12 (5) developmental disabilities waiver;

440.13 (6) elderly waiver; and

440.14 (7) Minnesota senior health option.

440.15 (b) For the purposes of this subdivision, "parent" means a parent, stepparent, or legal
440.16 guardian of a minor.

440.17 (c) If multiple parents are providing personal assistance services to their minor child or
440.18 children, each parent may provide up to 40 hours of personal assistance services in any
440.19 seven-day period regardless of the number of children served. The total number of hours
440.20 of personal assistance services provided by all of the parents must not exceed 80 hours in
440.21 a seven-day period regardless of the number of children served.

440.22 (d) If only one parent is providing personal assistance services to a minor child or
440.23 children, the parent may provide up to 60 hours of personal assistance services in a seven-day
440.24 period regardless of the number of children served.

440.25 (e) If a spouse is providing personal assistance services, the spouse may provide up to
440.26 60 hours of personal assistance services in a seven-day period.

440.27 (f) This subdivision must not be construed to permit an increase in the total authorized
440.28 consumer-directed community supports budget for an individual.

440.29 **EFFECTIVE DATE.** This section is effective July 1, 2022, or upon federal approval,
440.30 whichever is later. The commissioner of human services shall notify the revisor of statutes
440.31 when federal approval is obtained.

441.1 Sec. 16. Minnesota Statutes 2020, section 256B.4914, subdivision 8, as amended by Laws
441.2 2022, chapter 33, section 1, is amended to read:

441.3 Subd. 8. **Unit-based services with programming; component values and calculation**
441.4 **of payment rates.** (a) For the purpose of this section, unit-based services with programming
441.5 include employment exploration services, employment development services, employment
441.6 support services, individualized home supports with family training, individualized home
441.7 supports with training, and positive support services provided to an individual outside of
441.8 any service plan for a day program or residential support service.

441.9 (b) Component values for unit-based services with programming are:

441.10 (1) competitive workforce factor: 4.7 percent;

441.11 (2) supervisory span of control ratio: 11 percent;

441.12 (3) employee vacation, sick, and training allowance ratio: 8.71 percent;

441.13 (4) employee-related cost ratio: 23.6 percent;

441.14 (5) program plan support ratio: 15.5 percent;

441.15 (6) client programming and support ratio: 4.7 percent, updated as specified in subdivision
441.16 5b;

441.17 (7) general administrative support ratio: 13.25 percent;

441.18 (8) program-related expense ratio: 6.1 percent; and

441.19 (9) absence and utilization factor ratio: 3.9 percent.

441.20 (c) A unit of service for unit-based services with programming is 15 minutes.

441.21 (d) Payments for unit-based services with programming must be calculated as follows,
441.22 unless the services are reimbursed separately as part of a residential support services or day
441.23 program payment rate:

441.24 (1) determine the number of units of service to meet a recipient's needs;

441.25 (2) determine the appropriate hourly staff wage rates derived by the commissioner as
441.26 provided in subdivisions 5 and 5a;

441.27 (3) except for subdivision 5a, clauses (1) to (4), multiply the result of clause (2) by the
441.28 product of one plus the competitive workforce factor;

- 442.1 (4) for a recipient requiring customization for deaf and hard-of-hearing language
442.2 accessibility under subdivision 12, add the customization rate provided in subdivision 12
442.3 to the result of clause (3);
- 442.4 (5) multiply the number of direct staffing hours by the appropriate staff wage;
- 442.5 (6) multiply the number of direct staffing hours by the product of the supervisory span
442.6 of control ratio and the appropriate supervisory staff wage in subdivision 5a, clause (1);
- 442.7 (7) combine the results of clauses (5) and (6), and multiply the result by one plus the
442.8 employee vacation, sick, and training allowance ratio. This is defined as the direct staffing
442.9 rate;
- 442.10 (8) for program plan support, multiply the result of clause (7) by one plus the program
442.11 plan support ratio;
- 442.12 (9) for employee-related expenses, multiply the result of clause (8) by one plus the
442.13 employee-related cost ratio;
- 442.14 (10) for client programming and supports, multiply the result of clause (9) by one plus
442.15 the client programming and support ratio;
- 442.16 (11) this is the subtotal rate;
- 442.17 (12) sum the standard general administrative support ratio, the program-related expense
442.18 ratio, and the absence and utilization factor ratio;
- 442.19 (13) divide the result of clause (11) by one minus the result of clause (12). This is the
442.20 total payment amount;
- 442.21 (14) for services provided in a shared manner, divide the total payment in clause (13)
442.22 as follows:
- 442.23 (i) for employment exploration services, divide by the number of service recipients, not
442.24 to exceed five;
- 442.25 (ii) for employment support services, divide by the number of service recipients, not to
442.26 exceed six; and
- 442.27 (iii) for individualized home supports with training and individualized home supports
442.28 with family training, divide by the number of service recipients, not to exceed ~~two~~ three;
442.29 and
- 442.30 (15) adjust the result of clause (14) by a factor to be determined by the commissioner
442.31 to adjust for regional differences in the cost of providing services.

443.1 **EFFECTIVE DATE.** This section is effective January 1, 2023, or upon federal approval,
443.2 whichever occurs later. The commissioner of human services shall notify the revisor of
443.3 statutes when federal approval is obtained.

443.4 Sec. 17. Minnesota Statutes 2020, section 256B.4914, subdivision 9, as amended by Laws
443.5 2022, chapter 33, section 1, is amended to read:

443.6 **Subd. 9. Unit-based services without programming; component values and**
443.7 **calculation of payment rates.** (a) For the purposes of this section, unit-based services
443.8 without programming include individualized home supports without training and night
443.9 supervision provided to an individual outside of any service plan for a day program or
443.10 residential support service. Unit-based services without programming do not include respite.

443.11 (b) Component values for unit-based services without programming are:

443.12 (1) competitive workforce factor: 4.7 percent;

443.13 (2) supervisory span of control ratio: 11 percent;

443.14 (3) employee vacation, sick, and training allowance ratio: 8.71 percent;

443.15 (4) employee-related cost ratio: 23.6 percent;

443.16 (5) program plan support ratio: 7.0 percent;

443.17 (6) client programming and support ratio: 2.3 percent, updated as specified in subdivision
443.18 5b;

443.19 (7) general administrative support ratio: 13.25 percent;

443.20 (8) program-related expense ratio: 2.9 percent; and

443.21 (9) absence and utilization factor ratio: 3.9 percent.

443.22 (c) A unit of service for unit-based services without programming is 15 minutes.

443.23 (d) Payments for unit-based services without programming must be calculated as follows
443.24 unless the services are reimbursed separately as part of a residential support services or day
443.25 program payment rate:

443.26 (1) determine the number of units of service to meet a recipient's needs;

443.27 (2) determine the appropriate hourly staff wage rates derived by the commissioner as
443.28 provided in subdivisions 5 to 5a;

443.29 (3) except for subdivision 5a, clauses (1) to (4), multiply the result of clause (2) by the
443.30 product of one plus the competitive workforce factor;

- 444.1 (4) for a recipient requiring customization for deaf and hard-of-hearing language
444.2 accessibility under subdivision 12, add the customization rate provided in subdivision 12
444.3 to the result of clause (3);
- 444.4 (5) multiply the number of direct staffing hours by the appropriate staff wage;
- 444.5 (6) multiply the number of direct staffing hours by the product of the supervisory span
444.6 of control ratio and the appropriate supervisory staff wage in subdivision 5a, clause (1);
- 444.7 (7) combine the results of clauses (5) and (6), and multiply the result by one plus the
444.8 employee vacation, sick, and training allowance ratio. This is defined as the direct staffing
444.9 rate;
- 444.10 (8) for program plan support, multiply the result of clause (7) by one plus the program
444.11 plan support ratio;
- 444.12 (9) for employee-related expenses, multiply the result of clause (8) by one plus the
444.13 employee-related cost ratio;
- 444.14 (10) for client programming and supports, multiply the result of clause (9) by one plus
444.15 the client programming and support ratio;
- 444.16 (11) this is the subtotal rate;
- 444.17 (12) sum the standard general administrative support ratio, the program-related expense
444.18 ratio, and the absence and utilization factor ratio;
- 444.19 (13) divide the result of clause (11) by one minus the result of clause (12). This is the
444.20 total payment amount;
- 444.21 (14) for individualized home supports without training provided in a shared manner,
444.22 divide the total payment amount in clause (13) by the number of service recipients, not to
444.23 exceed ~~two~~ three; and
- 444.24 (15) adjust the result of clause (14) by a factor to be determined by the commissioner
444.25 to adjust for regional differences in the cost of providing services.
- 444.26 **EFFECTIVE DATE.** This section is effective January 1, 2023, or upon federal approval,
444.27 whichever occurs later. The commissioner of human services shall notify the revisor of
444.28 statutes when federal approval is obtained.

445.1 Sec. 18. Minnesota Statutes 2021 Supplement, section 256B.85, subdivision 7, is amended
445.2 to read:

445.3 Subd. 7. **Community first services and supports; covered services.** Services and
445.4 supports covered under CFSS include:

445.5 (1) assistance to accomplish activities of daily living (ADLs), instrumental activities of
445.6 daily living (IADLs), and health-related procedures and tasks through hands-on assistance
445.7 to accomplish the task or constant supervision and cueing to accomplish the task;

445.8 (2) assistance to acquire, maintain, or enhance the skills necessary for the participant to
445.9 accomplish activities of daily living, instrumental activities of daily living, or health-related
445.10 tasks;

445.11 (3) expenditures for items, services, supports, environmental modifications, or goods,
445.12 including assistive technology. These expenditures must:

445.13 (i) relate to a need identified in a participant's CFSS service delivery plan; and

445.14 (ii) increase independence or substitute for human assistance, to the extent that
445.15 expenditures would otherwise be made for human assistance for the participant's assessed
445.16 needs;

445.17 (4) observation and redirection for behavior or symptoms where there is a need for
445.18 assistance;

445.19 (5) back-up systems or mechanisms, such as the use of pagers or other electronic devices,
445.20 to ensure continuity of the participant's services and supports;

445.21 (6) services provided by a consultation services provider as defined under subdivision
445.22 17, that is under contract with the department and enrolled as a Minnesota health care
445.23 program provider;

445.24 (7) services provided by an FMS provider as defined under subdivision 13a, that is an
445.25 enrolled provider with the department;

445.26 (8) CFSS services provided by a support worker who is a parent, stepparent, or legal
445.27 guardian of a participant under age 18, or who is the participant's spouse. ~~These support~~
445.28 ~~workers shall not:~~ Covered services under this clause are subject to the limitations described
445.29 in subdivision 7b; and

445.30 ~~(i) provide any medical assistance home and community-based services in excess of 40~~
445.31 ~~hours per seven-day period regardless of the number of parents providing services;~~

446.1 ~~combination of parents and spouses providing services, or number of children who receive~~
446.2 ~~medical assistance services; and~~

446.3 ~~(ii) have a wage that exceeds the current rate for a CFSS support worker including the~~
446.4 ~~wage, benefits, and payroll taxes; and~~

446.5 (9) worker training and development services as described in subdivision 18a.

446.6 EFFECTIVE DATE. This section is effective July 1, 2022, or upon federal approval,
446.7 whichever is later. The commissioner of human services shall notify the revisor of statutes
446.8 when federal approval is obtained.

446.9 Sec. 19. Minnesota Statutes 2020, section 256B.85, is amended by adding a subdivision
446.10 to read:

446.11 Subd. 7b. Services provided by parents and spouses. (a) This subdivision applies to
446.12 services and supports described in subdivision 7, clause (8).

446.13 (b) If multiple parents are support workers providing CFSS services to their minor child
446.14 or children, each parent may provide up to 40 hours of medical assistance home and
446.15 community-based services in any seven-day period regardless of the number of children
446.16 served. The total number of hours of medical assistance home and community-based services
446.17 provided by all of the parents must not exceed 80 hours in a seven-day period regardless of
446.18 the number of children served.

446.19 (c) If only one parent is a support worker providing CFSS services to the parent's minor
446.20 child or children, the parent may provide up to 60 hours of medical assistance home and
446.21 community-based services in a seven-day period regardless of the number of children served.

446.22 (d) If a spouse is a support worker providing CFSS services, the spouse may provide up
446.23 to 60 hours of medical assistance home and community-based services in a seven-day period.

446.24 (e) Paragraphs (b) to (d) must not be construed to permit an increase in either the total
446.25 authorized service budget for an individual or the total number of authorized service units.

446.26 (f) A parent or spouse must not receive a wage that exceeds the current rate for a CFSS
446.27 support worker, including the wage, benefits, and payroll taxes.

446.28 EFFECTIVE DATE. This section is effective July 1, 2022, or upon federal approval,
446.29 whichever is later. The commissioner of human services shall notify the revisor of statutes
446.30 when federal approval is obtained.

447.1 Sec. 20. Minnesota Statutes 2021 Supplement, section 256B.85, subdivision 8, is amended
447.2 to read:

447.3 Subd. 8. **Determination of CFSS service authorization amount.** (a) All community
447.4 first services and supports must be authorized by the commissioner or the commissioner's
447.5 designee before services begin. The authorization for CFSS must be completed as soon as
447.6 possible following an assessment but no later than 40 calendar days from the date of the
447.7 assessment.

447.8 (b) The amount of CFSS authorized must be based on the participant's home care rating
447.9 described in paragraphs (d) and (e) and any additional service units for which the participant
447.10 qualifies as described in paragraph (f).

447.11 (c) The home care rating shall be determined by the commissioner or the commissioner's
447.12 designee based on information submitted to the commissioner identifying the following for
447.13 a participant:

447.14 (1) the total number of dependencies of activities of daily living;

447.15 (2) the presence of complex health-related needs; and

447.16 (3) the presence of Level I behavior.

447.17 (d) The methodology to determine the total service units for CFSS for each home care
447.18 rating is based on the median paid units per day for each home care rating from fiscal year
447.19 2007 data for the PCA program.

447.20 (e) Each home care rating is designated by the letters P through Z and EN and has the
447.21 following base number of service units assigned:

447.22 (1) P home care rating requires Level I behavior or one to three dependencies in ADLs
447.23 and qualifies the person for five service units;

447.24 (2) Q home care rating requires Level I behavior and one to three dependencies in ADLs
447.25 and qualifies the person for six service units;

447.26 (3) R home care rating requires a complex health-related need and one to three
447.27 dependencies in ADLs and qualifies the person for seven service units;

447.28 (4) S home care rating requires four to six dependencies in ADLs and qualifies the person
447.29 for ten service units;

447.30 (5) T home care rating requires four to six dependencies in ADLs and Level I behavior
447.31 and qualifies the person for 11 service units;

448.1 (6) U home care rating requires four to six dependencies in ADLs and a complex
448.2 health-related need and qualifies the person for 14 service units;

448.3 (7) V home care rating requires seven to eight dependencies in ADLs and qualifies the
448.4 person for 17 service units;

448.5 (8) W home care rating requires seven to eight dependencies in ADLs and Level I
448.6 behavior and qualifies the person for 20 service units;

448.7 (9) Z home care rating requires seven to eight dependencies in ADLs and a complex
448.8 health-related need and qualifies the person for 30 service units; and

448.9 (10) EN home care rating includes ventilator dependency as defined in section 256B.0651,
448.10 subdivision 1, paragraph ~~(g)~~ (i). A person who meets the definition of ventilator-dependent
448.11 and the EN home care rating and utilize a combination of CFSS and home care nursing
448.12 services is limited to a total of 96 service units per day for those services in combination.
448.13 Additional units may be authorized when a person's assessment indicates a need for two
448.14 staff to perform activities. Additional time is limited to 16 service units per day.

448.15 (f) Additional service units are provided through the assessment and identification of
448.16 the following:

448.17 (1) 30 additional minutes per day for a dependency in each critical activity of daily
448.18 living;

448.19 (2) 30 additional minutes per day for each complex health-related need; and

448.20 (3) 30 additional minutes per day for each behavior under this clause that requires
448.21 assistance at least four times per week:

448.22 (i) level I behavior that requires the immediate response of another person;

448.23 (ii) increased vulnerability due to cognitive deficits or socially inappropriate behavior;

448.24 or

448.25 (iii) increased need for assistance for participants who are verbally aggressive or resistive
448.26 to care so that the time needed to perform activities of daily living is increased.

448.27 (g) The service budget for budget model participants shall be based on:

448.28 (1) assessed units as determined by the home care rating; and

448.29 (2) an adjustment needed for administrative expenses.

449.1 **EFFECTIVE DATE.** This section is effective January 1, 2023, or upon federal approval,
449.2 whichever is later. The commissioner of human services shall notify the revisor of statutes
449.3 when federal approval is obtained.

449.4 Sec. 21. Minnesota Statutes 2021 Supplement, section 256B.851, subdivision 5, is amended
449.5 to read:

449.6 Subd. 5. **Payment rates; component values.** (a) The commissioner must use the
449.7 following component values:

449.8 (1) employee vacation, sick, and training factor, 8.71 percent;

449.9 (2) employer taxes and workers' compensation factor, 11.56 percent;

449.10 (3) employee benefits factor, 12.04 percent;

449.11 (4) client programming and supports factor, 2.30 percent;

449.12 (5) program plan support factor, 7.00 percent;

449.13 (6) general business and administrative expenses factor, 13.25 percent;

449.14 (7) program administration expenses factor, 2.90 percent; and

449.15 (8) absence and utilization factor, 3.90 percent.

449.16 (b) For purposes of implementation, the commissioner shall use the following
449.17 implementation components:

449.18 (1) personal care assistance services and CFSS: ~~75.45~~ 79.5 percent;

449.19 (2) enhanced rate personal care assistance services and enhanced rate CFSS: ~~75.45~~ 79.5
449.20 percent; and

449.21 (3) qualified professional services and CFSS worker training and development: ~~75.45~~
449.22 79.5 percent.

449.23 **EFFECTIVE DATE.** This section is effective January 1, 2023, or 60 days following
449.24 federal approval, whichever is later. The commissioner of human services shall notify the
449.25 revisor of statutes when federal approval is obtained.

449.26 Sec. 22. Minnesota Statutes 2020, section 256I.04, subdivision 3, is amended to read:

449.27 Subd. 3. **Moratorium on development of housing support beds.** (a) Agencies shall
449.28 not enter into agreements for new housing support beds with total rates in excess of the
449.29 MSA equivalent rate except:

450.1 (1) for establishments licensed under chapter 245D provided the facility is needed to
450.2 meet the census reduction targets for persons with developmental disabilities at regional
450.3 treatment centers;

450.4 (2) up to 80 beds in a single, specialized facility located in Hennepin County that will
450.5 provide housing for chronic inebriates who are repetitive users of detoxification centers and
450.6 are refused placement in emergency shelters because of their state of intoxication, and
450.7 planning for the specialized facility must have been initiated before July 1, 1991, in
450.8 anticipation of receiving a grant from the Housing Finance Agency under section 462A.05,
450.9 subdivision 20a, paragraph (b);

450.10 (3) notwithstanding the provisions of subdivision 2a, for up to ~~226~~ 500 supportive
450.11 housing units in Anoka, Carver, Dakota, Hennepin, or Ramsey, Scott, or Washington County
450.12 for homeless adults with a disability, including but not limited to mental illness, a history
450.13 of substance abuse, or human immunodeficiency virus or acquired immunodeficiency
450.14 syndrome. For purposes of this ~~section~~ clause, "homeless adult" means a person who is: (i)
450.15 living on the street or in a shelter; or (ii) discharged from a regional treatment center,
450.16 community hospital, or residential treatment program and has no appropriate housing
450.17 available and lacks the resources and support necessary to access appropriate housing. At
450.18 ~~least 70 percent of the supportive housing units must serve homeless adults with mental~~
450.19 ~~illness, substance abuse problems, or human immunodeficiency virus or acquired~~
450.20 ~~immunodeficiency syndrome who are about to be or, within the previous six months, have~~
450.21 ~~been discharged from a regional treatment center, or a state-contracted psychiatric bed in~~
450.22 ~~a community hospital, or a residential mental health or chemical dependency treatment~~
450.23 ~~program.~~ If a person meets the requirements of subdivision 1, paragraph (a) or (b), and
450.24 receives a federal or state housing subsidy, the housing support rate for that person is limited
450.25 to the supplementary rate under section 256I.05, subdivision 1a, ~~and is determined by~~
450.26 ~~subtracting the amount of the person's countable income that exceeds the MSA equivalent~~
450.27 ~~rate from the housing support supplementary service rate.~~ A resident in a demonstration
450.28 project site who no longer participates in the demonstration program shall retain eligibility
450.29 for a housing support payment in an amount determined under section 256I.06, subdivision
450.30 8, using the MSA equivalent rate. ~~Service funding under section 256I.05, subdivision 1a,~~
450.31 ~~will end June 30, 1997, if federal matching funds are available and the services can be~~
450.32 ~~provided through a managed care entity. If federal matching funds are not available, then~~
450.33 ~~service funding will continue under section 256I.05, subdivision 1a;~~

450.34 (4) for an additional two beds, resulting in a total of 32 beds, for a facility located in
450.35 Hennepin County providing services for recovering and chemically dependent men that has

451.1 had a housing support contract with the county and has been licensed as a board and lodge
451.2 facility with special services since 1980;

451.3 (5) for a housing support provider located in the city of St. Cloud, or a county contiguous
451.4 to the city of St. Cloud, that operates a 40-bed facility, that received financing through the
451.5 Minnesota Housing Finance Agency Ending Long-Term Homelessness Initiative and serves
451.6 chemically dependent clientele, providing 24-hour-a-day supervision;

451.7 (6) for a new 65-bed facility in Crow Wing County that will serve chemically dependent
451.8 persons, operated by a housing support provider that currently operates a 304-bed facility
451.9 in Minneapolis, and a 44-bed facility in Duluth;

451.10 (7) for a housing support provider that operates two ten-bed facilities, one located in
451.11 Hennepin County and one located in Ramsey County, that provide community support and
451.12 24-hour-a-day supervision to serve the mental health needs of individuals who have
451.13 chronically lived unsheltered; and

451.14 (8) for a facility authorized for recipients of housing support in Hennepin County with
451.15 a capacity of up to 48 beds that has been licensed since 1978 as a board and lodging facility
451.16 and that until August 1, 2007, operated as a licensed chemical dependency treatment program.

451.17 (b) An agency may enter into a housing support agreement for beds with rates in excess
451.18 of the MSA equivalent rate in addition to those currently covered under a housing support
451.19 agreement if the additional beds are only a replacement of beds with rates in excess of the
451.20 MSA equivalent rate which have been made available due to closure of a setting, a change
451.21 of licensure or certification which removes the beds from housing support payment, or as
451.22 a result of the downsizing of a setting authorized for recipients of housing support. The
451.23 transfer of available beds from one agency to another can only occur by the agreement of
451.24 both agencies.

451.25 (c) The appropriation for this subdivision must include administrative funding equal to
451.26 the cost of two full-time equivalent employees to process eligibility. The commissioner
451.27 must disburse administrative funding to the fiscal agent for the counties under this
451.28 subdivision.

451.29 Sec. 23. Minnesota Statutes 2020, section 256S.16, is amended to read:

451.30 **256S.16 AUTHORIZATION OF ELDERLY WAIVER SERVICES AND SERVICE**
451.31 **RATES.**

451.32 Subdivision 1. Service rates; generally. A lead agency must use the service rates and
451.33 service rate limits published by the commissioner to authorize services.

452.1 Subd. 2. **Shared services; rates.** The commissioner shall provide a rate system for
452.2 shared homemaker services and shared chore services, based on homemaker rates for a
452.3 single individual under section 256S.215, subdivisions 9 to 11, and the chore rate for a
452.4 single individual under section 256S.215, subdivision 7. For two persons sharing services,
452.5 the rate paid to a provider must not exceed 1-1/2 times the rate paid for serving a single
452.6 individual, and for three persons sharing services, the rate paid to a provider must not exceed
452.7 two times the rate paid for serving a single individual. These rates apply only when all of
452.8 the criteria for the shared service have been met.

452.9 Sec. 24. Minnesota Statutes 2020, section 256S.18, subdivision 1, is amended to read:

452.10 Subdivision 1. **Case mix classifications.** (a) The elderly waiver case mix classifications
452.11 A to K shall be the resident classes A to K established under Minnesota Rules, parts
452.12 9549.0058 and 9549.0059.

452.13 (b) A participant assigned to elderly waiver case mix classification A must be reassigned
452.14 to elderly waiver case mix classification L if an assessment or reassessment performed
452.15 under section 256B.0911 determines that the participant has:

452.16 (1) no dependencies in activities of daily living; or

452.17 (2) up to two dependencies in bathing, dressing, grooming, walking, or eating when the
452.18 dependency score in eating is three or greater.

452.19 (c) A participant must be assigned to elderly waiver case mix classification V if the
452.20 participant meets the definition of ventilator-dependent in section 256B.0651, subdivision
452.21 1, paragraph ~~(g)~~ (i).

452.22 **EFFECTIVE DATE.** This section is effective January 1, 2023, or upon federal approval,
452.23 whichever is later. The commissioner of human services shall notify the revisor of statutes
452.24 when federal approval is obtained.

452.25 Sec. 25. Laws 2021, First Special Session chapter 7, article 17, section 14, subdivision 3,
452.26 is amended to read:

452.27 Subd. 3. **Membership.** (a) The task force consists of ~~16~~ 20 members, appointed as
452.28 follows:

452.29 (1) the commissioner of human services or a designee;

452.30 (2) the commissioner of labor and industry or a designee;

452.31 (3) the commissioner of education or a designee;

- 453.1 (4) the commissioner of employment and economic development or a designee;
- 453.2 (5) a representative of the Department of Employment and Economic Development's
453.3 Vocational Rehabilitation Services Division appointed by the commissioner of employment
453.4 and economic development;
- 453.5 (6) one member appointed by the Minnesota Disability Law Center;
- 453.6 (7) one member appointed by The Arc of Minnesota;
- 453.7 (8) ~~three~~ four members who are persons with disabilities appointed by the commissioner
453.8 of human services, at least one of whom ~~must be~~ is neurodiverse, ~~and~~ at least one of whom
453.9 ~~must have~~ has a significant physical disability, and at least one of whom at the time of the
453.10 appointment is being paid a subminimum wage;
- 453.11 (9) two representatives of employers authorized to pay subminimum wage and one
453.12 representative of an employer who successfully transitioned away from payment of
453.13 subminimum wages to people with disabilities, appointed by the commissioner of human
453.14 services;
- 453.15 (10) one member appointed by the Minnesota Organization for Habilitation and
453.16 Rehabilitation;
- 453.17 (11) one member appointed by ARRM; ~~and~~
- 453.18 (12) one member appointed by the State Rehabilitation Council; and
- 453.19 (13) three members who are parents or guardians of persons with disabilities appointed
453.20 by the commissioner of human services, at least one of whom is a parent or guardian of a
453.21 person who is neurodiverse, at least one of whom is a parent or guardian of a person with
453.22 a significant physical disability, and at least one of whom is a parent or guardian of a person
453.23 being paid a subminimum wage as of the date of the appointment.
- 453.24 (b) To the extent possible, membership on the task force under paragraph (a) shall reflect
453.25 geographic parity throughout the state and representation from Black, Indigenous, and
453.26 communities of color.
- 453.27 **EFFECTIVE DATE.** This section is effective the day following final enactment. The
453.28 commissioner of human services must make the additional appointments required under
453.29 this section within 30 days following final enactment.

454.1 Sec. 26. Laws 2022, chapter 33, section 1, subdivision 5a, is amended to read:

454.2 Subd. 5a. **Base wage index; calculations.** The base wage index must be calculated as
454.3 follows:

454.4 (1) for supervisory staff, 100 percent of the median wage for community and social
454.5 services specialist (SOC code 21-1099), with the exception of the supervisor of positive
454.6 supports professional, positive supports analyst, and positive supports specialist, which is
454.7 100 percent of the median wage for clinical counseling and school psychologist (SOC code
454.8 19-3031);

454.9 (2) for registered nurse staff, 100 percent of the median wage for registered nurses (SOC
454.10 code 29-1141);

454.11 (3) for licensed practical nurse staff, 100 percent of the median wage for licensed practical
454.12 nurses (SOC code 29-2061);

454.13 (4) for residential asleep-overnight staff, the minimum wage in Minnesota for large
454.14 employers, with the exception of asleep-overnight staff for family residential services, which
454.15 is 36 percent of the minimum wage in Minnesota for large employers;

454.16 (5) for residential direct care staff, the sum of:

454.17 (i) 15 percent of the subtotal of 50 percent of the median wage for home health and
454.18 personal care aide (SOC code 31-1120); 30 percent of the median wage for nursing assistant
454.19 (SOC code 31-1131); and 20 percent of the median wage for social and human services
454.20 aide (SOC code 21-1093); and

454.21 (ii) 85 percent of the subtotal of 40 percent of the median wage for home health and
454.22 personal care aide (SOC code 31-1120); 20 percent of the median wage for nursing assistant
454.23 (SOC code 31-1014); 20 percent of the median wage for psychiatric technician (SOC code
454.24 29-2053); and 20 percent of the median wage for social and human services aide (SOC code
454.25 21-1093);

454.26 (6) for adult day services staff, 70 percent of the median wage for nursing assistant (SOC
454.27 code 31-1131); and 30 percent of the median wage for home health and personal care aide
454.28 (SOC code 31-1120);

454.29 (7) for day support services staff and prevocational services staff, 20 percent of the
454.30 median wage for nursing assistant (SOC code 31-1131); 20 percent of the median wage for
454.31 psychiatric technician (SOC code 29-2053); and 60 percent of the median wage for social
454.32 and human services aide (SOC code 21-1093);

455.1 (8) for positive supports analyst staff, 100 percent of the median wage for substance
455.2 abuse, behavioral disorder, and mental health counselor (SOC code 21-1018);

455.3 (9) for positive supports professional staff, 100 percent of the median wage for clinical
455.4 counseling and school psychologist (SOC code 19-3031);

455.5 (10) for positive supports specialist staff, 100 percent of the median wage for psychiatric
455.6 technicians (SOC code 29-2053);

455.7 (11) for individualized home supports with family training staff, 20 percent of the median
455.8 wage for nursing aide (SOC code 31-1131); 30 percent of the median wage for community
455.9 social service specialist (SOC code 21-1099); 40 percent of the median wage for social and
455.10 human services aide (SOC code 21-1093); and ten percent of the median wage for psychiatric
455.11 technician (SOC code 29-2053);

455.12 (12) for individualized home supports with training services staff, 40 percent of the
455.13 median wage for community social service specialist (SOC code 21-1099); 50 percent of
455.14 the median wage for social and human services aide (SOC code 21-1093); and ten percent
455.15 of the median wage for psychiatric technician (SOC code 29-2053);

455.16 (13) for employment support services staff, 50 percent of the median wage for
455.17 rehabilitation counselor (SOC code 21-1015); and 50 percent of the median wage for
455.18 community and social services specialist (SOC code 21-1099);

455.19 (14) for employment exploration services staff, 50 percent of the median wage for
455.20 ~~rehabilitation counselor (SOC code 21-1015)~~ education, guidance, school, and vocational
455.21 counselors (SOC code 21-1012); and 50 percent of the median wage for community and
455.22 social services specialist (SOC code 21-1099);

455.23 (15) for employment development services staff, 50 percent of the median wage for
455.24 education, guidance, school, and vocational counselors (SOC code 21-1012); and 50 percent
455.25 of the median wage for community and social services specialist (SOC code 21-1099);

455.26 (16) for individualized home support without training staff, 50 percent of the median
455.27 wage for home health and personal care aide (SOC code 31-1120); and 50 percent of the
455.28 median wage for nursing assistant (SOC code 31-1131);

455.29 (17) for night supervision staff, 40 percent of the median wage for home health and
455.30 personal care aide (SOC code 31-1120); 20 percent of the median wage for nursing assistant
455.31 (SOC code 31-1131); 20 percent of the median wage for psychiatric technician (SOC code
455.32 29-2053); and 20 percent of the median wage for social and human services aide (SOC code
455.33 21-1093); and

456.1 (18) for respite staff, 50 percent of the median wage for home health and personal care
456.2 aide (SOC code 31-1131); and 50 percent of the median wage for nursing assistant (SOC
456.3 code 31-1014).-

456.4 **EFFECTIVE DATE.** This section is effective January 1, 2023, or upon federal approval,
456.5 whichever is later. The commissioner of human services shall notify the revisor of statutes
456.6 when federal approval is obtained.

456.7 Sec. 27. Laws 2022, chapter 33, section 1, subdivision 9a, is amended to read:

456.8 Subd. 9a. **Respite services; component values and calculation of payment rates.** (a)

456.9 For the purposes of this section, respite services include respite services provided to an
456.10 individual outside of any service plan for a day program or residential support service.

456.11 (b) Component values for respite services are:

456.12 (1) competitive workforce factor: 4.7 percent;

456.13 (2) supervisory span of control ratio: 11 percent;

456.14 (3) employee vacation, sick, and training allowance ratio: 8.71 percent;

456.15 (4) employee-related cost ratio: 23.6 percent;

456.16 (5) general administrative support ratio: 13.25 percent;

456.17 (6) program-related expense ratio: 2.9 percent; and

456.18 (7) absence and utilization factor ratio: 3.9 percent.

456.19 (c) A unit of service for respite services is 15 minutes.

456.20 (d) Payments for respite services must be calculated as follows unless the service is
456.21 reimbursed separately as part of a residential support services or day program payment rate:

456.22 (1) determine the number of units of service to meet an individual's needs;

456.23 (2) determine the appropriate hourly staff wage rates derived by the commissioner as
456.24 provided in subdivisions 5 and 5a;

456.25 (3) except for subdivision 5a, clauses (1) to (4), multiply the result of clause (2) by the
456.26 product of one plus the competitive workforce factor;

456.27 (4) for a recipient requiring deaf and hard-of-hearing customization under subdivision
456.28 12, add the customization rate provided in subdivision 12 to the result of clause (3);

456.29 (5) multiply the number of direct staffing hours by the appropriate staff wage;

457.1 (6) multiply the number of direct staffing hours by the product of the supervisory span
457.2 of control ratio and the appropriate supervisory staff wage in subdivision 5a, clause (1);

457.3 (7) combine the results of clauses (5) and (6), and multiply the result by one plus the
457.4 employee vacation, sick, and training allowance ratio. This is defined as the direct staffing
457.5 rate;

457.6 (8) for employee-related expenses, multiply the result of clause (7) by one plus the
457.7 employee-related cost ratio;

457.8 (9) this is the subtotal rate;

457.9 (10) sum the standard general administrative support ratio, the program-related expense
457.10 ratio, and the absence and utilization factor ratio;

457.11 (11) divide the result of clause (9) by one minus the result of clause (10). This is the
457.12 total payment amount;

457.13 (12) for respite services provided in a shared manner, divide the total payment amount
457.14 in clause (11) by the number of service recipients, not to exceed three; ~~and~~

457.15 (13) for night supervision provided in a shared manner, divide the total payment amount
457.16 in clause (11) by the number of service recipients, not to exceed two; and

457.17 ~~(13)~~ (14) adjust the result of clause clauses (12) and (13) by a factor to be determined
457.18 by the commissioner to adjust for regional differences in the cost of providing services.

457.19 **EFFECTIVE DATE.** This section is effective January 1, 2023, or upon federal approval,
457.20 whichever occurs later. The commissioner of human services shall notify the revisor of
457.21 statutes when federal approval is obtained.

457.22 Sec. 28. Laws 2022, chapter 40, section 7, is amended to read:

457.23 Sec. 7. **APPROPRIATION; TEMPORARY STAFFING POOL.**

457.24 ~~\$1,029,000~~ \$3,181,000 in fiscal year 2022 is appropriated from the general fund to the
457.25 commissioner of human services for the temporary staffing pool described in this act. This
457.26 is a onetime appropriation and is available until ~~June 30, 2022~~ September 30, 2023.

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

457.28 Sec. 29. **WORKFORCE INCENTIVE FUND GRANTS.**

457.29 Subdivision 1. Grant program established. The commissioner of human services shall
457.30 establish grants for behavioral health, housing, disability, and home and community-based

458.1 older adult providers to assist with recruiting and retaining direct support and frontline
458.2 workers.

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

458.5 (b) "Commissioner" means the commissioner of human services.

458.6 (c) "Eligible employer" means an organization enrolled in a Minnesota health care
458.7 program or providing housing services that is:

458.8 (1) a provider of home and community-based services under Minnesota Statutes, chapter
458.9 245D;

458.10 (2) an agency provider or financial management service provider under Minnesota
458.11 Statutes, section 256B.85;

458.12 (3) a home care provider licensed under Minnesota Statutes, sections 144A.43 to
458.13 144A.482;

458.14 (4) a facility certified as an intermediate care facility for persons with developmental
458.15 disabilities;

458.16 (5) a provider of home care services as defined in Minnesota Statutes, section 256B.0651,
458.17 subdivision 1, paragraph (d);

458.18 (6) an agency as defined in Minnesota Statutes, section 256B.0949, subdivision 2;

458.19 (7) a provider of mental health day treatment services for children or adults;

458.20 (8) a provider of emergency services as defined in Minnesota Statutes, section 256E.36;

458.21 (9) a provider of housing support as defined in Minnesota Statutes, chapter 256I;

458.22 (10) a provider of housing stabilization services as defined in Minnesota Statutes, section
458.23 256B.051;

458.24 (11) a provider of transitional housing programs as defined in Minnesota Statutes, section
458.25 256E.33;

458.26 (12) a provider of substance use disorder services as defined in Minnesota Statutes,
458.27 chapter 245G;

458.28 (13) an eligible financial management service provider serving people through
458.29 consumer-directed community supports under Minnesota Statutes, sections 256B.092 and
458.30 256B.49, and chapter 256S, and consumer support grants under Minnesota Statutes, section
458.31 256.476;

459.1 (14) a provider of customized living services as defined in Minnesota Statutes, section
459.2 256S.02, subdivision 12; or

459.3 (15) a provider who serves children with an emotional disorder or adults with mental
459.4 illness under Minnesota Statutes, section 245I.011 or 256B.0671, providing services,
459.5 including:

459.6 (i) assertive community treatment;

459.7 (ii) intensive residential treatment services;

459.8 (iii) adult rehabilitative mental health services;

459.9 (iv) mobile crisis services;

459.10 (v) children's therapeutic services and supports;

459.11 (vi) children's residential services;

459.12 (vii) psychiatric residential treatment services;

459.13 (viii) outpatient mental health treatment provided by mental health professionals,
459.14 community mental health center services, or certified community behavioral health clinics;
459.15 and

459.16 (ix) intensive mental health outpatient treatment services.

459.17 (d) "Eligible worker" means a worker who earns \$30 per hour or less and has worked
459.18 in an eligible profession for at least six months. Eligible workers may receive up to \$5,000
459.19 annually in payments from the workforce incentive fund.

459.20 Subd. 3. Allowable uses of grant money. (a) Grantees must use money awarded to
459.21 provide payments to eligible workers for the following purposes:

459.22 (1) retention and incentive payments;

459.23 (2) postsecondary loan and tuition payments;

459.24 (3) child care costs;

459.25 (4) transportation-related costs; and

459.26 (5) other costs associated with retaining and recruiting workers, as approved by the
459.27 commissioner.

459.28 (b) The commissioner must develop a grant cycle distribution plan that allows for
459.29 equitable distribution of funding among eligible employer types. The commissioner's
459.30 determination of the grant awards and amounts is final and is not subject to appeal.

460.1 (c) The commissioner must make efforts to prioritize eligible employers owned by
460.2 persons who are Black, Indigenous, and people of color and small- to mid-sized eligible
460.3 employers.

460.4 Subd. 4. **Attestation.** As a condition of obtaining grant payments under this section, an
460.5 eligible employer must attest and agree to the following:

460.6 (1) the employer is an eligible employer;

460.7 (2) the total number of eligible employees;

460.8 (3) the employer will distribute the entire value of the grant to eligible employees, as
460.9 allowed under this section;

460.10 (4) the employer will create and maintain records under subdivision 6;

460.11 (5) the employer will not use the money appropriated under this section for any purpose
460.12 other than the purposes permitted under this section; and

460.13 (6) the entire value of any grant amounts must be distributed to eligible employees
460.14 identified by the provider.

460.15 Subd. 5. **Audits and recoupment.** (a) The commissioner may perform an audit under
460.16 this section up to six years after the grant is awarded to ensure:

460.17 (1) the grantee used the money solely for the purposes stated in subdivision 3;

460.18 (2) the grantee was truthful when making attestations under subdivision 5; and

460.19 (3) the grantee complied with the conditions of receiving a grant under this section.

460.20 (b) If the commissioner determines that a grantee used awarded money for purposes not
460.21 authorized under this section, the commissioner must treat any amount used for a purpose
460.22 not authorized under this section as an overpayment. The commissioner must recover any
460.23 overpayment.

460.24 Subd. 6. **Self-directed services workforce.** Grants paid to eligible employees providing
460.25 services within the covered programs defined in Minnesota Statutes, section 256B.0711,
460.26 do not constitute a change in a term or condition for individual providers in covered programs
460.27 and are not subject to the state's obligation to meet and negotiate under Minnesota Statutes,
460.28 chapter 179A.

460.29 Subd. 7. **Grants not to be considered income.** (a) For the purposes of this subdivision,
460.30 "subtraction" has the meaning given in Minnesota Statutes, section 290.0132, subdivision

461.1 1, paragraph (a), and the rules in that subdivision apply for this subdivision. The definitions
461.2 in Minnesota Statutes, section 290.01, apply to this subdivision.

461.3 (b) The amount of grant awards received under this section is a subtraction.

461.4 (c) Grant awards under this section are excluded from income, as defined in Minnesota
461.5 Statutes, sections 290.0674, subdivision 2a, and 290A.03, subdivision 3.

461.6 (d) Notwithstanding any law to the contrary, grant awards under this section must not
461.7 be considered income, assets, or personal property for purposes of determining eligibility
461.8 or recertifying eligibility for:

461.9 (1) child care assistance programs under Minnesota Statutes, chapter 119B;

461.10 (2) general assistance, Minnesota supplemental aid, and food support under Minnesota
461.11 Statutes, chapter 256D;

461.12 (3) housing support under Minnesota Statutes, chapter 256I;

461.13 (4) Minnesota family investment program and diversionary work program under
461.14 Minnesota Statutes, chapter 256J; and

461.15 (5) economic assistance programs under Minnesota Statutes, chapter 256P.

461.16 (e) The commissioner of human services must not consider grant awards under this
461.17 section as income or assets under Minnesota Statutes, section 256B.056, subdivision 1a,
461.18 paragraph (a); 3; or 3c, or for persons with eligibility determined under Minnesota Statutes,
461.19 section 256B.057, subdivision 3, 3a, or 3b.

461.20 **EFFECTIVE DATE.** This section is effective July 1, 2022.

461.21 Sec. 30. **DIRECT CARE SERVICE CORPS PILOT PROJECT.**

461.22 Subdivision 1. **Establishment.** HealthForce Minnesota at Winona State University must
461.23 develop a pilot project establishing the Minnesota Direct Care Service Corps. The pilot
461.24 program must utilize financial incentives to attract postsecondary students to work as personal
461.25 care assistants or direct support professionals. HealthForce Minnesota must establish the
461.26 financial incentives and minimum work requirements to be eligible for incentive payments.
461.27 The financial incentive must increase with each semester that the student participates in the
461.28 Minnesota Direct Care Service Corps.

461.29 Subd. 2. **Pilot sites.** (a) Pilot sites must include one postsecondary institution in the
461.30 seven-county metropolitan area and at least one postsecondary institution outside of the
461.31 seven-county metropolitan area. If more than one postsecondary institution outside the

462.1 metropolitan area is selected, one must be located in northern Minnesota and the other must
462.2 be located in southern Minnesota.

462.3 (b) After satisfactorily completing the work requirements for a semester, the pilot site
462.4 or its fiscal agent must pay students the financial incentive developed for the pilot project.

462.5 Subd. 3. **Evaluation and report.** (a) HealthForce Minnesota must contract with a third
462.6 party to evaluate the pilot project's impact on health care costs, retention of personal care
462.7 assistants, and patients' and providers' satisfaction of care. The evaluation must include the
462.8 number of participants, the hours of care provided by participants, and the retention of
462.9 participants from semester to semester.

462.10 (b) By January 4, 2024, HealthForce Minnesota must report the findings under paragraph
462.11 (a) to the chairs and ranking members of the legislative committees with jurisdiction over
462.12 human services policy and finance.

462.13 Sec. 31. **DIRECTION TO COMMISSIONER OF HUMAN SERVICES;**
462.14 **LIFE-SHARING SERVICES.**

462.15 Subdivision 1. **Recommendations required.** The commissioner of human services shall
462.16 develop recommendations for establishing life sharing as a covered medical assistance
462.17 waiver service.

462.18 Subd. 2. **Definition.** For the purposes of this section, "life sharing" means a
462.19 relationship-based living arrangement between an adult with a disability and an individual
462.20 or family in which they share their lives and experiences while the adult with a disability
462.21 receives support from the individual or family using person-centered practices.

462.22 Subd. 3. **Stakeholder engagement and consultation.** (a) The commissioner must
462.23 proactively solicit participation in the development of the life-sharing medical assistance
462.24 service through a robust stakeholder engagement process that results in the inclusion of a
462.25 racially, culturally, and geographically diverse group of interested stakeholders from each
462.26 of the following groups:

462.27 (1) providers currently providing or interested in providing life-sharing services;

462.28 (2) people with disabilities accessing or interested in accessing life-sharing services;

462.29 (3) disability advocacy organizations; and

462.30 (4) lead agencies.

463.1 (b) The commissioner must proactively seek input into and assistance with the
463.2 development of recommendations for establishing the life-sharing service from interested
463.3 stakeholders.

463.4 (c) The commissioner must provide a method for the commissioner and interested
463.5 stakeholders to cofacilitate public meetings. The first meeting must occur before January
463.6 31, 2023. The commissioner must host the cofacilitated meetings at least monthly through
463.7 October 31, 2023. All meetings must be accessible to all interested stakeholders, recorded,
463.8 and posted online within one week of the meeting date.

463.9 **Subd. 4. Required topics to be discussed during development of the**
463.10 **recommendations.** The commissioner and the interested stakeholders must discuss the
463.11 following topics:

463.12 (1) the distinction between life sharing and adult family foster care;

463.13 (2) successful life-sharing models used in other states;

463.14 (3) services and supports that could be included in a life-sharing service;

463.15 (4) potential barriers to providing or accessing life-sharing services;

463.16 (5) solutions to remove identified barriers to providing or accessing life-sharing services;

463.17 (6) potential medical assistance payment methodologies for life-sharing services;

463.18 (7) expanding awareness of the life-sharing model; and

463.19 (8) draft language for legislation necessary to define and implement life-sharing services.

463.20 **Subd. 5. Report to the legislature.** By December 31, 2023, the commissioner must
463.21 provide to the chairs and ranking minority members of the house of representatives and
463.22 senate committees and divisions with jurisdiction over direct care services a report
463.23 summarizing the discussions between the commissioner and the interested stakeholders and
463.24 the commissioner's recommendations. The report must also include any draft legislation
463.25 necessary to define and implement life-sharing services.

463.26 **Sec. 32. TASK FORCE ON DISABILITY SERVICES ACCESSIBILITY.**

463.27 **Subdivision 1. Establishment; purpose.** The Task Force on Disability Services
463.28 Accessibility is established to evaluate the accessibility of current state and county disability
463.29 services and to develop and evaluate plans to address barriers to accessibility.

463.30 **Subd. 2. Definitions.** (a) For purposes of this section, the terms in this subdivision have
463.31 the meanings given.

464.1 (b) "Accessible" means that a service or program is easily navigated without
464.2 accommodation or assistance, or, if reasonable accommodations are needed to navigate a
464.3 service or program, accommodations are chosen by the participant and effectively
464.4 implemented without excessive burden to the participant. Accessible communication means
464.5 communication that a person understands, with appropriate accommodations as needed,
464.6 including language or other interpretation.

464.7 (c) "Commissioner" means the commissioner of the Department of Human Services.

464.8 (d) "Disability services" means services provided through Medicaid, including personal
464.9 care assistance, home care, other home and community-based services, waivers, and other
464.10 home and community-based disability services provided through lead agencies.

464.11 (e) "Lead agency" means a county, Tribe, or health plan under contract with the
464.12 commissioner to administer disability services.

464.13 (f) "Task force" means the Task Force on Disability Services Accessibility.

464.14 Subd. 3. **Membership.** (a) The task force consists of 24 members as follows:

464.15 (1) the commissioner of human services or a designee;

464.16 (2) one member appointed by the Minnesota Council on Disability;

464.17 (3) the ombudsman for mental health and developmental disabilities or a designee;

464.18 (4) two representatives of counties or Tribal agencies appointed by the commissioner
464.19 of human services;

464.20 (5) one member appointed by the Minnesota Association of County Social Service
464.21 Administrators;

464.22 (6) one member appointed by the Minnesota Disability Law Center;

464.23 (7) one member appointed by the Arc of Minnesota;

464.24 (8) one member appointed by the Autism Society of Minnesota;

464.25 (9) one member appointed by the Service Employees International Union;

464.26 (10) five members appointed by the commissioner of human services who are people
464.27 with disabilities, including at least one individual who has been denied services from the
464.28 state or county and two individuals who use different types of disability services;

464.29 (11) three members appointed by the commissioner of human services who are parents
464.30 of children with disabilities who use different types of disability services;

- 465.1 (12) one member appointed by the Association of Residential Resources in Minnesota;
- 465.2 (13) one member appointed by the Minnesota First Provider Alliance;
- 465.3 (14) one member appointed by the Minnesota Commission of the Deaf, DeafBlind and
- 465.4 Hard of Hearing;
- 465.5 (15) one member appointed by the Minnesota Organization for Habilitation and
- 465.6 Rehabilitation; and
- 465.7 (16) two members appointed by the commissioner of human services who are direct
- 465.8 service professionals.
- 465.9 (b) To the extent possible, membership on the task force under paragraph (a) shall reflect
- 465.10 geographic parity throughout the state and representation from Black and Indigenous
- 465.11 communities and communities of color.
- 465.12 (c) The membership terms, compensation, expense reimbursement, and removal and
- 465.13 filling of vacancies of task force members are as provided in section 15.059.
- 465.14 Subd. 4. **Appointment deadline; first meeting; chair.** Appointing authorities must
- 465.15 complete member selections by August 1, 2022. The commissioner shall convene the first
- 465.16 meeting of the task force by September 15, 2022. The task force shall select a chair from
- 465.17 among its members at its first meeting. The chair shall convene all subsequent meetings.
- 465.18 Subd. 5. **Goals.** The goals of the task force include:
- 465.19 (1) developing plans and executing methods to investigate accessibility of disability
- 465.20 services, including consideration of the following inquiries:
- 465.21 (i) how accessible is the program or service without assistance or accommodation,
- 465.22 including what accessibility options exist, how the accessibility options are communicated,
- 465.23 what communication options are available, what trainings are provided to ensure accessibility
- 465.24 options are implemented, and available processes for filing consumer accessibility complaints
- 465.25 and correcting administrative errors;
- 465.26 (ii) the impact of accessibility barriers on individuals' access to services, including
- 465.27 information about service denials or reductions due to accessibility issues, and aggregate
- 465.28 information about reductions and denials related to disability or support need types and
- 465.29 reasons for reductions and denials; and
- 465.30 (iii) what areas of discrepancy exist between declared state and county disability policy
- 465.31 goals and enumerated state and federal laws and the experiences of people who have
- 465.32 disabilities in accessing services;

466.1 (2) identifying areas of inaccessibility creating inefficiencies that financially impact the
466.2 state and counties, including:

466.3 (i) the number and cost of appeals, including the number of appeals of service denials
466.4 or reductions that are ultimately overturned;

466.5 (ii) the cost of crisis intervention because of service failure; and

466.6 (iii) the cost of redoing work that was not done correctly initially; and

466.7 (3) assessing the efficacy of possible solutions.

466.8 **Subd. 6. Duties; plan and recommendations.** (a) The task force shall work with the
466.9 commissioner to identify investigative areas and to develop a plan to conduct an accessibility
466.10 assessment of disability services provided by lead agencies and the Department of Human
466.11 Services. The assessment shall:

466.12 (1) identify accessibility barriers and impediments created by current policies, procedures,
466.13 and implementation;

466.14 (2) identify and analyze accessibility barrier and impediment impacts on different
466.15 demographics;

466.16 (3) gather information from:

466.17 (i) the Department of Human Services;

466.18 (ii) relevant state agencies and staff;

466.19 (iii) counties and relevant staff;

466.20 (iv) people who use disability services;

466.21 (v) disability advocates; and

466.22 (vi) family members and other support people for individuals who use disability services;

466.23 (4) identify barriers to accessibility improvements in state and county services; and

466.24 (5) identify benefits to the state and counties in improving accessibility of disability
466.25 services.

466.26 (b) For the purposes of the assessment, disability services include:

466.27 (1) access to services;

466.28 (2) explanation of services;

466.29 (3) maintenance of services;

- 467.1 (4) application of services;
- 467.2 (5) services participant understanding of rights and responsibilities;
- 467.3 (6) communication regarding services;
- 467.4 (7) requests for accommodations;
- 467.5 (8) processes for filing complaints or grievances; and
- 467.6 (9) processes for appealing decisions denying or reducing services or eligibility.
- 467.7 (c) The task force shall collaborate with stakeholders, counties, and state agencies to
- 467.8 develop recommendations from the findings of the assessment and to create sustainable and
- 467.9 accessible changes to county and state services to improve outcomes for people with
- 467.10 disabilities. The recommendations shall include:
- 467.11 (1) recommendations to eliminate barriers identified in the assessment, including but
- 467.12 not limited to recommendations for state legislative action, state policy action, and lead
- 467.13 agency changes;
- 467.14 (2) benchmarks for measuring annual progress toward increasing accessibility in county
- 467.15 and state disability services to be annually evaluated by the commissioner and the Minnesota
- 467.16 Council on Disability;
- 467.17 (3) a proposed method for monitoring and tracking accessibility in disability services;
- 467.18 (4) proposed initiatives, training, and services designed to improve accessibility and
- 467.19 effectiveness of county and state disability services, including recommendations for needed
- 467.20 electronic or other communication changes in order to facilitate accessible communication
- 467.21 for participants; and
- 467.22 (5) recommendations for sustainable financial support and resources for improving
- 467.23 accessibility.
- 467.24 (d) The task force shall oversee preparation of a report outlining the findings from the
- 467.25 accessibility assessment in paragraph (a) and the recommendations developed pursuant to
- 467.26 paragraph (b) according to subdivision 7.
- 467.27 Subd. 7. **Report.** By September 30, 2023, the task force shall submit a report with
- 467.28 recommendations to the chairs and ranking minority members of the committees and divisions
- 467.29 in the senate and house of representatives with jurisdiction over health and human services.
- 467.30 This report must comply with subdivision 6, paragraph (d), include any changes to statutes,
- 467.31 laws, or rules required to implement the recommendations of the task force, and include a
- 467.32 recommendation concerning continuing the task force beyond its scheduled expiration.

468.1 Subd. 8. **Administrative support.** The commissioner of human services shall provide
468.2 meeting space and administrative services to the task force.

468.3 Subd. 9. **Expiration.** The task force expires on June 30, 2023.

468.4 Sec. 33. **DIRECTION TO COMMISSIONER; SHARED SERVICES.**

468.5 (a) By December 1, 2022, the commissioner of human services shall seek any necessary
468.6 changes to home and community-based services waiver plans regarding sharing services in
468.7 order to:

468.8 (1) permit shared services for more services, including chore, homemaker, and night
468.9 supervision;

468.10 (2) permit shared services for some services for higher ratios, including individualized
468.11 home supports without training, individualized home supports with training, and
468.12 individualized home supports with family training for a ratio of one staff person to three
468.13 recipients;

468.14 (3) ensure that individuals who are seeking to share services permitted under the waiver
468.15 plans in an own-home setting are not required to live in a licensed setting in order to share
468.16 services so long as all other requirements are met; and

468.17 (4) issue guidance for shared services, including:

468.18 (i) informed choice for all individuals sharing the services;

468.19 (ii) guidance for when multiple shared services by different providers occur in one home
468.20 and how lead agencies and individuals shall determine that shared service is appropriate to
468.21 meet the needs, health, and safety of each individual for whom the lead agency provides
468.22 case management or care coordination; and

468.23 (iii) guidance clarifying that an individual's decision to share services does not reduce
468.24 any determination of the individual's overall or assessed needs for services.

468.25 (b) The commissioner shall develop or provide guidance outlining:

468.26 (1) instructions for shared services support planning;

468.27 (2) person-centered approaches and informed choice in shared services support planning;
468.28 and

468.29 (3) required contents of shared services agreements.

468.30 (c) The commissioner shall seek and utilize stakeholder input for any proposed changes
468.31 to waiver plans and any shared services guidance.

469.1 Sec. 34. **DIRECTION TO COMMISSIONER; DISABILITY WAIVER SHARED**
469.2 **SERVICES RATES.**

469.3 The commissioner of human services shall provide a rate system for shared homemaker
469.4 services and shared chore services provided under Minnesota Statutes, sections 256B.092
469.5 and 256B.49. For two persons sharing services, the rate paid to a provider must not exceed
469.6 1-1/2 times the rate paid for serving a single individual, and for three persons sharing
469.7 services, the rate paid to a provider must not exceed two times the rate paid for serving a
469.8 single individual. These rates apply only when all of the criteria for the shared service have
469.9 been met.

469.10 Sec. 35. **DIRECTION TO COMMISSIONER; CONSUMER-DIRECTED**
469.11 **COMMUNITY SUPPORTS.**

469.12 The commissioner of human services shall increase individual budgets for people
469.13 receiving consumer-directed community supports available under programs established
469.14 pursuant to home and community-based service waivers authorized under section 1915(c)
469.15 of the federal Social Security Act and Minnesota Statutes, sections 256B.092 and 256B.49,
469.16 by 2.8 percent.

469.17 **EFFECTIVE DATE.** This section is effective January 1, 2023, or upon federal approval,
469.18 whichever is later. The commissioner of human services shall notify the revisor of statutes
469.19 when federal approval is obtained.

469.20 Sec. 36. **DIRECTION TO COMMISSIONER; INTERMEDIATE CARE FACILITIES**
469.21 **FOR PERSONS WITH DISABILITIES RATE STUDY.**

469.22 The commissioner of human services shall study medical assistance payment rates for
469.23 intermediate care facilities for persons with disabilities under Minnesota Statutes, sections
469.24 256B.5011 to 256B.5015; make recommendations on establishing a new payment rate
469.25 methodology for these facilities; and submit a report to the chairs and ranking minority
469.26 members of the legislative committees with jurisdiction over human services finance by
469.27 February 15, 2023, that includes the recommendations and any draft legislation necessary
469.28 to implement the recommendations.

ARTICLE 10

BEHAVIORAL HEALTH

470.1

470.2

470.3 Section 1. Minnesota Statutes 2020, section 62N.25, subdivision 5, is amended to read:

470.4 Subd. 5. **Benefits.** Community integrated service networks must offer the health
470.5 maintenance organization benefit set, as defined in chapter 62D, and other laws applicable
470.6 to entities regulated under chapter 62D. Community networks and chemical dependency
470.7 facilities under contract with a community network shall use the assessment criteria in
470.8 ~~Minnesota Rules, parts 9530.6600 to 9530.6655,~~ section 245G.05 when assessing enrollees
470.9 for chemical dependency treatment.

470.10 **EFFECTIVE DATE.** This section is effective July 1, 2022.

470.11 Sec. 2. Minnesota Statutes 2020, section 62Q.1055, is amended to read:

470.12 **62Q.1055 CHEMICAL DEPENDENCY.**

470.13 All health plan companies shall use the assessment criteria in ~~Minnesota Rules, parts~~
470.14 ~~9530.6600 to 9530.6655,~~ section 245G.05 when assessing and ~~placing~~ treating enrollees
470.15 for chemical dependency treatment.

470.16 **EFFECTIVE DATE.** This section is effective July 1, 2022.

470.17 Sec. 3. Minnesota Statutes 2020, section 62Q.47, is amended to read:

470.18 **62Q.47 ALCOHOLISM, MENTAL HEALTH, AND CHEMICAL DEPENDENCY**
470.19 **SERVICES.**

470.20 (a) All health plans, as defined in section 62Q.01, that provide coverage for alcoholism,
470.21 mental health, or chemical dependency services, must comply with the requirements of this
470.22 section.

470.23 (b) Cost-sharing requirements and benefit or service limitations for outpatient mental
470.24 health and outpatient chemical dependency and alcoholism services, except for persons
470.25 ~~placed in~~ seeking chemical dependency services under ~~Minnesota Rules, parts 9530.6600~~
470.26 ~~to 9530.6655~~ section 245G.05, must not place a greater financial burden on the insured or
470.27 enrollee, or be more restrictive than those requirements and limitations for outpatient medical
470.28 services.

470.29 (c) Cost-sharing requirements and benefit or service limitations for inpatient hospital
470.30 mental health and inpatient hospital and residential chemical dependency and alcoholism
470.31 services, except for persons ~~placed in~~ seeking chemical dependency services under ~~Minnesota~~

471.1 ~~Rules, parts 9530.6600 to 9530.6655~~ section 245G.05, must not place a greater financial
471.2 burden on the insured or enrollee, or be more restrictive than those requirements and
471.3 limitations for inpatient hospital medical services.

471.4 (d) A health plan company must not impose an NQTL with respect to mental health and
471.5 substance use disorders in any classification of benefits unless, under the terms of the health
471.6 plan as written and in operation, any processes, strategies, evidentiary standards, or other
471.7 factors used in applying the NQTL to mental health and substance use disorders in the
471.8 classification are comparable to, and are applied no more stringently than, the processes,
471.9 strategies, evidentiary standards, or other factors used in applying the NQTL with respect
471.10 to medical and surgical benefits in the same classification.

471.11 (e) All health plans must meet the requirements of the federal Mental Health Parity Act
471.12 of 1996, Public Law 104-204; Paul Wellstone and Pete Domenici Mental Health Parity and
471.13 Addiction Equity Act of 2008; the Affordable Care Act; and any amendments to, and federal
471.14 guidance or regulations issued under, those acts.

471.15 (f) The commissioner may require information from health plan companies to confirm
471.16 that mental health parity is being implemented by the health plan company. Information
471.17 required may include comparisons between mental health and substance use disorder
471.18 treatment and other medical conditions, including a comparison of prior authorization
471.19 requirements, drug formulary design, claim denials, rehabilitation services, and other
471.20 information the commissioner deems appropriate.

471.21 (g) Regardless of the health care provider's professional license, if the service provided
471.22 is consistent with the provider's scope of practice and the health plan company's credentialing
471.23 and contracting provisions, mental health therapy visits and medication maintenance visits
471.24 shall be considered primary care visits for the purpose of applying any enrollee cost-sharing
471.25 requirements imposed under the enrollee's health plan.

471.26 (h) By June 1 of each year, beginning June 1, 2021, the commissioner of commerce, in
471.27 consultation with the commissioner of health, shall submit a report on compliance and
471.28 oversight to the chairs and ranking minority members of the legislative committees with
471.29 jurisdiction over health and commerce. The report must:

471.30 (1) describe the commissioner's process for reviewing health plan company compliance
471.31 with United States Code, title 42, section 18031(j), any federal regulations or guidance
471.32 relating to compliance and oversight, and compliance with this section and section 62Q.53;

471.33 (2) identify any enforcement actions taken by either commissioner during the preceding
471.34 12-month period regarding compliance with parity for mental health and substance use

472.1 disorders benefits under state and federal law, summarizing the results of any market conduct
472.2 examinations. The summary must include: (i) the number of formal enforcement actions
472.3 taken; (ii) the benefit classifications examined in each enforcement action; and (iii) the
472.4 subject matter of each enforcement action, including quantitative and nonquantitative
472.5 treatment limitations;

472.6 (3) detail any corrective action taken by either commissioner to ensure health plan
472.7 company compliance with this section, section 62Q.53, and United States Code, title 42,
472.8 section 18031(j); and

472.9 (4) describe the information provided by either commissioner to the public about
472.10 alcoholism, mental health, or chemical dependency parity protections under state and federal
472.11 law.

472.12 The report must be written in nontechnical, readily understandable language and must be
472.13 made available to the public by, among other means as the commissioners find appropriate,
472.14 posting the report on department websites. Individually identifiable information must be
472.15 excluded from the report, consistent with state and federal privacy protections.

472.16 **EFFECTIVE DATE.** This section is effective July 1, 2022.

472.17 Sec. 4. Minnesota Statutes 2020, section 169A.70, subdivision 3, is amended to read:

472.18 Subd. 3. **Assessment report.** (a) The assessment report must be on a form prescribed
472.19 by the commissioner and shall contain an evaluation of the convicted defendant concerning
472.20 the defendant's prior traffic and criminal record, characteristics and history of alcohol and
472.21 chemical use problems, and amenability to rehabilitation through the alcohol safety program.
472.22 The report is classified as private data on individuals as defined in section 13.02, subdivision
472.23 12.

472.24 (b) The assessment report must include:

472.25 (1) a diagnosis of the nature of the offender's chemical and alcohol involvement;

472.26 (2) an assessment of the severity level of the involvement;

472.27 (3) a recommended level of care for the offender in accordance with the criteria contained
472.28 in ~~rules adopted by the commissioner of human services under section 254A.03, subdivision~~
472.29 ~~3 (chemical dependency treatment rules)~~ section 245G.05;

472.30 (4) an assessment of the offender's placement needs;

472.31 (5) recommendations for other appropriate remedial action or care, including aftercare
472.32 services in section 254B.01, subdivision 3, that may consist of educational programs,

473.1 one-on-one counseling, a program or type of treatment that addresses mental health concerns,
473.2 or a combination of them; and

473.3 (6) a specific explanation why no level of care or action was recommended, if applicable.

473.4 **EFFECTIVE DATE.** This section is effective July 1, 2022.

473.5 Sec. 5. Minnesota Statutes 2020, section 169A.70, subdivision 4, is amended to read:

473.6 Subd. 4. **Assessor standards; rules; assessment time limits.** A chemical use assessment
473.7 required by this section must be conducted by an assessor appointed by the court. The
473.8 assessor must meet the training and qualification requirements of ~~rules adopted by the~~
473.9 ~~commissioner of human services under section 254A.03, subdivision 3 (chemical dependency~~
473.10 ~~treatment rules)~~ section 245G.11, subdivisions 1 and 5. Notwithstanding section 13.82 (law
473.11 enforcement data), the assessor shall have access to any police reports, laboratory test results,
473.12 and other law enforcement data relating to the current offense or previous offenses that are
473.13 necessary to complete the evaluation. ~~An assessor providing an assessment under this section~~
473.14 ~~may not have any direct or shared financial interest or referral relationship resulting in~~
473.15 ~~shared financial gain with a treatment provider, except as authorized under section 254A.19,~~
473.16 ~~subdivision 3. If an independent assessor is not available, the court may use the services of~~
473.17 ~~an assessor authorized to perform assessments for the county social services agency under~~
473.18 ~~a variance granted under rules adopted by the commissioner of human services under section~~
473.19 ~~254A.03, subdivision 3.~~ An appointment for the defendant to undergo the assessment must
473.20 be made by the court, a court services probation officer, or the court administrator as soon
473.21 as possible but in no case more than one week after the defendant's court appearance. The
473.22 assessment must be completed no later than three weeks after the defendant's court
473.23 appearance. If the assessment is not performed within this time limit, the county where the
473.24 defendant is to be sentenced shall perform the assessment. The county of financial
473.25 responsibility must be determined under chapter 256G.

473.26 **EFFECTIVE DATE.** This section is effective July 1, 2022.

473.27 Sec. 6. **[245.4866] CHILDREN'S MENTAL HEALTH COMMUNITY OF**
473.28 **PRACTICE.**

473.29 Subdivision 1. Establishment; purpose. The commissioner of human services, in
473.30 consultation with children's mental health subject matter experts, shall establish a children's
473.31 mental health community of practice. The purposes of the community of practice are to
473.32 improve treatment outcomes for children and adolescents with mental illness and reduce

474.1 disparities. The community of practice shall use evidence-based and best practices through
474.2 peer-to-peer and person-to-provider sharing.

474.3 Subd. 2. **Participants; meetings.** (a) The community of practice must include the
474.4 following participants:

474.5 (1) researchers or members of the academic community who are children's mental health
474.6 subject matter experts who do not have financial relationships with treatment providers;

474.7 (2) children's mental health treatment providers;

474.8 (3) a representative from a mental health advocacy organization;

474.9 (4) a representative from the Department of Human Services;

474.10 (5) a representative from the Department of Health;

474.11 (6) a representative from the Department of Education;

474.12 (7) representatives from county social services agencies;

474.13 (8) representatives from Tribal nations or Tribal social services providers; and

474.14 (9) representatives from managed care organizations.

474.15 (b) The community of practice must include, to the extent possible, individuals and
474.16 family members who have used mental health treatment services and must highlight the
474.17 voices and experiences of individuals who are Black, Indigenous, people of color, and
474.18 people from other communities that are disproportionately impacted by mental illness.

474.19 (c) The community of practice must meet regularly and must hold its first meeting before
474.20 January 1, 2023.

474.21 (d) Compensation and reimbursement for expenses for participants in paragraph (b) are
474.22 governed by section 15.059, subdivision 3.

474.23 Subd. 3. **Duties.** (a) The community of practice must:

474.24 (1) identify gaps in children's mental health treatment services;

474.25 (2) enhance collective knowledge of issues related to children's mental health;

474.26 (3) understand evidence-based practices, best practices, and promising approaches to
474.27 address children's mental health;

474.28 (4) use knowledge gathered through the community of practice to develop strategic plans
474.29 to improve outcomes for children who participate in mental health treatment and related
474.30 services in Minnesota;

475.1 (5) increase knowledge about the challenges and opportunities learned by implementing
475.2 strategies; and

475.3 (6) develop capacity for community advocacy.

475.4 (b) The commissioner, in collaboration with subject matter experts and other participants,
475.5 may issue reports and recommendations to the chairs and ranking minority members of the
475.6 legislative committees with jurisdiction over health and human services policy and finance
475.7 and to local and regional governments.

475.8 Sec. 7. Minnesota Statutes 2020, section 245.4882, is amended by adding a subdivision
475.9 to read:

475.10 Subd. 2a. **Assessment requirements.** (a) A residential treatment service provider must
475.11 complete a diagnostic assessment of a child within ten calendar days of the child's admission.
475.12 If a diagnostic assessment has been completed by a mental health professional within the
475.13 past 180 days, a new diagnostic assessment need not be completed unless in the opinion of
475.14 the current treating mental health professional the child's mental health status has changed
475.15 markedly since the assessment was completed.

475.16 (b) The service provider must complete the screenings required by Minnesota Rules,
475.17 part 2960.0070, subpart 5, within ten calendar days.

475.18 Sec. 8. Minnesota Statutes 2020, section 245.4882, is amended by adding a subdivision
475.19 to read:

475.20 Subd. 6. **Crisis admissions and stabilization.** (a) A child may be referred for residential
475.21 treatment services under this section for the purpose of crisis stabilization by:

475.22 (1) a mental health professional as defined in section 245I.04, subdivision 2;

475.23 (2) a physician licensed under chapter 147 who is assessing a child in an emergency
475.24 department; or

475.25 (3) a member of a mobile crisis team who meets the qualifications under section
475.26 256B.0624, subdivision 5.

475.27 (b) A provider making a referral under paragraph (a) must conduct an assessment of the
475.28 child's mental health needs and make a determination that the child is experiencing a mental
475.29 health crisis and is in need of residential treatment services under this section.

476.1 (c) A child may receive services under this subdivision for up to 30 days and must be
476.2 subject to the screening and admissions criteria and processes under section 245.4885
476.3 thereafter.

476.4 Sec. 9. Minnesota Statutes 2021 Supplement, section 245.4885, subdivision 1, is amended
476.5 to read:

476.6 Subdivision 1. **Admission criteria.** (a) Prior to admission or placement, except in the
476.7 case of an emergency, all children referred for treatment of severe emotional disturbance
476.8 in a treatment foster care setting, residential treatment facility, or informally admitted to a
476.9 regional treatment center shall undergo an assessment to determine the appropriate level of
476.10 care if county funds are used to pay for the child's services. An emergency includes when
476.11 a child is in need of and has been referred for crisis stabilization services under section
476.12 245.4882, subdivision 6. A child who has been referred to residential treatment for crisis
476.13 stabilization services in a residential treatment center is not required to undergo an assessment
476.14 under this section.

476.15 (b) The county board shall determine the appropriate level of care for a child when
476.16 county-controlled funds are used to pay for the child's residential treatment under this
476.17 chapter, including residential treatment provided in a qualified residential treatment program
476.18 as defined in section 260C.007, subdivision 26d. When a county board does not have
476.19 responsibility for a child's placement and the child is enrolled in a prepaid health program
476.20 under section 256B.69, the enrolled child's contracted health plan must determine the
476.21 appropriate level of care for the child. When Indian Health Services funds or funds of a
476.22 tribally owned facility funded under the Indian Self-Determination and Education Assistance
476.23 Act, Public Law 93-638, are used for the child, the Indian Health Services or 638 tribal
476.24 health facility must determine the appropriate level of care for the child. When more than
476.25 one entity bears responsibility for a child's coverage, the entities shall coordinate level of
476.26 care determination activities for the child to the extent possible.

476.27 (c) The child's level of care determination shall determine whether the proposed treatment:

476.28 (1) is necessary;

476.29 (2) is appropriate to the child's individual treatment needs;

476.30 (3) cannot be effectively provided in the child's home; and

476.31 (4) provides a length of stay as short as possible consistent with the individual child's
476.32 needs.

477.1 (d) When a level of care determination is conducted, the county board or other entity
477.2 may not determine that a screening of a child, referral, or admission to a residential treatment
477.3 facility is not appropriate solely because services were not first provided to the child in a
477.4 less restrictive setting and the child failed to make progress toward or meet treatment goals
477.5 in the less restrictive setting. The level of care determination must be based on a diagnostic
477.6 assessment of a child that evaluates the child's family, school, and community living
477.7 situations; and an assessment of the child's need for care out of the home using a validated
477.8 tool which assesses a child's functional status and assigns an appropriate level of care to the
477.9 child. The validated tool must be approved by the commissioner of human services and
477.10 may be the validated tool approved for the child's assessment under section 260C.704 if the
477.11 juvenile treatment screening team recommended placement of the child in a qualified
477.12 residential treatment program. If a diagnostic assessment has been completed by a mental
477.13 health professional within the past 180 days, a new diagnostic assessment need not be
477.14 completed unless in the opinion of the current treating mental health professional the child's
477.15 mental health status has changed markedly since the assessment was completed. The child's
477.16 parent shall be notified if an assessment will not be completed and of the reasons. A copy
477.17 of the notice shall be placed in the child's file. Recommendations developed as part of the
477.18 level of care determination process shall include specific community services needed by
477.19 the child and, if appropriate, the child's family, and shall indicate whether these services
477.20 are available and accessible to the child and the child's family. The child and the child's
477.21 family must be invited to any meeting where the level of care determination is discussed
477.22 and decisions regarding residential treatment are made. The child and the child's family
477.23 may invite other relatives, friends, or advocates to attend these meetings.

477.24 (e) During the level of care determination process, the child, child's family, or child's
477.25 legal representative, as appropriate, must be informed of the child's eligibility for case
477.26 management services and family community support services and that an individual family
477.27 community support plan is being developed by the case manager, if assigned.

477.28 (f) The level of care determination, placement decision, and recommendations for mental
477.29 health services must be documented in the child's record and made available to the child's
477.30 family, as appropriate.

477.31 Sec. 10. Minnesota Statutes 2021 Supplement, section 245.4889, subdivision 1, is amended
477.32 to read:

477.33 Subdivision 1. **Establishment and authority.** (a) The commissioner is authorized to
477.34 make grants from available appropriations to assist:

- 478.1 (1) counties;
- 478.2 (2) Indian tribes;
- 478.3 (3) children's collaboratives under section 124D.23 or 245.493; ~~or~~
- 478.4 (4) mental health service providers; or
- 478.5 (5) school districts and charter schools.
- 478.6 (b) The following services are eligible for grants under this section:
- 478.7 (1) services to children with emotional disturbances as defined in section 245.4871,
- 478.8 subdivision 15, and their families;
- 478.9 (2) transition services under section 245.4875, subdivision 8, for young adults under
- 478.10 age 21 and their families;
- 478.11 (3) respite care services for children with emotional disturbances or severe emotional
- 478.12 disturbances who are at risk of out-of-home placement or already in out-of-home placement
- 478.13 and at risk of change in placement or a higher level of care. Allowable activities and expenses
- 478.14 for respite care services are defined under subdivision 4. A child is not required to have
- 478.15 case management services to receive respite care services;
- 478.16 (4) children's mental health crisis services;
- 478.17 (5) mental health services for people from cultural and ethnic minorities, including
- 478.18 supervision of clinical trainees who are Black, indigenous, or people of color;
- 478.19 (6) children's mental health screening and follow-up diagnostic assessment and treatment;
- 478.20 (7) services to promote and develop the capacity of providers to use evidence-based
- 478.21 practices in providing children's mental health services;
- 478.22 (8) school-linked mental health services under section 245.4901;
- 478.23 (9) building evidence-based mental health intervention capacity for children birth to age
- 478.24 five;
- 478.25 (10) suicide prevention and counseling services that use text messaging statewide;
- 478.26 (11) mental health first aid training;
- 478.27 (12) training for parents, collaborative partners, and mental health providers on the
- 478.28 impact of adverse childhood experiences and trauma and development of an interactive
- 478.29 website to share information and strategies to promote resilience and prevent trauma;

479.1 (13) transition age services to develop or expand mental health treatment and supports
479.2 for adolescents and young adults 26 years of age or younger;

479.3 (14) early childhood mental health consultation;

479.4 (15) evidence-based interventions for youth at risk of developing or experiencing a first
479.5 episode of psychosis, and a public awareness campaign on the signs and symptoms of
479.6 psychosis;

479.7 (16) psychiatric consultation for primary care practitioners; ~~and~~

479.8 (17) providers to begin operations and meet program requirements when establishing a
479.9 new children's mental health program. These may be start-up grants; and

479.10 (18) intensive developmentally appropriate and culturally informed interventions for
479.11 youth who are at risk of developing a mood disorder or experiencing a first episode of a
479.12 mood disorder and a public awareness campaign on the signs and symptoms of mood
479.13 disorders in youth.

479.14 (c) Services under paragraph (b) must be designed to help each child to function and
479.15 remain with the child's family in the community and delivered consistent with the child's
479.16 treatment plan. Transition services to eligible young adults under this paragraph must be
479.17 designed to foster independent living in the community.

479.18 (d) As a condition of receiving grant funds, a grantee shall obtain all available third-party
479.19 reimbursement sources, if applicable.

479.20 Sec. 11. Minnesota Statutes 2020, section 245.4889, is amended by adding a subdivision
479.21 to read:

479.22 Subd. 4. Covered respite care services. Respite care services under subdivision 1,
479.23 paragraph (b), clause (3), include hourly or overnight stays at a licensed foster home or with
479.24 a qualified and approved family member or friend and may occur at a child's or a provider's
479.25 home. Respite care services may also include the following activities and expenses:

479.26 (1) recreational, sport, and nonsport extracurricular activities and programs for the child
479.27 such as camps, clubs, activities, lessons, group outings, sports, or other activities and
479.28 programs;

479.29 (2) family activities, camps, and retreats that the whole family does together that provide
479.30 a break from the family's circumstances;

480.1 (3) cultural programs and activities for the child and family designed to address the
480.2 unique needs of individuals who share a common language or racial, ethnic, or social
480.3 background; and

480.4 (4) costs of transportation, food, supplies, and equipment directly associated with
480.5 approved respite care services and expenses necessary for the child and family to access
480.6 and participate in respite care services.

480.7 **EFFECTIVE DATE.** This section is effective July 1, 2022.

480.8 Sec. 12. [245.4903] CULTURAL AND ETHNIC MINORITY INFRASTRUCTURE
480.9 GRANT PROGRAM.

480.10 Subdivision 1. **Establishment.** The commissioner of human services shall establish a
480.11 cultural and ethnic minority infrastructure grant program to ensure that mental health and
480.12 substance use disorder treatment supports and services are culturally specific and culturally
480.13 responsive to meet the cultural needs of the communities served.

480.14 Subd. 2. **Eligible applicants.** An eligible applicant is a licensed entity or provider from
480.15 a cultural or ethnic minority population who:

480.16 (1) provides mental health or substance use disorder treatment services and supports to
480.17 individuals from cultural and ethnic minority populations, including individuals who are
480.18 lesbian, gay, bisexual, transgender, or queer, from cultural and ethnic minority populations;

480.19 (2) provides or is qualified and has the capacity to provide clinical supervision and
480.20 support to members of culturally diverse and ethnic minority communities to qualify as
480.21 mental health and substance use disorder treatment providers; or

480.22 (3) has the capacity and experience to provide training for mental health and substance
480.23 use disorder treatment providers on cultural competency and cultural humility.

480.24 Subd. 3. **Allowable grant activities.** (a) The cultural and ethnic minority infrastructure
480.25 grant program grantees must engage in activities and provide supportive services to ensure
480.26 and increase equitable access to culturally specific and responsive care and to build
480.27 organizational and professional capacity for licensure and certification for the communities
480.28 served. Allowable grant activities include but are not limited to:

480.29 (1) workforce development activities focused on recruiting, supporting, training, and
480.30 supervision activities for mental health and substance use disorder practitioners and
480.31 professionals from diverse racial, cultural, and ethnic communities;

481.1 (2) supporting members of culturally diverse and ethnic minority communities to qualify
481.2 as mental health and substance use disorder professionals, practitioners, clinical supervisors,
481.3 recovery peer specialists, mental health certified peer specialists, and mental health certified
481.4 family peer specialists;

481.5 (3) culturally specific outreach, early intervention, trauma-informed services, and recovery
481.6 support in mental health and substance use disorder services;

481.7 (4) provision of trauma-informed, culturally responsive mental health and substance use
481.8 disorder supports and services for children and families, youth, or adults who are from
481.9 cultural and ethnic minority backgrounds and are uninsured or underinsured;

481.10 (5) mental health and substance use disorder service expansion and infrastructure
481.11 improvement activities, particularly in greater Minnesota;

481.12 (6) training for mental health and substance use disorder treatment providers on cultural
481.13 competency and cultural humility; and

481.14 (7) activities to increase the availability of culturally responsive mental health and
481.15 substance use disorder services for children and families, youth, or adults or to increase the
481.16 availability of substance use disorder services for individuals from cultural and ethnic
481.17 minorities in the state.

481.18 (b) The commissioner must assist grantees with meeting third-party credentialing
481.19 requirements, and grantees must obtain all available third-party reimbursement sources as
481.20 a condition of receiving grant funds. Grantees must serve individuals from cultural and
481.21 ethnic minority communities regardless of health coverage status or ability to pay.

481.22 Subd. 4. **Data collection and outcomes.** Grantees must provide regular data summaries
481.23 to the commissioner for purposes of evaluating the effectiveness of the cultural and ethnic
481.24 minority infrastructure grant program. The commissioner must use identified culturally
481.25 appropriate outcome measures instruments to evaluate outcomes and must evaluate program
481.26 activities by analyzing whether the program:

481.27 (1) increased access to culturally specific services for individuals from cultural and
481.28 ethnic minority communities across the state;

481.29 (2) increased number of individuals from cultural and ethnic minority communities
481.30 served by grantees;

481.31 (3) increased cultural responsiveness and cultural competency of mental health and
481.32 substance use disorder treatment providers;

482.1 (4) increased number of mental health and substance use disorder treatment providers
482.2 and clinical supervisors from cultural and ethnic minority communities;

482.3 (5) increased number of mental health and substance use disorder treatment organizations
482.4 owned, managed, or led by individuals who are Black, Indigenous, or people of color;

482.5 (6) reduced in health disparities through improved clinical and functional outcomes for
482.6 those accessing services; and

482.7 (7) led to an overall increase in culturally specific mental health and substance use
482.8 disorder service availability.

482.9 Sec. 13. **[245.4904] EMERGING MOOD DISORDER GRANT PROGRAM.**

482.10 Subdivision 1. **Creation.** (a) The emerging mood disorder grant program is established
482.11 in the Department of Human Services to fund:

482.12 (1) evidence-informed interventions for youth and young adults who are at risk of
482.13 developing a mood disorder or are experiencing an emerging mood disorder, including
482.14 major depression and bipolar disorders; and

482.15 (2) a public awareness campaign on the signs and symptoms of mood disorders in youth
482.16 and young adults.

482.17 (b) Emerging mood disorder services are eligible for children's mental health grants as
482.18 specified in section 245.4889, subdivision 1, paragraph (b), clause (18).

482.19 Subd. 2. **Activities.** (a) All emerging mood disorder grant programs must:

482.20 (1) provide intensive treatment and support to adolescents and young adults experiencing
482.21 or at risk of experiencing an emerging mood disorder. Intensive treatment and support
482.22 includes medication management, psychoeducation for the individual and the individual's
482.23 family, case management, employment support, education support, cognitive behavioral
482.24 approaches, social skills training, peer support, crisis planning, and stress management;

482.25 (2) conduct outreach and provide training and guidance to mental health and health care
482.26 professionals, including postsecondary health clinicians, on early symptoms of mood
482.27 disorders, screening tools, and best practices;

482.28 (3) ensure access for individuals to emerging mood disorder services under this section,
482.29 including ensuring access for individuals who live in rural areas; and

482.30 (4) use all available funding streams.

483.1 (b) Grant money may also be used to pay for housing or travel expenses for individuals
483.2 receiving services or to address other barriers preventing individuals and their families from
483.3 participating in emerging mood disorder services.

483.4 (c) Grant money may be used by the grantee to evaluate the efficacy of providing
483.5 intensive services and supports to people with emerging mood disorders.

483.6 Subd. 3. **Eligibility.** Program activities must be provided to youth and young adults with
483.7 early signs of an emerging mood disorder.

483.8 Subd. 4. **Outcomes.** Evaluation of program activities must utilize evidence-based
483.9 practices and must include the following outcome evaluation criteria:

483.10 (1) whether individuals experience a reduction in mood disorder symptoms; and

483.11 (2) whether individuals experience a decrease in inpatient mental health hospitalizations.

483.12 Sec. 14. **[245.4905] FIRST EPISODE OF PSYCHOSIS GRANT PROGRAM.**

483.13 Subdivision 1. **Creation.** The first episode of psychosis grant program is established in
483.14 the Department of Human Services to fund evidence-based interventions for youth at risk
483.15 of developing or experiencing a first episode of psychosis and a public awareness campaign
483.16 on the signs and symptoms of psychosis. First episode of psychosis services are eligible for
483.17 children's mental health grants as specified in section 245.4889, subdivision 1, paragraph
483.18 (b), clause (15).

483.19 Subd. 2. **Activities.** (a) All first episode of psychosis grant programs must:

483.20 (1) provide intensive treatment and support for adolescents and adults experiencing or
483.21 at risk of experiencing a first psychotic episode. Intensive treatment and support includes
483.22 medication management, psychoeducation for an individual and an individual's family, case
483.23 management, employment support, education support, cognitive behavioral approaches,
483.24 social skills training, peer support, crisis planning, and stress management;

483.25 (2) conduct outreach and provide training and guidance to mental health and health care
483.26 professionals, including postsecondary health clinicians, on early psychosis symptoms,
483.27 screening tools, and best practices;

483.28 (3) ensure access for individuals to first psychotic episode services under this section,
483.29 including access for individuals who live in rural areas; and

483.30 (4) use all available funding streams.

484.1 (b) Grant money may also be used to pay for housing or travel expenses for individuals
484.2 receiving services or to address other barriers preventing individuals and their families from
484.3 participating in first psychotic episode services.

484.4 Subd. 3. **Eligibility.** Program activities must be provided to people 15 to 40 years old
484.5 with early signs of psychosis.

484.6 Subd. 4. **Outcomes.** Evaluation of program activities must utilize evidence-based
484.7 practices and must include the following outcome evaluation criteria:

484.8 (1) whether individuals experience a reduction in psychotic symptoms;

484.9 (2) whether individuals experience a decrease in inpatient mental health hospitalizations;

484.10 and

484.11 (3) whether individuals experience an increase in educational attainment.

484.12 Subd. 5. **Federal aid or grants.** The commissioner of human services must comply with
484.13 all conditions and requirements necessary to receive federal aid or grants.

484.14 Sec. 15. Minnesota Statutes 2020, section 245.713, subdivision 2, is amended to read:

484.15 **Subd. 2. Total funds available; allocation.** Funds granted to the state by the federal
484.16 government under United States Code, title 42, sections 300X to 300X-9 each federal fiscal
484.17 year for mental health services must be allocated as follows:

484.18 (a) Any amount set aside by the commissioner of human services for American Indian
484.19 organizations within the state, which funds shall not duplicate any direct federal funding of
484.20 American Indian organizations and which funds shall be at least 25 percent of the total
484.21 federal allocation to the state for mental health services; ~~provided that sufficient applications~~
484.22 ~~for funding are received by the commissioner which meet the specifications contained in~~
484.23 ~~requests for proposals.~~ Money from this source may be used for special committees to advise
484.24 the commissioner on mental health programs and services for American Indians and other
484.25 minorities or underserved groups. For purposes of this subdivision, "American Indian
484.26 organization" means an American Indian tribe or band or an organization providing mental
484.27 health services that is legally incorporated as a nonprofit organization registered with the
484.28 secretary of state and governed by a board of directors having at least a majority of American
484.29 Indian directors.

484.30 (b) An amount not to exceed five percent of the federal block grant allocation for mental
484.31 health services to be retained by the commissioner for administration.

485.1 (c) Any amount permitted under federal law which the commissioner approves for
485.2 demonstration or research projects for severely disturbed children and adolescents, the
485.3 underserved, special populations or multiply disabled mentally ill persons. The groups to
485.4 be served, the extent and nature of services to be provided, the amount and duration of any
485.5 grant awards are to be based on criteria set forth in the Alcohol, Drug Abuse and Mental
485.6 Health Block Grant Law, United States Code, title 42, sections 300X to 300X-9, and on
485.7 state policies and procedures determined necessary by the commissioner. Grant recipients
485.8 must comply with applicable state and federal requirements and demonstrate fiscal and
485.9 program management capabilities that will result in provision of quality, cost-effective
485.10 services.

485.11 (d) The amount required under federal law, for federally mandated expenditures.

485.12 (e) An amount not to exceed 15 percent of the federal block grant allocation for mental
485.13 health services to be retained by the commissioner for planning and evaluation.

485.14 **EFFECTIVE DATE.** This section is effective July 1, 2022.

485.15 Sec. 16. **[245.991] PROJECTS FOR ASSISTANCE IN TRANSITION FROM**
485.16 **HOMELESSNESS PROGRAM.**

485.17 **Subdivision 1. Creation.** The projects for assistance in transition from homelessness
485.18 program is established in the Department of Human Services to prevent or end homelessness
485.19 for people with serious mental illness and substance use disorders and ensure the
485.20 commissioner may achieve the goals of the housing mission statement in section 245.461,
485.21 subdivision 4.

485.22 **Subd. 2. Activities.** All projects for assistance in transition from homelessness must
485.23 provide homeless outreach and case management services. Projects may provide clinical
485.24 assessment, habilitation and rehabilitation services, community mental health services,
485.25 substance use disorder treatment, housing transition and sustaining services, direct assistance
485.26 funding, and other activities as determined by the commissioner.

485.27 **Subd. 3. Eligibility.** Program activities must be provided to people with serious mental
485.28 illness or a substance use disorder who meet homeless criteria determined by the
485.29 commissioner. People receiving homeless outreach may be presumed eligible until a serious
485.30 mental illness or a substance use disorder can be verified.

485.31 **Subd. 4. Outcomes.** Evaluation of each project must include the following outcome
485.32 evaluation criteria:

485.33 (1) whether people are contacted through homeless outreach services;

486.1 (2) whether people are enrolled in case management services;

486.2 (3) whether people access behavioral health services; and

486.3 (4) whether people transition from homelessness to housing.

486.4 Subd. 5. **Federal aid or grants.** The commissioner of human services must comply with
486.5 all conditions and requirements necessary to receive federal aid or grants with respect to
486.6 homeless services or programs as specified in section 245.70.

486.7 Sec. 17. **[245.992] HOUSING WITH SUPPORT FOR BEHAVIORAL HEALTH.**

486.8 Subdivision 1. **Creation.** The housing with support for behavioral health program is
486.9 established in the Department of Human Services to prevent or end homelessness for people
486.10 with serious mental illness and substance use disorders, increase the availability of housing
486.11 with support, and ensure the commissioner may achieve the goals of the housing mission
486.12 statement in section 245.461, subdivision 4.

486.13 Subd. 2. **Activities.** The housing with support for behavioral health program may provide
486.14 a range of activities and supportive services to ensure that people obtain and retain permanent
486.15 supportive housing. Program activities may include case management, site-based housing
486.16 services, housing transition and sustaining services, outreach services, community support
486.17 services, direct assistance funding, and other activities as determined by the commissioner.

486.18 Subd. 3. **Eligibility.** Program activities must be provided to people with a serious mental
486.19 illness or a substance use disorder who meet homeless criteria determined by the
486.20 commissioner.

486.21 Subd. 4. **Outcomes.** Evaluation of program activities must utilize evidence-based
486.22 practices and must include the following outcome evaluation criteria:

486.23 (1) whether housing and activities utilize evidence-based practices;

486.24 (2) whether people transition from homelessness to housing;

486.25 (3) whether people retain housing; and

486.26 (4) whether people are satisfied with their current housing.

486.27 Sec. 18. Minnesota Statutes 2021 Supplement, section 245A.043, subdivision 3, is amended
486.28 to read:

486.29 Subd. 3. **Change of ownership process.** (a) When a change in ownership is proposed
486.30 and the party intends to assume operation without an interruption in service longer than 60

487.1 days after acquiring the program or service, the license holder must provide the commissioner
487.2 with written notice of the proposed change on a form provided by the commissioner at least
487.3 60 days before the anticipated date of the change in ownership. For purposes of this
487.4 subdivision and subdivision 4, "party" means the party that intends to operate the service
487.5 or program.

487.6 (b) The party must submit a license application under this chapter on the form and in
487.7 the manner prescribed by the commissioner at least 30 days before the change in ownership
487.8 is complete, and must include documentation to support the upcoming change. The party
487.9 must comply with background study requirements under chapter 245C and shall pay the
487.10 application fee required under section 245A.10. A party that intends to assume operation
487.11 without an interruption in service longer than 60 days after acquiring the program or service
487.12 is exempt from the requirements of sections 245G.03, subdivision 2, paragraph (b), and
487.13 254B.03, subdivision 2, paragraphs ~~(d)~~ (c) and ~~(e)~~ (d).

487.14 (c) The commissioner may streamline application procedures when the party is an existing
487.15 license holder under this chapter and is acquiring a program licensed under this chapter or
487.16 service in the same service class as one or more licensed programs or services the party
487.17 operates and those licenses are in substantial compliance. For purposes of this subdivision,
487.18 "substantial compliance" means within the previous 12 months the commissioner did not
487.19 (1) issue a sanction under section 245A.07 against a license held by the party, or (2) make
487.20 a license held by the party conditional according to section 245A.06.

487.21 (d) Except when a temporary change in ownership license is issued pursuant to
487.22 subdivision 4, the existing license holder is solely responsible for operating the program
487.23 according to applicable laws and rules until a license under this chapter is issued to the
487.24 party.

487.25 (e) If a licensing inspection of the program or service was conducted within the previous
487.26 12 months and the existing license holder's license record demonstrates substantial
487.27 compliance with the applicable licensing requirements, the commissioner may waive the
487.28 party's inspection required by section 245A.04, subdivision 4. The party must submit to the
487.29 commissioner (1) proof that the premises was inspected by a fire marshal or that the fire
487.30 marshal deemed that an inspection was not warranted, and (2) proof that the premises was
487.31 inspected for compliance with the building code or that no inspection was deemed warranted.

487.32 (f) If the party is seeking a license for a program or service that has an outstanding action
487.33 under section 245A.06 or 245A.07, the party must submit a letter as part of the application

488.1 process identifying how the party has or will come into full compliance with the licensing
488.2 requirements.

488.3 (g) The commissioner shall evaluate the party's application according to section 245A.04,
488.4 subdivision 6. If the commissioner determines that the party has remedied or demonstrates
488.5 the ability to remedy the outstanding actions under section 245A.06 or 245A.07 and has
488.6 determined that the program otherwise complies with all applicable laws and rules, the
488.7 commissioner shall issue a license or conditional license under this chapter. The conditional
488.8 license remains in effect until the commissioner determines that the grounds for the action
488.9 are corrected or no longer exist.

488.10 (h) The commissioner may deny an application as provided in section 245A.05. An
488.11 applicant whose application was denied by the commissioner may appeal the denial according
488.12 to section 245A.05.

488.13 (i) This subdivision does not apply to a licensed program or service located in a home
488.14 where the license holder resides.

488.15 Sec. 19. **[245A.26] CHILDREN'S RESIDENTIAL FACILITY CRISIS**
488.16 **STABILIZATION SERVICES.**

488.17 Subdivision 1. Definitions. (a) For the purposes of this section, the terms defined in this
488.18 subdivision have the meanings given.

488.19 (b) "Clinical trainee" means a staff person who is qualified under section 245I.04,
488.20 subdivision 6.

488.21 (c) "License holder" means an individual, organization, or government entity that was
488.22 issued a license by the commissioner of human services under this chapter for residential
488.23 mental health treatment for children with emotional disturbance according to Minnesota
488.24 Rules, parts 2960.0010 to 2960.0220 and 2960.0580 to 2960.0700, or shelter care services
488.25 according to Minnesota Rules, parts 2960.0010 to 2960.0120 and 2960.0510 to 2960.0530.

488.26 (d) "Mental health professional" means an individual who is qualified under section
488.27 245I.04, subdivision 2.

488.28 Subd. 2. Scope and applicability. (a) This section establishes additional licensing
488.29 requirements for a children's residential facility to provide children's residential crisis
488.30 stabilization services to a child who is experiencing a mental health crisis and is in need of
488.31 residential treatment services.

489.1 (b) A children's residential facility may provide residential crisis stabilization services
489.2 only if the facility is licensed to provide:

489.3 (1) residential mental health treatment for children with emotional disturbance according
489.4 to Minnesota Rules, parts 2960.0010 to 2960.0220 and 2960.0580 to 2960.0700; or

489.5 (2) shelter care services according to Minnesota Rules, parts 2960.0010 to 2960.0120
489.6 and 2960.0510 to 2960.0530.

489.7 (c) If a child receives residential crisis stabilization services for 35 days or fewer in a
489.8 facility licensed according to paragraph (b), clause (1), the facility is not required to complete
489.9 a diagnostic assessment or treatment plan under Minnesota Rules, part 2960.0180, subpart
489.10 2, and part 2960.0600.

489.11 (d) If a child receives residential crisis stabilization services for 35 days or fewer in a
489.12 facility licensed according to paragraph (b), clause (2), the facility is not required to develop
489.13 a plan for meeting the child's immediate needs under Minnesota Rules, part 2960.0520,
489.14 subpart 3.

489.15 Subd. 3. **Eligibility for services.** An individual is eligible for children's residential crisis
489.16 stabilization services if the individual is under 19 years of age and meets the eligibility
489.17 criteria for crisis services under section 256B.0624, subdivision 3.

489.18 Subd. 4. **Required services; providers.** (a) A license holder providing residential crisis
489.19 stabilization services must continually follow a child's individual crisis treatment plan to
489.20 improve the child's functioning.

489.21 (b) The license holder must offer and have the capacity to directly provide the following
489.22 treatment services to a child:

489.23 (1) crisis stabilization services as described in section 256B.0624, subdivision 7;

489.24 (2) mental health services as specified in the child's individual crisis treatment plan,
489.25 according to the child's treatment needs;

489.26 (3) health services and medication administration, if applicable; and

489.27 (4) referrals for the child to community-based treatment providers and support services
489.28 for the child's transition from residential crisis stabilization to another treatment setting.

489.29 (c) Children's residential crisis stabilization services must be provided by a qualified
489.30 staff person listed in section 256B.0624, subdivision 8, according to the scope of practice
489.31 for the individual staff person's position.

490.1 Subd. 5. Assessment and treatment planning. (a) Within 24 hours of a child's admission
490.2 for residential crisis stabilization, the license holder must assess the child and document the
490.3 child's immediate needs, including the child's:

490.4 (1) health and safety, including the need for crisis assistance; and

490.5 (2) need for connection to family and other natural supports.

490.6 (b) Within 24 hours of a child's admission for residential crisis stabilization, the license
490.7 holder must complete a crisis treatment plan for the child, according to the requirements
490.8 for a crisis treatment plan under section 256B.0624, subdivision 11. The license holder must
490.9 base the child's crisis treatment plan on the child's referral information and the assessment
490.10 of the child's immediate needs under paragraph (a). A mental health professional or a clinical
490.11 trainee under the supervision of a mental health professional must complete the crisis
490.12 treatment plan. A crisis treatment plan completed by a clinical trainee must contain
490.13 documentation of approval, as defined in section 245I.02, subdivision 2, by a mental health
490.14 professional within five business days of initial completion by the clinical trainee.

490.15 (c) A mental health professional must review a child's crisis treatment plan each week
490.16 and document the weekly reviews in the child's client file.

490.17 (d) For a client receiving children's residential crisis stabilization services who is 18
490.18 years of age or older, the license holder must complete an individual abuse prevention plan
490.19 for the client, pursuant to section 245A.65, subdivision 2, as part of the client's crisis
490.20 treatment plan.

490.21 Subd. 6. Staffing requirements. Staff members of facilities providing services under
490.22 this section must have access to a mental health professional or clinical trainee within 30
490.23 minutes, either in person or by telephone. The license holder must maintain a current schedule
490.24 of available mental health professionals or clinical trainees and include contact information
490.25 for each mental health professional or clinical trainee. The schedule must be readily available
490.26 to all staff members.

490.27 Sec. 20. Minnesota Statutes 2020, section 245F.03, is amended to read:

490.28 **245F.03 APPLICATION.**

490.29 (a) This chapter establishes minimum standards for withdrawal management programs
490.30 licensed by the commissioner that serve one or more unrelated persons.

490.31 (b) This chapter does not apply to a withdrawal management program licensed as a
490.32 hospital under sections 144.50 to 144.581. A withdrawal management program located in

491.1 a hospital licensed under sections 144.50 to 144.581 that chooses to be licensed under this
491.2 chapter is deemed to be in compliance with section 245F.13.

491.3 ~~(c) Minnesota Rules, parts 9530.6600 to 9530.6655, do not apply to withdrawal~~
491.4 ~~management programs licensed under this chapter.~~

491.5 **EFFECTIVE DATE.** This section is effective July 1, 2022.

491.6 Sec. 21. Minnesota Statutes 2020, section 245G.05, subdivision 2, is amended to read:

491.7 Subd. 2. **Assessment summary.** (a) An alcohol and drug counselor must complete an
491.8 assessment summary within three calendar days from the day of service initiation for a
491.9 residential program and within three calendar days on which a treatment session has been
491.10 provided from the day of service initiation for a client in a nonresidential program. The
491.11 comprehensive assessment summary is complete upon a qualified staff member's dated
491.12 signature. If the comprehensive assessment is used to authorize the treatment service, the
491.13 alcohol and drug counselor must prepare an assessment summary on the same date the
491.14 comprehensive assessment is completed. If the comprehensive assessment and assessment
491.15 summary are to authorize treatment services, the assessor must determine appropriate level
491.16 of care and services for the client using the ~~dimensions in Minnesota Rules, part 9530.6622~~
491.17 criteria established in section 254B.04, subdivision 4, and document the recommendations.

491.18 (b) An assessment summary must include:

491.19 (1) a risk description according to section 245G.05 for each dimension listed in paragraph
491.20 (c);

491.21 (2) a narrative summary supporting the risk descriptions; and

491.22 (3) a determination of whether the client has a substance use disorder.

491.23 (c) An assessment summary must contain information relevant to treatment service
491.24 planning and recorded in the dimensions in clauses (1) to (6). The license holder must
491.25 consider:

491.26 (1) Dimension 1, acute intoxication/withdrawal potential; the client's ability to cope with
491.27 withdrawal symptoms and current state of intoxication;

491.28 (2) Dimension 2, biomedical conditions and complications; the degree to which any
491.29 physical disorder of the client would interfere with treatment for substance use, and the
491.30 client's ability to tolerate any related discomfort. The license holder must determine the
491.31 impact of continued substance use on the unborn child, if the client is pregnant;

492.1 (3) Dimension 3, emotional, behavioral, and cognitive conditions and complications;
492.2 the degree to which any condition or complication is likely to interfere with treatment for
492.3 substance use or with functioning in significant life areas and the likelihood of harm to self
492.4 or others;

492.5 (4) Dimension 4, readiness for change; the support necessary to keep the client involved
492.6 in treatment service;

492.7 (5) Dimension 5, relapse, continued use, and continued problem potential; the degree
492.8 to which the client recognizes relapse issues and has the skills to prevent relapse of either
492.9 substance use or mental health problems; and

492.10 (6) Dimension 6, recovery environment; whether the areas of the client's life are
492.11 supportive of or antagonistic to treatment participation and recovery.

492.12 **EFFECTIVE DATE.** This section is effective July 1, 2022.

492.13 Sec. 22. Minnesota Statutes 2020, section 245G.22, subdivision 2, is amended to read:

492.14 Subd. 2. **Definitions.** (a) For purposes of this section, the terms defined in this subdivision
492.15 have the meanings given them.

492.16 (b) "Diversion" means the use of a medication for the treatment of opioid addiction being
492.17 diverted from intended use of the medication.

492.18 (c) "Guest dose" means administration of a medication used for the treatment of opioid
492.19 addiction to a person who is not a client of the program that is administering or dispensing
492.20 the medication.

492.21 (d) "Medical director" means a practitioner licensed to practice medicine in the
492.22 jurisdiction that the opioid treatment program is located who assumes responsibility for
492.23 administering all medical services performed by the program, either by performing the
492.24 services directly or by delegating specific responsibility to a practitioner of the opioid
492.25 treatment program.

492.26 (e) "Medication used for the treatment of opioid use disorder" means a medication
492.27 approved by the Food and Drug Administration for the treatment of opioid use disorder.

492.28 (f) "Minnesota health care programs" has the meaning given in section 256B.0636.

492.29 (g) "Opioid treatment program" has the meaning given in Code of Federal Regulations,
492.30 title 42, section 8.12, and includes programs licensed under this chapter.

493.1 ~~(h) "Placing authority" has the meaning given in Minnesota Rules, part 9530.6605,~~
493.2 ~~subpart 21a.~~

493.3 ~~(h)~~ (h) "Practitioner" means a staff member holding a current, unrestricted license to
493.4 practice medicine issued by the Board of Medical Practice or nursing issued by the Board
493.5 of Nursing and is currently registered with the Drug Enforcement Administration to order
493.6 or dispense controlled substances in Schedules II to V under the Controlled Substances Act,
493.7 United States Code, title 21, part B, section 821. Practitioner includes an advanced practice
493.8 registered nurse and physician assistant if the staff member receives a variance by the state
493.9 opioid treatment authority under section 254A.03 and the federal Substance Abuse and
493.10 Mental Health Services Administration.

493.11 ~~(i)~~ (i) "Unsupervised use" means the use of a medication for the treatment of opioid use
493.12 disorder dispensed for use by a client outside of the program setting.

493.13 **EFFECTIVE DATE.** This section is effective July 1, 2022.

493.14 Sec. 23. Minnesota Statutes 2020, section 245G.22, subdivision 15, is amended to read:

493.15 Subd. 15. **Nonmedication treatment services; documentation.** ~~(a) The program must~~
493.16 ~~offer at least 50 consecutive minutes of individual or group therapy treatment services as~~
493.17 ~~defined in section 245G.07, subdivision 1, paragraph (a), clause (1), per week, for the first~~
493.18 ~~ten weeks following the day of service initiation, and at least 50 consecutive minutes per~~
493.19 ~~month thereafter. As clinically appropriate, the program may offer these services cumulatively~~
493.20 ~~and not consecutively in increments of no less than 15 minutes over the required time period,~~
493.21 ~~and for a total of 60 minutes of treatment services over the time period, and must document~~
493.22 ~~the reason for providing services cumulatively in the client's record. The program may offer~~
493.23 ~~additional levels of service when deemed clinically necessary.~~

493.24 (a) The program must meet the requirements in section 245G.07, subdivision 1, paragraph
493.25 (a), and must document each occurrence when the program offered the client an individual
493.26 or group counseling service. If the program offered an individual or group counseling service
493.27 but did not provide the service to the client, the program must document the reason the
493.28 service was not provided. If the service is provided, the program must ensure that the staff
493.29 member who provides the treatment service documents in the client record the date, type,
493.30 and amount of the treatment service and the client's response to the treatment service within
493.31 seven days of providing the treatment service.

493.32 (b) Notwithstanding the requirements of comprehensive assessments in section 245G.05,
493.33 the assessment must be completed within 21 days from the day of service initiation.

494.1 (c) Notwithstanding the requirements of individual treatment plans set forth in section
494.2 245G.06:

494.3 (1) treatment plan contents for a maintenance client are not required to include goals
494.4 the client must reach to complete treatment and have services terminated;

494.5 (2) treatment plans for a client in a taper or detox status must include goals the client
494.6 must reach to complete treatment and have services terminated; and

494.7 (3) for the ten weeks following the day of service initiation for all new admissions,
494.8 readmissions, and transfers, a weekly treatment plan review must be documented once the
494.9 treatment plan is completed. Subsequently, the counselor must document treatment plan
494.10 reviews in the six dimensions at least once monthly or, when clinical need warrants, more
494.11 frequently.

494.12 Sec. 24. Minnesota Statutes 2021 Supplement, section 245I.23, is amended by adding a
494.13 subdivision to read:

494.14 Subd. 19a. **Additional requirements for locked program facility.** (a) A license holder
494.15 that prohibits clients from leaving the facility by locking exit doors or other permissible
494.16 methods must meet the additional requirements of this subdivision.

494.17 (b) The license holder must meet all applicable building and fire codes to operate a
494.18 building with locked exit doors. The license holder must have the appropriate license from
494.19 the Department of Health, as determined by the Department of Health, for operating a
494.20 program with locked exit doors.

494.21 (c) The license holder's policies and procedures must clearly describe the types of court
494.22 orders that authorize the license holder to prohibit clients from leaving the facility.

494.23 (d) For each client present in the facility under a court order, the license holder must
494.24 maintain documentation of the court order authorizing the license holder to prohibit the
494.25 client from leaving the facility.

494.26 (e) Upon a client's admission to a locked program facility, the license holder must
494.27 document in the client file that the client was informed:

494.28 (1) that the client has the right to leave the facility according to the client's rights under
494.29 section 144.651, subdivision 12, if the client is not subject to a court order authorizing the
494.30 license holder to prohibit the client from leaving the facility; or

494.31 (2) that the client cannot leave the facility due to a court order authorizing the license
494.32 holder to prohibit the client from leaving the facility.

495.1 (f) If the license holder prohibits a client from leaving the facility, the client's treatment
495.2 plan must reflect this restriction.

495.3 Sec. 25. Minnesota Statutes 2021 Supplement, section 254A.03, subdivision 3, is amended
495.4 to read:

495.5 Subd. 3. **Rules for substance use disorder care.** (a) ~~The commissioner of human~~
495.6 ~~services shall establish by rule criteria to be used in determining the appropriate level of~~
495.7 ~~chemical dependency care for each recipient of public assistance seeking treatment for~~
495.8 ~~substance misuse or substance use disorder. Upon federal approval of a comprehensive~~
495.9 ~~assessment as a Medicaid benefit, or on July 1, 2018, whichever is later, and notwithstanding~~
495.10 ~~the criteria in Minnesota Rules, parts 9530.6600 to 9530.6655, An eligible vendor of~~
495.11 ~~comprehensive assessments under section 254B.05 may determine and approve the~~
495.12 ~~appropriate level of substance use disorder treatment for a recipient of public assistance.~~
495.13 ~~The process for determining an individual's financial eligibility for the behavioral health~~
495.14 ~~fund or determining an individual's enrollment in or eligibility for a publicly subsidized~~
495.15 ~~health plan is not affected by the individual's choice to access a comprehensive assessment~~
495.16 ~~for placement.~~

495.17 (b) The commissioner shall develop and implement a utilization review process for
495.18 publicly funded treatment placements to monitor and review the clinical appropriateness
495.19 and timeliness of all publicly funded placements in treatment.

495.20 (c) If a screen result is positive for alcohol or substance misuse, a brief screening for
495.21 alcohol or substance use disorder that is provided to a recipient of public assistance within
495.22 a primary care clinic, hospital, or other medical setting or school setting establishes medical
495.23 necessity and approval for an initial set of substance use disorder services identified in
495.24 section 254B.05, subdivision 5. The initial set of services approved for a recipient whose
495.25 screen result is positive may include any combination of up to four hours of individual or
495.26 group substance use disorder treatment, two hours of substance use disorder treatment
495.27 coordination, or two hours of substance use disorder peer support services provided by a
495.28 qualified individual according to chapter 245G. A recipient must obtain an assessment
495.29 pursuant to paragraph (a) to be approved for additional treatment services. ~~Minnesota Rules,~~
495.30 ~~parts 9530.6600 to 9530.6655, and~~ A comprehensive assessment pursuant to section 245G.05
495.31 ~~are not applicable~~ is not required to receive the initial set of services allowed under this
495.32 subdivision. A positive screen result establishes eligibility for the initial set of services
495.33 allowed under this subdivision.

496.1 (d) ~~Notwithstanding Minnesota Rules, parts 9530.6600 to 9530.6655,~~ An individual
496.2 may choose to obtain a comprehensive assessment as provided in section 245G.05.
496.3 Individuals obtaining a comprehensive assessment may access any enrolled provider that
496.4 is licensed to provide the level of service authorized pursuant to section 254A.19, subdivision
496.5 3, ~~paragraph (d).~~ If the individual is enrolled in a prepaid health plan, the individual must
496.6 comply with any provider network requirements or limitations. ~~This paragraph expires July~~
496.7 ~~1, 2022.~~

496.8 **EFFECTIVE DATE.** This section is effective July 1, 2022.

496.9 Sec. 26. Minnesota Statutes 2020, section 254A.19, subdivision 1, is amended to read:

496.10 Subdivision 1. **Persons arrested outside of ~~home county~~ county of residence.** When
496.11 a chemical use assessment is required ~~under Minnesota Rules, parts 9530.6600 to 9530.6655,~~
496.12 for a person who is arrested and taken into custody by a peace officer outside of the person's
496.13 county of residence, the assessment ~~must be completed by the person's county of residence~~
496.14 ~~no later than three weeks after the assessment is initially requested. If the assessment is not~~
496.15 ~~performed within this time limit, the county where the person is to be sentenced shall perform~~
496.16 ~~the assessment~~ county where the person is detained must facilitate access to an assessor
496.17 qualified under subdivision 3. The county of financial responsibility is determined under
496.18 chapter 256G.

496.19 **EFFECTIVE DATE.** This section is effective July 1, 2022.

496.20 Sec. 27. Minnesota Statutes 2020, section 254A.19, subdivision 3, is amended to read:

496.21 Subd. 3. **Financial conflicts of interest Comprehensive assessments.** ~~(a) Except as~~
496.22 ~~provided in paragraph (b), (c), or (d), an assessor conducting a chemical use assessment~~
496.23 ~~under Minnesota Rules, parts 9530.6600 to 9530.6655, may not have any direct or shared~~
496.24 ~~financial interest or referral relationship resulting in shared financial gain with a treatment~~
496.25 ~~provider.~~

496.26 ~~(b) A county may contract with an assessor having a conflict described in paragraph (a)~~
496.27 ~~if the county documents that:~~

496.28 ~~(1) the assessor is employed by a culturally specific service provider or a service provider~~
496.29 ~~with a program designed to treat individuals of a specific age, sex, or sexual preference;~~

496.30 ~~(2) the county does not employ a sufficient number of qualified assessors and the only~~
496.31 ~~qualified assessors available in the county have a direct or shared financial interest or a~~
496.32 ~~referral relationship resulting in shared financial gain with a treatment provider; or~~

497.1 ~~(3) the county social service agency has an existing relationship with an assessor or~~
497.2 ~~service provider and elects to enter into a contract with that assessor to provide both~~
497.3 ~~assessment and treatment under circumstances specified in the county's contract, provided~~
497.4 ~~the county retains responsibility for making placement decisions.~~

497.5 ~~(e) The county may contract with a hospital to conduct chemical assessments if the~~
497.6 ~~requirements in subdivision 1a are met.~~

497.7 ~~An assessor under this paragraph may not place clients in treatment. The assessor shall~~
497.8 ~~gather required information and provide it to the county along with any required~~
497.9 ~~documentation. The county shall make all placement decisions for clients assessed by~~
497.10 ~~assessors under this paragraph.~~

497.11 ~~(d) An eligible vendor under section 254B.05 conducting a comprehensive assessment~~
497.12 ~~for an individual seeking treatment shall approve the nature, intensity level, and duration~~
497.13 ~~of treatment service if a need for services is indicated, but the individual assessed can access~~
497.14 ~~any enrolled provider that is licensed to provide the level of service authorized, including~~
497.15 ~~the provider or program that completed the assessment. If an individual is enrolled in a~~
497.16 ~~prepaid health plan, the individual must comply with any provider network requirements~~
497.17 ~~or limitations. An eligible vendor of a comprehensive assessment must provide information,~~
497.18 ~~in a format provided by the commissioner, on medical assistance and the behavioral health~~
497.19 ~~fund to individuals seeking an assessment.~~

497.20 **EFFECTIVE DATE.** This section is effective July 1, 2022.

497.21 Sec. 28. Minnesota Statutes 2021 Supplement, section 254A.19, subdivision 4, is amended
497.22 to read:

497.23 Subd. 4. **Civil commitments.** ~~A Rule 25 assessment, under Minnesota Rules, part~~
497.24 ~~9530.6615, For the purposes of determining level of care, a comprehensive assessment does~~
497.25 ~~not need to be completed for an individual being committed as a chemically dependent~~
497.26 ~~person, as defined in section 253B.02, and for the duration of a civil commitment under~~
497.27 ~~section 253B.065, 253B.09, or 253B.095 in order for a county to access the behavioral~~
497.28 ~~health fund under section 254B.04. The county must determine if the individual meets the~~
497.29 ~~financial eligibility requirements for the behavioral health fund under section 254B.04.~~
497.30 ~~Nothing in this subdivision prohibits placement in a treatment facility or treatment program~~
497.31 ~~governed under this chapter or Minnesota Rules, parts 9530.6600 to 9530.6655.~~

497.32 **EFFECTIVE DATE.** This section is effective July 1, 2022.

498.1 Sec. 29. Minnesota Statutes 2020, section 254A.19, is amended by adding a subdivision
498.2 to read:

498.3 Subd. 6. **Assessments for detoxification programs.** For detoxification programs licensed
498.4 under chapter 245A according to Minnesota Rules, parts 9530.6510 to 9530.6590, a
498.5 "chemical use assessment" means a comprehensive assessment and assessment summary
498.6 completed according to section 245G.05 and a "chemical dependency assessor" or "assessor"
498.7 means an individual who meets the qualifications of section 245G.11, subdivisions 1 and
498.8 5.

498.9 **EFFECTIVE DATE.** This section is effective July 1, 2022.

498.10 Sec. 30. Minnesota Statutes 2020, section 254A.19, is amended by adding a subdivision
498.11 to read:

498.12 Subd. 7. **Assessments for children's residential facilities.** For children's residential
498.13 facilities licensed under chapter 245A according to Minnesota Rules, parts 2960.0010 to
498.14 2960.0220 and 2960.0430 to 2960.0490, a "chemical use assessment" means a comprehensive
498.15 assessment and assessment summary completed according to section 245G.05 by an
498.16 individual who meets the qualifications of section 245G.11, subdivisions 1 and 5.

498.17 **EFFECTIVE DATE.** This section is effective July 1, 2022.

498.18 Sec. 31. Minnesota Statutes 2020, section 254B.01, is amended by adding a subdivision
498.19 to read:

498.20 Subd. 2a. **Behavioral health fund.** "Behavioral health fund" means money allocated
498.21 for payment of treatment services under this chapter.

498.22 **EFFECTIVE DATE.** This section is effective July 1, 2022.

498.23 Sec. 32. Minnesota Statutes 2020, section 254B.01, is amended by adding a subdivision
498.24 to read:

498.25 Subd. 2b. **Client.** "Client" means an individual who has requested substance use disorder
498.26 services, or for whom substance use disorder services have been requested.

498.27 **EFFECTIVE DATE.** This section is effective July 1, 2022.

499.1 Sec. 33. Minnesota Statutes 2020, section 254B.01, is amended by adding a subdivision
499.2 to read:

499.3 Subd. 2c. **Co-payment.** "Co-payment" means the amount an insured person is obligated
499.4 to pay before the person's third-party payment source is obligated to make a payment, or
499.5 the amount an insured person is obligated to pay in addition to the amount the person's
499.6 third-party payment source is obligated to pay.

499.7 **EFFECTIVE DATE.** This section is effective July 1, 2022.

499.8 Sec. 34. Minnesota Statutes 2020, section 254B.01, is amended by adding a subdivision
499.9 to read:

499.10 Subd. 4c. **Department.** "Department" means the Department of Human Services.

499.11 **EFFECTIVE DATE.** This section is effective July 1, 2022.

499.12 Sec. 35. Minnesota Statutes 2020, section 254B.01, is amended by adding a subdivision
499.13 to read:

499.14 Subd. 4d. **Drug and alcohol abuse normative evaluation system or DAANES.** "Drug
499.15 and alcohol abuse normative evaluation system" or "DAANES" means the reporting system
499.16 used to collect substance use disorder treatment data across all levels of care and providers.

499.17 **EFFECTIVE DATE.** This section is effective July 1, 2022.

499.18 Sec. 36. Minnesota Statutes 2020, section 254B.01, subdivision 5, is amended to read:

499.19 Subd. 5. **Local agency.** "Local agency" means the agency designated by a board of
499.20 county commissioners, a local social services agency, or a human services board to make
499.21 placements and submit state invoices according to Laws 1986, chapter 394, sections 8 to
499.22 20 authorized under section 254B.03, subdivision 1, to determine financial eligibility for
499.23 the behavioral health fund.

499.24 Sec. 37. Minnesota Statutes 2020, section 254B.01, is amended by adding a subdivision
499.25 to read:

499.26 Subd. 6a. **Minor child.** "Minor child" means an individual under the age of 18 years.

499.27 **EFFECTIVE DATE.** This section is effective July 1, 2022.

500.1 Sec. 38. Minnesota Statutes 2020, section 254B.01, is amended by adding a subdivision
500.2 to read:

500.3 Subd. 6b. **Policy holder.** "Policy holder" means a person who has a third-party payment
500.4 policy under which a third-party payment source has an obligation to pay all or part of a
500.5 client's treatment costs.

500.6 **EFFECTIVE DATE.** This section is effective July 1, 2022.

500.7 Sec. 39. Minnesota Statutes 2020, section 254B.01, is amended by adding a subdivision
500.8 to read:

500.9 Subd. 9. **Responsible relative.** "Responsible relative" means a person who is a member
500.10 of the client's household and is a client's spouse or the parent of a minor child who is a
500.11 client.

500.12 **EFFECTIVE DATE.** This section is effective July 1, 2022.

500.13 Sec. 40. Minnesota Statutes 2020, section 254B.01, is amended by adding a subdivision
500.14 to read:

500.15 Subd. 10. **Third-party payment source.** "Third-party payment source" means a person,
500.16 entity, or public or private agency other than medical assistance or general assistance medical
500.17 care that has a probable obligation to pay all or part of the costs of a client's substance use
500.18 disorder treatment.

500.19 **EFFECTIVE DATE.** This section is effective July 1, 2022.

500.20 Sec. 41. Minnesota Statutes 2020, section 254B.01, is amended by adding a subdivision
500.21 to read:

500.22 Subd. 11. **Vendor.** "Vendor" means a provider of substance use disorder treatment
500.23 services that meets the criteria established in section 254B.05 and that has applied to
500.24 participate as a provider in the medical assistance program according to Minnesota Rules,
500.25 part 9505.0195.

500.26 **EFFECTIVE DATE.** This section is effective July 1, 2022.

500.27 Sec. 42. Minnesota Statutes 2020, section 254B.01, is amended by adding a subdivision
500.28 to read:

500.29 Subd. 12. **American Society of Addiction Medicine criteria or ASAM**
500.30 **criteria.** "American Society of Addiction Medicine criteria" or "ASAM criteria" means the

501.1 clinical guidelines for purposes of the assessment, treatment, placement, and transfer or
501.2 discharge of individuals with substance use disorders. The ASAM criteria are contained in
501.3 the current edition of the ASAM Criteria: Treatment Criteria for Addictive,
501.4 Substance-Related, and Co-Occurring Conditions.

501.5 **EFFECTIVE DATE.** This section is effective July 1, 2022.

501.6 Sec. 43. Minnesota Statutes 2020, section 254B.01, is amended by adding a subdivision
501.7 to read:

501.8 Subd. 13. **Skilled treatment services.** "Skilled treatment services" means the "treatment
501.9 services" described by section 245G.07, subdivisions 1, paragraph (a), clauses (1) to (4);
501.10 and 2, clauses (1) to (6). Skilled treatment services must be provided by qualified
501.11 professionals as identified in section 245G.07, subdivision 3.

501.12 **EFFECTIVE DATE.** This section is effective July 1, 2022.

501.13 Sec. 44. Minnesota Statutes 2020, section 254B.03, subdivision 1, is amended to read:

501.14 Subdivision 1. **Local agency duties.** (a) Every local agency ~~shall~~ must determine financial
501.15 eligibility for substance use disorder services and provide chemical dependency substance
501.16 use disorder services to persons residing within its jurisdiction who meet criteria established
501.17 by the commissioner for placement in a chemical dependency residential or nonresidential
501.18 treatment service. Chemical dependency money must be administered by the local agencies
501.19 according to law and rules adopted by the commissioner under sections 14.001 to 14.69.

501.20 (b) In order to contain costs, the commissioner of human services shall select eligible
501.21 vendors of chemical dependency services who can provide economical and appropriate
501.22 treatment. Unless the local agency is a social services department directly administered by
501.23 a county or human services board, the local agency shall not be an eligible vendor under
501.24 section 254B.05. The commissioner may approve proposals from county boards to provide
501.25 services in an economical manner or to control utilization, with safeguards to ensure that
501.26 necessary services are provided. If a county implements a demonstration or experimental
501.27 medical services funding plan, the commissioner shall transfer the money as appropriate.

501.28 ~~(e) A culturally specific vendor that provides assessments under a variance under~~
501.29 ~~Minnesota Rules, part 9530.6610, shall be allowed to provide assessment services to persons~~
501.30 ~~not covered by the variance.~~

501.31 ~~(d) Notwithstanding Minnesota Rules, parts 9530.6600 to 9530.6655,~~ (c) An individual
501.32 may choose to obtain a comprehensive assessment as provided in section 245G.05.

502.1 Individuals obtaining a comprehensive assessment may access any enrolled provider that
502.2 is licensed to provide the level of service authorized pursuant to section 254A.19, subdivision
502.3 3, ~~paragraph (d)~~. If the individual is enrolled in a prepaid health plan, the individual must
502.4 comply with any provider network requirements or limitations.

502.5 ~~(e)~~ (d) Beginning July 1, 2022, local agencies shall not make placement location
502.6 determinations.

502.7 **EFFECTIVE DATE.** This section is effective July 1, 2022.

502.8 Sec. 45. Minnesota Statutes 2021 Supplement, section 254B.03, subdivision 2, is amended
502.9 to read:

502.10 Subd. 2. **Behavioral health fund payment.** (a) Payment from the behavioral health
502.11 fund is limited to payments for services identified in section 254B.05, other than
502.12 detoxification licensed under Minnesota Rules, parts 9530.6510 to 9530.6590, and
502.13 detoxification provided in another state that would be required to be licensed as a chemical
502.14 dependency program if the program were in the state. Out of state vendors must also provide
502.15 the commissioner with assurances that the program complies substantially with state licensing
502.16 requirements and possesses all licenses and certifications required by the host state to provide
502.17 chemical dependency treatment. Vendors receiving payments from the behavioral health
502.18 fund must not require co-payment from a recipient of benefits for services provided under
502.19 this subdivision. The vendor is prohibited from using the client's public benefits to offset
502.20 the cost of services paid under this section. The vendor shall not require the client to use
502.21 public benefits for room or board costs. This includes but is not limited to cash assistance
502.22 benefits under chapters 119B, 256D, and 256J, or SNAP benefits. Retention of SNAP
502.23 benefits is a right of a client receiving services through the behavioral health fund or through
502.24 state contracted managed care entities. Payment from the behavioral health fund shall be
502.25 made for necessary room and board costs provided by vendors meeting the criteria under
502.26 section 254B.05, subdivision 1a, or in a community hospital licensed by the commissioner
502.27 of health according to sections 144.50 to 144.56 to a client who is:

502.28 (1) determined to meet the criteria for placement in a residential chemical dependency
502.29 treatment program according to rules adopted under section 254A.03, subdivision 3; and

502.30 (2) concurrently receiving a chemical dependency treatment service in a program licensed
502.31 by the commissioner and reimbursed by the behavioral health fund.

502.32 ~~(b) A county may, from its own resources, provide chemical dependency services for~~
502.33 ~~which state payments are not made. A county may elect to use the same invoice procedures~~

~~503.1 and obtain the same state payment services as are used for chemical dependency services~~
~~503.2 for which state payments are made under this section if county payments are made to the~~
~~503.3 state in advance of state payments to vendors. When a county uses the state system for~~
~~503.4 payment, the commissioner shall make monthly billings to the county using the most recent~~
~~503.5 available information to determine the anticipated services for which payments will be made~~
~~503.6 in the coming month. Adjustment of any overestimate or underestimate based on actual~~
~~503.7 expenditures shall be made by the state agency by adjusting the estimate for any succeeding~~
~~503.8 month.~~

503.9 ~~(e)~~ (b) The commissioner shall coordinate chemical dependency services and determine
503.10 whether there is a need for any proposed expansion of chemical dependency treatment
503.11 services. The commissioner shall deny vendor certification to any provider that has not
503.12 received prior approval from the commissioner for the creation of new programs or the
503.13 expansion of existing program capacity. The commissioner shall consider the provider's
503.14 capacity to obtain clients from outside the state based on plans, agreements, and previous
503.15 utilization history, when determining the need for new treatment services.

503.16 ~~(d)~~ (c) At least 60 days prior to submitting an application for new licensure under chapter
503.17 245G, the applicant must notify the county human services director in writing of the
503.18 applicant's intent to open a new treatment program. The written notification must include,
503.19 at a minimum:

503.20 (1) a description of the proposed treatment program; and

503.21 (2) a description of the target population to be served by the treatment program.

503.22 ~~(e)~~ (d) The county human services director may submit a written statement to the
503.23 commissioner, within 60 days of receiving notice from the applicant, regarding the county's
503.24 support of or opposition to the opening of the new treatment program. The written statement
503.25 must include documentation of the rationale for the county's determination. The commissioner
503.26 shall consider the county's written statement when determining whether there is a need for
503.27 the treatment program as required by paragraph ~~(e)~~ (b).

503.28 **EFFECTIVE DATE.** This section is effective July 1, 2022.

503.29 Sec. 46. Minnesota Statutes 2020, section 254B.03, subdivision 4, is amended to read:

503.30 Subd. 4. **Division of costs.** (a) Except for services provided by a county under section
503.31 254B.09, subdivision 1, or services provided under section 256B.69, the county shall, out
503.32 of local money, pay the state for 22.95 percent of the cost of chemical dependency services,
503.33 except for those services provided to persons enrolled in medical assistance under chapter

504.1 256B and room and board services under section 254B.05, subdivision 5, paragraph (b),
504.2 clause ~~(12)~~ (11). Counties may use the indigent hospitalization levy for treatment and hospital
504.3 payments made under this section.

504.4 (b) 22.95 percent of any state collections from private or third-party pay, less 15 percent
504.5 for the cost of payment and collections, must be distributed to the county that paid for a
504.6 portion of the treatment under this section.

504.7 Sec. 47. Minnesota Statutes 2020, section 254B.03, subdivision 5, is amended to read:

504.8 Subd. 5. **Rules; appeal.** The commissioner shall adopt rules as necessary to implement
504.9 this chapter. ~~The commissioner shall establish an appeals process for use by recipients when~~
504.10 ~~services certified by the county are disputed. The commissioner shall adopt rules and~~
504.11 ~~standards for the appeal process to assure adequate redress for persons referred to~~
504.12 ~~inappropriate services.~~

504.13 **EFFECTIVE DATE.** This section is effective July 1, 2022.

504.14 Sec. 48. Minnesota Statutes 2021 Supplement, section 254B.04, subdivision 1, is amended
504.15 to read:

504.16 Subdivision 1. **Client eligibility.** (a) Persons eligible for benefits under Code of Federal
504.17 Regulations, title 25, part 20, who meet the income standards of section 256B.056,
504.18 subdivision 4, and are not enrolled in medical assistance, are entitled to behavioral health
504.19 fund services. State money appropriated for this paragraph must be placed in a separate
504.20 account established for this purpose.

504.21 (b) Persons with dependent children who are determined to be in need of chemical
504.22 dependency treatment pursuant to an assessment under section 260E.20, subdivision 1, or
504.23 a case plan under section 260C.201, subdivision 6, or 260C.212, shall be assisted by the
504.24 local agency to access needed treatment services. Treatment services must be appropriate
504.25 for the individual or family, which may include long-term care treatment or treatment in a
504.26 facility that allows the dependent children to stay in the treatment facility. The county shall
504.27 pay for out-of-home placement costs, if applicable.

504.28 (c) Notwithstanding paragraph (a), persons enrolled in medical assistance are eligible
504.29 for room and board services under section 254B.05, subdivision 5, paragraph (b), clause
504.30 ~~(12)~~ (11).

504.31 (d) A client is eligible to have substance use disorder treatment paid for with funds from
504.32 the behavioral health fund if:

- 505.1 (1) the client is eligible for MFIP as determined under chapter 256J;
- 505.2 (2) the client is eligible for medical assistance as determined under Minnesota Rules,
505.3 parts 9505.0010 to 9505.0150;
- 505.4 (3) the client is eligible for general assistance, general assistance medical care, or work
505.5 readiness as determined under Minnesota Rules, parts 9500.1200 to 9500.1272; or
- 505.6 (4) the client's income is within current household size and income guidelines for entitled
505.7 persons, as defined in this subdivision and subdivision 7.
- 505.8 (e) Clients who meet the financial eligibility requirement in paragraph (a) and who have
505.9 a third-party payment source are eligible for the behavioral health fund if the third-party
505.10 payment source pays less than 100 percent of the cost of treatment services for eligible
505.11 clients.
- 505.12 (f) A client is ineligible to have substance use disorder treatment services paid for by
505.13 the behavioral health fund if the client:
- 505.14 (1) has an income that exceeds current household size and income guidelines for entitled
505.15 persons, as defined in this subdivision and subdivision 7; or
- 505.16 (2) has an available third-party payment source that will pay the total cost of the client's
505.17 treatment.
- 505.18 (g) A client who is disenrolled from a state prepaid health plan during a treatment episode
505.19 is eligible for continued treatment service paid for by the behavioral health fund until the
505.20 treatment episode is completed or the client is re-enrolled in a state prepaid health plan if
505.21 the client:
- 505.22 (1) continues to be enrolled in MinnesotaCare, medical assistance, or general assistance
505.23 medical care; or
- 505.24 (2) is eligible according to paragraphs (a) and (b) and is determined eligible by a local
505.25 agency under this section.
- 505.26 (h) If a county commits a client under chapter 253B to a regional treatment center for
505.27 substance use disorder services and the client is ineligible for the behavioral health fund,
505.28 the county is responsible for payment to the regional treatment center according to section
505.29 254B.05, subdivision 4.
- 505.30 **EFFECTIVE DATE.** This section is effective July 1, 2022.

506.1 Sec. 49. Minnesota Statutes 2020, section 254B.04, subdivision 2a, is amended to read:

506.2 Subd. 2a. **Eligibility for ~~treatment in residential settings~~ room and board services**
506.3 **for persons in outpatient substance use disorder treatment.** ~~Notwithstanding provisions~~
506.4 ~~of Minnesota Rules, part 9530.6622, subparts 5 and 6, related to an assessor's discretion in~~
506.5 ~~making placements to residential treatment settings,~~ A person eligible for room and board
506.6 services under ~~this section~~ 254B.05, subdivision 5, paragraph (b), clause (12), must score
506.7 at level 4 on assessment dimensions related to readiness to change, relapse, continued use,
506.8 or recovery environment ~~in order~~ to be assigned to services with a room and board component
506.9 reimbursed under this section. Whether a treatment facility has been designated an institution
506.10 for mental diseases under United States Code, title 42, section 1396d, shall not be a factor
506.11 in making placements.

506.12 **EFFECTIVE DATE.** This section is effective July 1, 2022.

506.13 Sec. 50. Minnesota Statutes 2020, section 254B.04, is amended by adding a subdivision
506.14 to read:

506.15 Subd. 4. **Assessment criteria and risk descriptions.** (a) The level of care determination
506.16 must follow criteria approved by the commissioner.

506.17 (b) Dimension 1: the vendor must use the criteria in Dimension 1 to determine a client's
506.18 acute intoxication and withdrawal potential.

506.19 (1) "0" The client displays full functioning with good ability to tolerate and cope with
506.20 withdrawal discomfort. The client displays no signs or symptoms of intoxication or
506.21 withdrawal or diminishing signs or symptoms.

506.22 (2) "1" The client can tolerate and cope with withdrawal discomfort. The client displays
506.23 mild to moderate intoxication or signs and symptoms interfering with daily functioning but
506.24 does not immediately endanger self or others. The client poses minimal risk of severe
506.25 withdrawal.

506.26 (3) "2" The client has some difficulty tolerating and coping with withdrawal discomfort.
506.27 The client's intoxication may be severe, but the client responds to support and treatment
506.28 such that the client does not immediately endanger self or others. The client displays moderate
506.29 signs and symptoms with moderate risk of severe withdrawal.

506.30 (4) "3" The client tolerates and copes with withdrawal discomfort poorly. The client has
506.31 severe intoxication, such that the client endangers self or others, or has intoxication that has
506.32 not abated with less intensive services. The client displays severe signs and symptoms, risk

507.1 of severe but manageable withdrawal, or worsening withdrawal despite detoxification at a
507.2 less intensive level.

507.3 (5) "4" The client is incapacitated with severe signs and symptoms. The client displays
507.4 severe withdrawal and is a danger to self or others.

507.5 (c) Dimension 2: the vendor must use the criteria in Dimension 2 to determine a client's
507.6 biomedical conditions and complications.

507.7 (1) "0" The client displays full functioning with good ability to cope with physical
507.8 discomfort.

507.9 (2) "1" The client tolerates and copes with physical discomfort and is able to get the
507.10 services that the client needs.

507.11 (3) "2" The client has difficulty tolerating and coping with physical problems or has
507.12 other biomedical problems that interfere with recovery and treatment. The client neglects
507.13 or does not seek care for serious biomedical problems.

507.14 (4) "3" The client tolerates and copes poorly with physical problems or has poor general
507.15 health. The client neglects the client's medical problems without active assistance.

507.16 (5) "4" The client is unable to participate in substance use disorder treatment and has
507.17 severe medical problems, has a condition that requires immediate intervention, or is
507.18 incapacitated.

507.19 (d) Dimension 3: the vendor must use the criteria in Dimension 3 to determine a client's
507.20 emotional, behavioral, and cognitive conditions and complications.

507.21 (1) "0" The client has good impulse control and coping skills and presents no risk of
507.22 harm to self or others. The client functions in all life areas and displays no emotional,
507.23 behavioral, or cognitive problems or the problems are stable.

507.24 (2) "1" The client has impulse control and coping skills. The client presents a mild to
507.25 moderate risk of harm to self or others or displays symptoms of emotional, behavioral, or
507.26 cognitive problems. The client has a mental health diagnosis and is stable. The client
507.27 functions adequately in significant life areas.

507.28 (3) "2" The client has difficulty with impulse control and lacks coping skills. The client
507.29 has thoughts of suicide or harm to others without means; however, the thoughts may interfere
507.30 with participation in some activities. The client has difficulty functioning in significant life
507.31 areas. The client has moderate symptoms of emotional, behavioral, or cognitive problems.
507.32 The client is able to participate in most treatment activities.

508.1 (4) "3" The client has a severe lack of impulse control and coping skills. The client also
508.2 has frequent thoughts of suicide or harm to others, including a plan and the means to carry
508.3 out the plan. In addition, the client is severely impaired in significant life areas and has
508.4 severe symptoms of emotional, behavioral, or cognitive problems that interfere with the
508.5 client's participation in treatment activities.

508.6 (5) "4" The client has severe emotional or behavioral symptoms that place the client or
508.7 others at acute risk of harm. The client also has intrusive thoughts of harming self or others.
508.8 The client is unable to participate in treatment activities.

508.9 (e) Dimension 4: the vendor must use the criteria in Dimension 4 to determine a client's
508.10 readiness for change.

508.11 (1) "0" The client admits to problems and is cooperative, motivated, ready to change,
508.12 committed to change, and engaged in treatment as a responsible participant.

508.13 (2) "1" The client is motivated with active reinforcement to explore treatment and
508.14 strategies for change but ambivalent about the client's illness or need for change.

508.15 (3) "2" The client displays verbal compliance but lacks consistent behaviors, has low
508.16 motivation for change, and is passively involved in treatment.

508.17 (4) "3" The client displays inconsistent compliance, has minimal awareness of either
508.18 the client's addiction or mental disorder, and is minimally cooperative.

508.19 (5) "4" The client is:

508.20 (i) noncompliant with treatment and has no awareness of addiction or mental disorder
508.21 and does not want or is unwilling to explore change or is in total denial of the client's illness
508.22 and its implications; or

508.23 (ii) dangerously oppositional to the extent that the client is a threat of imminent harm
508.24 to self and others.

508.25 (f) Dimension 5: the vendor must use the criteria in Dimension 5 to determine a client's
508.26 relapse, continued substance use, and continued problem potential.

508.27 (1) "0" The client recognizes risk well and is able to manage potential problems.

508.28 (2) "1" The client recognizes relapse issues and prevention strategies, but displays some
508.29 vulnerability for further substance use or mental health problems.

508.30 (3) "2" The client has minimal recognition and understanding of relapse and recidivism
508.31 issues and displays moderate vulnerability for further substance use or mental health
508.32 problems. The client has some coping skills inconsistently applied.

509.1 (4) "3" The client has poor recognition and understanding of relapse and recidivism
509.2 issues and displays moderately high vulnerability for further substance use or mental health
509.3 problems. The client has few coping skills and rarely applies coping skills.

509.4 (5) "4" The client has no coping skills to arrest mental health or addiction illnesses or
509.5 to prevent relapse. The client has no recognition or understanding of relapse and recidivism
509.6 issues and displays high vulnerability for further substance use or mental health problems.

509.7 (g) Dimension 6: the vendor must use the criteria in Dimension 6 to determine a client's
509.8 recovery environment.

509.9 (1) "0" The client is engaged in structured, meaningful activity and has a supportive
509.10 significant other, family, and living environment.

509.11 (2) "1" The client has passive social network support or the client's family and significant
509.12 other are not interested in the client's recovery. The client is engaged in structured, meaningful
509.13 activity.

509.14 (3) "2" The client is engaged in structured, meaningful activity, but the client's peers,
509.15 family, significant other, and living environment are unsupportive, or there is criminal
509.16 justice system involvement by the client or among the client's peers or significant other or
509.17 in the client's living environment.

509.18 (4) "3" The client is not engaged in structured, meaningful activity and the client's peers,
509.19 family, significant other, and living environment are unsupportive, or there is significant
509.20 criminal justice system involvement.

509.21 (5) "4" The client has:

509.22 (i) a chronically antagonistic significant other, living environment, family, or peer group
509.23 or long-term criminal justice system involvement that is harmful to the client's recovery or
509.24 treatment progress; or

509.25 (ii) an actively antagonistic significant other, family, work, or living environment, with
509.26 an immediate threat to the client's safety and well-being.

509.27 **EFFECTIVE DATE.** This section is effective July 1, 2022.

509.28 Sec. 51. Minnesota Statutes 2020, section 254B.04, is amended by adding a subdivision
509.29 to read:

509.30 Subd. 5. **Scope and applicability.** This section governs administration of the behavioral
509.31 health fund, establishes the criteria to be applied by local agencies to determine a client's

510.1 financial eligibility under the behavioral health fund, and determines a client's obligation
510.2 to pay for substance use disorder treatment services.

510.3 **EFFECTIVE DATE.** This section is effective July 1, 2022.

510.4 Sec. 52. Minnesota Statutes 2020, section 254B.04, is amended by adding a subdivision
510.5 to read:

510.6 Subd. 6. **Local agency responsibility to provide services.** The local agency may employ
510.7 individuals to conduct administrative activities and facilitate access to substance use disorder
510.8 treatment services.

510.9 **EFFECTIVE DATE.** This section is effective July 1, 2022.

510.10 Sec. 53. Minnesota Statutes 2020, section 254B.04, is amended by adding a subdivision
510.11 to read:

510.12 Subd. 7. **Local agency to determine client financial eligibility.** (a) The local agency
510.13 shall determine a client's financial eligibility for the behavioral health fund according to
510.14 subdivision 1 with the income calculated prospectively for one year from the date of
510.15 comprehensive assessment. The local agency shall pay for eligible clients according to
510.16 chapter 256G. The local agency shall enter the financial eligibility span within ten calendar
510.17 days of request. Client eligibility must be determined using forms prescribed by the
510.18 commissioner. The local agency must determine a client's eligibility as follows:

510.19 (1) The local agency must determine the client's income. A client who is a minor child
510.20 must not be deemed to have income available to pay for substance use disorder treatment,
510.21 unless the minor child is responsible for payment under section 144.347 for substance use
510.22 disorder treatment services sought under section 144.343, subdivision 1.

510.23 (2) The local agency must determine the client's household size according to the
510.24 following:

510.25 (i) If the client is a minor child, the household size includes the following persons living
510.26 in the same dwelling unit:

510.27 (A) the client;

510.28 (B) the client's birth or adoptive parents; and

510.29 (C) the client's siblings who are minors.

510.30 (ii) If the client is an adult, the household size includes the following persons living in
510.31 the same dwelling unit:

- 511.1 (A) the client;
- 511.2 (B) the client's spouse;
- 511.3 (C) the client's minor children; and
- 511.4 (D) the client's spouse's minor children.
- 511.5 (iii) Household size includes a person listed in items (i) and (ii) who is in out-of-home
- 511.6 placement if a person listed in item (i) or (ii) is contributing to the cost of care of the person
- 511.7 in out-of-home placement.
- 511.8 (3) The local agency must determine the client's current prepaid health plan enrollment
- 511.9 and the availability of a third-party payment source, including the availability of total or
- 511.10 partial payment and the amount of co-payment.
- 511.11 (4) The local agency must provide the required eligibility information to the commissioner
- 511.12 in the manner specified by the commissioner.
- 511.13 (5) The local agency must require the client and policyholder to conditionally assign to
- 511.14 the department the client's and policyholder's rights and the rights of minor children to
- 511.15 benefits or services provided to the client if the commissioner is required to collect from a
- 511.16 third-party payment source.
- 511.17 (b) The local agency must redetermine a client's eligibility for the behavioral health fund
- 511.18 every 12 months.
- 511.19 (c) A client, responsible relative, and policyholder must provide income or wage
- 511.20 verification and household size verification under paragraph (a), clause (3), and must make
- 511.21 an assignment of third-party payment rights under paragraph (a), clause (5). If a client,
- 511.22 responsible relative, or policyholder does not comply with this subdivision, the client is
- 511.23 ineligible for behavioral health fund payment for substance use disorder treatment, and the
- 511.24 client and responsible relative are obligated to pay the full cost of substance use disorder
- 511.25 treatment services provided to the client.
- 511.26 **EFFECTIVE DATE.** This section is effective July 1, 2022.
- 511.27 Sec. 54. Minnesota Statutes 2020, section 254B.04, is amended by adding a subdivision
- 511.28 to read:
- 511.29 Subd. 8. **Client fees.** A client whose household income is within current household size
- 511.30 and income guidelines for entitled persons as defined in subdivision 1 must pay no fee.
- 511.31 **EFFECTIVE DATE.** This section is effective July 1, 2022.

512.1 Sec. 55. Minnesota Statutes 2020, section 254B.04, is amended by adding a subdivision
512.2 to read:

512.3 Subd. 9. Vendor must participate in DAANES. To be eligible for payment under the
512.4 behavioral health fund, a vendor must participate in DAANES or submit to the commissioner
512.5 the information required in DAANES in the format specified by the commissioner.

512.6 EFFECTIVE DATE. This section is effective July 1, 2022.

512.7 Sec. 56. Minnesota Statutes 2021 Supplement, section 254B.05, subdivision 1a, is amended
512.8 to read:

512.9 Subd. 1a. **Room and board provider requirements.** (a) Effective January 1, 2000,
512.10 vendors of room and board are eligible for behavioral health fund payment if the vendor:

512.11 (1) has rules prohibiting residents bringing chemicals into the facility or using chemicals
512.12 while residing in the facility and provide consequences for infractions of those rules;

512.13 (2) is determined to meet applicable health and safety requirements;

512.14 (3) is not a jail or prison;

512.15 (4) is not concurrently receiving funds under chapter 256I for the recipient;

512.16 (5) admits individuals who are 18 years of age or older;

512.17 (6) is registered as a board and lodging or lodging establishment according to section
512.18 157.17;

512.19 (7) has awake staff on site 24 hours per day;

512.20 (8) has staff who are at least 18 years of age and meet the requirements of section
512.21 245G.11, subdivision 1, paragraph (b);

512.22 (9) has emergency behavioral procedures that meet the requirements of section 245G.16;

512.23 (10) meets the requirements of section 245G.08, subdivision 5, if administering
512.24 medications to clients;

512.25 (11) meets the abuse prevention requirements of section 245A.65, including a policy on
512.26 fraternization and the mandatory reporting requirements of section 626.557;

512.27 (12) documents coordination with the treatment provider to ensure compliance with
512.28 section 254B.03, subdivision 2;

512.29 (13) protects client funds and ensures freedom from exploitation by meeting the
512.30 provisions of section 245A.04, subdivision 13;

513.1 (14) has a grievance procedure that meets the requirements of section 245G.15,
513.2 subdivision 2; and

513.3 (15) has sleeping and bathroom facilities for men and women separated by a door that
513.4 is locked, has an alarm, or is supervised by awake staff.

513.5 (b) Programs licensed according to Minnesota Rules, chapter 2960, are exempt from
513.6 paragraph (a), clauses (5) to (15).

513.7 (c) Programs providing children's mental health crisis admissions and stabilization under
513.8 section 245.4882, subdivision 6, are eligible vendors of room and board.

513.9 ~~(e)~~(d) Licensed programs providing intensive residential treatment services or residential
513.10 crisis stabilization services pursuant to section 256B.0622 or 256B.0624 are eligible vendors
513.11 of room and board and are exempt from paragraph (a), clauses (6) to (15).

513.12 Sec. 57. Minnesota Statutes 2021 Supplement, section 254B.05, subdivision 4, is amended
513.13 to read:

513.14 Subd. 4. **Regional treatment centers.** Regional treatment center chemical dependency
513.15 treatment units are eligible vendors. The commissioner may expand the capacity of chemical
513.16 dependency treatment units beyond the capacity funded by direct legislative appropriation
513.17 to serve individuals who are referred for treatment by counties and whose treatment will be
513.18 paid for by funding under this chapter or other funding sources. Notwithstanding the
513.19 provisions of sections 254B.03 to ~~254B.04~~ 254B.04, payment for any person committed
513.20 at county request to a regional treatment center under chapter 253B for chemical dependency
513.21 treatment and determined to be ineligible under the behavioral health fund, shall become
513.22 the responsibility of the county.

513.23 Sec. 58. Minnesota Statutes 2021 Supplement, section 254B.05, subdivision 5, is amended
513.24 to read:

513.25 Subd. 5. **Rate requirements.** (a) The commissioner shall establish rates for substance
513.26 use disorder services and service enhancements funded under this chapter.

513.27 (b) Eligible substance use disorder treatment services include:

513.28 ~~(1) outpatient treatment services that are licensed according to sections 245G.01 to~~
513.29 ~~245G.17, or applicable tribal license;~~

513.30 (1) outpatient treatment services licensed according to sections 245G.01 to 245G.17, or
513.31 applicable Tribal license, including:

514.1 (i) ASAM 1.0 Outpatient: zero to eight hours per week of skilled treatment services for
514.2 adults and zero to five hours per week for adolescents. Peer recovery and treatment
514.3 coordination may be provided beyond the skilled treatment service hours allowable per
514.4 week; and

514.5 (ii) ASAM 2.1 Intensive Outpatient: nine or more hours per week of skilled treatment
514.6 services for adults and six or more hours per week for adolescents in accordance with the
514.7 limitations in paragraph (h). Peer recovery and treatment coordination may be provided
514.8 beyond the skilled treatment service hours allowable per week;

514.9 (2) comprehensive assessments provided according to sections 245.4863, paragraph (a),
514.10 and 245G.05;

514.11 (3) care coordination services provided according to section 245G.07, subdivision 1,
514.12 paragraph (a), clause (5);

514.13 (4) peer recovery support services provided according to section 245G.07, subdivision
514.14 2, clause (8);

514.15 (5) on July 1, 2019, or upon federal approval, whichever is later, withdrawal management
514.16 services provided according to chapter 245F;

514.17 (6) ~~medication-assisted therapy services that are~~ substance use disorder treatment with
514.18 medication for opioid use disorders provided in an opioid treatment program that is licensed
514.19 according to sections 245G.01 to 245G.17 and 245G.22, or applicable tribal license;

514.20 ~~(7) medication-assisted therapy plus enhanced treatment services that meet the~~
514.21 ~~requirements of clause (6) and provide nine hours of clinical services each week;~~

514.22 ~~(8)~~ (7) high, medium, and low intensity residential treatment services that are licensed
514.23 according to sections 245G.01 to 245G.17 and 245G.21 or applicable tribal license which
514.24 provide, respectively, 30, 15, and five hours of clinical services each week;

514.25 ~~(9)~~ (8) hospital-based treatment services that are licensed according to sections 245G.01
514.26 to 245G.17 or applicable tribal license and licensed as a hospital under sections 144.50 to
514.27 144.56;

514.28 ~~(10)~~ (9) adolescent treatment programs that are licensed as outpatient treatment programs
514.29 according to sections 245G.01 to 245G.18 or as residential treatment programs according
514.30 to Minnesota Rules, parts 2960.0010 to 2960.0220, and 2960.0430 to 2960.0490, or
514.31 applicable tribal license;

515.1 ~~(11)~~ (10) high-intensity residential treatment services that are licensed according to
515.2 sections 245G.01 to 245G.17 and 245G.21 or applicable tribal license, which provide 30
515.3 hours of clinical services each week provided by a state-operated vendor or to clients who
515.4 have been civilly committed to the commissioner, present the most complex and difficult
515.5 care needs, and are a potential threat to the community; and

515.6 ~~(12)~~ (11) room and board facilities that meet the requirements of subdivision 1a.

515.7 (c) The commissioner shall establish higher rates for programs that meet the requirements
515.8 of paragraph (b) and one of the following additional requirements:

515.9 (1) programs that serve parents with their children if the program:

515.10 (i) provides on-site child care during the hours of treatment activity that:

515.11 (A) is licensed under chapter 245A as a child care center under Minnesota Rules, chapter
515.12 9503; or

515.13 (B) meets the licensure exclusion criteria of section 245A.03, subdivision 2, paragraph
515.14 (a), clause (6), and meets the requirements under section 245G.19, subdivision 4; or

515.15 (ii) arranges for off-site child care during hours of treatment activity at a facility that is
515.16 licensed under chapter 245A as:

515.17 (A) a child care center under Minnesota Rules, chapter 9503; or

515.18 (B) a family child care home under Minnesota Rules, chapter 9502;

515.19 (2) culturally specific or culturally responsive programs as defined in section 254B.01,
515.20 subdivision 4a;

515.21 (3) disability responsive programs as defined in section 254B.01, subdivision 4b;

515.22 (4) programs that offer medical services delivered by appropriately credentialed health
515.23 care staff in an amount equal to two hours per client per week if the medical needs of the
515.24 client and the nature and provision of any medical services provided are documented in the
515.25 client file; or

515.26 (5) programs that offer services to individuals with co-occurring mental health and
515.27 chemical dependency problems if:

515.28 (i) the program meets the co-occurring requirements in section 245G.20;

515.29 (ii) 25 percent of the counseling staff are licensed mental health professionals, as defined
515.30 in section 245.462, subdivision 18, clauses (1) to (6), or are students or licensing candidates
515.31 under the supervision of a licensed alcohol and drug counselor supervisor and licensed

516.1 mental health professional, except that no more than 50 percent of the mental health staff
516.2 may be students or licensing candidates with time documented to be directly related to
516.3 provisions of co-occurring services;

516.4 (iii) clients scoring positive on a standardized mental health screen receive a mental
516.5 health diagnostic assessment within ten days of admission;

516.6 (iv) the program has standards for multidisciplinary case review that include a monthly
516.7 review for each client that, at a minimum, includes a licensed mental health professional
516.8 and licensed alcohol and drug counselor, and their involvement in the review is documented;

516.9 (v) family education is offered that addresses mental health and substance abuse disorders
516.10 and the interaction between the two; and

516.11 (vi) co-occurring counseling staff shall receive eight hours of co-occurring disorder
516.12 training annually.

516.13 (d) In order to be eligible for a higher rate under paragraph (c), clause (1), a program
516.14 that provides arrangements for off-site child care must maintain current documentation at
516.15 the chemical dependency facility of the child care provider's current licensure to provide
516.16 child care services. Programs that provide child care according to paragraph (c), clause (1),
516.17 must be deemed in compliance with the licensing requirements in section 245G.19.

516.18 (e) Adolescent residential programs that meet the requirements of Minnesota Rules,
516.19 parts 2960.0430 to 2960.0490 and 2960.0580 to 2960.0690, are exempt from the requirements
516.20 in paragraph (c), clause (4), items (i) to (iv).

516.21 (f) Subject to federal approval, substance use disorder services that are otherwise covered
516.22 as direct face-to-face services may be provided via telehealth as defined in section 256B.0625,
516.23 subdivision 3b. The use of telehealth to deliver services must be medically appropriate to
516.24 the condition and needs of the person being served. Reimbursement shall be at the same
516.25 rates and under the same conditions that would otherwise apply to direct face-to-face services.

516.26 (g) For the purpose of reimbursement under this section, substance use disorder treatment
516.27 services provided in a group setting without a group participant maximum or maximum
516.28 client to staff ratio under chapter 245G shall not exceed a client to staff ratio of 48 to one.
516.29 At least one of the attending staff must meet the qualifications as established under this
516.30 chapter for the type of treatment service provided. A recovery peer may not be included as
516.31 part of the staff ratio.

517.1 (h) Payment for outpatient substance use disorder services that are licensed according
517.2 to sections 245G.01 to 245G.17 is limited to six hours per day or 30 hours per week unless
517.3 prior authorization of a greater number of hours is obtained from the commissioner.

517.4 **EFFECTIVE DATE.** This section is effective July 1, 2022, or upon federal approval,
517.5 whichever is later. The commissioner of human services shall notify the revisor of statutes
517.6 when federal approval is obtained.

517.7 Sec. 59. Minnesota Statutes 2020, section 256.042, subdivision 1, is amended to read:

517.8 Subdivision 1. **Establishment of the advisory council.** (a) The Opiate Epidemic
517.9 Response Advisory Council is established to develop and implement a comprehensive and
517.10 effective statewide effort to address the opioid addiction and overdose epidemic in Minnesota.
517.11 The council shall focus on:

517.12 (1) prevention and education, including public education and awareness for adults and
517.13 youth, prescriber education, the development and sustainability of opioid overdose prevention
517.14 and education programs, the role of adult protective services in prevention and response,
517.15 and providing financial support to local law enforcement agencies for opiate antagonist
517.16 programs;

517.17 (2) training on the treatment of opioid addiction, including the use of all Food and Drug
517.18 Administration approved opioid addiction medications, detoxification, relapse prevention,
517.19 patient assessment, individual treatment planning, counseling, recovery supports, diversion
517.20 control, and other best practices;

517.21 (3) the expansion and enhancement of a continuum of care for opioid-related substance
517.22 use disorders, including primary prevention, early intervention, treatment, recovery, and
517.23 aftercare services; and

517.24 (4) the development of measures to assess and protect the ability of cancer patients and
517.25 survivors, persons battling life-threatening illnesses, persons suffering from severe chronic
517.26 pain, and persons at the end stages of life, who legitimately need prescription pain
517.27 medications, to maintain their quality of life by accessing these pain medications without
517.28 facing unnecessary barriers. The measures must also address the needs of individuals
517.29 described in this clause who are elderly or who reside in underserved or rural areas of the
517.30 state.

517.31 (b) The council shall:

518.1 (1) review local, state, and federal initiatives and activities related to education,
518.2 prevention, treatment, and services for individuals and families experiencing and affected
518.3 by opioid use disorder;

518.4 (2) establish priorities to address the state's opioid epidemic, for the purpose of
518.5 recommending initiatives to fund;

518.6 (3) recommend to the commissioner of human services specific projects and initiatives
518.7 to be funded;

518.8 (4) ensure that available funding is allocated to align with other state and federal funding,
518.9 to achieve the greatest impact and ensure a coordinated state effort;

518.10 (5) consult with the commissioners of human services, health, and management and
518.11 budget to develop measurable outcomes to determine the effectiveness of funds allocated;
518.12 ~~and~~

518.13 (6) develop recommendations for an administrative and organizational framework for
518.14 the allocation, on a sustainable and ongoing basis, of any money deposited into the separate
518.15 account under section 16A.151, subdivision 2, paragraph (f), in order to address the opioid
518.16 abuse and overdose epidemic in Minnesota and the areas of focus specified in paragraph
518.17 (a);

518.18 (7) review reports, data, and performance measures submitted by municipalities, as
518.19 defined in section 466.01, subdivision 1, in receipt of direct payments from settlement
518.20 agreements, as described in section 256.043, subdivision 4; and

518.21 (8) consult with relevant stakeholders, including lead agencies and municipalities, to
518.22 review and provide recommendations for necessary revisions to required reporting to ensure
518.23 the reporting reflects measures of progress in addressing the harms of the opioid epidemic.

518.24 (c) The council, in consultation with the commissioner of management and budget, and
518.25 within available appropriations, shall select from the awarded grants projects or may select
518.26 municipality projects funded by settlement monies as described in section 256.043,
518.27 subdivision 4, that include promising practices or theory-based activities for which the
518.28 commissioner of management and budget shall conduct evaluations using experimental or
518.29 quasi-experimental design. Grants awarded to proposals or municipality projects funded by
518.30 settlement monies that include promising practices or theory-based activities and that are
518.31 selected for an evaluation shall be administered to support the experimental or
518.32 quasi-experimental evaluation and require grantees and municipality projects to collect and
518.33 report information that is needed to complete the evaluation. The commissioner of

519.1 management and budget, under section 15.08, may obtain additional relevant data to support
519.2 the experimental or quasi-experimental evaluation studies. For the purposes of this paragraph,
519.3 "municipality" has the meaning given in section 466.01, subdivision 1.

519.4 (d) The council, in consultation with the commissioners of human services, health, public
519.5 safety, and management and budget, shall establish goals related to addressing the opioid
519.6 epidemic and determine a baseline against which progress shall be monitored and set
519.7 measurable outcomes, including benchmarks. The goals established must include goals for
519.8 prevention and public health, access to treatment, and multigenerational impacts. The council
519.9 shall use existing measures and data collection systems to determine baseline data against
519.10 which progress shall be measured. The council shall include the proposed goals, the
519.11 measurable outcomes, and proposed benchmarks to meet these goals in its initial report to
519.12 the legislature under subdivision 5, paragraph (a), due January 31, 2021.

519.13 Sec. 60. Minnesota Statutes 2020, section 256.042, subdivision 2, is amended to read:

519.14 Subd. 2. **Membership.** (a) The council shall consist of the following ~~19~~ 30 voting
519.15 members, appointed by the commissioner of human services except as otherwise specified,
519.16 and three nonvoting members:

519.17 (1) two members of the house of representatives, appointed in the following sequence:
519.18 the first from the majority party appointed by the speaker of the house and the second from
519.19 the minority party appointed by the minority leader. Of these two members, one member
519.20 must represent a district outside of the seven-county metropolitan area, and one member
519.21 must represent a district that includes the seven-county metropolitan area. The appointment
519.22 by the minority leader must ensure that this requirement for geographic diversity in
519.23 appointments is met;

519.24 (2) two members of the senate, appointed in the following sequence: the first from the
519.25 majority party appointed by the senate majority leader and the second from the minority
519.26 party appointed by the senate minority leader. Of these two members, one member must
519.27 represent a district outside of the seven-county metropolitan area and one member must
519.28 represent a district that includes the seven-county metropolitan area. The appointment by
519.29 the minority leader must ensure that this requirement for geographic diversity in appointments
519.30 is met;

519.31 (3) one member appointed by the Board of Pharmacy;

519.32 (4) one member who is a physician appointed by the Minnesota Medical Association;

520.1 (5) one member representing opioid treatment programs, sober living programs, or
520.2 substance use disorder programs licensed under chapter 245G;

520.3 (6) one member appointed by the Minnesota Society of Addiction Medicine who is an
520.4 addiction psychiatrist;

520.5 (7) one member representing professionals providing alternative pain management
520.6 therapies, including, but not limited to, acupuncture, chiropractic, or massage therapy;

520.7 (8) one member representing nonprofit organizations conducting initiatives to address
520.8 the opioid epidemic, with the commissioner's initial appointment being a member
520.9 representing the Steve Rummeler Hope Network, and subsequent appointments representing
520.10 this or other organizations;

520.11 (9) one member appointed by the Minnesota Ambulance Association who is serving
520.12 with an ambulance service as an emergency medical technician, advanced emergency
520.13 medical technician, or paramedic;

520.14 (10) one member representing the Minnesota courts who is a judge or law enforcement
520.15 officer;

520.16 (11) one public member who is a Minnesota resident and who is in opioid addiction
520.17 recovery;

520.18 (12) ~~two~~ 11 members representing Indian tribes, one representing ~~the Ojibwe tribes and~~
520.19 ~~one representing the Dakota tribes~~ each of Minnesota's Tribal Nations;

520.20 (13) two members representing the urban American Indian population;

520.21 ~~(13)~~ (14) one public member who is a Minnesota resident and who is suffering from
520.22 chronic pain, intractable pain, or a rare disease or condition;

520.23 ~~(14)~~ (15) one mental health advocate representing persons with mental illness;

520.24 ~~(15)~~ (16) one member appointed by the Minnesota Hospital Association;

520.25 ~~(16)~~ (17) one member representing a local health department; and

520.26 ~~(17)~~ (18) the commissioners of human services, health, and corrections, or their designees,
520.27 who shall be ex officio nonvoting members of the council.

520.28 (b) The commissioner of human services shall coordinate the commissioner's
520.29 appointments to provide geographic, racial, and gender diversity, and shall ensure that at
520.30 least one-half of council members appointed by the commissioner reside outside of the
520.31 seven-county metropolitan area and that at least one-half of the members have lived

521.1 experience with opiate addiction. Of the members appointed by the commissioner, to the
521.2 extent practicable, at least one member must represent a community of color
521.3 disproportionately affected by the opioid epidemic.

521.4 (c) The council is governed by section 15.059, except that members of the council shall
521.5 serve three-year terms and shall receive no compensation other than reimbursement for
521.6 expenses. Notwithstanding section 15.059, subdivision 6, the council shall not expire.

521.7 (d) The chair shall convene the council at least quarterly, and may convene other meetings
521.8 as necessary. The chair shall convene meetings at different locations in the state to provide
521.9 geographic access, and shall ensure that at least one-half of the meetings are held at locations
521.10 outside of the seven-county metropolitan area.

521.11 (e) The commissioner of human services shall provide staff and administrative services
521.12 for the advisory council.

521.13 (f) The council is subject to chapter 13D.

521.14 Sec. 61. Minnesota Statutes 2021 Supplement, section 256.042, subdivision 4, is amended
521.15 to read:

521.16 Subd. 4. **Grants.** (a) The commissioner of human services shall submit a report of the
521.17 grants proposed by the advisory council to be awarded for the upcoming calendar year to
521.18 the chairs and ranking minority members of the legislative committees with jurisdiction
521.19 over health and human services policy and finance, by December 1 of each year, beginning
521.20 March 1, 2020.

521.21 (b) The grants shall be awarded to proposals selected by the advisory council that address
521.22 the priorities in subdivision 1, paragraph (a), clauses (1) to (4), unless otherwise appropriated
521.23 by the legislature. The advisory council shall determine grant awards and funding amounts
521.24 based on the funds appropriated to the commissioner under section 256.043, subdivision 3,
521.25 paragraph (e). The commissioner shall award the grants from the opiate epidemic response
521.26 fund and administer the grants in compliance with section 16B.97. No more than ten percent
521.27 of the grant amount may be used by a grantee for administration. The commissioner must
521.28 award at least 40 percent of grants to projects that include a focus on addressing the opiate
521.29 crisis in Black and Indigenous communities and communities of color.

521.30 Sec. 62. Minnesota Statutes 2020, section 256.042, subdivision 5, is amended to read:

521.31 Subd. 5. **Reports.** (a) The advisory council shall report annually to the chairs and ranking
521.32 minority members of the legislative committees with jurisdiction over health and human

522.1 services policy and finance by January 31 of each year, ~~beginning January 31, 2021~~. The
522.2 report shall include information about the individual projects that receive grants, the
522.3 municipality projects funded by settlement monies as described in section 256.043,
522.4 subdivision 4, and the overall role of the ~~project~~ projects in addressing the opioid addiction
522.5 and overdose epidemic in Minnesota. The report must describe the grantees and the activities
522.6 implemented, along with measurable outcomes as determined by the council in consultation
522.7 with the commissioner of human services and the commissioner of management and budget.
522.8 At a minimum, the report must include information about the number of individuals who
522.9 received information or treatment, the outcomes the individuals achieved, and demographic
522.10 information about the individuals participating in the project; an assessment of the progress
522.11 toward achieving statewide access to qualified providers and comprehensive treatment and
522.12 recovery services; and an update on the evaluations implemented by the commissioner of
522.13 management and budget for the promising practices and theory-based projects that receive
522.14 funding.

522.15 (b) The commissioner of management and budget, in consultation with the Opiate
522.16 Epidemic Response Advisory Council, shall report to the chairs and ranking minority
522.17 members of the legislative committees with jurisdiction over health and human services
522.18 policy and finance when an evaluation study described in subdivision 1, paragraph (c), is
522.19 complete on the promising practices or theory-based projects that are selected for evaluation
522.20 activities. The report shall include demographic information; outcome information for the
522.21 individuals in the program; the results for the program in promoting recovery, employment,
522.22 family reunification, and reducing involvement with the criminal justice system; and other
522.23 relevant outcomes determined by the commissioner of management and budget that are
522.24 specific to the projects that are evaluated. The report shall include information about the
522.25 ability of grant programs to be scaled to achieve the statewide results that the grant project
522.26 demonstrated.

522.27 (c) The advisory council, in its annual report to the legislature under paragraph (a) due
522.28 by January 31, 2024, shall include recommendations on whether the appropriations to the
522.29 specified entities under Laws 2019, chapter 63, should be continued, adjusted, or
522.30 discontinued; whether funding should be appropriated for other purposes related to opioid
522.31 abuse prevention, education, and treatment; and on the appropriate level of funding for
522.32 existing and new uses.

522.33 (d) Municipalities receiving direct payments for settlement agreements as described in
522.34 section 256.043, subdivision 4, must annually report to the commissioner on how the funds
522.35 were used on opioid remediation. The report must be submitted in a format prescribed by

523.1 the commissioner. The report must include data and measurable outcomes on expenditures
523.2 funded with opioid settlement funds, as identified by the commissioner, including details
523.3 on services drawn from the categories of approved uses, as identified in agreements between
523.4 the state of Minnesota, the Association of Minnesota Counties, and the League of Minnesota
523.5 Cities. Minimum reporting requirements must include:

523.6 (1) contact information;

523.7 (2) information on funded services and programs; and

523.8 (3) target populations for each funded service and program.

523.9 (e) In reporting data and outcomes under paragraph (d), municipalities should include
523.10 information on the use of evidence-based and culturally relevant services, to the extent
523.11 feasible.

523.12 (f) Reporting requirements for municipal projects using \$25,000 or more of settlement
523.13 funds in a calendar year must also include:

523.14 (1) a brief qualitative description of successes or challenges; and

523.15 (2) results using process and quality measures.

523.16 (g) For the purposes of this subdivision, "municipality" or "municipalities" has the
523.17 meaning given in section 466.01, subdivision 1.

523.18 Sec. 63. Minnesota Statutes 2021 Supplement, section 256B.0625, subdivision 5m, is
523.19 amended to read:

523.20 Subd. 5m. **Certified community behavioral health clinic services.** (a) Medical
523.21 assistance covers services provided by a not-for-profit certified community behavioral health
523.22 clinic (CCBHC) services that meet meets the requirements of section 245.735, subdivision
523.23 3.

523.24 (b) The commissioner shall reimburse CCBHCs on a per-visit per-day basis ~~under the~~
523.25 ~~prospective payment~~ for each day that an eligible service is delivered using the CCBHC
523.26 daily bundled rate system for medical assistance payments as described in paragraph (c).
523.27 The commissioner shall include a quality incentive payment in the ~~prospective payment~~
523.28 CCBHC daily bundled rate system as described in paragraph (e). There is no county share
523.29 for medical assistance services when reimbursed through the CCBHC ~~prospective payment~~
523.30 daily bundled rate system.

523.31 (c) The commissioner shall ensure that the ~~prospective payment~~ CCBHC daily bundled
523.32 rate system for CCBHC payments under medical assistance meets the following requirements:

524.1 (1) the ~~prospective payment~~ CCBHC daily bundled rate shall be a provider-specific rate
524.2 calculated for each CCBHC, based on the daily cost of providing CCBHC services and the
524.3 total annual allowable CCBHC costs ~~for CCBHCs~~ divided by the total annual number of
524.4 CCBHC visits. For calculating the payment rate, total annual visits include visits covered
524.5 by medical assistance and visits not covered by medical assistance. Allowable costs include
524.6 but are not limited to the salaries and benefits of medical assistance providers; the cost of
524.7 CCBHC services provided under section 245.735, subdivision 3, paragraph (a), clauses (6)
524.8 and (7); and other costs such as insurance or supplies needed to provide CCBHC services;

524.9 (2) payment shall be limited to one payment per day per medical assistance enrollee ~~for~~
524.10 each when an eligible CCBHC visit eligible for reimbursement service is provided. A
524.11 CCBHC visit is eligible for reimbursement if at least one of the CCBHC services listed
524.12 under section 245.735, subdivision 3, paragraph (a), clause (6), is furnished to a medical
524.13 assistance enrollee by a health care practitioner or licensed agency employed by or under
524.14 contract with a CCBHC;

524.15 (3) ~~new payment~~ initial CCBHC daily bundled rates set by the commissioner for newly
524.16 certified CCBHCs under section 245.735, subdivision 3, shall be ~~based on rates for~~
524.17 ~~established CCBHCs with a similar scope of services. If no comparable CCBHC exists, the~~
524.18 ~~commissioner shall establish a clinic-specific rate using audited historical cost report data~~
524.19 ~~adjusted for the estimated cost of delivering CCBHC services, including the estimated cost~~
524.20 ~~of providing the full scope of services and the projected change in visits resulting from the~~
524.21 ~~change in scope~~ established by the commissioner using a provider-specific rate based on
524.22 the newly certified CCBHC's audited historical cost report data adjusted for the expected
524.23 cost of delivering CCBHC services. Estimates are subject to review by the commissioner
524.24 and must include the expected cost of providing the full scope of CCBHC services and the
524.25 expected number of visits for the rate period;

524.26 (4) the commissioner shall rebase CCBHC rates once every three years following the
524.27 last rebasing and no less than 12 months following an initial rate or a rate change due to a
524.28 change in the scope of services;

524.29 (5) the commissioner shall provide for a 60-day appeals process after notice of the results
524.30 of the rebasing;

524.31 (6) the ~~prospective payment~~ CCBHC daily bundled rate under this section does not apply
524.32 to services rendered by CCBHCs to individuals who are dually eligible for Medicare and
524.33 medical assistance when Medicare is the primary payer for the service. An entity that receives

525.1 a ~~prospective payment~~ CCBHC daily bundled rate system ~~rate~~ that overlaps with the CCBHC
525.2 rate is not eligible for the CCBHC rate;

525.3 (7) payments for CCBHC services to individuals enrolled in managed care shall be
525.4 coordinated with the state's phase-out of CCBHC wrap payments. The commissioner shall
525.5 complete the phase-out of CCBHC wrap payments within 60 days of the implementation
525.6 of the ~~prospective payment~~ CCBHC daily bundled rate system in the Medicaid Management
525.7 Information System (MMIS), for CCBHCs reimbursed under this chapter, with a final
525.8 settlement of payments due made payable to CCBHCs no later than 18 months thereafter;

525.9 (8) the ~~prospective payment~~ CCBHC daily bundled rate for each CCBHC shall be updated
525.10 by trending each provider-specific rate by the Medicare Economic Index for primary care
525.11 services. This update shall occur each year in between rebasing periods determined by the
525.12 commissioner in accordance with clause (4). CCBHCs must provide data on costs and visits
525.13 to the state annually using the CCBHC cost report established by the commissioner; and

525.14 (9) a CCBHC may request a rate adjustment for changes in the CCBHC's scope of
525.15 services when such changes are expected to result in an adjustment to the CCBHC payment
525.16 rate by 2.5 percent or more. The CCBHC must provide the commissioner with information
525.17 regarding the changes in the scope of services, including the estimated cost of providing
525.18 the new or modified services and any projected increase or decrease in the number of visits
525.19 resulting from the change. Estimated costs are subject to review by the commissioner. Rate
525.20 adjustments for changes in scope shall occur no more than once per year in between rebasing
525.21 periods per CCBHC and are effective on the date of the annual CCBHC rate update.

525.22 (d) Managed care plans and county-based purchasing plans shall reimburse CCBHC
525.23 providers at the ~~prospective payment~~ CCBHC daily bundled rate. The commissioner shall
525.24 monitor the effect of this requirement on the rate of access to the services delivered by
525.25 CCBHC providers. If, for any contract year, federal approval is not received for this
525.26 paragraph, the commissioner must adjust the capitation rates paid to managed care plans
525.27 and county-based purchasing plans for that contract year to reflect the removal of this
525.28 provision. Contracts between managed care plans and county-based purchasing plans and
525.29 providers to whom this paragraph applies must allow recovery of payments from those
525.30 providers if capitation rates are adjusted in accordance with this paragraph. Payment
525.31 recoveries must not exceed the amount equal to any increase in rates that results from this
525.32 provision. This paragraph expires if federal approval is not received for this paragraph at
525.33 any time.

526.1 (e) The commissioner shall implement a quality incentive payment program for CCBHCs
526.2 that meets the following requirements:

526.3 (1) a CCBHC shall receive a quality incentive payment upon meeting specific numeric
526.4 thresholds for performance metrics established by the commissioner, in addition to payments
526.5 for which the CCBHC is eligible under the ~~prospective payment~~ CCBHC daily bundled
526.6 rate system described in paragraph (c);

526.7 (2) a CCBHC must be certified and enrolled as a CCBHC for the entire measurement
526.8 year to be eligible for incentive payments;

526.9 (3) each CCBHC shall receive written notice of the criteria that must be met in order to
526.10 receive quality incentive payments at least 90 days prior to the measurement year; and

526.11 (4) a CCBHC must provide the commissioner with data needed to determine incentive
526.12 payment eligibility within six months following the measurement year. The commissioner
526.13 shall notify CCBHC providers of their performance on the required measures and the
526.14 incentive payment amount within 12 months following the measurement year.

526.15 (f) All claims to managed care plans for CCBHC services as provided under this section
526.16 shall be submitted directly to, and paid by, the commissioner on the dates specified no later
526.17 than January 1 of the following calendar year, if:

526.18 (1) one or more managed care plans does not comply with the federal requirement for
526.19 payment of clean claims to CCBHCs, as defined in Code of Federal Regulations, title 42,
526.20 section 447.45(b), and the managed care plan does not resolve the payment issue within 30
526.21 days of noncompliance; and

526.22 (2) the total amount of clean claims not paid in accordance with federal requirements
526.23 by one or more managed care plans is 50 percent of, or greater than, the total CCBHC claims
526.24 eligible for payment by managed care plans.

526.25 If the conditions in this paragraph are met between January 1 and June 30 of a calendar
526.26 year, claims shall be submitted to and paid by the commissioner beginning on January 1 of
526.27 the following year. If the conditions in this paragraph are met between July 1 and December
526.28 31 of a calendar year, claims shall be submitted to and paid by the commissioner beginning
526.29 on July 1 of the following year.

526.30 Sec. 64. Minnesota Statutes 2020, section 256B.0757, subdivision 5, is amended to read:

526.31 Subd. 5. **Payments.** The commissioner shall ~~make payments to each designated provider~~
526.32 ~~for the provision of~~ establish a single statewide reimbursement rate for health home services

527.1 ~~described in subdivision 3 to each eligible individual under subdivision 2 that selects the~~
527.2 ~~health home as a provider~~ under this section. In setting this rate, the commissioner must
527.3 include input from stakeholders, including providers of the services. The statewide
527.4 reimbursement rate shall be adjusted annually to match the growth in the Medicare Economic
527.5 Index.

527.6 **EFFECTIVE DATE.** This section is effective July 1, 2022.

527.7 Sec. 65. Minnesota Statutes 2021 Supplement, section 256B.0759, subdivision 4, is
527.8 amended to read:

527.9 Subd. 4. **Provider payment rates.** (a) Payment rates for participating providers must
527.10 be increased for services provided to medical assistance enrollees. To receive a rate increase,
527.11 participating providers must meet demonstration project requirements and provide evidence
527.12 of formal referral arrangements with providers delivering step-up or step-down levels of
527.13 care. Providers that have enrolled in the demonstration project but have not met the provider
527.14 standards under subdivision 3 as of July 1, 2022, are not eligible for a rate increase under
527.15 this subdivision until the date that the provider meets the provider standards in subdivision
527.16 3. Services provided from July 1, 2022, to the date that the provider meets the provider
527.17 standards under subdivision 3 shall be reimbursed at rates according to section 254B.05,
527.18 subdivision 5, paragraph (b). Rate increases paid under this subdivision to a provider for
527.19 services provided between July 1, 2021, and July 1, 2022, are not subject to recoupment
527.20 when the provider is taking meaningful steps to meet demonstration project requirements
527.21 that are not otherwise required by law, and the provider provides documentation to the
527.22 commissioner, upon request, of the steps being taken.

527.23 (b) The commissioner may temporarily suspend payments to the provider according to
527.24 section 256B.04, subdivision 21, paragraph (d), if the provider does not meet the requirements
527.25 in paragraph (a). Payments withheld from the provider must be made once the commissioner
527.26 determines that the requirements in paragraph (a) are met.

527.27 (c) For substance use disorder services under section 254B.05, subdivision 5, paragraph
527.28 (b), clause ~~(8)~~ (7), provided on or after July 1, 2020, payment rates must be increased by
527.29 25 percent over the rates in effect on December 31, 2019.

527.30 (d) For substance use disorder services under section 254B.05, subdivision 5, paragraph
527.31 (b), clauses (1), and (6), ~~and (7)~~, and adolescent treatment programs that are licensed as
527.32 outpatient treatment programs according to sections 245G.01 to 245G.18, provided on or
527.33 after January 1, 2021, payment rates must be increased by 20 percent over the rates in effect
527.34 on December 31, 2020.

528.1 (e) Effective January 1, 2021, and contingent on annual federal approval, managed care
528.2 plans and county-based purchasing plans must reimburse providers of the substance use
528.3 disorder services meeting the criteria described in paragraph (a) who are employed by or
528.4 under contract with the plan an amount that is at least equal to the fee-for-service base rate
528.5 payment for the substance use disorder services described in paragraphs (c) and (d). The
528.6 commissioner must monitor the effect of this requirement on the rate of access to substance
528.7 use disorder services and residential substance use disorder rates. Capitation rates paid to
528.8 managed care organizations and county-based purchasing plans must reflect the impact of
528.9 this requirement. This paragraph expires if federal approval is not received at any time as
528.10 required under this paragraph.

528.11 (f) Effective July 1, 2021, contracts between managed care plans and county-based
528.12 purchasing plans and providers to whom paragraph (e) applies must allow recovery of
528.13 payments from those providers if, for any contract year, federal approval for the provisions
528.14 of paragraph (e) is not received, and capitation rates are adjusted as a result. Payment
528.15 recoveries must not exceed the amount equal to any decrease in rates that results from this
528.16 provision.

528.17 Sec. 66. Minnesota Statutes 2020, section 256B.0941, is amended by adding a subdivision
528.18 to read:

528.19 Subd. 2a. **Sleeping hours.** During normal sleeping hours, a psychiatric residential
528.20 treatment facility provider must provide at least one staff person for every six residents
528.21 present within a living unit. A provider must adjust sleeping-hour staffing levels based on
528.22 the clinical needs of the residents in the facility.

528.23 Sec. 67. Minnesota Statutes 2020, section 256B.0941, subdivision 3, is amended to read:

528.24 Subd. 3. **Per diem rate.** (a) The commissioner must establish one per diem rate per
528.25 provider for psychiatric residential treatment facility services for individuals 21 years of
528.26 age or younger. The rate for a provider must not exceed the rate charged by that provider
528.27 for the same service to other payers. Payment must not be made to more than one entity for
528.28 each individual for services provided under this section on a given day. The commissioner
528.29 must set rates prospectively for the annual rate period. The commissioner must require
528.30 providers to submit annual cost reports on a uniform cost reporting form and must use
528.31 submitted cost reports to inform the rate-setting process. The cost reporting must be done
528.32 according to federal requirements for Medicare cost reports.

528.33 (b) The following are included in the rate:

529.1 (1) costs necessary for licensure and accreditation, meeting all staffing standards for
529.2 participation, meeting all service standards for participation, meeting all requirements for
529.3 active treatment, maintaining medical records, conducting utilization review, meeting
529.4 inspection of care, and discharge planning. The direct services costs must be determined
529.5 using the actual cost of salaries, benefits, payroll taxes, and training of direct services staff
529.6 and service-related transportation; and

529.7 (2) payment for room and board provided by facilities meeting all accreditation and
529.8 licensing requirements for participation.

529.9 (c) A facility may submit a claim for payment outside of the per diem for professional
529.10 services arranged by and provided at the facility by an appropriately licensed professional
529.11 who is enrolled as a provider with Minnesota health care programs. Arranged services may
529.12 be billed by either the facility or the licensed professional. These services must be included
529.13 in the individual plan of care and are subject to prior authorization.

529.14 (d) Medicaid must reimburse for concurrent services as approved by the commissioner
529.15 to support continuity of care and successful discharge from the facility. "Concurrent services"
529.16 means services provided by another entity or provider while the individual is admitted to a
529.17 psychiatric residential treatment facility. Payment for concurrent services may be limited
529.18 and these services are subject to prior authorization by the state's medical review agent.
529.19 Concurrent services may include targeted case management, assertive community treatment,
529.20 clinical care consultation, team consultation, and treatment planning.

529.21 (e) Payment rates under this subdivision must not include the costs of providing the
529.22 following services:

529.23 (1) educational services;

529.24 (2) acute medical care or specialty services for other medical conditions;

529.25 (3) dental services; and

529.26 (4) pharmacy drug costs.

529.27 (f) For purposes of this section, "actual cost" means costs that are allowable, allocable,
529.28 reasonable, and consistent with federal reimbursement requirements in Code of Federal
529.29 Regulations, title 48, chapter 1, part 31, relating to for-profit entities, and the Office of
529.30 Management and Budget Circular Number A-122, relating to nonprofit entities.

529.31 (g) The commissioner shall consult with providers and stakeholders to develop an
529.32 assessment tool that identifies when a child with a medical necessity for psychiatric
529.33 residential treatment facility level of care will require specialized care planning, including

530.1 but not limited to a one-on-one staffing ratio in a living environment. The commissioner
530.2 must develop the tool based on clinical and safety review and recommend best uses of the
530.3 protocols to align with reimbursement structures.

530.4 Sec. 68. Minnesota Statutes 2020, section 256B.0941, is amended by adding a subdivision
530.5 to read:

530.6 Subd. 5. **Start-up grants.** Start-up grants to prospective psychiatric residential treatment
530.7 facility sites may be used for:

530.8 (1) administrative expenses;

530.9 (2) consulting services;

530.10 (3) Health Insurance Portability and Accountability Act of 1996 compliance;

530.11 (4) therapeutic resources including evidence-based, culturally appropriate curriculums,
530.12 and training programs for staff and clients;

530.13 (5) allowable physical renovations to the property; and

530.14 (6) emergency workforce shortage uses, as determined by the commissioner.

530.15 Sec. 69. Minnesota Statutes 2021 Supplement, section 256B.0946, subdivision 1, is
530.16 amended to read:

530.17 Subdivision 1. **Required covered service components.** (a) Subject to federal approval,
530.18 medical assistance covers medically necessary intensive behavioral health treatment services
530.19 when the services are provided by a provider entity certified under and meeting the standards
530.20 in this section. The provider entity must make reasonable and good faith efforts to report
530.21 individual client outcomes to the commissioner, using instruments and protocols approved
530.22 by the commissioner.

530.23 (b) Intensive behavioral health treatment services to children with mental illness residing
530.24 in foster family settings or with legal guardians that comprise specific required service
530.25 components provided in clauses (1) to (6) are reimbursed by medical assistance when they
530.26 meet the following standards:

530.27 (1) psychotherapy provided by a mental health professional or a clinical trainee;

530.28 (2) crisis planning;

530.29 (3) individual, family, and group psychoeducation services provided by a mental health
530.30 professional or a clinical trainee;

531.1 (4) clinical care consultation provided by a mental health professional or a clinical
531.2 trainee;

531.3 (5) individual treatment plan development as defined in Minnesota Rules, part 9505.0371,
531.4 subpart 7; and

531.5 (6) service delivery payment requirements as provided under subdivision 4.

531.6 EFFECTIVE DATE. This section is effective January 1, 2023, or upon federal approval,
531.7 whichever is later. The commissioner of human services shall notify the revisor of statutes
531.8 when federal approval is obtained.

531.9 Sec. 70. Minnesota Statutes 2021 Supplement, section 256B.0946, subdivision 1a, is
531.10 amended to read:

531.11 Subd. 1a. **Definitions.** For the purposes of this section, the following terms have the
531.12 meanings given them.

531.13 (a) "At risk of out-of-home placement" means the child has participated in
531.14 community-based therapeutic or behavioral services including psychotherapy within the
531.15 past 30 days and has experienced severe difficulty in managing mental health and behavior
531.16 in multiple settings and has one of the following:

531.17 (1) has previously been in out-of-home placement for mental health issues within the
531.18 past six months;

531.19 (2) has a history of threatening harm to self or others and has actively engaged in
531.20 self-harming or threatening behavior in the past 30 days;

531.21 (3) demonstrates extremely inappropriate or dangerous social behavior in home,
531.22 community, and school settings;

531.23 (4) has a history of repeated intervention from mental health programs, social services,
531.24 mobile crisis programs, or law enforcement to maintain safety in the home, community, or
531.25 school within the past 60 days; or

531.26 (5) whose parent is unable to safely manage the child's mental health, behavioral, or
531.27 emotional problems in the home and has been actively seeking placement for at least two
531.28 weeks.

531.29 ~~(a)~~ (b) "Clinical care consultation" means communication from a treating clinician to
531.30 other providers working with the same client to inform, inquire, and instruct regarding the
531.31 client's symptoms, strategies for effective engagement, care and intervention needs, and
531.32 treatment expectations across service settings, including but not limited to the client's school,

532.1 social services, day care, probation, home, primary care, medication prescribers, disabilities
532.2 services, and other mental health providers and to direct and coordinate clinical service
532.3 components provided to the client and family.

532.4 ~~(b)~~ (c) "Clinical trainee" means a staff person who is qualified according to section
532.5 245I.04, subdivision 6.

532.6 ~~(e)~~ (d) "Crisis planning" has the meaning given in section 245.4871, subdivision 9a.

532.7 ~~(d)~~ (e) "Culturally appropriate" means providing mental health services in a manner that
532.8 incorporates the child's cultural influences into interventions as a way to maximize resiliency
532.9 factors and utilize cultural strengths and resources to promote overall wellness.

532.10 ~~(e)~~ (f) "Culture" means the distinct ways of living and understanding the world that are
532.11 used by a group of people and are transmitted from one generation to another or adopted
532.12 by an individual.

532.13 ~~(f)~~ (g) "Standard diagnostic assessment" means the assessment described in section
532.14 245I.10, subdivision 6.

532.15 ~~(g)~~ (h) "Family" means a person who is identified by the client or the client's parent or
532.16 guardian as being important to the client's mental health treatment. Family may include,
532.17 but is not limited to, parents, foster parents, children, spouse, committed partners, former
532.18 spouses, persons related by blood or adoption, persons who are a part of the client's
532.19 permanency plan, or persons who are presently residing together as a family unit.

532.20 ~~(h)~~ (i) "Foster care" has the meaning given in section 260C.007, subdivision 18.

532.21 ~~(i)~~ (j) "Foster family setting" means the foster home in which the license holder resides.

532.22 ~~(j)~~ (k) "Individual treatment plan" means the plan described in section 245I.10,
532.23 subdivisions 7 and 8.

532.24 ~~(k)~~ (l) "Mental health certified family peer specialist" means a staff person who is
532.25 qualified according to section 245I.04, subdivision 12.

532.26 ~~(l)~~ (m) "Mental health professional" means a staff person who is qualified according to
532.27 section 245I.04, subdivision 2.

532.28 ~~(m)~~ (n) "Mental illness" has the meaning given in section 245I.02, subdivision 29.

532.29 ~~(n)~~ (o) "Parent" has the meaning given in section 260C.007, subdivision 25.

532.30 ~~(o)~~ (p) "Psychoeducation services" means information or demonstration provided to an
532.31 individual, family, or group to explain, educate, and support the individual, family, or group

533.1 in understanding a child's symptoms of mental illness, the impact on the child's development,
533.2 and needed components of treatment and skill development so that the individual, family,
533.3 or group can help the child to prevent relapse, prevent the acquisition of comorbid disorders,
533.4 and achieve optimal mental health and long-term resilience.

533.5 ~~(p)~~(q) "Psychotherapy" means the treatment described in section 256B.0671, subdivision
533.6 11.

533.7 ~~(q)~~(r) "Team consultation and treatment planning" means the coordination of treatment
533.8 plans and consultation among providers in a group concerning the treatment needs of the
533.9 child, including disseminating the child's treatment service schedule to all members of the
533.10 service team. Team members must include all mental health professionals working with the
533.11 child, a parent, the child unless the team lead or parent deem it clinically inappropriate, and
533.12 at least two of the following: an individualized education program case manager; probation
533.13 agent; children's mental health case manager; child welfare worker, including adoption or
533.14 guardianship worker; primary care provider; foster parent; and any other member of the
533.15 child's service team.

533.16 ~~(r)~~(s) "Trauma" has the meaning given in section 245I.02, subdivision 38.

533.17 ~~(s)~~(t) "Treatment supervision" means the supervision described under section 245I.06.

533.18 **EFFECTIVE DATE.** This section is effective January 1, 2023, or upon federal approval,
533.19 whichever is later. The commissioner of human services shall notify the revisor of statutes
533.20 when federal approval is obtained.

533.21 Sec. 71. Minnesota Statutes 2021 Supplement, section 256B.0946, subdivision 2, is
533.22 amended to read:

533.23 Subd. 2. **Determination of client eligibility.** An eligible recipient is an individual, from
533.24 birth through age 20, who is currently placed in a foster home licensed under Minnesota
533.25 Rules, parts 2960.3000 to 2960.3340, or placed in a foster home licensed under the
533.26 regulations established by a federally recognized Minnesota Tribe, or who is residing in the
533.27 legal guardian's home and is at risk of out-of-home placement, and has received: (1) a
533.28 standard diagnostic assessment within 180 days before the start of service that documents
533.29 that intensive behavioral health treatment services are medically necessary ~~within a foster~~
533.30 ~~family setting~~ to ameliorate identified symptoms and functional impairments; and (2) a level
533.31 of care assessment as defined in section 245I.02, subdivision 19, that demonstrates that the
533.32 individual requires intensive intervention without 24-hour medical monitoring, and a
533.33 functional assessment as defined in section 245I.02, subdivision 17. The level of care

534.1 assessment and the functional assessment must include information gathered from the
534.2 placing county, Tribe, or case manager.

534.3 **EFFECTIVE DATE.** This section is effective January 1, 2023, or upon federal approval,
534.4 whichever is later. The commissioner of human services shall notify the revisor of statutes
534.5 when federal approval is obtained.

534.6 Sec. 72. Minnesota Statutes 2021 Supplement, section 256B.0946, subdivision 3, is
534.7 amended to read:

534.8 Subd. 3. **Eligible mental health services providers.** (a) Eligible providers for children's
534.9 intensive ~~children's mental health~~ behavioral health services in a foster family setting must
534.10 be certified by the state ~~and have a service provision contract with a county board or a~~
534.11 ~~reservation tribal council~~ and must be able to demonstrate the ability to provide all of the
534.12 services required in this section and meet the standards in chapter 245I, as required in section
534.13 245I.011, subdivision 5.

534.14 (b) For purposes of this section, a provider agency must be:

534.15 (1) a county-operated entity certified by the state;

534.16 (2) an Indian Health Services facility operated by a Tribe or Tribal organization under
534.17 funding authorized by United States Code, title 25, sections 450f to 450n, or title 3 of the
534.18 Indian Self-Determination Act, Public Law 93-638, section 638 (facilities or providers); or

534.19 (3) a noncounty entity.

534.20 (c) Certified providers that do not meet the service delivery standards required in this
534.21 section shall be subject to a decertification process.

534.22 (d) For the purposes of this section, all services delivered to a client must be provided
534.23 by a mental health professional or a clinical trainee.

534.24 **EFFECTIVE DATE.** This section is effective January 1, 2023, or upon federal approval,
534.25 whichever is later. The commissioner of human services shall notify the revisor of statutes
534.26 when federal approval is obtained.

534.27 Sec. 73. Minnesota Statutes 2021 Supplement, section 256B.0946, subdivision 4, is
534.28 amended to read:

534.29 Subd. 4. **Service delivery payment requirements.** (a) To be eligible for payment under
534.30 this section, a provider must develop and practice written policies and procedures for
534.31 children's intensive ~~treatment in foster care~~ behavioral health services, consistent with

535.1 subdivision 1, paragraph (b), and comply with the following requirements in paragraphs
535.2 (b) to (n).

535.3 (b) Each previous and current mental health, school, and physical health treatment
535.4 provider must be contacted to request documentation of treatment and assessments that the
535.5 eligible client has received. This information must be reviewed and incorporated into the
535.6 standard diagnostic assessment and team consultation and treatment planning review process.

535.7 (c) Each client receiving treatment must be assessed for a trauma history, and the client's
535.8 treatment plan must document how the results of the assessment will be incorporated into
535.9 treatment.

535.10 (d) The level of care assessment as defined in section 245I.02, subdivision 19, and
535.11 functional assessment as defined in section 245I.02, subdivision 17, must be updated at
535.12 least every 90 days or prior to discharge from the service, whichever comes first.

535.13 (e) Each client receiving treatment services must have an individual treatment plan that
535.14 is reviewed, evaluated, and approved every 90 days using the team consultation and treatment
535.15 planning process.

535.16 (f) Clinical care consultation must be provided in accordance with the client's individual
535.17 treatment plan.

535.18 (g) Each client must have a crisis plan within ten days of initiating services and must
535.19 have access to clinical phone support 24 hours per day, seven days per week, during the
535.20 course of treatment. The crisis plan must demonstrate coordination with the local or regional
535.21 mobile crisis intervention team.

535.22 (h) Services must be delivered and documented at least three days per week, equaling
535.23 at least six hours of treatment per week. If the mental health professional, client, and family
535.24 agree, service units may be temporarily reduced for a period of no more than 60 days in
535.25 order to meet the needs of the client and family, or as part of transition or on a discharge
535.26 plan to another service or level of care. The reasons for service reduction must be identified,
535.27 documented, and included in the treatment plan. Billing and payment are prohibited for
535.28 days on which no services are delivered and documented.

535.29 (i) Location of service delivery must be in the client's home, day care setting, school, or
535.30 other community-based setting that is specified on the client's individualized treatment plan.

535.31 (j) Treatment must be developmentally and culturally appropriate for the client.

535.32 (k) Services must be delivered in continual collaboration and consultation with the
535.33 client's medical providers and, in particular, with prescribers of psychotropic medications,

536.1 including those prescribed on an off-label basis. Members of the service team must be aware
536.2 of the medication regimen and potential side effects.

536.3 (l) Parents, siblings, foster parents, legal guardians, and members of the child's
536.4 permanency plan must be involved in treatment and service delivery unless otherwise noted
536.5 in the treatment plan.

536.6 (m) Transition planning for ~~the~~ a child in foster care must be conducted starting with
536.7 the first treatment plan and must be addressed throughout treatment to support the child's
536.8 permanency plan and postdischarge mental health service needs.

536.9 (n) In order for a provider to receive the daily per-client encounter rate, at least one of
536.10 the services listed in subdivision 1, paragraph (b), clauses (1) to (3), must be provided. The
536.11 services listed in subdivision 1, paragraph (b), clauses (4) and (5), may be included as part
536.12 of the daily per-client encounter rate.

536.13 **EFFECTIVE DATE.** This section is effective January 1, 2023, or upon federal approval,
536.14 whichever is later. The commissioner of human services shall notify the revisor of statutes
536.15 when federal approval is obtained.

536.16 Sec. 74. Minnesota Statutes 2021 Supplement, section 256B.0946, subdivision 6, is
536.17 amended to read:

536.18 Subd. 6. **Excluded services.** (a) Services in clauses (1) to (7) are not covered under this
536.19 section and are not eligible for medical assistance payment as components of children's
536.20 ~~intensive treatment in foster care~~ behavioral health services, but may be billed separately:

536.21 (1) inpatient psychiatric hospital treatment;

536.22 (2) mental health targeted case management;

536.23 (3) partial hospitalization;

536.24 (4) medication management;

536.25 (5) children's mental health day treatment services;

536.26 (6) crisis response services under section 256B.0624;

536.27 (7) transportation; and

536.28 (8) mental health certified family peer specialist services under section 256B.0616.

536.29 (b) Children receiving intensive ~~treatment in foster care~~ behavioral health services are
536.30 not eligible for medical assistance reimbursement for the following services while receiving
536.31 children's intensive treatment in foster care behavioral health services:

537.1 (1) psychotherapy and skills training components of children's therapeutic services and
537.2 supports under section 256B.0943;

537.3 (2) mental health behavioral aide services as defined in section 256B.0943, subdivision
537.4 1, paragraph (l);

537.5 (3) home and community-based waiver services;

537.6 (4) mental health residential treatment; and

537.7 (5) room and board costs as defined in section 256I.03, subdivision 6.

537.8 **EFFECTIVE DATE.** This section is effective January 1, 2023, or upon federal approval,
537.9 whichever is later. The commissioner of human services shall notify the revisor of statutes
537.10 when federal approval is obtained.

537.11 Sec. 75. Minnesota Statutes 2020, section 256B.0946, subdivision 7, is amended to read:

537.12 Subd. 7. **Medical assistance payment and rate setting.** The commissioner shall establish
537.13 a single daily per-client encounter rate for children's intensive treatment in foster care
537.14 behavioral health services. The rate must be constructed to cover only eligible services
537.15 delivered to an eligible recipient by an eligible provider, as prescribed in subdivision 1,
537.16 paragraph (b).

537.17 **EFFECTIVE DATE.** This section is effective January 1, 2023, or upon federal approval,
537.18 whichever is later. The commissioner of human services shall notify the revisor of statutes
537.19 when federal approval is obtained.

537.20 Sec. 76. Minnesota Statutes 2021 Supplement, section 256B.0947, subdivision 2, is
537.21 amended to read:

537.22 Subd. 2. **Definitions.** For purposes of this section, the following terms have the meanings
537.23 given them.

537.24 (a) "Intensive nonresidential rehabilitative mental health services" means child
537.25 rehabilitative mental health services as defined in section 256B.0943, except that these
537.26 services are provided by a multidisciplinary staff using a total team approach consistent
537.27 with assertive community treatment, as adapted for youth, and are directed to recipients
537.28 who are eight years of age or older and under ~~26~~ 21 years of age who require intensive
537.29 services to prevent admission to an inpatient psychiatric hospital or placement in a residential
537.30 treatment facility or who require intensive services to step down from inpatient or residential
537.31 care to community-based care.

538.1 (b) "Co-occurring mental illness and substance use disorder" means a dual diagnosis of
538.2 at least one form of mental illness and at least one substance use disorder. Substance use
538.3 disorders include alcohol or drug abuse or dependence, excluding nicotine use.

538.4 (c) "Standard diagnostic assessment" means the assessment described in section 245I.10,
538.5 subdivision 6.

538.6 (d) "Medication education services" means services provided individually or in groups,
538.7 which focus on:

538.8 (1) educating the client and client's family or significant nonfamilial supporters about
538.9 mental illness and symptoms;

538.10 (2) the role and effects of medications in treating symptoms of mental illness; and

538.11 (3) the side effects of medications.

538.12 Medication education is coordinated with medication management services and does not
538.13 duplicate it. Medication education services are provided by physicians, pharmacists, or
538.14 registered nurses with certification in psychiatric and mental health care.

538.15 (e) "Mental health professional" means a staff person who is qualified according to
538.16 section 245I.04, subdivision 2.

538.17 (f) "Provider agency" means a for-profit or nonprofit organization established to
538.18 administer an assertive community treatment for youth team.

538.19 (g) "Substance use disorders" means one or more of the disorders defined in the diagnostic
538.20 and statistical manual of mental disorders, current edition.

538.21 (h) "Transition services" means:

538.22 (1) activities, materials, consultation, and coordination that ensures continuity of the
538.23 client's care in advance of and in preparation for the client's move from one stage of care
538.24 or life to another by maintaining contact with the client and assisting the client to establish
538.25 provider relationships;

538.26 (2) providing the client with knowledge and skills needed posttransition;

538.27 (3) establishing communication between sending and receiving entities;

538.28 (4) supporting a client's request for service authorization and enrollment; and

538.29 (5) establishing and enforcing procedures and schedules.

538.30 A youth's transition from the children's mental health system and services to the adult
538.31 mental health system and services and return to the client's home and entry or re-entry into

539.1 community-based mental health services following discharge from an out-of-home placement
539.2 or inpatient hospital stay.

539.3 (i) "Treatment team" means all staff who provide services to recipients under this section.

539.4 (j) "Family peer specialist" means a staff person who is qualified under section
539.5 256B.0616.

539.6 Sec. 77. Minnesota Statutes 2021 Supplement, section 256B.0947, subdivision 3, is
539.7 amended to read:

539.8 Subd. 3. **Client eligibility.** An eligible recipient is an individual who:

539.9 (1) is eight years of age or older and under ~~26~~ 21 years of age;

539.10 (2) is diagnosed with a serious mental illness or co-occurring mental illness and substance
539.11 use disorder, for which intensive nonresidential rehabilitative mental health services are
539.12 needed;

539.13 (3) has received a level of care assessment as defined in section 245I.02, subdivision
539.14 19, that indicates a need for intensive integrated intervention without 24-hour medical
539.15 monitoring and a need for extensive collaboration among multiple providers;

539.16 (4) has received a functional assessment as defined in section 245I.02, subdivision 17,
539.17 that indicates functional impairment and a history of difficulty in functioning safely and
539.18 successfully in the community, school, home, or job; or who is likely to need services from
539.19 the adult mental health system during adulthood; and

539.20 (5) has had a recent standard diagnostic assessment that documents that intensive
539.21 nonresidential rehabilitative mental health services are medically necessary to ameliorate
539.22 identified symptoms and functional impairments and to achieve individual transition goals.

539.23 Sec. 78. Minnesota Statutes 2021 Supplement, section 256B.0947, subdivision 5, is
539.24 amended to read:

539.25 Subd. 5. **Standards for intensive nonresidential rehabilitative providers.** (a) Services
539.26 must meet the standards in this section and chapter 245I as required in section 245I.011,
539.27 subdivision 5.

539.28 (b) The treatment team must have specialized training in providing services to the specific
539.29 age group of youth that the team serves. An individual treatment team must serve youth
539.30 who are: (1) at least eight years of age or older and under 16 years of age, or (2) at least 14
539.31 years of age or older and under ~~26~~ 21 years of age.

540.1 (c) The treatment team for intensive nonresidential rehabilitative mental health services
540.2 comprises both permanently employed core team members and client-specific team members
540.3 as follows:

540.4 (1) Based on professional qualifications and client needs, clinically qualified core team
540.5 members are assigned on a rotating basis as the client's lead worker to coordinate a client's
540.6 care. The core team must comprise at least four full-time equivalent direct care staff and
540.7 must minimally include:

540.8 (i) a mental health professional who serves as team leader to provide administrative
540.9 direction and treatment supervision to the team;

540.10 (ii) an advanced-practice registered nurse with certification in psychiatric or mental
540.11 health care or a board-certified child and adolescent psychiatrist, either of which must be
540.12 credentialed to prescribe medications;

540.13 (iii) a licensed alcohol and drug counselor who is also trained in mental health
540.14 interventions; and

540.15 (iv) a mental health certified peer specialist who is qualified according to section 245I.04,
540.16 subdivision 10, and is also a former children's mental health consumer.

540.17 (2) The core team may also include any of the following:

540.18 (i) additional mental health professionals;

540.19 (ii) a vocational specialist;

540.20 (iii) an educational specialist with knowledge and experience working with youth
540.21 regarding special education requirements and goals, special education plans, and coordination
540.22 of educational activities with health care activities;

540.23 (iv) a child and adolescent psychiatrist who may be retained on a consultant basis;

540.24 (v) a clinical trainee qualified according to section 245I.04, subdivision 6;

540.25 (vi) a mental health practitioner qualified according to section 245I.04, subdivision 4;

540.26 (vii) a case management service provider, as defined in section 245.4871, subdivision
540.27 4;

540.28 (viii) a housing access specialist; and

540.29 (ix) a family peer specialist as defined in subdivision 2, paragraph (j).

540.30 (3) A treatment team may include, in addition to those in clause (1) or (2), ad hoc
540.31 members not employed by the team who consult on a specific client and who must accept

541.1 overall clinical direction from the treatment team for the duration of the client's placement
541.2 with the treatment team and must be paid by the provider agency at the rate for a typical
541.3 session by that provider with that client or at a rate negotiated with the client-specific
541.4 member. Client-specific treatment team members may include:

541.5 (i) the mental health professional treating the client prior to placement with the treatment
541.6 team;

541.7 (ii) the client's current substance use counselor, if applicable;

541.8 (iii) a lead member of the client's individualized education program team or school-based
541.9 mental health provider, if applicable;

541.10 (iv) a representative from the client's health care home or primary care clinic, as needed
541.11 to ensure integration of medical and behavioral health care;

541.12 (v) the client's probation officer or other juvenile justice representative, if applicable;

541.13 and

541.14 (vi) the client's current vocational or employment counselor, if applicable.

541.15 (d) The treatment supervisor shall be an active member of the treatment team and shall
541.16 function as a practicing clinician at least on a part-time basis. The treatment team shall meet
541.17 with the treatment supervisor at least weekly to discuss recipients' progress and make rapid
541.18 adjustments to meet recipients' needs. The team meeting must include client-specific case
541.19 reviews and general treatment discussions among team members. Client-specific case
541.20 reviews and planning must be documented in the individual client's treatment record.

541.21 (e) The staffing ratio must not exceed ten clients to one full-time equivalent treatment
541.22 team position.

541.23 (f) The treatment team shall serve no more than 80 clients at any one time. Should local
541.24 demand exceed the team's capacity, an additional team must be established rather than
541.25 exceed this limit.

541.26 (g) Nonclinical staff shall have prompt access in person or by telephone to a mental
541.27 health practitioner, clinical trainee, or mental health professional. The provider shall have
541.28 the capacity to promptly and appropriately respond to emergent needs and make any
541.29 necessary staffing adjustments to ensure the health and safety of clients.

541.30 (h) The intensive nonresidential rehabilitative mental health services provider shall
541.31 participate in evaluation of the assertive community treatment for youth (Youth ACT) model

542.1 as conducted by the commissioner, including the collection and reporting of data and the
542.2 reporting of performance measures as specified by contract with the commissioner.

542.3 (i) A regional treatment team may serve multiple counties.

542.4 Sec. 79. Minnesota Statutes 2020, section 256B.0949, subdivision 15, is amended to read:

542.5 Subd. 15. **EIDBI provider qualifications.** (a) A QSP must be employed by an agency
542.6 and be:

542.7 (1) a licensed mental health professional who has at least 2,000 hours of supervised
542.8 clinical experience or training in examining or treating people with ASD or a related condition
542.9 or equivalent documented coursework at the graduate level by an accredited university in
542.10 ASD diagnostics, ASD developmental and behavioral treatment strategies, and typical child
542.11 development; or

542.12 (2) a developmental or behavioral pediatrician who has at least 2,000 hours of supervised
542.13 clinical experience or training in examining or treating people with ASD or a related condition
542.14 or equivalent documented coursework at the graduate level by an accredited university in
542.15 the areas of ASD diagnostics, ASD developmental and behavioral treatment strategies, and
542.16 typical child development.

542.17 (b) A level I treatment provider must be employed by an agency and:

542.18 (1) have at least 2,000 hours of supervised clinical experience or training in examining
542.19 or treating people with ASD or a related condition or equivalent documented coursework
542.20 at the graduate level by an accredited university in ASD diagnostics, ASD developmental
542.21 and behavioral treatment strategies, and typical child development or an equivalent
542.22 combination of documented coursework or hours of experience; and

542.23 (2) have or be at least one of the following:

542.24 (i) a master's degree in behavioral health or child development or related fields including,
542.25 but not limited to, mental health, special education, social work, psychology, speech
542.26 pathology, or occupational therapy from an accredited college or university;

542.27 (ii) a bachelor's degree in a behavioral health, child development, or related field
542.28 including, but not limited to, mental health, special education, social work, psychology,
542.29 speech pathology, or occupational therapy, from an accredited college or university, and
542.30 advanced certification in a treatment modality recognized by the department;

542.31 (iii) a board-certified behavior analyst; or

543.1 (iv) a board-certified assistant behavior analyst with 4,000 hours of supervised clinical
543.2 experience that meets all registration, supervision, and continuing education requirements
543.3 of the certification.

543.4 (c) A level II treatment provider must be employed by an agency and must be:

543.5 (1) a person who has a bachelor's degree from an accredited college or university in a
543.6 behavioral or child development science or related field including, but not limited to, mental
543.7 health, special education, social work, psychology, speech pathology, or occupational
543.8 therapy; and meets at least one of the following:

543.9 (i) has at least 1,000 hours of supervised clinical experience or training in examining or
543.10 treating people with ASD or a related condition or equivalent documented coursework at
543.11 the graduate level by an accredited university in ASD diagnostics, ASD developmental and
543.12 behavioral treatment strategies, and typical child development or a combination of
543.13 coursework or hours of experience;

543.14 (ii) has certification as a board-certified assistant behavior analyst from the Behavior
543.15 Analyst Certification Board;

543.16 (iii) is a registered behavior technician as defined by the Behavior Analyst Certification
543.17 Board; or

543.18 (iv) is certified in one of the other treatment modalities recognized by the department;
543.19 or

543.20 (2) a person who has:

543.21 (i) an associate's degree in a behavioral or child development science or related field
543.22 including, but not limited to, mental health, special education, social work, psychology,
543.23 speech pathology, or occupational therapy from an accredited college or university; and

543.24 (ii) at least 2,000 hours of supervised clinical experience in delivering treatment to people
543.25 with ASD or a related condition. Hours worked as a mental health behavioral aide or level
543.26 III treatment provider may be included in the required hours of experience; or

543.27 (3) a person who has at least 4,000 hours of supervised clinical experience in delivering
543.28 treatment to people with ASD or a related condition. Hours worked as a mental health
543.29 behavioral aide or level III treatment provider may be included in the required hours of
543.30 experience; or

543.31 (4) a person who is a graduate student in a behavioral science, child development science,
543.32 or related field and is receiving clinical supervision by a QSP affiliated with an agency to

544.1 meet the clinical training requirements for experience and training with people with ASD
544.2 or a related condition; or

544.3 (5) a person who is at least 18 years of age and who:

544.4 (i) is fluent in a non-English language or an individual certified by a Tribal Nation;

544.5 (ii) completed the level III EIDBI training requirements; and

544.6 (iii) receives observation and direction from a QSP or level I treatment provider at least
544.7 once a week until the person meets 1,000 hours of supervised clinical experience.

544.8 (d) A level III treatment provider must be employed by an agency, have completed the
544.9 level III training requirement, be at least 18 years of age, and have at least one of the
544.10 following:

544.11 (1) a high school diploma or commissioner of education-selected high school equivalency
544.12 certification;

544.13 (2) fluency in a non-English language or certification by a Tribal Nation;

544.14 (3) one year of experience as a primary personal care assistant, community health worker,
544.15 waiver service provider, or special education assistant to a person with ASD or a related
544.16 condition within the previous five years; or

544.17 (4) completion of all required EIDBI training within six months of employment.

544.18 **EFFECTIVE DATE.** This section is effective January 1, 2023, or upon federal approval,
544.19 whichever is later. The commissioner of human services shall notify the revisor of statutes
544.20 when federal approval is obtained.

544.21 Sec. 80. Minnesota Statutes 2020, section 256D.09, subdivision 2a, is amended to read:

544.22 Subd. 2a. **Vendor payments for drug dependent persons.** If, at the time of application
544.23 or at any other time, there is a reasonable basis for questioning whether a person applying
544.24 for or receiving financial assistance is drug dependent, as defined in section 254A.02,
544.25 subdivision 5, the person shall be referred for a chemical health assessment, and only
544.26 emergency assistance payments or general assistance vendor payments may be provided
544.27 until the assessment is complete and the results of the assessment made available to the
544.28 county agency. A reasonable basis for referring an individual for an assessment exists when:

544.29 (1) the person has required detoxification two or more times in the past 12 months;

544.30 (2) the person appears intoxicated at the county agency as indicated by two or more of
544.31 the following:

- 545.1 (i) the odor of alcohol;
- 545.2 (ii) slurred speech;
- 545.3 (iii) disconjugate gaze;
- 545.4 (iv) impaired balance;
- 545.5 (v) difficulty remaining awake;
- 545.6 (vi) consumption of alcohol;
- 545.7 (vii) responding to sights or sounds that are not actually present;
- 545.8 (viii) extreme restlessness, fast speech, or unusual belligerence;
- 545.9 (3) the person has been involuntarily committed for drug dependency at least once in
- 545.10 the past 12 months; or
- 545.11 (4) the person has received treatment, including domiciliary care, for drug abuse or
- 545.12 dependency at least twice in the past 12 months.

545.13 The assessment and determination of drug dependency, if any, must be made by an

545.14 assessor qualified under ~~Minnesota Rules, part 9530.6615, subpart 2~~ section 245G.11,

545.15 subdivisions 1 and 5, to perform an assessment of chemical use. The county shall only

545.16 provide emergency general assistance or vendor payments to an otherwise eligible applicant

545.17 or recipient who is determined to be drug dependent, except up to 15 percent of the grant

545.18 amount the person would otherwise receive may be paid in cash. Notwithstanding subdivision

545.19 1, the commissioner of human services shall also require county agencies to provide

545.20 assistance only in the form of vendor payments to all eligible recipients who assert chemical

545.21 dependency as a basis for eligibility under section 256D.05, subdivision 1, paragraph (a),

545.22 clauses (1) and (5).

545.23 The determination of drug dependency shall be reviewed at least every 12 months. If

545.24 the county determines a recipient is no longer drug dependent, the county may cease vendor

545.25 payments and provide the recipient payments in cash.

545.26 Sec. 81. Minnesota Statutes 2021 Supplement, section 256L.03, subdivision 2, is amended

545.27 to read:

545.28 Subd. 2. **Alcohol and drug dependency.** Beginning July 1, 1993, covered health services

545.29 shall include individual outpatient treatment of alcohol or drug dependency by a qualified

545.30 health professional or outpatient program.

546.1 Persons who may need chemical dependency services under the provisions of this chapter
546.2 ~~shall be assessed by a local agency~~ must be offered access by a local agency to a
546.3 comprehensive assessment as defined under section ~~254B.01~~ 245G.05, and under the
546.4 assessment provisions of section 254A.03, subdivision 3. A local agency or managed care
546.5 plan under contract with the Department of Human Services must ~~place~~ offer services to a
546.6 person in need of chemical dependency services ~~as provided in Minnesota Rules, parts~~
546.7 ~~9530.6600 to 9530.6655~~ based on the recommendations of section 245G.05. Persons who
546.8 are recipients of medical benefits under the provisions of this chapter and who are financially
546.9 eligible for behavioral health fund services provided under the provisions of chapter 254B
546.10 shall receive chemical dependency treatment services under the provisions of chapter 254B
546.11 only if:

546.12 (1) they have exhausted the chemical dependency benefits offered under this chapter;

546.13 or

546.14 (2) an assessment indicates that they need a level of care not provided under the provisions
546.15 of this chapter.

546.16 Recipients of covered health services under the children's health plan, as provided in
546.17 Minnesota Statutes 1990, section 256.936, and as amended by Laws 1991, chapter 292,
546.18 article 4, section 17, and recipients of covered health services enrolled in the children's
546.19 health plan or the MinnesotaCare program after October 1, 1992, pursuant to Laws 1992,
546.20 chapter 549, article 4, sections 5 and 17, are eligible to receive alcohol and drug dependency
546.21 benefits under this subdivision.

546.22 Sec. 82. Minnesota Statutes 2020, section 256L.12, subdivision 8, is amended to read:

546.23 Subd. 8. **Chemical dependency assessments.** The managed care plan shall be responsible
546.24 for assessing the need and ~~placement for~~ provision of chemical dependency services
546.25 according to criteria set forth in ~~Minnesota Rules, parts 9530.6600 to 9530.6655~~ section
546.26 245G.05.

546.27 Sec. 83. Minnesota Statutes 2020, section 260B.157, subdivision 1, is amended to read:

546.28 Subdivision 1. **Investigation.** Upon request of the court the local social services agency
546.29 or probation officer shall investigate the personal and family history and environment of
546.30 any minor coming within the jurisdiction of the court under section 260B.101 and shall
546.31 report its findings to the court. The court may order any minor coming within its jurisdiction
546.32 to be examined by a duly qualified physician, psychiatrist, or psychologist appointed by the
546.33 court.

547.1 The court shall order a chemical use assessment conducted when a child is (1) found to
547.2 be delinquent for violating a provision of chapter 152, or for committing a felony-level
547.3 violation of a provision of chapter 609 if the probation officer determines that alcohol or
547.4 drug use was a contributing factor in the commission of the offense, or (2) alleged to be
547.5 delinquent for violating a provision of chapter 152, if the child is being held in custody
547.6 under a detention order. The assessor's qualifications must comply with section 245G.11,
547.7 subdivisions 1 and 5, and the assessment criteria shall must comply with ~~Minnesota Rules,~~
547.8 ~~parts 9530.6600 to 9530.6655~~ section 245G.05. If funds under chapter 254B are to be used
547.9 to pay for the recommended treatment, the assessment ~~and placement~~ must comply with all
547.10 provisions of ~~Minnesota Rules, parts 9530.6600 to 9530.6655 and 9530.7000 to 9530.7030~~
547.11 sections 245G.05 and 254B.04. The commissioner of human services shall reimburse the
547.12 court for the cost of the chemical use assessment, up to a maximum of \$100.

547.13 The court shall order a children's mental health screening conducted when a child is
547.14 found to be delinquent. The screening shall be conducted with a screening instrument
547.15 approved by the commissioner of human services and shall be conducted by a mental health
547.16 practitioner as defined in section 245.4871, subdivision 26, or a probation officer who is
547.17 trained in the use of the screening instrument. If the screening indicates a need for assessment,
547.18 the local social services agency, in consultation with the child's family, shall have a diagnostic
547.19 assessment conducted, including a functional assessment, as defined in section 245.4871.

547.20 With the consent of the commissioner of corrections and agreement of the county to pay
547.21 the costs thereof, the court may, by order, place a minor coming within its jurisdiction in
547.22 an institution maintained by the commissioner for the detention, diagnosis, custody and
547.23 treatment of persons adjudicated to be delinquent, in order that the condition of the minor
547.24 be given due consideration in the disposition of the case. Any funds received under the
547.25 provisions of this subdivision shall not cancel until the end of the fiscal year immediately
547.26 following the fiscal year in which the funds were received. The funds are available for use
547.27 by the commissioner of corrections during that period and are hereby appropriated annually
547.28 to the commissioner of corrections as reimbursement of the costs of providing these services
547.29 to the juvenile courts.

547.30 Sec. 84. Minnesota Statutes 2020, section 260B.157, subdivision 3, is amended to read:

547.31 Subd. 3. **Juvenile treatment screening team.** (a) The local social services agency shall
547.32 establish a juvenile treatment screening team to conduct screenings and prepare case plans
547.33 under this subdivision. The team, which may be the team constituted under section 245.4885
547.34 or 256B.092 or ~~Minnesota Rules, parts 9530.6600 to 9530.6655~~ chapter 254B, shall consist

548.1 of social workers, juvenile justice professionals, and persons with expertise in the treatment
548.2 of juveniles who are emotionally disabled, chemically dependent, or have a developmental
548.3 disability. The team shall involve parents or guardians in the screening process as appropriate.
548.4 The team may be the same team as defined in section 260C.157, subdivision 3.

548.5 (b) If the court, prior to, or as part of, a final disposition, proposes to place a child:

548.6 (1) for the primary purpose of treatment for an emotional disturbance, and residential
548.7 placement is consistent with section 260.012, a developmental disability, or chemical
548.8 dependency in a residential treatment facility out of state or in one which is within the state
548.9 and licensed by the commissioner of human services under chapter 245A; or

548.10 (2) in any out-of-home setting potentially exceeding 30 days in duration, including a
548.11 post-dispositional placement in a facility licensed by the commissioner of corrections or
548.12 human services, the court shall notify the county welfare agency. The county's juvenile
548.13 treatment screening team must either:

548.14 (i) screen and evaluate the child and file its recommendations with the court within 14
548.15 days of receipt of the notice; or

548.16 (ii) elect not to screen a given case, and notify the court of that decision within three
548.17 working days.

548.18 (c) If the screening team has elected to screen and evaluate the child, the child may not
548.19 be placed for the primary purpose of treatment for an emotional disturbance, a developmental
548.20 disability, or chemical dependency, in a residential treatment facility out of state nor in a
548.21 residential treatment facility within the state that is licensed under chapter 245A, unless one
548.22 of the following conditions applies:

548.23 (1) a treatment professional certifies that an emergency requires the placement of the
548.24 child in a facility within the state;

548.25 (2) the screening team has evaluated the child and recommended that a residential
548.26 placement is necessary to meet the child's treatment needs and the safety needs of the
548.27 community, that it is a cost-effective means of meeting the treatment needs, and that it will
548.28 be of therapeutic value to the child; or

548.29 (3) the court, having reviewed a screening team recommendation against placement,
548.30 determines to the contrary that a residential placement is necessary. The court shall state
548.31 the reasons for its determination in writing, on the record, and shall respond specifically to
548.32 the findings and recommendation of the screening team in explaining why the

549.1 recommendation was rejected. The attorney representing the child and the prosecuting
549.2 attorney shall be afforded an opportunity to be heard on the matter.

549.3 Sec. 85. Minnesota Statutes 2021 Supplement, section 260C.157, subdivision 3, is amended
549.4 to read:

549.5 Subd. 3. **Juvenile treatment screening team.** (a) The responsible social services agency
549.6 shall establish a juvenile treatment screening team to conduct screenings under this chapter
549.7 and chapter 260D, for a child to receive treatment for an emotional disturbance, a
549.8 developmental disability, or related condition in a residential treatment facility licensed by
549.9 the commissioner of human services under chapter 245A, or licensed or approved by a
549.10 Tribe. A screening team is not required for a child to be in: (1) a residential facility
549.11 specializing in prenatal, postpartum, or parenting support; (2) a facility specializing in
549.12 high-quality residential care and supportive services to children and youth who have been
549.13 or are at risk of becoming victims of sex trafficking or commercial sexual exploitation; (3)
549.14 supervised settings for youth who are 18 years of age or older and living independently; or
549.15 (4) a licensed residential family-based treatment facility for substance abuse consistent with
549.16 section 260C.190. Screenings are also not required when a child must be placed in a facility
549.17 due to an emotional crisis or other mental health emergency.

549.18 (b) The responsible social services agency shall conduct screenings within 15 days of a
549.19 request for a screening, unless the screening is for the purpose of residential treatment and
549.20 the child is enrolled in a prepaid health program under section 256B.69, in which case the
549.21 agency shall conduct the screening within ten working days of a request. The responsible
549.22 social services agency shall convene the juvenile treatment screening team, which may be
549.23 constituted under section 245.4885 ~~or~~, 254B.05, or 256B.092 ~~or Minnesota Rules, parts~~
549.24 ~~9530.6600 to 9530.6655~~. The team shall consist of social workers; persons with expertise
549.25 in the treatment of juveniles who are emotionally disturbed, chemically dependent, or have
549.26 a developmental disability; and the child's parent, guardian, or permanent legal custodian.
549.27 The team may include the child's relatives as defined in section 260C.007, subdivisions 26b
549.28 and 27, the child's foster care provider, and professionals who are a resource to the child's
549.29 family such as teachers, medical or mental health providers, and clergy, as appropriate,
549.30 consistent with the family and permanency team as defined in section 260C.007, subdivision
549.31 16a. Prior to forming the team, the responsible social services agency must consult with the
549.32 child's parents, the child if the child is age 14 or older, and, if applicable, the child's Tribe
549.33 to obtain recommendations regarding which individuals to include on the team and to ensure
549.34 that the team is family-centered and will act in the child's best interests. If the child, child's

550.1 parents, or legal guardians raise concerns about specific relatives or professionals, the team
550.2 should not include those individuals. This provision does not apply to paragraph (c).

550.3 (c) If the agency provides notice to Tribes under section 260.761, and the child screened
550.4 is an Indian child, the responsible social services agency must make a rigorous and concerted
550.5 effort to include a designated representative of the Indian child's Tribe on the juvenile
550.6 treatment screening team, unless the child's Tribal authority declines to appoint a
550.7 representative. The Indian child's Tribe may delegate its authority to represent the child to
550.8 any other federally recognized Indian Tribe, as defined in section 260.755, subdivision 12.
550.9 The provisions of the Indian Child Welfare Act of 1978, United States Code, title 25, sections
550.10 1901 to 1963, and the Minnesota Indian Family Preservation Act, sections 260.751 to
550.11 260.835, apply to this section.

550.12 (d) If the court, prior to, or as part of, a final disposition or other court order, proposes
550.13 to place a child with an emotional disturbance or developmental disability or related condition
550.14 in residential treatment, the responsible social services agency must conduct a screening.
550.15 If the team recommends treating the child in a qualified residential treatment program, the
550.16 agency must follow the requirements of sections 260C.70 to 260C.714.

550.17 The court shall ascertain whether the child is an Indian child and shall notify the
550.18 responsible social services agency and, if the child is an Indian child, shall notify the Indian
550.19 child's Tribe as paragraph (c) requires.

550.20 (e) When the responsible social services agency is responsible for placing and caring
550.21 for the child and the screening team recommends placing a child in a qualified residential
550.22 treatment program as defined in section 260C.007, subdivision 26d, the agency must: (1)
550.23 begin the assessment and processes required in section 260C.704 without delay; and (2)
550.24 conduct a relative search according to section 260C.221 to assemble the child's family and
550.25 permanency team under section 260C.706. Prior to notifying relatives regarding the family
550.26 and permanency team, the responsible social services agency must consult with the child's
550.27 parent or legal guardian, the child if the child is age 14 or older, and, if applicable, the child's
550.28 Tribe to ensure that the agency is providing notice to individuals who will act in the child's
550.29 best interests. The child and the child's parents may identify a culturally competent qualified
550.30 individual to complete the child's assessment. The agency shall make efforts to refer the
550.31 assessment to the identified qualified individual. The assessment may not be delayed for
550.32 the purpose of having the assessment completed by a specific qualified individual.

550.33 (f) When a screening team determines that a child does not need treatment in a qualified
550.34 residential treatment program, the screening team must:

551.1 (1) document the services and supports that will prevent the child's foster care placement
551.2 and will support the child remaining at home;

551.3 (2) document the services and supports that the agency will arrange to place the child
551.4 in a family foster home; or

551.5 (3) document the services and supports that the agency has provided in any other setting.

551.6 (g) When the Indian child's Tribe or Tribal health care services provider or Indian Health
551.7 Services provider proposes to place a child for the primary purpose of treatment for an
551.8 emotional disturbance, a developmental disability, or co-occurring emotional disturbance
551.9 and chemical dependency, the Indian child's Tribe or the Tribe delegated by the child's Tribe
551.10 shall submit necessary documentation to the county juvenile treatment screening team,
551.11 which must invite the Indian child's Tribe to designate a representative to the screening
551.12 team.

551.13 (h) The responsible social services agency must conduct and document the screening in
551.14 a format approved by the commissioner of human services.

551.15 Sec. 86. Minnesota Statutes 2020, section 260E.20, subdivision 1, is amended to read:

551.16 Subdivision 1. **General duties.** (a) The local welfare agency shall offer services to
551.17 prevent future maltreatment, safeguarding and enhancing the welfare of the maltreated child,
551.18 and supporting and preserving family life whenever possible.

551.19 (b) If the report alleges a violation of a criminal statute involving maltreatment or child
551.20 endangerment under section 609.378, the local law enforcement agency and local welfare
551.21 agency shall coordinate the planning and execution of their respective investigation and
551.22 assessment efforts to avoid a duplication of fact-finding efforts and multiple interviews.
551.23 Each agency shall prepare a separate report of the results of the agency's investigation or
551.24 assessment.

551.25 (c) In cases of alleged child maltreatment resulting in death, the local agency may rely
551.26 on the fact-finding efforts of a law enforcement investigation to make a determination of
551.27 whether or not maltreatment occurred.

551.28 (d) When necessary, the local welfare agency shall seek authority to remove the child
551.29 from the custody of a parent, guardian, or adult with whom the child is living.

551.30 (e) In performing any of these duties, the local welfare agency shall maintain an
551.31 appropriate record.

552.1 (f) In conducting a family assessment or investigation, the local welfare agency shall
552.2 gather information on the existence of substance abuse and domestic violence.

552.3 (g) If the family assessment or investigation indicates there is a potential for abuse of
552.4 alcohol or other drugs by the parent, guardian, or person responsible for the child's care,
552.5 the local welfare agency ~~shall conduct a chemical use~~ must coordinate a comprehensive
552.6 assessment pursuant to ~~Minnesota Rules, part 9530.6615~~ section 245G.05.

552.7 (h) The agency may use either a family assessment or investigation to determine whether
552.8 the child is safe when responding to a report resulting from birth match data under section
552.9 260E.03, subdivision 23, paragraph (c). If the child subject of birth match data is determined
552.10 to be safe, the agency shall consult with the county attorney to determine the appropriateness
552.11 of filing a petition alleging the child is in need of protection or services under section
552.12 260C.007, subdivision 6, clause (16), in order to deliver needed services. If the child is
552.13 determined not to be safe, the agency and the county attorney shall take appropriate action
552.14 as required under section 260C.503, subdivision 2.

552.15 Sec. 87. Minnesota Statutes 2020, section 299A.299, subdivision 1, is amended to read:

552.16 Subdivision 1. **Establishment of team.** A county, a multicounty organization of counties
552.17 formed by an agreement under section 471.59, or a city with a population of no more than
552.18 50,000, may establish a multidisciplinary chemical abuse prevention team. The chemical
552.19 abuse prevention team may include, but not be limited to, representatives of health, mental
552.20 health, public health, law enforcement, educational, social service, court service, community
552.21 education, religious, and other appropriate agencies, and parent and youth groups. For
552.22 purposes of this section, "chemical abuse" has the meaning given in ~~Minnesota Rules, part~~
552.23 ~~9530.6605, subpart 6~~ section 254A.02, subdivision 6a. When possible the team must
552.24 coordinate its activities with existing local groups, organizations, and teams dealing with
552.25 the same issues the team is addressing.

552.26 Sec. 88. Laws 2021, First Special Session chapter 7, article 17, section 1, subdivision 2,
552.27 is amended to read:

552.28 Subd. 2. **Eligibility.** An individual is eligible for the transition to community initiative
552.29 if the individual does not meet eligibility criteria for the medical assistance program under
552.30 section 256B.056 or 256B.057, but who meets at least one of the following criteria:

552.31 (1) the person otherwise meets the criteria under section 256B.092, subdivision 13, or
552.32 256B.49, subdivision 24;

553.1 (2) the person has met treatment objectives and no longer requires a hospital-level care
553.2 or a secure treatment setting, but the person's discharge from the Anoka Metro Regional
553.3 Treatment Center, the Minnesota Security Hospital, or a community behavioral health
553.4 hospital would be substantially delayed without additional resources available through the
553.5 transitions to community initiative;

553.6 (3) the person is in a community hospital ~~and on the waiting list for the Anoka Metro~~
553.7 ~~Regional Treatment Center~~, but alternative community living options would be appropriate
553.8 for the person, ~~and the person has received approval from the commissioner~~; or

553.9 (4)(i) the person is receiving customized living services reimbursed under section
553.10 256B.4914, 24-hour customized living services reimbursed under section 256B.4914, or
553.11 community residential services reimbursed under section 256B.4914; (ii) the person expresses
553.12 a desire to move; and (iii) the person has received approval from the commissioner.

553.13 Sec. 89. Laws 2021, First Special Session chapter 7, article 17, section 11, is amended to
553.14 read:

553.15 Sec. 11. **EXPAND MOBILE CRISIS.**

553.16 ~~(a)~~ This act includes \$8,000,000 in fiscal year 2022 and \$8,000,000 in fiscal year 2023
553.17 for additional funding for grants for adult mobile crisis services under Minnesota Statutes,
553.18 section 245.4661, subdivision 9, paragraph (b), clause (15) and children's mobile crisis
553.19 services under Minnesota Statutes, section 256B.0944. The general fund base in this act for
553.20 this purpose is ~~\$4,000,000~~ \$8,000,000 in fiscal year 2024 and ~~\$0~~ \$8,000,000 in fiscal year
553.21 2025.

553.22 ~~(b) Beginning April 1, 2024, counties may fund and continue conducting activities~~
553.23 ~~funded under this section.~~

553.24 ~~(c) All grant activities must be completed by March 31, 2024.~~

553.25 ~~(d) This section expires June 30, 2024.~~

554.1 Sec. 90. Laws 2021, First Special Session chapter 7, article 17, section 12, is amended to
554.2 read:

554.3 Sec. 12. ~~PSYCHIATRIC RESIDENTIAL TREATMENT FACILITY AND CHILD~~
554.4 ~~AND ADOLESCENT~~ ADULT AND CHILDREN'S MOBILE TRANSITION UNIT
554.5 UNITS.

554.6 (a) This act includes \$2,500,000 in fiscal year 2022 and \$2,500,000 in fiscal year 2023
554.7 for the commissioner of human services to create adult and children's mental health transition
554.8 and support teams to facilitate transition back to the community of children or to the least
554.9 restrictive level of care from inpatient psychiatric settings, emergency departments, residential
554.10 treatment facilities, and child and adolescent behavioral health hospitals. The general fund
554.11 base included in this act for this purpose is \$1,875,000 in fiscal year 2024 and \$0 in fiscal
554.12 year 2025.

554.13 (b) Beginning April 1, 2024, counties may fund and continue conducting activities
554.14 funded under this section.

554.15 (c) This section expires March 31, 2024.

554.16 Sec. 91. RATE INCREASE FOR MENTAL HEALTH ADULT DAY TREATMENT.

554.17 The commissioner of human services must increase the reimbursement rate for adult
554.18 day treatment by 50 percent over the reimbursement rate in effect as of June 30, 2022.

554.19 EFFECTIVE DATE. This section is effective January 1, 2023, or 60 days following
554.20 federal approval, whichever is later. The commissioner of human services shall notify the
554.21 revisor of statutes when federal approval is obtained.

554.22 Sec. 92. DIRECTION TO COMMISSIONER.

554.23 The commissioner must update the behavioral health fund room and board rate schedule
554.24 to include programs providing children's mental health crisis admissions and stabilization
554.25 under Minnesota Statutes, section 245.4882, subdivision 6. The commissioner must establish
554.26 room and board rates commensurate with current room and board rates for adolescent
554.27 programs licensed under Minnesota Statutes, section 245G.18.

555.1 **Sec. 93. DIRECTION TO COMMISSIONER; BEHAVIORAL HEALTH FUND**
555.2 **ALLOCATION.**

555.3 The commissioner of human services, in consultation with counties and Tribal Nations,
555.4 must make recommendations on an updated allocation to local agencies from funds allocated
555.5 under Minnesota Statutes, section 254B.02, subdivision 5. The commissioner must submit
555.6 the recommendations to the chairs and ranking minority members of the legislative
555.7 committees with jurisdiction over health and human services finance and policy by January
555.8 1, 2024.

555.9 **Sec. 94. DIRECTION TO COMMISSIONER; MEDICATION-ASSISTED THERAPY**
555.10 **SERVICES PAYMENT METHODOLOGY.**

555.11 The commissioner of human services shall revise the payment methodology for
555.12 medication-assisted therapy services under Minnesota Statutes, section 254B.05, subdivision
555.13 5, paragraph (b), clause (6). The revised payment methodology must only allow payment
555.14 if the provider renders the service or services billed on the specified date of service or, in
555.15 the case of drugs and drug-related services, within a week of the specified date of service,
555.16 as defined by the commissioner. The revised payment methodology must include a weekly
555.17 bundled rate, based on the Medicare rate, that includes the costs of drugs; drug administration
555.18 and observation; drug packaging and preparation; and nursing time. The commissioner shall
555.19 seek all necessary waivers, state plan amendments, and federal authorizations required to
555.20 implement the revised payment methodology.

555.21 **Sec. 95. REVISOR INSTRUCTION.**

555.22 (a) The revisor of statutes shall change the terms "medication-assisted treatment" and
555.23 "medication-assisted therapy" or similar terms to "substance use disorder treatment with
555.24 medications for opioid use disorder" whenever the terms appear in Minnesota Statutes and
555.25 Minnesota Rules. The revisor may make technical and other necessary grammatical changes
555.26 related to the term change.

555.27 (b) The revisor of statutes shall change the term "intensive treatment in foster care" or
555.28 similar terms to "children's intensive behavioral health services" wherever they appear in
555.29 Minnesota Statutes and Minnesota Rules when referring to those providers and services
555.30 regulated under Minnesota Statutes, section 256B.0946. The revisor shall make technical
555.31 and grammatical changes related to the changes in terms.

556.1 Sec. 96. **REPEALER.**

556.2 (a) Minnesota Statutes 2020, sections 169A.70, subdivision 6; 245G.22, subdivision 19;
556.3 254A.02, subdivision 8a; 254A.16, subdivision 6; 254A.19, subdivisions 1a and 2; 254B.04,
556.4 subdivisions 2b and 2c; and 254B.041, subdivision 2, are repealed.

556.5 (b) Minnesota Statutes 2021 Supplement, section 254A.19, subdivision 5, is repealed.

556.6 (c) Minnesota Rules, parts 9530.7000, subparts 1, 2, 5, 6, 7, 8, 9, 10, 11, 13, 14, 15, 17a,
556.7 19, 20, and 21; 9530.7005; 9530.7010; 9530.7012; 9530.7015, subparts 1, 2a, 4, 5, and 6;
556.8 9530.7020, subparts 1, 1a, and 2; 9530.7021; 9530.7022, subpart 1; 9530.7025; and
556.9 9530.7030, subpart 1, are repealed.

556.10 **ARTICLE 11**556.11 **CONTINUING CARE FOR OLDER ADULTS POLICY**

556.12 Section 1. Minnesota Statutes 2020, section 245A.14, subdivision 14, is amended to read:

556.13 Subd. 14. **Attendance records for publicly funded services.** (a) A child care center
556.14 licensed under this chapter and according to Minnesota Rules, chapter 9503, must maintain
556.15 documentation of actual attendance for each child receiving care for which the license holder
556.16 is reimbursed by a governmental program. The records must be accessible to the
556.17 commissioner during the program's hours of operation, they must be completed on the actual
556.18 day of attendance, and they must include:

556.19 (1) the first and last name of the child;

556.20 (2) the time of day that the child was dropped off; and

556.21 (3) the time of day that the child was picked up.

556.22 (b) A family child care provider licensed under this chapter and according to Minnesota
556.23 Rules, chapter 9502, must maintain documentation of actual attendance for each child
556.24 receiving care for which the license holder is reimbursed for the care of that child by a
556.25 governmental program. The records must be accessible to the commissioner during the
556.26 program's hours of operation, they must be completed on the actual day of attendance, and
556.27 they must include:

556.28 (1) the first and last name of the child;

556.29 (2) the time of day that the child was dropped off; and

556.30 (3) the time of day that the child was picked up.

557.1 (c) An adult day services program licensed under this chapter and according to Minnesota
557.2 Rules, parts 9555.5105 to 9555.6265, must maintain documentation of actual attendance
557.3 for each adult day service recipient for which the license holder is reimbursed by a
557.4 governmental program. The records must be accessible to the commissioner during the
557.5 program's hours of operation, they must be completed on the actual day of attendance, and
557.6 they must include:

557.7 (1) the first, middle, and last name of the recipient;

557.8 (2) the time of day that the recipient was dropped off; and

557.9 (3) the time of day that the recipient was picked up.

557.10 (d) ~~The commissioner shall not issue a correction for attendance record errors that occur~~
557.11 ~~before August 1, 2013.~~ Adult day services programs licensed under this chapter that are
557.12 designated for remote adult day services must maintain documentation of actual participation
557.13 for each adult day service recipient for whom the license holder is reimbursed by a
557.14 governmental program. The records must be accessible to the commissioner during the
557.15 program's hours of operation, must be completed on the actual day service is provided, and
557.16 must include the:

557.17 (1) first, middle, and last name of the recipient;

557.18 (2) time of day the remote services started;

557.19 (3) time of day that the remote services ended; and

557.20 (4) means by which the remote services were provided, through audio remote services
557.21 or through audio and video remote services.

557.22 **EFFECTIVE DATE.** This section is effective January 1, 2023.

557.23 **Sec. 2. [245A.70] REMOTE ADULT DAY SERVICES.**

557.24 (a) For the purposes of sections 245A.70 to 245A.75, the following terms have the
557.25 meanings given.

557.26 (b) "Adult day care" and "adult day services" have the meanings given in section 245A.02,
557.27 subdivision 2a.

557.28 (c) "Remote adult day services" means an individualized and coordinated set of services
557.29 provided via live two-way communication by an adult day care or adult day services center.

557.30 (d) "Live two-way communication" means real-time audio or audio and video
557.31 transmission of information between a participant and an actively involved staff member.

558.1 Sec. 3. **[245A.71] APPLICABILITY AND SCOPE.**

558.2 Subdivision 1. **Licensing requirements.** Adult day care centers or adult day services
558.3 centers that provide remote adult day services must be licensed under this chapter and
558.4 comply with the requirements set forth in this section.

558.5 Subd. 2. **Standards for licensure.** License holders seeking to provide remote adult day
558.6 services must submit a request in the manner prescribed by the commissioner. Remote adult
558.7 day services must not be delivered until approved by the commissioner. The designation to
558.8 provide remote services is voluntary for license holders. Upon approval, the designation of
558.9 approval for remote adult day services must be printed on the center's license, and identified
558.10 on the commissioner's public website.

558.11 Subd. 3. **Federal requirements.** Adult day care centers or adult day services centers
558.12 that provide remote adult day services to participants receiving alternative care under section
558.13 256B.0913, essential community supports under section 256B.0922, or home and
558.14 community-based services waivers under chapter 256S or section 256B.092 or 256B.49
558.15 must comply with federally approved waiver plans.

558.16 Subd. 4. **Service limitations.** Remote adult day services must be provided during the
558.17 days and hours of in-person services specified on the license of the adult day care center or
558.18 adult day services center.

558.19 Sec. 4. **[245A.72] RECORD REQUIREMENTS.**

558.20 Adult day care centers and adult day services centers providing remote adult day services
558.21 must comply with participant record requirements set forth in Minnesota Rules, part
558.22 9555.9660. The center must document how remote services will help a participant reach
558.23 the short- and long-term objectives in the participant's plan of care.

558.24 Sec. 5. **[245A.73] REMOTE ADULT DAY SERVICES STAFF.**

558.25 Subdivision 1. **Staff ratios.** (a) A staff person who provides remote adult day services
558.26 without two-way interactive video must only provide services to one participant at a time.

558.27 (b) A staff person who provides remote adult day services through two-way interactive
558.28 video must not provide services to more than eight participants at one time.

558.29 Subd. 2. **Staff training.** A center licensed under section 245A.71 must document training
558.30 provided to each staff person regarding the provision of remote services in the staff person's
558.31 record. The training must be provided prior to a staff person delivering remote adult day
558.32 services without supervision. The training must include:

559.1 (1) how to use the equipment, technology, and devices required to provide remote adult
559.2 day services via live two-way communication;

559.3 (2) orientation and training on each participant's plan of care as directly related to remote
559.4 adult day services; and

559.5 (3) direct observation by a manager or supervisor of the staff person while providing
559.6 supervised remote service delivery sufficient to assess staff competency.

559.7 **Sec. 6. [245A.74] INDIVIDUAL SERVICE PLANNING.**

559.8 Subdivision 1. **Eligibility.** (a) A person must be eligible for and receiving in-person
559.9 adult day services to receive remote adult day services from the same provider. The same
559.10 provider must deliver both in-person adult day services and remote adult day services to a
559.11 participant.

559.12 (b) The license holder must update the participant's plan of care according to Minnesota
559.13 Rules, part 9555.9700.

559.14 (c) For a participant who chooses to receive remote adult day services, the license holder
559.15 must document in the participant's plan of care the participant's proposed schedule and
559.16 frequency for receiving both in-person and remote services. The license holder must also
559.17 document in the participant's plan of care that remote services:

559.18 (1) are chosen as a service delivery method by the participant or the participant's legal
559.19 representative;

559.20 (2) will meet the participant's assessed needs;

559.21 (3) are provided within the scope of adult day services; and

559.22 (4) will help the participant achieve identified short and long-term objectives specific
559.23 to the provision of remote adult day services.

559.24 **Subd. 2. Participant daily service limitations.** In a 24-hour period, a participant may
559.25 receive:

559.26 (1) a combination of in-person adult day services and remote adult day services on the
559.27 same day but not at the same time;

559.28 (2) a combination of in-person and remote adult day services that does not exceed 12
559.29 hours in total; and

559.30 (3) up to six hours of remote adult day services.

560.1 Subd. 3. **Minimum in-person requirement.** A participant who receives remote services
560.2 must receive services in-person as assigned in the participant's plan of care at least quarterly.

560.3 Sec. 7. [245A.75] **SERVICE AND PROGRAM REQUIREMENTS.**

560.4 Remote adult day services must be in the scope of adult day services provided in
560.5 Minnesota Rules, part 9555.9710, subparts 3 to 7.

560.6 **EFFECTIVE DATE.** This section is effective January 1, 2023.

560.7 Sec. 8. Minnesota Statutes 2020, section 256R.02, subdivision 4, is amended to read:

560.8 Subd. 4. **Administrative costs.** "Administrative costs" means the identifiable costs for
560.9 administering the overall activities of the nursing home. These costs include salaries and
560.10 wages of the administrator, assistant administrator, business office employees, security
560.11 guards, purchasing and inventory employees, and associated fringe benefits and payroll
560.12 taxes, fees, contracts, or purchases related to business office functions, licenses, permits
560.13 except as provided in the external fixed costs category, employee recognition, travel including
560.14 meals and lodging, all training except as specified in subdivision 17, voice and data
560.15 communication or transmission, office supplies, property and liability insurance and other
560.16 forms of insurance except insurance that is a fringe benefit under subdivision 22, personnel
560.17 recruitment, legal services, accounting services, management or business consultants, data
560.18 processing, information technology, website, central or home office costs, business meetings
560.19 and seminars, postage, fees for professional organizations, subscriptions, security services,
560.20 nonpromotional advertising, board of directors fees, working capital interest expense, bad
560.21 debts, bad debt collection fees, and costs incurred for travel and ~~housing~~ lodging for persons
560.22 employed by a Minnesota-registered supplemental nursing services agency as defined in
560.23 section 144A.70, subdivision 6.

560.24 Sec. 9. Minnesota Statutes 2020, section 256R.02, subdivision 17, is amended to read:

560.25 Subd. 17. **Direct care costs.** "Direct care costs" means costs for the wages of nursing
560.26 administration, direct care registered nurses, licensed practical nurses, certified nursing
560.27 assistants, trained medication aides, employees conducting training in resident care topics
560.28 and associated fringe benefits and payroll taxes; services from a Minnesota-registered
560.29 supplemental nursing services agency up to the maximum allowable charges under section
560.30 144A.74, excluding associated lodging and travel costs; supplies that are stocked at nursing
560.31 stations or on the floor and distributed or used individually, including, but not limited to:
560.32 rubbing alcohol or alcohol swabs, applicators, cotton balls, incontinence pads, disposable

561.1 ice bags, dressings, bandages, water pitchers, tongue depressors, disposable gloves, enemas,
 561.2 enema equipment, personal hygiene soap, medication cups, diapers, ~~plastic waste bags~~,
 561.3 sanitary products, disposable thermometers, hypodermic needles and syringes, ~~clinical~~
 561.4 ~~reagents or similar diagnostic agents~~, drugs ~~that are not paid~~ not payable on a separate fee
 561.5 schedule by the medical assistance program or any other payer, and ~~technology related~~
 561.6 clinical software costs specific to the provision of nursing care to residents, such as electronic
 561.7 charting systems; costs of materials used for resident care training, and training courses
 561.8 outside of the facility attended by direct care staff on resident care topics; and costs for
 561.9 nurse consultants, pharmacy consultants, and medical directors. Salaries and payroll taxes
 561.10 for nurse consultants who work out of a central office must be allocated proportionately by
 561.11 total resident days or by direct identification to the nursing facilities served by those
 561.12 consultants.

561.13 Sec. 10. Minnesota Statutes 2020, section 256R.02, subdivision 18, is amended to read:

561.14 Subd. 18. **Employer health insurance costs.** "Employer health insurance costs" means
 561.15 premium expenses for group coverage; and actual expenses incurred for self-insured plans,
 561.16 including reinsurance; actual claims paid, stop-loss premiums, plan fees, and employer
 561.17 contributions to employee health reimbursement and health savings accounts. Actual costs
 561.18 of self-insurance plans must not include any allowance for future funding unless the plan
 561.19 meets the Medicare requirements for reporting on a premium basis when the Medicare
 561.20 regulations define the actual costs. Premium and expense costs and contributions are
 561.21 allowable for (1) all employees and (2) the spouse and dependents of those employees who
 561.22 are employed on average at least 30 hours per week.

561.23 Sec. 11. Minnesota Statutes 2020, section 256R.02, subdivision 19, is amended to read:

561.24 Subd. 19. **External fixed costs.** "External fixed costs" means costs related to the nursing
 561.25 home surcharge under section 256.9657, subdivision 1; licensure fees under section 144.122;
 561.26 family advisory council fee under section 144A.33; scholarships under section 256R.37;
 561.27 planned closure rate adjustments under section 256R.40; consolidation rate adjustments
 561.28 under section 144A.071, subdivisions 4c, paragraph (a), clauses (5) and (6), and 4d;
 561.29 single-bed room incentives under section 256R.41; property taxes, special assessments, and
 561.30 payments in lieu of taxes; employer health insurance costs; quality improvement incentive
 561.31 payment rate adjustments under section 256R.39; performance-based incentive payments
 561.32 under section 256R.38; special dietary needs under section 256R.51; ~~rate adjustments for~~
 561.33 ~~compensation-related costs for minimum wage changes under section 256R.49 provided~~

562.1 ~~on or after January 1, 2018~~; Public Employees Retirement Association employer costs; and
562.2 border city rate adjustments under section 256R.481.

562.3 Sec. 12. Minnesota Statutes 2020, section 256R.02, subdivision 22, is amended to read:

562.4 Subd. 22. **Fringe benefit costs.** "Fringe benefit costs" means the costs for group life,
562.5 dental, workers' compensation, short- and long-term disability, long-term care insurance,
562.6 accident insurance, supplemental insurance, legal assistance insurance, profit sharing, child
562.7 care costs, health insurance costs not covered under subdivision 18, including costs associated
562.8 with part-time employee family members or retirees, and pension and retirement plan
562.9 contributions, except for the Public Employees Retirement Association costs.

562.10 Sec. 13. Minnesota Statutes 2020, section 256R.02, subdivision 29, is amended to read:

562.11 Subd. 29. **Maintenance and plant operations costs.** "Maintenance and plant operations
562.12 costs" means the costs for the salaries and wages of the maintenance supervisor, engineers,
562.13 heating-plant employees, and other maintenance employees and associated fringe benefits
562.14 and payroll taxes. It also includes identifiable costs for maintenance and operation of the
562.15 building and grounds, including, but not limited to, fuel, electricity, plastic waste bags,
562.16 medical waste and garbage removal, water, sewer, supplies, tools, ~~and~~ repairs, and minor
562.17 equipment not requiring capitalization under Medicare guidelines.

562.18 Sec. 14. Minnesota Statutes 2020, section 256R.02, is amended by adding a subdivision
562.19 to read:

562.20 Subd. 32a. **Minor equipment.** "Minor equipment" means equipment that does not qualify
562.21 as either fixed equipment or depreciable movable equipment as defined in section 256R.261.

562.22 Sec. 15. Minnesota Statutes 2020, section 256R.02, subdivision 42a, is amended to read:

562.23 Subd. 42a. **Real estate taxes.** "Real estate taxes" means the real estate tax liability shown
562.24 on the annual property tax ~~statement~~ statements of the nursing facility for the reporting
562.25 period. The term does not include personnel costs or fees for late payment.

562.26 Sec. 16. Minnesota Statutes 2020, section 256R.02, subdivision 48a, is amended to read:

562.27 Subd. 48a. **Special assessments.** "Special assessments" means the actual special
562.28 assessments and related interest paid during the reporting period that are not voluntary costs.
562.29 The term does not include personnel costs ~~or~~, fees for late payment, or special assessments
562.30 for projects that are reimbursed in the property rate.

563.1 Sec. 17. Minnesota Statutes 2020, section 256R.02, is amended by adding a subdivision
563.2 to read:

563.3 Subd. 53. Vested. "Vested" means the existence of a legally fixed unconditional right
563.4 to a present or future benefit.

563.5 Sec. 18. Minnesota Statutes 2020, section 256R.07, subdivision 1, is amended to read:

563.6 Subdivision 1. **Criteria.** A nursing facility ~~shall~~ must keep adequate documentation. In
563.7 order to be adequate, documentation must:

563.8 (1) be maintained in orderly, well-organized files;

563.9 (2) not include documentation of more than one nursing facility in one set of files unless
563.10 transactions may be traced by the commissioner to the nursing facility's annual cost report;

563.11 (3) include a paid invoice or copy of a paid invoice with date of purchase, vendor name
563.12 and address, purchaser name and delivery destination address, listing of items or services
563.13 purchased, cost of items purchased, account number to which the cost is posted, and a
563.14 breakdown of any allocation of costs between accounts or nursing facilities. If any of the
563.15 information is not available, the nursing facility ~~shall~~ must document its good faith attempt
563.16 to obtain the information;

563.17 (4) include contracts, agreements, amortization schedules, mortgages, other debt
563.18 instruments, and all other documents necessary to explain the nursing facility's costs or
563.19 revenues; ~~and~~

563.20 (5) include signed and dated position descriptions; and

563.21 (6) be retained by the nursing facility to support the five most recent annual cost reports.
563.22 The commissioner may extend the period of retention if the field audit was postponed
563.23 because of inadequate record keeping or accounting practices as in section 256R.13,
563.24 subdivisions 2 and 4, the records are necessary to resolve a pending appeal, or the records
563.25 are required for the enforcement of sections 256R.04; 256R.05, subdivision 2; 256R.06,
563.26 subdivisions 2, 6, and 7; 256R.08, subdivisions 1 ~~to~~ and 3; and 256R.09, subdivisions 3 and
563.27 4.

563.28 Sec. 19. Minnesota Statutes 2020, section 256R.07, subdivision 2, is amended to read:

563.29 Subd. 2. **Documentation of compensation.** Compensation for personal services,
563.30 regardless of whether treated as identifiable costs or costs that are not identifiable, must be
563.31 documented on payroll records. Payrolls must be supported by time and attendance or

564.1 equivalent records for individual employees. Salaries and wages of employees which are
564.2 allocated to more than one cost category must be supported by time distribution records.
564.3 ~~The method used must produce a proportional distribution of actual time spent, or an accurate~~
564.4 ~~estimate of time spent performing assigned duties. The nursing facility that chooses to~~
564.5 ~~estimate time spent must use a statistically valid method. The compensation must reflect~~
564.6 ~~an amount proportionate to a full-time basis if the services are rendered on less than a~~
564.7 ~~full-time basis. Salary allocations are allowable using the Medicare-approved allocation~~
564.8 ~~basis and methodology only if the salary costs cannot be directly determined, including~~
564.9 ~~when employees provide shared services to noncovered operations.~~

564.10 Sec. 20. Minnesota Statutes 2020, section 256R.07, subdivision 3, is amended to read:

564.11 Subd. 3. **Adequate documentation supporting nursing facility payrolls.** Payroll
564.12 records supporting compensation costs claimed by nursing facilities must be supported by
564.13 affirmative time and attendance records prepared by each individual at intervals of not more
564.14 than one month. The requirements of this subdivision are met when documentation is
564.15 provided under either clause (1) or (2) ~~as follows:~~

564.16 (1) the affirmative time and attendance record must identify the individual's name; the
564.17 days worked during each pay period; the number of hours worked each day; and the number
564.18 of hours taken each day by the individual for vacation, sick, and other leave. The affirmative
564.19 time and attendance record must include a signed verification by the individual and the
564.20 individual's supervisor, if any, that the entries reported on the record are correct; or

564.21 (2) if the affirmative time and attendance records identifying the individual's name, the
564.22 days worked each pay period, the number of hours worked each day, and the number of
564.23 hours taken each day by the individual for vacation, sick, and other leave are ~~placed on~~
564.24 ~~microfilm~~ stored electronically, equipment must be made available for viewing and printing
564.25 ~~them, or if the records are stored as automated data, summary data must be available for~~
564.26 ~~viewing and printing the records.~~

564.27 Sec. 21. Minnesota Statutes 2020, section 256R.08, subdivision 1, is amended to read:

564.28 Subdivision 1. **Reporting of financial statements.** (a) No later than February 1 of each
564.29 year, a nursing facility ~~shall~~ must:

564.30 (1) provide the state agency with a copy of its audited financial statements or its working
564.31 trial balance;

564.32 (2) provide the state agency with a statement of ownership for the facility;

565.1 (3) provide the state agency with separate, audited financial statements or working trial
565.2 balances for every other facility owned in whole or in part by an individual or entity that
565.3 has an ownership interest in the facility;

565.4 (4) upon request, provide the state agency with separate, audited financial statements or
565.5 working trial balances for every organization with which the facility conducts business and
565.6 which is owned in whole or in part by an individual or entity which has an ownership interest
565.7 in the facility;

565.8 (5) provide the state agency with copies of leases, purchase agreements, and other
565.9 documents related to the lease or purchase of the nursing facility; and

565.10 (6) upon request, provide the state agency with copies of leases, purchase agreements,
565.11 and other documents related to the acquisition of equipment, goods, and services which are
565.12 claimed as allowable costs.

565.13 (b) Audited financial statements submitted under paragraph (a) must include a balance
565.14 sheet, income statement, statement of the rate or rates charged to private paying residents,
565.15 statement of retained earnings, statement of cash flows, notes to the financial statements,
565.16 audited applicable supplemental information, and the public accountant's report. Public
565.17 accountants must conduct audits in accordance with chapter 326A. The cost of an audit
565.18 ~~shall~~ must not be an allowable cost unless the nursing facility submits its audited financial
565.19 statements in the manner otherwise specified in this subdivision. A nursing facility must
565.20 permit access by the state agency to the public accountant's audit work papers that support
565.21 the audited financial statements submitted under paragraph (a).

565.22 (c) Documents or information provided to the state agency pursuant to this subdivision
565.23 ~~shall~~ must be public unless prohibited by the Health Insurance Portability and Accountability
565.24 Act or any other federal or state regulation. Data, notes, and preliminary drafts of reports
565.25 created, collected, and maintained by the audit offices of government entities, or persons
565.26 performing audits for government entities, and relating to an audit or investigation are
565.27 confidential data on individuals or protected nonpublic data until the final report has been
565.28 published or the audit or investigation is no longer being pursued actively, except that the
565.29 data must be disclosed as required to comply with section 6.67 or 609.456.

565.30 (d) If the requirements of paragraphs (a) and (b) are not met, the reimbursement rate
565.31 may be reduced to 80 percent of the rate in effect on the first day of the fourth calendar
565.32 month after the close of the reporting period and the reduction ~~shall~~ must continue until the
565.33 requirements are met.

566.1 Sec. 22. Minnesota Statutes 2020, section 256R.09, subdivision 2, is amended to read:

566.2 Subd. 2. **Reporting of statistical and cost information.** All nursing facilities ~~shall~~ must
566.3 provide information annually to the commissioner on a form and in a manner determined
566.4 by the commissioner. The commissioner may separately require facilities to submit in a
566.5 manner specified by the commissioner documentation of statistical and cost information
566.6 included in the report to ensure accuracy in establishing payment rates and to perform audit
566.7 and appeal review functions under this chapter. The commissioner may also require nursing
566.8 facilities to provide statistical and cost information for a subset of the items in the annual
566.9 report on a semiannual basis. Nursing facilities ~~shall~~ must report only costs directly related
566.10 to the operation of the nursing facility. The facility ~~shall~~ must not include costs which are
566.11 separately reimbursed or reimbursable by residents, medical assistance, or other payors.
566.12 Allocations of costs from central, affiliated, or corporate office and related organization
566.13 transactions shall be reported according to sections 256R.07, subdivision 3, and 256R.12,
566.14 subdivisions 1 to 7. The commissioner shall not grant facilities extensions to the filing
566.15 deadline.

566.16 Sec. 23. Minnesota Statutes 2020, section 256R.09, subdivision 5, is amended to read:

566.17 Subd. 5. **Method of accounting.** The accrual method of accounting in accordance with
566.18 generally accepted accounting principles is the only method acceptable for purposes of
566.19 satisfying the reporting requirements of this chapter. If a governmentally owned nursing
566.20 facility demonstrates that the accrual method of accounting is not applicable to its accounts
566.21 and that a cash or modified accrual method of accounting more accurately reports the nursing
566.22 facility's financial operations, the commissioner shall permit the governmentally owned
566.23 nursing facility to use a cash or modified accrual method of accounting. For reimbursement
566.24 purposes, the accrued expense must be paid by the providers within 180 days following the
566.25 end of the reporting period. An expense disallowed by the commissioner under this section
566.26 in any cost report period must not be claimed by a provider on a subsequent cost report.
566.27 Specific exemptions to the 180-day rule may be granted by the commissioner for documented
566.28 contractual arrangements such as receivership, property tax installment payments, and
566.29 pension contributions.

566.30 Sec. 24. Minnesota Statutes 2020, section 256R.13, subdivision 4, is amended to read:

566.31 Subd. 4. **Extended record retention requirements.** The commissioner shall extend the
566.32 period for retention of records under section 256R.09, subdivision 3, for purposes of
566.33 performing field audits as necessary to enforce sections 256R.04; 256R.05, subdivision 2;

567.1 256R.06, subdivisions 2, 6, and 7; 256R.08, subdivisions 1 ~~to~~ and 3; and 256R.09,
567.2 subdivisions 3 and 4, with written notice to the facility postmarked no later than 90 days
567.3 prior to the expiration of the record retention requirement.

567.4 Sec. 25. Minnesota Statutes 2020, section 256R.16, subdivision 1, is amended to read:

567.5 Subdivision 1. **Calculation of a quality score.** (a) The commissioner shall determine
567.6 a quality score for each nursing facility using quality measures established in section
567.7 256B.439, according to methods determined by the commissioner in consultation with
567.8 stakeholders and experts, and using the most recently available data as provided in the
567.9 Minnesota Nursing Home Report Card. These methods ~~shall~~ must be exempt from the
567.10 rulemaking requirements under chapter 14.

567.11 (b) For each quality measure, a score ~~shall~~ must be determined with the number of points
567.12 assigned as determined by the commissioner using the methodology established according
567.13 to this subdivision. The determination of the quality measures to be used and the methods
567.14 of calculating scores may be revised annually by the commissioner.

567.15 (c) The quality score ~~shall~~ must include up to 50 points related to the Minnesota quality
567.16 indicators score derived from the minimum data set, up to 40 points related to the resident
567.17 quality of life score derived from the consumer survey conducted under section 256B.439,
567.18 subdivision 3, and up to ten points related to the state inspection results score.

567.19 (d) The commissioner, in cooperation with the commissioner of health, may adjust the
567.20 formula in paragraph (c), or the methodology for computing the total quality score, ~~effective~~
567.21 ~~July 1 of any year~~, with five months advance public notice. In changing the formula, the
567.22 commissioner shall consider quality measure priorities registered by report card users, advice
567.23 of stakeholders, and available research.

567.24 Sec. 26. Minnesota Statutes 2020, section 256R.17, subdivision 3, is amended to read:

567.25 Subd. 3. **Resident assessment schedule.** (a) Nursing facilities ~~shall~~ must conduct and
567.26 submit case mix classification assessments according to the schedule established by the
567.27 commissioner of health under section 144.0724, subdivisions 4 and 5.

567.28 (b) The case mix classifications established under section 144.0724, subdivision 3a,
567.29 ~~shall be~~ are effective the day of admission for new admission assessments. The effective
567.30 date for significant change assessments ~~shall be~~ is the assessment reference date. The
567.31 effective date for annual and quarterly assessments ~~shall be~~ and significant corrections
567.32 assessments is the first day of the month following assessment reference date.

568.1 Sec. 27. Minnesota Statutes 2020, section 256R.26, subdivision 1, is amended to read:

568.2 Subdivision 1. **Determination of limited undepreciated replacement cost.** A facility's
568.3 limited URC is the lesser of:

568.4 (1) the facility's recognized URC from the appraisal; or

568.5 (2) the product of (i) the number of the facility's licensed beds three months prior to the
568.6 beginning of the rate year, (ii) the construction cost per square foot value, and (iii) 1,000
568.7 square feet.

568.8 Sec. 28. Minnesota Statutes 2020, section 256R.261, subdivision 13, is amended to read:

568.9 Subd. 13. **Equipment allowance per bed value.** The equipment allowance per bed
568.10 value is \$10,000 adjusted annually for rate years beginning on or after January 1, 2021, by
568.11 the percentage change indicated by the urban consumer price index for Minneapolis-St.
568.12 Paul, as published by the Bureau of Labor Statistics (series ~~1967=100~~ 1982-84=100) for
568.13 the two previous Julys. The computation for this annual adjustment is based on the data that
568.14 is publicly available on November 1 immediately preceding the start of the rate year.

568.15 Sec. 29. Minnesota Statutes 2020, section 256R.37, is amended to read:

568.16 **256R.37 SCHOLARSHIPS.**

568.17 ~~(a) For the 27-month period beginning October 1, 2015, through December 31, 2017,~~
568.18 ~~the commissioner shall allow a scholarship per diem of up to 25 cents for each nursing~~
568.19 ~~facility with no scholarship per diem that is requesting a scholarship per diem to be added~~
568.20 ~~to the external fixed payment rate to be used:~~

568.21 ~~(1) for employee scholarships that satisfy the following requirements:~~

568.22 ~~(i) scholarships are available to all employees who work an average of at least ten hours~~
568.23 ~~per week at the facility except the administrator, and to reimburse student loan expenses~~
568.24 ~~for newly hired registered nurses and licensed practical nurses, and training expenses for~~
568.25 ~~nursing assistants as specified in section 144A.611, subdivisions 2 and 4, who are newly~~
568.26 ~~hired; and~~

568.27 ~~(ii) the course of study is expected to lead to career advancement with the facility or in~~
568.28 ~~long-term care, including medical care interpreter services and social work; and~~

568.29 ~~(2) to provide job-related training in English as a second language.~~

568.30 ~~(b) All facilities may annually request a rate adjustment under this section by submitting~~
568.31 ~~information to the commissioner on a schedule and in a form supplied by the commissioner.~~

569.1 ~~The commissioner shall allow a scholarship payment rate equal to the reported and allowable~~
569.2 ~~costs divided by resident days.~~

569.3 ~~(c) In calculating the per diem under paragraph (b), the commissioner shall allow costs~~
569.4 ~~related to tuition, direct educational expenses, and reasonable costs as defined by the~~
569.5 ~~commissioner for child care costs and transportation expenses related to direct educational~~
569.6 ~~expenses.~~

569.7 ~~(d) The rate increase under this section is an optional rate add-on that the facility must~~
569.8 ~~request from the commissioner in a manner prescribed by the commissioner. The rate~~
569.9 ~~increase must be used for scholarships as specified in this section.~~

569.10 ~~(e) For instances in which a rate adjustment will be 15 cents or greater, nursing facilities~~
569.11 ~~that close beds during a rate year may request to have their scholarship adjustment under~~
569.12 ~~paragraph (b) recalculated by the commissioner for the remainder of the rate year to reflect~~
569.13 ~~the reduction in resident days compared to the cost report year.~~

569.14 (a) The commissioner shall provide a scholarship per diem rate calculated using the
569.15 criteria in paragraphs (b) to (d). The per diem rate must be based on the allowable costs the
569.16 facility paid for employee scholarships for any eligible employee, except the facility
569.17 administrator, who works an average of at least ten hours per week in the licensed nursing
569.18 facility building when the facility has paid expenses related to:

569.19 (1) an employee's course of study that is expected to lead to career advancement with
569.20 the facility or in the field of long-term care;

569.21 (2) an employee's job-related training in English as a second language;

569.22 (3) the reimbursement of student loan expenses for newly hired registered nurses and
569.23 licensed practical nurses; and

569.24 (4) the reimbursement of training, testing, and associated expenses for newly hired
569.25 nursing assistants as specified in section 144A.611, subdivisions 2 and 4. The reimbursement
569.26 of nursing assistant expenses under this clause is not subject to the ten-hour minimum work
569.27 requirement under this paragraph.

569.28 (b) Allowable scholarship costs include: tuition, student loan reimbursement, other direct
569.29 educational expenses, and reasonable costs for child care and transportation expenses directly
569.30 related to education, as defined by the commissioner.

569.31 (c) The commissioner shall provide a scholarship per diem rate equal to the allowable
569.32 scholarship costs divided by resident days. The commissioner shall compute the scholarship

570.1 per diem rate annually and include the scholarship per diem rate in the external fixed costs
570.2 payment rate.

570.3 (d) When the resulting scholarship per diem rate is 15 cents or more, nursing facilities
570.4 that close beds during a rate year may request to have the scholarship rate recalculated. This
570.5 recalculation is effective from the date of the bed closure through the remainder of the rate
570.6 year and reflects the estimated reduction in resident days compared to the previous cost
570.7 report year.

570.8 (e) Facilities seeking to have the facility's scholarship expenses recognized for the
570.9 payment rate computation in section 256R.25 may apply annually by submitting information
570.10 to the commissioner on a schedule and in a form supplied by the commissioner.

570.11 Sec. 30. Minnesota Statutes 2020, section 256R.39, is amended to read:

570.12 **256R.39 QUALITY IMPROVEMENT INCENTIVE PROGRAM.**

570.13 The commissioner shall develop a quality improvement incentive program in consultation
570.14 with stakeholders. The annual funding pool available for quality improvement incentive
570.15 payments ~~shall~~ must be equal to 0.8 percent of all operating payments, not including any
570.16 rate components resulting from equitable cost-sharing for publicly owned nursing facility
570.17 program participation under section 256R.48, critical access nursing facility program
570.18 participation under section 256R.47, or performance-based incentive payment program
570.19 participation under section 256R.38. ~~For the period from October 1, 2015, to December 31,~~
570.20 ~~2016, rate adjustments provided under this section shall be effective for 15 months. Beginning~~
570.21 ~~January 1, 2017, An~~ annual rate adjustments adjustment provided under this section ~~shall~~
570.22 must be effective for one rate year.

570.23 Sec. 31. **REPEALER.**

570.24 Minnesota Statutes 2020, sections 245A.03, subdivision 5; 256R.08, subdivision 2; and
570.25 256R.49, and Minnesota Rules, part 9555.6255, are repealed.

570.26 **ARTICLE 12**

570.27 **CONTINUING CARE FOR OLDER ADULTS**

570.28 Section 1. Minnesota Statutes 2020, section 177.27, subdivision 4, is amended to read:

570.29 Subd. 4. **Compliance orders.** The commissioner may issue an order requiring an
570.30 employer to comply with sections 177.21 to 177.435, 181.02, 181.03, 181.031, 181.032,
570.31 181.101, 181.11, 181.13, 181.14, 181.145, 181.15, 181.172, paragraph (a) or (d), 181.214

571.1 to 181.217, 181.275, subdivision 2a, 181.722, 181.79, and 181.939 to 181.943, or with any
571.2 rule promulgated under section 177.28 or 181.213. The commissioner shall issue an order
571.3 requiring an employer to comply with sections 177.41 to 177.435 if the violation is repeated.
571.4 For purposes of this subdivision only, a violation is repeated if at any time during the two
571.5 years that preceded the date of violation, the commissioner issued an order to the employer
571.6 for violation of sections 177.41 to 177.435 and the order is final or the commissioner and
571.7 the employer have entered into a settlement agreement that required the employer to pay
571.8 back wages that were required by sections 177.41 to 177.435. The department shall serve
571.9 the order upon the employer or the employer's authorized representative in person or by
571.10 certified mail at the employer's place of business. An employer who wishes to contest the
571.11 order must file written notice of objection to the order with the commissioner within 15
571.12 calendar days after being served with the order. A contested case proceeding must then be
571.13 held in accordance with sections 14.57 to 14.69. If, within 15 calendar days after being
571.14 served with the order, the employer fails to file a written notice of objection with the
571.15 commissioner, the order becomes a final order of the commissioner.

571.16 Sec. 2. Minnesota Statutes 2020, section 177.27, subdivision 7, is amended to read:

571.17 Subd. 7. **Employer liability.** If an employer is found by the commissioner to have
571.18 violated a section identified in subdivision 4, or any rule adopted under section 177.28 or
571.19 181.213, and the commissioner issues an order to comply, the commissioner shall order the
571.20 employer to cease and desist from engaging in the violative practice and to take such
571.21 affirmative steps that in the judgment of the commissioner will effectuate the purposes of
571.22 the section or rule violated. The commissioner shall order the employer to pay to the
571.23 aggrieved parties back pay, gratuities, and compensatory damages, less any amount actually
571.24 paid to the employee by the employer, and for an additional equal amount as liquidated
571.25 damages. Any employer who is found by the commissioner to have repeatedly or willfully
571.26 violated a section or sections identified in subdivision 4 shall be subject to a civil penalty
571.27 of up to \$1,000 for each violation for each employee. In determining the amount of a civil
571.28 penalty under this subdivision, the appropriateness of such penalty to the size of the
571.29 employer's business and the gravity of the violation shall be considered. In addition, the
571.30 commissioner may order the employer to reimburse the department and the attorney general
571.31 for all appropriate litigation and hearing costs expended in preparation for and in conducting
571.32 the contested case proceeding, unless payment of costs would impose extreme financial
571.33 hardship on the employer. If the employer is able to establish extreme financial hardship,
571.34 then the commissioner may order the employer to pay a percentage of the total costs that
571.35 will not cause extreme financial hardship. Costs include but are not limited to the costs of

572.1 services rendered by the attorney general, private attorneys if engaged by the department,
572.2 administrative law judges, court reporters, and expert witnesses as well as the cost of
572.3 transcripts. Interest shall accrue on, and be added to, the unpaid balance of a commissioner's
572.4 order from the date the order is signed by the commissioner until it is paid, at an annual rate
572.5 provided in section 549.09, subdivision 1, paragraph (c). The commissioner may establish
572.6 escrow accounts for purposes of distributing damages.

572.7 Sec. 3. 181.211 **DEFINITIONS.**

572.8 Subdivision 1. **Application.** The terms defined in this section apply to sections 181.211
572.9 to 181.217.

572.10 Subd. 2. **Board.** "Board" means the Minnesota Nursing Home Workforce Standards
572.11 Board established under section 181.212.

572.12 Subd. 3. **Certified worker organization.** "Certified worker organization" means a
572.13 worker organization that is certified by the board to conduct nursing home worker trainings
572.14 under section 181.214.

572.15 Subd. 4. **Commissioner.** "Commissioner" means the commissioner of labor and industry.

572.16 Subd. 5. **Employer organization.** "Employer organization" means:

572.17 (1) an organization that is exempt from federal income taxation under section 501(c)(6)
572.18 of the Internal Revenue Code and that represents nursing home employers; or

572.19 (2) an entity that employers, who together employ a majority of nursing home workers
572.20 in Minnesota, have selected as a representative.

572.21 Subd. 6. **Nursing home.** "Nursing home" means a nursing home licensed under chapter
572.22 144A, or a boarding care home licensed under sections 144.50 to 144.56.

572.23 Subd. 7. **Nursing home employer.** "Nursing home employer" means an employer of
572.24 nursing home workers.

572.25 Subd. 8. **Nursing home worker.** "Nursing home worker" means any worker who provides
572.26 services in a nursing home in Minnesota, including direct care staff, administrative staff,
572.27 and contractors.

572.28 Subd. 9. **Retaliatory personnel action.** "Retaliatory personnel action" means any form
572.29 of intimidation, threat, reprisal, harassment, discrimination, or adverse employment action,
572.30 including discipline, discharge, suspension, transfer, or reassignment to a lesser position in
572.31 terms of job classification, job security, or other condition of employment; reduction in pay
572.32 or hours or denial of additional hours; informing another employer that a nursing home

573.1 worker has engaged in activities protected under sections 181.211 to 181.217; or reporting
573.2 or threatening to report the actual or suspected citizenship or immigration status of a nursing
573.3 home worker, former nursing home worker, or family member of a nursing home worker
573.4 to a federal, state, or local agency.

573.5 Subd. 10. **Worker organization.** "Worker organization" means an organization that is
573.6 exempt from federal income taxation under section 501(c)(3), 501(c)(4), or 501(c)(5) of
573.7 the Internal Revenue Code, that is not dominated or controlled by any nursing home employer
573.8 within the meaning of United States Code, title 29, section 158a(2), and that has at least
573.9 five years of demonstrated experience engaging with and advocating for nursing home
573.10 workers.

573.11 Sec. 4. **[181.212] MINNESOTA NURSING HOME WORKFORCE STANDARDS**
573.12 **BOARD; ESTABLISHMENT.**

573.13 Subdivision 1. **Board established; membership.** The Minnesota Nursing Home
573.14 Workforce Standards Board is created with the powers and duties established by law. The
573.15 board is composed of the following members:

573.16 (1) the commissioner of human services or a designee;

573.17 (2) the commissioner of health or a designee;

573.18 (3) the commissioner of labor and industry or a designee;

573.19 (4) three members who represent nursing home employers or employer organizations,
573.20 appointed by the governor; and

573.21 (5) three members who represent nursing home workers or worker organizations,
573.22 appointed by the governor.

573.23 Subd. 2. **Terms; vacancies.** (a) Board members appointed under subdivision 1, clause
573.24 (4) or (5), shall serve four-year terms following the initial staggered-lot determination. The
573.25 initial terms of members appointed under subdivision 1, clauses (4) and (5), shall be
573.26 determined by lot by the secretary of state and shall be as follows:

573.27 (1) one member appointed under each of subdivision 1, clauses (4) and (5), shall serve
573.28 a two-year term;

573.29 (2) one member appointed under each of subdivision 1, clauses (4) and (5), shall serve
573.30 a three-year term; and

573.31 (3) one member appointed under each of subdivision 1, clauses (4) and (5), shall serve
573.32 a four-year term.

574.1 (b) For members appointed under subdivision 1, clause (4) or (5), the governor shall fill
574.2 vacancies occurring prior to the expiration of a member's term by appointment for the
574.3 unexpired term. A member appointed under subdivision 1, clause (4) or (5), must not be
574.4 appointed to more than two consecutive four-year terms.

574.5 Subd. 3. **Chairperson.** The board shall elect a member by majority vote to serve as its
574.6 chairperson and shall determine the term to be served by the chairperson.

574.7 Subd. 4. **Staffing.** The board may employ an executive director and other personnel to
574.8 carry out duties of the board under sections 181.211 to 181.217.

574.9 Subd. 5. **Compensation.** Compensation of board members is governed by section
574.10 15.0575.

574.11 Subd. 6. **Application of other laws.** Meetings of the board are subject to chapter 13D.
574.12 The board is subject to chapter 13.

574.13 Subd. 7. **Voting.** The affirmative vote of five board members is required for the board
574.14 to take any action, including action to establish minimum nursing home employment
574.15 standards under section 181.213.

574.16 Subd. 8. **Hearings and investigations.** To carry out its duties, the board shall hold public
574.17 hearings on, and conduct investigations into, working conditions in the nursing home
574.18 industry.

574.19 Sec. 5. **[181.213] DUTIES OF THE BOARD; MINIMUM NURSING HOME**
574.20 **EMPLOYMENT STANDARDS.**

574.21 Subdivision 1. **Authority to establish minimum nursing home employment**
574.22 **standards.** (a) The board must adopt rules establishing minimum nursing home employment
574.23 standards that are reasonably necessary and appropriate to protect the health and welfare
574.24 of nursing home workers, to ensure that nursing home workers are properly trained and
574.25 fully informed of their rights under sections 181.211 to 181.217, and to otherwise satisfy
574.26 the purposes of sections 181.211 to 181.217. Standards established by the board must
574.27 include, as appropriate, standards on compensation, working hours, and other working
574.28 conditions for nursing home workers. Any standards established by the board under this
574.29 section must be at least as protective of or beneficial to nursing home workers as any other
574.30 applicable statute or rule or any standard previously established by the board. In establishing
574.31 standards under this section, the board may establish statewide standards, standards that
574.32 apply to specific nursing home occupations, standards that apply to specific geographic
574.33 areas within the state, or any combination thereof.

575.1 (b) The board must adopt rules establishing initial standards for wages and working
575.2 hours for nursing home workers no later than August 1, 2023. The board may use the
575.3 authority in section 14.389 to adopt rules under this paragraph.

575.4 (c) To the extent that any minimum standards that the board finds are reasonably
575.5 necessary and appropriate to protect the health and welfare of nursing home workers fall
575.6 within the jurisdiction of chapter 182, the board shall not adopt rules establishing the
575.7 standards but shall instead recommend the standards to the commissioner of labor and
575.8 industry. The commissioner of labor and industry shall adopt nursing home health and safety
575.9 standards under section 182.655 as recommended by the board, unless the commissioner
575.10 determines that the recommended standard is outside the statutory authority of the
575.11 commissioner or is otherwise unlawful and issues a written explanation of this determination.

575.12 Subd. 2. **Investigation of market conditions.** The board must investigate market
575.13 conditions and the existing wages, benefits, and working conditions of nursing home workers
575.14 for specific geographic areas of the state and specific nursing home occupations. Based on
575.15 this information, the board must seek to adopt minimum nursing home employment standards
575.16 that meet or exceed existing industry conditions for a majority of nursing home workers in
575.17 the relevant geographic area and nursing home occupation. The board must consider the
575.18 following types of information in making wage rate determinations that are reasonably
575.19 necessary to protect the health and welfare of nursing home workers:

575.20 (1) wage rate and benefit data collected by or submitted to the board for nursing home
575.21 workers in the relevant geographic area and nursing home occupations;

575.22 (2) statements showing wage rates and benefits paid to nursing home workers in the
575.23 relevant geographic area and nursing home occupations;

575.24 (3) signed collective bargaining agreements applicable to nursing home workers in the
575.25 relevant geographic area and nursing home occupations;

575.26 (4) testimony and information from current and former nursing home workers, worker
575.27 organizations, nursing home employers, and employer organizations;

575.28 (5) local minimum nursing home employment standards;

575.29 (6) information submitted by or obtained from state and local government entities; and

575.30 (7) any other information pertinent to establishing minimum nursing home employment
575.31 standards.

575.32 Subd. 3. **Review of standards.** At least once every two years, the board shall:

576.1 (1) conduct a full review of the adequacy of the minimum nursing home employment
576.2 standards previously established by the board; and

576.3 (2) following that review, adopt new rules, amend or repeal existing rules, or make
576.4 recommendations to adopt new rules or amend or repeal existing rules, as appropriate to
576.5 meet the purposes of sections 181.211 to 181.217.

576.6 Subd. 4. **Conflict.** In the event of a conflict between a standard established by the board
576.7 in rule and a rule adopted by another state agency, the rule adopted by the board shall apply
576.8 to nursing home workers and nursing home employers, except where the conflicting rule
576.9 is issued after the board's standard, and the rule issued by the other state agency is more
576.10 protective or more beneficial, then the subsequent more protective or more beneficial rule
576.11 must apply to nursing home workers and nursing home employers.

576.12 Subd. 5. **Effect on other agreements.** Nothing in sections 181.211 to 181.217 shall be
576.13 construed to:

576.14 (1) limit the rights of parties to a collective bargaining agreement to bargain and agree
576.15 with respect to nursing home employment standards; or

576.16 (2) diminish the obligation of a nursing home employer to comply with any contract,
576.17 collective bargaining agreement, or employment benefit program or plan that meets or
576.18 exceeds, and does not conflict with, the minimum standards and requirements in sections
576.19 181.211 to 181.217 or established by the board.

576.20 Sec. 6. **[181.214] DUTIES OF THE BOARD; TRAINING FOR NURSING HOME**
576.21 **WORKERS.**

576.22 Subdivision 1. **Certification of worker organizations.** The board shall certify worker
576.23 organizations that it finds are qualified to provide training to nursing home workers according
576.24 to this section. The board shall by rule establish certification criteria that a worker
576.25 organization must meet in order to be certified. In adopting rules to establish initial
576.26 certification criteria under this subdivision, the board may use the authority in section 14.389.
576.27 The criteria must ensure that a worker organization, if certified, is able to provide:

576.28 (1) effective, interactive training on the information required by this section; and

576.29 (2) follow-up written materials and responses to inquiries from nursing home workers
576.30 in the languages in which nursing home workers are proficient.

577.1 Subd. 2. Curriculum. (a) The board shall establish requirements for the curriculum for
577.2 the nursing home worker training required by this section. A curriculum must at least provide
577.3 the following information to nursing home workers:

577.4 (1) the applicable compensation, working hours, and working conditions in the minimum
577.5 standards or local minimum standards established by the board;

577.6 (2) the antiretaliation protections established in section 181.216;

577.7 (3) information on how to enforce sections 181.211 to 181.217 and on how to report
577.8 violations of sections 181.211 to 181.217 or of standards established by the board, including
577.9 contact information for the Department of Labor and Industry, the board, and any local
577.10 enforcement agencies, and information on the remedies available for violations;

577.11 (4) the purposes and functions of the board and information on upcoming hearings,
577.12 investigations, or other opportunities for nursing home workers to become involved in board
577.13 proceedings;

577.14 (5) other rights, duties, and obligations under sections 181.211 to 181.217;

577.15 (6) any updates or changes to the information provided according to clauses (1) to (5)
577.16 since the most recent training session;

577.17 (7) any other information the board deems appropriate to facilitate compliance with
577.18 sections 181.211 to 181.217; and

577.19 (8) information on other applicable local, state, and federal laws, rules, and ordinances
577.20 regarding nursing home working conditions or nursing home worker health and safety.

577.21 (b) Before establishing initial curriculum requirements, the board must hold at least one
577.22 public hearing to solicit input on the requirements.

577.23 Subd. 3. Topics covered in training session. A certified worker organization is not
577.24 required to cover all of the topics listed in subdivision 2 in a single training session. A
577.25 curriculum used by a certified worker organization may provide instruction on each topic
577.26 listed in subdivision 2 over the course of up to three training sessions.

577.27 Subd. 4. Annual review of curriculum requirements. The board must review the
577.28 adequacy of its curriculum requirements at least annually and must revise the requirements
577.29 as appropriate to meet the purposes of sections 181.211 to 181.217. As part of each annual
577.30 review of the curriculum requirements, the board must hold at least one public hearing to
577.31 solicit input on the requirements.

577.32 Subd. 5. Duties of certified worker organizations. A certified worker organization:

578.1 (1) must use a curriculum for its training sessions that meets requirements established
578.2 by the board;

578.3 (2) must provide trainings that are interactive and conducted in the languages in which
578.4 the attending nursing home workers are proficient;

578.5 (3) must, at the end of each training session, provide attending nursing home workers
578.6 with follow-up written or electronic materials on the topics covered in the training session,
578.7 in order to fully inform nursing home workers of their rights and opportunities under sections
578.8 181.211 to 181.217 and other applicable laws, rules, and ordinances governing nursing
578.9 home working conditions or worker health and safety;

578.10 (4) must make itself reasonably available to respond to inquiries from nursing home
578.11 workers during and after training sessions; and

578.12 (5) may conduct surveys of nursing home workers who attend a training session to assess
578.13 the effectiveness of the training session and industry compliance with sections 181.211 to
578.14 181.217 and other applicable laws, rules, and ordinances governing nursing home working
578.15 conditions or worker health and safety.

578.16 **Subd. 6. Nursing home employer duties regarding training.** (a) A nursing home
578.17 employer must ensure, and must provide proof to the commissioner of labor and industry,
578.18 that every six months each of its nursing home workers completes one hour of training that
578.19 meets the requirements of this section and is provided by a certified worker organization.
578.20 A nursing home employer may, but is not required to, host training sessions on the premises
578.21 of the nursing home.

578.22 (b) If requested by a certified worker organization, a nursing home employer must, after
578.23 a training session provided by the certified worker organization, provide the certified worker
578.24 organization with the names and contact information of the nursing home workers who
578.25 attended the training session, unless a nursing home worker opts out according to paragraph
578.26 (c).

578.27 (c) A nursing home worker may opt out of having the worker's nursing home employer
578.28 provide the worker's name and contact information to a certified worker organization that
578.29 provided a training session attended by the worker by submitting a written statement to that
578.30 effect to the nursing home employer.

578.31 **Subd. 7. Compensation.** A nursing home employer must compensate its nursing home
578.32 workers at their regular hourly rate of wages and benefits for each hour of training completed
578.33 as required by this section.

579.1 **Sec. 7. [181.215] REQUIRED NOTICES.**

579.2 Subdivision 1. **Provision of notice.** (a) Nursing home employers must provide notices
579.3 informing nursing home workers of the rights and obligations provided under sections
579.4 181.211 to 181.217 of applicable minimum nursing home employment standards or local
579.5 minimum standards and that for assistance and information, nursing home workers should
579.6 contact the Department of Labor and Industry. A nursing home employer must provide
579.7 notice using the same means that the nursing home employer uses to provide other
579.8 work-related notices to nursing home workers. Provision of notice must be at least as
579.9 conspicuous as:

579.10 (1) posting a copy of the notice at each work site where nursing home workers work
579.11 and where the notice may be readily observed and reviewed by all nursing home workers
579.12 working at the site; or

579.13 (2) providing a paper or electronic copy of the notice to all nursing home workers and
579.14 applicants for employment as a nursing home worker.

579.15 (b) The notice required by this subdivision must include text provided by the board that
579.16 informs nursing home workers that they may request the notice to be provided in a particular
579.17 language. The nursing home employer must provide the notice in the language requested
579.18 by the nursing home worker. The board must assist nursing home employers in translating
579.19 the notice in the languages requested by their nursing home workers.

579.20 Subd. 2. **Minimum content and posting requirements.** The board must adopt rules
579.21 specifying the minimum content and posting requirements for the notices required in
579.22 subdivision 1. The board must make available to nursing home employers a template or
579.23 sample notice that satisfies the requirements of this section and rules adopted under this
579.24 section.

579.25 **Sec. 8. [181.216] RETALIATION ON CERTAIN GROUNDS PROHIBITED.**

579.26 A nursing home employer must not retaliate against a nursing home worker, including
579.27 taking retaliatory personnel action, for:

579.28 (1) exercising any right afforded to the nursing home worker under sections 181.211 to
579.29 181.217;

579.30 (2) participating in any process or proceeding under sections 181.211 to 181.217,
579.31 including but not limited to board hearings, investigations, or other proceedings; or

579.32 (3) attending or participating in the training required by section 181.214.

580.1 Sec. 9. **[181.217] ENFORCEMENT.**

580.2 **Subdivision 1. Minimum nursing home employment standards.** The minimum wages,
580.3 maximum hours of work, and other working conditions established by the board in rule as
580.4 minimum nursing home employment standards shall be the minimum wages, maximum
580.5 hours of work, and standard conditions of labor for nursing home workers or a subgroup
580.6 of nursing home workers as a matter of state law. It shall be unlawful for a nursing home
580.7 employer to employ a nursing home worker for lower wages or for longer hours than those
580.8 established as the minimum nursing home employment standards or under any other working
580.9 conditions that violate the minimum nursing home employment standards.

580.10 **Subd. 2. Investigations.** The commissioner may investigate possible violations of sections
580.11 181.214 to 181.217 or of the minimum nursing home employment standards established by
580.12 the board whenever it has cause to believe that a violation has occurred, either on the basis
580.13 of a report of a suspected violation or on the basis of any other credible information, including
580.14 violations found during the course of an investigation.

580.15 **Subd. 3. Enforcement authority.** The Department of Labor and Industry shall enforce
580.16 sections 181.214 to 181.217 and compliance with the minimum nursing home employment
580.17 standards established by the board according to the authority in section 177.27, subdivisions
580.18 4 and 7.

580.19 **Subd. 4. Civil action by nursing home worker.** (a) One or more nursing home workers
580.20 may bring a civil action in district court seeking redress for violations of sections 181.211
580.21 to 181.217 or of any applicable minimum nursing home employment standards or local
580.22 minimum nursing home employment standards. Such an action may be filed in the district
580.23 court of the county where a violation or violations are alleged to have been committed or
580.24 where the nursing home employer resides, or in any other court of competent jurisdiction,
580.25 and may represent a class of similarly situated nursing home workers.

580.26 (b) Upon a finding of one or more violations, a nursing home employer shall be liable
580.27 to each nursing home worker for the full amount of the wages, benefits, and overtime
580.28 compensation, less any amount the nursing home employer is able to establish was actually
580.29 paid to each nursing home worker and for an additional equal amount as liquidated damages.
580.30 In an action under this subdivision, nursing home workers may seek damages and other
580.31 appropriate relief provided by section 177.27, subdivision 7, or otherwise provided by law,
580.32 including reasonable costs, disbursements, witness fees, and attorney fees. A court may also
580.33 issue an order requiring compliance with sections 181.211 to 181.217 or with the applicable
580.34 minimum nursing home employment standards or local minimum nursing home employment

581.1 standards. A nursing home worker found to have experienced a retaliatory personnel action
581.2 in violation of section 181.216 shall be entitled to reinstatement to the worker's previous
581.3 position, wages, benefits, hours, and other conditions of employment.

581.4 (c) An agreement between a nursing home employer and nursing home worker or labor
581.5 union that fails to meet the minimum standards and requirements in sections 181.211 to
581.6 181.217 or established by the board is not a defense to an action brought under this
581.7 subdivision.

581.8 Sec. 10. Minnesota Statutes 2020, section 256B.0913, subdivision 4, is amended to read:

581.9 Subd. 4. **Eligibility for funding for services for nonmedical assistance recipients.** (a)
581.10 Funding for services under the alternative care program is available to persons who meet
581.11 the following criteria:

581.12 (1) the person is a citizen of the United States or a United States national;

581.13 (2) the person has been determined by a community assessment under section 256B.0911
581.14 to be a person who would require the level of care provided in a nursing facility, as
581.15 determined under section 256B.0911, subdivision 4e, but for the provision of services under
581.16 the alternative care program;

581.17 (3) the person is age 65 or older;

581.18 (4) the person would be eligible for medical assistance within 135 days of admission to
581.19 a nursing facility;

581.20 (5) the person is not ineligible for the payment of long-term care services by the medical
581.21 assistance program due to an asset transfer penalty under section 256B.0595 or equity
581.22 interest in the home exceeding \$500,000 as stated in section 256B.056;

581.23 (6) the person needs long-term care services that are not funded through other state or
581.24 federal funding, or other health insurance or other third-party insurance such as long-term
581.25 care insurance;

581.26 (7) except for individuals described in clause (8), the monthly cost of the alternative
581.27 care services funded by the program for this person does not exceed 75 percent of the
581.28 monthly limit described under section 256S.18. This monthly limit does not prohibit the
581.29 alternative care client from payment for additional services, but in no case may the cost of
581.30 additional services purchased under this section exceed the difference between the client's
581.31 monthly service limit defined under section 256S.04, and the alternative care program
581.32 monthly service limit defined in this paragraph. If care-related supplies and equipment or

582.1 environmental modifications and adaptations are or will be purchased for an alternative
582.2 care services recipient, the costs may be prorated on a monthly basis for up to 12 consecutive
582.3 months beginning with the month of purchase. If the monthly cost of a recipient's other
582.4 alternative care services exceeds the monthly limit established in this paragraph, the annual
582.5 cost of the alternative care services ~~shall~~ must be determined. In this event, the annual cost
582.6 of alternative care services ~~shall~~ must not exceed 12 times the monthly limit described in
582.7 this paragraph;

582.8 (8) for individuals assigned a case mix classification A as described under section
582.9 256S.18, with (i) no dependencies in activities of daily living, or (ii) up to two dependencies
582.10 in bathing, dressing, grooming, walking, and eating when the dependency score in eating
582.11 is three or greater as determined by an assessment performed under section 256B.0911, the
582.12 monthly cost of alternative care services funded by the program cannot exceed \$593 per
582.13 month for all new participants enrolled in the program on or after July 1, 2011. This monthly
582.14 limit shall be applied to all other participants who meet this criteria at reassessment. This
582.15 monthly limit ~~shall~~ must be increased annually as described in section 256S.18. This monthly
582.16 limit does not prohibit the alternative care client from payment for additional services, but
582.17 in no case may the cost of additional services purchased exceed the difference between the
582.18 client's monthly service limit defined in this clause and the limit described in clause (7) for
582.19 case mix classification A; ~~and~~

582.20 (9) the person is making timely payments of the assessed monthly fee; and

582.21 (10) for a person participating in consumer-directed community supports, the person's
582.22 monthly service limit must be equal to the monthly service limits in clause (7), except that
582.23 a person assigned a case mix classification L must receive the monthly service limit for
582.24 case mix classification A.

582.25 A person is ineligible if payment of the fee is over 60 days past due, unless the person agrees
582.26 to:

582.27 (i) the appointment of a representative payee;

582.28 (ii) automatic payment from a financial account;

582.29 (iii) the establishment of greater family involvement in the financial management of
582.30 payments; or

582.31 (iv) another method acceptable to the lead agency to ensure prompt fee payments.

582.32 The lead agency may extend the client's eligibility as necessary while making
582.33 arrangements to facilitate payment of past-due amounts and future premium payments.

583.1 Following disenrollment due to nonpayment of a monthly fee, eligibility ~~shall~~ must not be
583.2 reinstated for a period of 30 days.

583.3 (b) Alternative care funding under this subdivision is not available for a person who is
583.4 a medical assistance recipient or who would be eligible for medical assistance without a
583.5 spenddown or waiver obligation. A person whose initial application for medical assistance
583.6 and the elderly waiver program is being processed may be served under the alternative care
583.7 program for a period up to 60 days. If the individual is found to be eligible for medical
583.8 assistance, medical assistance must be billed for services payable under the federally
583.9 approved elderly waiver plan and delivered from the date the individual was found eligible
583.10 for the federally approved elderly waiver plan. Notwithstanding this provision, alternative
583.11 care funds may not be used to pay for any service the cost of which: (i) is payable by medical
583.12 assistance; (ii) is used by a recipient to meet a waiver obligation; or (iii) is used to pay a
583.13 medical assistance income spenddown for a person who is eligible to participate in the
583.14 federally approved elderly waiver program under the special income standard provision.

583.15 (c) Alternative care funding is not available for a person who resides in a licensed nursing
583.16 home, certified boarding care home, hospital, or intermediate care facility, except for case
583.17 management services which are provided in support of the discharge planning process for
583.18 a nursing home resident or certified boarding care home resident to assist with a relocation
583.19 process to a community-based setting.

583.20 (d) Alternative care funding is not available for a person whose income is greater than
583.21 the maintenance needs allowance under section 256S.05, but equal to or less than 120 percent
583.22 of the federal poverty guideline effective July 1 in the fiscal year for which alternative care
583.23 eligibility is determined, who would be eligible for the elderly waiver with a waiver
583.24 obligation.

583.25 **EFFECTIVE DATE.** This section is effective January 1, 2023.

583.26 Sec. 11. Minnesota Statutes 2020, section 256B.0913, subdivision 5, is amended to read:

583.27 Subd. 5. **Services covered under alternative care.** Alternative care funding may be
583.28 used for payment of costs of:

583.29 (1) adult day services and adult day services bath;

583.30 (2) home care;

583.31 (3) homemaker services;

583.32 (4) personal care;

- 584.1 (5) case management and conversion case management;
- 584.2 (6) respite care;
- 584.3 (7) specialized supplies and equipment;
- 584.4 (8) home-delivered meals;
- 584.5 (9) nonmedical transportation;
- 584.6 (10) nursing services;
- 584.7 (11) chore services;
- 584.8 (12) companion services;
- 584.9 (13) nutrition services;
- 584.10 (14) family caregiver training and education;
- 584.11 (15) coaching and counseling;
- 584.12 (16) telehome care to provide services in their own homes in conjunction with in-home
- 584.13 visits;
- 584.14 (17) consumer-directed community supports ~~under the alternative care programs which~~
- 584.15 ~~are available statewide and limited to the average monthly expenditures representative of~~
- 584.16 ~~all alternative care program participants for the same case mix resident class assigned in~~
- 584.17 ~~the most recent fiscal year for which complete expenditure data is available;~~
- 584.18 (18) environmental accessibility and adaptations; and
- 584.19 (19) discretionary services, for which lead agencies may make payment from their
- 584.20 alternative care program allocation for services not otherwise defined in this section or
- 584.21 section 256B.0625, following approval by the commissioner.

584.22 Total annual payments for discretionary services for all clients served by a lead agency

584.23 must not exceed 25 percent of that lead agency's annual alternative care program base

584.24 allocation, except that when alternative care services receive federal financial participation

584.25 under the 1115 waiver demonstration, funding shall be allocated in accordance with

584.26 subdivision 17.

584.27 **EFFECTIVE DATE.** This section is effective January 1, 2023.

584.28 Sec. 12. Minnesota Statutes 2020, section 256S.15, subdivision 2, is amended to read:

584.29 Subd. 2. **Foster care limit.** The elderly waiver payment for the foster care service in

584.30 combination with the payment for all other elderly waiver services, including case

585.1 management, must not exceed the monthly case mix budget cap for the participant as
585.2 specified in sections 256S.18, subdivision 3, and 256S.19, ~~subdivisions~~ subdivision 3 and
585.3 4.

585.4 **EFFECTIVE DATE.** This section is effective January 1, 2023.

585.5 Sec. 13. Minnesota Statutes 2020, section 256S.18, is amended by adding a subdivision
585.6 to read:

585.7 Subd. 3a. **Monthly case mix budget caps for consumer-directed community**
585.8 **supports.** The monthly case mix budget caps for each case mix classification for
585.9 consumer-directed community supports must be equal to the monthly case mix budget caps
585.10 in subdivision 3.

585.11 **EFFECTIVE DATE.** This section is effective January 1, 2023.

585.12 Sec. 14. Minnesota Statutes 2020, section 256S.19, subdivision 3, is amended to read:

585.13 Subd. 3. ~~Calculation of monthly conversion budget cap without consumer-directed~~
585.14 ~~community supports caps.~~ (a) The elderly waiver monthly conversion budget cap for the
585.15 cost of elderly waiver services ~~without consumer-directed community supports~~ must be
585.16 based on the nursing facility case mix adjusted total payment rate of the nursing facility
585.17 where the elderly waiver applicant currently resides for the applicant's case mix classification
585.18 as determined according to section 256R.17.

585.19 (b) The elderly waiver monthly conversion budget cap for the cost of elderly waiver
585.20 services ~~without consumer-directed community supports shall~~ must be calculated by
585.21 multiplying the applicable nursing facility case mix adjusted total payment rate by 365,
585.22 dividing by 12, and subtracting the participant's maintenance needs allowance.

585.23 (c) A participant's initially approved monthly conversion budget cap for elderly waiver
585.24 services ~~without consumer-directed community supports shall~~ must be adjusted at least
585.25 annually as described in section 256S.18, subdivision 5.

585.26 (d) Conversion budget caps for individuals participating in consumer-directed community
585.27 supports are also set as described in paragraphs (a) to (c).

585.28 **EFFECTIVE DATE.** This section is effective January 1, 2023.

586.1 Sec. 15. Minnesota Statutes 2021 Supplement, section 256S.21, is amended to read:

586.2 **256S.21 RATE SETTING; APPLICATION.**

586.3 The payment methodologies in sections 256S.2101 to 256S.215 apply to:

586.4 (1) elderly waiver, elderly waiver customized living, and elderly waiver foster care under
586.5 this chapter;

586.6 (2) alternative care under section 256B.0913;

586.7 (3) essential community supports under section 256B.0922; ~~and~~

586.8 (4) homemaker services under the developmental disability waiver under section
586.9 256B.092 and community alternative care, community access for disability inclusion, and
586.10 brain injury waiver under section 256B.49; and

586.11 (5) community access for disability inclusion customized living and brain injury
586.12 customized living under section 256B.49.

586.13 **EFFECTIVE DATE.** This section is effective January 1, 2023.

586.14 Sec. 16. Minnesota Statutes 2021 Supplement, section 256S.2101, subdivision 2, is
586.15 amended to read:

586.16 Subd. 2. **Phase-in for elderly waiver rates.** Except for home-delivered meals as
586.17 ~~described in section 256S.215, subdivision 15,~~ all rates and rate components for elderly
586.18 waiver, elderly waiver customized living, and elderly waiver foster care under this chapter;
586.19 alternative care under section 256B.0913; and essential community supports under section
586.20 256B.0922 ~~shall~~ must be the sum of ~~18.8~~ 21.6 percent of the rates calculated under sections
586.21 256S.211 to 256S.215, and ~~81.2~~ 78.4 percent of the rates calculated using the rate
586.22 methodology in effect as of June 30, 2017. ~~The rate for home-delivered meals shall be the~~
586.23 ~~sum of the service rate in effect as of January 1, 2019, and the increases described in section~~
586.24 ~~256S.215, subdivision 15.~~

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

586.26 Sec. 17. Minnesota Statutes 2021 Supplement, section 256S.2101, is amended by adding
586.27 a subdivision to read:

586.28 **Subd. 3. Phase-in for home-delivered meals rate.** The home-delivered meals rate for
586.29 elderly waiver under this chapter; alternative care under section 256B.0913; and essential
586.30 community supports under section 256B.0922 must be the sum of 65 percent of the rate in

587.1 section 256S.215, subdivision 15, and 35 percent of the rate calculated using the rate
587.2 methodology in effect as of June 30, 2017.

587.3 **EFFECTIVE DATE.** This section is effective January 1, 2023.

587.4 Sec. 18. Minnesota Statutes 2020, section 256S.211, is amended by adding a subdivision
587.5 to read:

587.6 Subd. 3. **Updating homemaker services rates.** On January 1, 2023, and every two
587.7 years thereafter, the commissioner shall recalculate rates for homemaker services as directed
587.8 by section 256S.215, subdivisions 9 to 11. Prior to recalculating the rates, the commissioner
587.9 shall:

587.10 (1) update the base wage index for homemaker services in section 256S.212, subdivisions
587.11 8 to 10, based on the most recently available Bureau of Labor Statistics Minneapolis-St.
587.12 Paul-Bloomington, MN-WI MetroSA data;

587.13 (2) update the payroll taxes and benefits factor in section 256S.213, subdivision 1, and
587.14 the general and administrative factor in section 256S.213, subdivision 2, based on the most
587.15 recently available nursing facility cost report data;

587.16 (3) update the registered nurse management and supervision wage component in section
587.17 256S.213, subdivision 4, based on the most recently available Bureau of Labor Statistics
587.18 Minneapolis-St. Paul-Bloomington, MN-WI MetroSA data; and

587.19 (4) update the adjusted base wage for homemaker services as directed in section 256S.214.

587.20 **EFFECTIVE DATE.** This section is effective January 1, 2023.

587.21 Sec. 19. Minnesota Statutes 2020, section 256S.211, is amended by adding a subdivision
587.22 to read:

587.23 Subd. 4. **Updating the home-delivered meals rate.** On July 1 of each year, the
587.24 commissioner shall update the home-delivered meals rate in section 256S.215, subdivision
587.25 15, by the percent increase in the nursing facility dietary per diem using the two most recent
587.26 and available nursing facility cost reports.

587.27 **EFFECTIVE DATE.** This section is effective July 1, 2022.

588.1 Sec. 20. Minnesota Statutes 2020, section 256S.212, is amended to read:

588.2 **256S.212 RATE SETTING; BASE WAGE INDEX.**

588.3 Subdivision 1. **Updating SOC codes.** If any of the SOC codes and positions used in
588.4 this section are no longer available, the commissioner shall, in consultation with stakeholders,
588.5 select a new SOC code and position that is the closest match to the previously used SOC
588.6 position.

588.7 Subd. 2. **Home management and support services base wage.** For customized living,
588.8 and foster care, and residential care component services, the home management and support
588.9 services base wage equals 33.33 percent of the Minneapolis-St. Paul-Bloomington, MN-WI
588.10 MetroSA average wage for home health and personal and home care aide aides (SOC code
588.11 ~~39-9021~~ 31-1120); 33.33 percent of the Minneapolis-St. Paul-Bloomington, MN-WI MetroSA
588.12 average wage for food preparation workers (SOC code 35-2021); and 33.34 percent of the
588.13 Minneapolis-St. Paul-Bloomington, MN-WI MetroSA average wage for maids and
588.14 housekeeping cleaners (SOC code 37-2012).

588.15 Subd. 3. **Home care aide base wage.** For customized living, and foster care, and
588.16 ~~residential care~~ component services, the home care aide base wage equals ~~50~~ 75 percent of
588.17 the Minneapolis-St. Paul-Bloomington, MN-WI MetroSA average wage for home health
588.18 and personal care aides (SOC code ~~31-1014~~ 31-1120); and ~~50~~ 25 percent of the
588.19 Minneapolis-St. Paul-Bloomington, MN-WI MetroSA average wage for nursing assistants
588.20 (SOC code ~~31-1014~~ 31-1131).

588.21 Subd. 4. **Home health aide base wage.** For customized living, and foster care, and
588.22 ~~residential care~~ component services, the home health aide base wage equals ~~20~~ 33.33 percent
588.23 of the Minneapolis-St. Paul-Bloomington, MN-WI MetroSA average wage for licensed
588.24 practical and licensed vocational nurses (SOC code 29-2061); ~~and 80~~ 33.33 percent of the
588.25 Minneapolis-St. Paul-Bloomington, MN-WI MetroSA average wage for nursing assistants
588.26 (SOC code ~~31-1014~~ 31-1131); and 33.34 percent of the Minneapolis-St. Paul-Bloomington,
588.27 MN-WI MetroSA average wage for home health and personal care aides (SOC code
588.28 31-1120).

588.29 Subd. 5. **Medication setups by licensed nurse base wage.** For customized living, and
588.30 ~~foster care, and residential care~~ component services, the medication setups by licensed nurse
588.31 base wage equals ~~ten~~ 25 percent of the Minneapolis-St. Paul-Bloomington, MN-WI MetroSA
588.32 average wage for licensed practical and licensed vocational nurses (SOC code 29-2061);
588.33 and ~~90~~ 75 percent of the Minneapolis-St. Paul-Bloomington, MN-WI MetroSA average
588.34 wage for registered nurses (SOC code 29-1141).

589.1 Subd. 6. **Chore services base wage.** The chore services base wage equals ~~100~~ 50 percent
 589.2 of the Minneapolis-St. Paul-Bloomington, MN-WI MetroSA average wage for landscaping
 589.3 and groundskeeping workers (SOC code 37-3011); and 50 percent of the Minneapolis-St.
 589.4 Paul-Bloomington, MN-WI MetroSA average wage for maids and housekeeping cleaners
 589.5 (SOC code 37-2012).

589.6 Subd. 7. **Companion services base wage.** The companion services base wage equals
 589.7 ~~50~~ 80 percent of the Minneapolis-St. Paul-Bloomington, MN-WI MetroSA average wage
 589.8 for home health and personal and home care aides (SOC code ~~39-9021~~ 31-1120); and ~~50~~
 589.9 20 percent of the Minneapolis-St. Paul-Bloomington, MN-WI MetroSA average wage for
 589.10 maids and housekeeping cleaners (SOC code 37-2012).

589.11 Subd. 8. **Homemaker services and assistance with personal care base wage.** The
 589.12 homemaker services and assistance with personal care base wage equals ~~60~~ 50 percent of
 589.13 the Minneapolis-St. Paul-Bloomington, MN-WI MetroSA average wage for home health
 589.14 and personal and home care aide aides (SOC code ~~39-9021~~ 31-1120); ~~20~~ and 50 percent of
 589.15 the Minneapolis-St. Paul-Bloomington, MN-WI MetroSA average wage for nursing assistants
 589.16 (SOC code ~~31-1014~~ 31-1131); ~~and 20 percent of the Minneapolis-St. Paul-Bloomington,~~
 589.17 ~~MN-WI MetroSA average wage for maids and housekeeping cleaners (SOC code 37-2012).~~

589.18 Subd. 9. **Homemaker services and cleaning base wage.** The homemaker services and
 589.19 cleaning base wage equals ~~60~~ percent of the Minneapolis-St. Paul-Bloomington, MN-WI
 589.20 ~~MetroSA average wage for personal and home care aide (SOC code 39-9021); 20 percent~~
 589.21 ~~of the Minneapolis-St. Paul-Bloomington, MN-WI MetroSA average wage for nursing~~
 589.22 ~~assistants (SOC code 31-1014); and 20~~ 100 percent of the Minneapolis-St. Paul-Bloomington,
 589.23 MN-WI MetroSA average wage for maids and housekeeping cleaners (SOC code 37-2012).

589.24 Subd. 10. **Homemaker services and home management base wage.** The homemaker
 589.25 services and home management base wage equals ~~60~~ 50 percent of the Minneapolis-St.
 589.26 Paul-Bloomington, MN-WI MetroSA average wage for home health and personal and home
 589.27 care aide aides (SOC code ~~39-9021~~ 31-1120); ~~20~~ and 50 percent of the Minneapolis-St.
 589.28 Paul-Bloomington, MN-WI MetroSA average wage for nursing assistants (SOC code
 589.29 ~~31-1014~~ 31-1131); ~~and 20 percent of the Minneapolis-St. Paul-Bloomington, MN-WI~~
 589.30 ~~MetroSA average wage for maids and housekeeping cleaners (SOC code 37-2012).~~

589.31 Subd. 11. **In-home respite care services base wage.** The in-home respite care services
 589.32 base wage equals ~~five~~ 15 percent of the Minneapolis-St. Paul-Bloomington, MN-WI MetroSA
 589.33 average wage for registered nurses (SOC code 29-1141); 75 percent of the Minneapolis-St.
 589.34 Paul-Bloomington, MN-WI MetroSA average wage for ~~nursing assistants~~ home health and

590.1 personal care aides (SOC code ~~31-1014~~ 31-1120); and ~~20~~ ten percent of the Minneapolis-St.
590.2 Paul-Bloomington, MN-WI MetroSA average wage for licensed practical and licensed
590.3 vocational nurses (SOC code 29-2061).

590.4 Subd. 12. **Out-of-home respite care services base wage.** The out-of-home respite care
590.5 services base wage equals ~~five~~ 15 percent of the Minneapolis-St. Paul-Bloomington, MN-WI
590.6 MetroSA average wage for registered nurses (SOC code 29-1141); 75 percent of the
590.7 Minneapolis-St. Paul-Bloomington, MN-WI MetroSA average wage for ~~nursing assistants~~
590.8 home health and personal care aides (SOC code ~~31-1014~~ 31-1120); and ~~20~~ ten percent of
590.9 the Minneapolis-St. Paul-Bloomington, MN-WI MetroSA average wage for licensed practical
590.10 and licensed vocational nurses (SOC code 29-2061).

590.11 Subd. 13. **Individual community living support base wage.** The individual community
590.12 living support base wage equals ~~20~~ 60 percent of the Minneapolis-St. Paul-Bloomington,
590.13 MN-WI MetroSA average wage for ~~licensed practical and licensed vocational nurses~~ social
590.14 and human services aides (SOC code ~~29-2061~~ 21-1093); and ~~80~~ 40 percent of the
590.15 Minneapolis-St. Paul-Bloomington, MN-WI MetroSA average wage for nursing assistants
590.16 (SOC code ~~31-1014~~ 31-1131).

590.17 Subd. 14. **Registered nurse base wage.** The registered nurse base wage equals 100
590.18 percent of the Minneapolis-St. Paul-Bloomington, MN-WI MetroSA average wage for
590.19 registered nurses (SOC code 29-1141).

590.20 Subd. 15. **~~Social worker~~ Unlicensed supervisor base wage.** The ~~social worker~~
590.21 unlicensed supervisor base wage equals 100 percent of the Minneapolis-St.
590.22 Paul-Bloomington, MN-WI MetroSA average wage for ~~medical and public health~~ social
590.23 first-line supervisors of personal service workers (SOC code ~~21-1022~~ 39-1098).

590.24 Subd. 16. **Adult day services base wage.** The adult day services base wage equals 75
590.25 percent of the Minneapolis-St. Paul-Bloomington, MN-WI MetroSA average wage for home
590.26 health and personal care aides (SOC code 31-1120); and 25 percent of the Minneapolis-St.
590.27 Paul-Bloomington, MN-WI MetroSA average wage for nursing assistants (SOC code
590.28 31-1131).

590.29 **EFFECTIVE DATE.** This section is effective January 1, 2023.

591.1 Sec. 21. Minnesota Statutes 2020, section 256S.213, is amended to read:

591.2 **256S.213 RATE SETTING; FACTORS AND SUPERVISION WAGE**

591.3 **COMPONENTS.**

591.4 Subdivision 1. **Payroll taxes and benefits factor.** The payroll taxes and benefits factor
591.5 is the sum of net payroll taxes and benefits, divided by the sum of all salaries for all nursing
591.6 facilities on the most recent and available cost report.

591.7 Subd. 2. **General and administrative factor.** The general and administrative factor is
591.8 ~~the difference of net general and administrative expenses and administrative salaries, divided~~
591.9 ~~by total operating expenses for all nursing facilities on the most recent and available cost~~
591.10 ~~report~~ 14.4 percent.

591.11 Subd. 3. **Program plan support factor.** (a) The program plan support factor is ~~12.8~~ ten
591.12 percent for the following services to cover the cost of direct service staff needed to provide
591.13 support for ~~home and community-based~~ the service when not engaged in direct contact with
591.14 participants:;

591.15 (1) adult day services;

591.16 (2) customized living; and

591.17 (3) foster care.

591.18 (b) The program plan support factor is 15.5 percent for the following services to cover
591.19 the cost of direct service staff needed to provide support for the service when not engaged
591.20 in direct contact with participants:

591.21 (1) chore services;

591.22 (2) companion services;

591.23 (3) homemaker services and assistance with personal care;

591.24 (4) homemaker services and cleaning;

591.25 (5) homemaker services and home management;

591.26 (6) in-home respite care;

591.27 (7) individual community living support; and

591.28 (8) out-of-home respite care.

592.1 Subd. 4. **Registered nurse management and supervision ~~factor~~ wage component.** The
592.2 registered nurse management and supervision ~~factor~~ wage component equals 15 percent of
592.3 the registered nurse adjusted base wage as defined in section 256S.214.

592.4 Subd. 5. **~~Social worker~~ Unlicensed supervisor supervision factor wage**
592.5 **component.** The ~~social worker~~ unlicensed supervisor supervision factor wage component
592.6 equals 15 percent of the ~~social worker~~ unlicensed supervisor adjusted base wage as defined
592.7 in section 256S.214.

592.8 Subd. 6. **Facility and equipment factor.** The facility and equipment factor for adult
592.9 day services is 16.2 percent.

592.10 Subd. 7. **Food, supplies, and transportation factor.** The food, supplies, and
592.11 transportation factor for adult day services is 24 percent.

592.12 Subd. 8. **Supplies and transportation factor.** The supplies and transportation factor
592.13 for the following services is 1.56 percent:

592.14 (1) chore services;

592.15 (2) companion services;

592.16 (3) homemaker services and assistance with personal care;

592.17 (4) homemaker services and cleaning;

592.18 (5) homemaker services and home management;

592.19 (6) in-home respite care;

592.20 (7) individual community living support; and

592.21 (8) out-of-home respite care.

592.22 Subd. 9. **Absence factor.** The absence factor for the following services is 4.5 percent:

592.23 (1) adult day services;

592.24 (2) chore services;

592.25 (3) companion services;

592.26 (4) homemaker services and assistance with personal care;

592.27 (5) homemaker services and cleaning;

592.28 (6) homemaker services and home management;

592.29 (7) in-home respite care;

593.1 (8) individual community living support; and

593.2 (9) out-of-home respite care.

593.3 **EFFECTIVE DATE.** This section is effective January 1, 2023.

593.4 Sec. 22. Minnesota Statutes 2020, section 256S.214, is amended to read:

593.5 **256S.214 RATE SETTING; ADJUSTED BASE WAGE.**

593.6 For the purposes of section 256S.215, the adjusted base wage for each position equals
593.7 the position's base wage under section 256S.212 plus:

593.8 (1) the position's base wage multiplied by the payroll taxes and benefits factor under
593.9 section 256S.213, subdivision 1;

593.10 ~~(2) the position's base wage multiplied by the general and administrative factor under~~
593.11 ~~section 256S.213, subdivision 2; and~~

593.12 ~~(3)~~ (2) the position's base wage multiplied by the applicable program plan support factor
593.13 under section 256S.213, subdivision 3; and

593.14 (3) the position's base wage multiplied by the absence factor under section 256S.213,
593.15 subdivision 9, if applicable.

593.16 **EFFECTIVE DATE.** This section is effective January 1, 2023.

593.17 Sec. 23. Minnesota Statutes 2020, section 256S.215, is amended to read:

593.18 **256S.215 RATE SETTING; COMPONENT RATES.**

593.19 Subdivision 1. **Medication setups by licensed nurse component rate.** The component
593.20 rate for medication setups by a licensed nurse equals the medication setups by licensed
593.21 nurse adjusted base wage.

593.22 Subd. 2. **Home management and support services component rate.** The component
593.23 rate for home management and support services is calculated as follows:

593.24 (1) sum the home management and support services adjusted base wage ~~plus~~ and the
593.25 registered nurse management and supervision ~~factor~~ wage component;

593.26 (2) multiply the result of clause (1) by the general and administrative factor; and

593.27 (3) sum the results of clauses (1) and (2).

593.28 Subd. 3. **Home care aide services component rate.** The component rate for home care
593.29 aide services is calculated as follows:

594.1 (1) sum the home health aide services adjusted base wage ~~plus~~ and the registered nurse
594.2 management and supervision ~~factor~~ wage component;

594.3 (2) multiply clause (1) by the general and administrative factor; and

594.4 (3) sum the results of clauses (1) and (2).

594.5 Subd. 4. **Home health aide services component rate.** The component rate for home
594.6 health aide services is calculated as follows:

594.7 (1) sum the home health aide services adjusted base wage ~~plus~~ and the registered nurse
594.8 management and supervision ~~factor~~ wage component;

594.9 (2) multiply the result of clause (1) by the general and administrative factor; and

594.10 (3) sum the results of clauses (1) and (2).

594.11 Subd. 5. **Socialization component rate.** The component rate under elderly waiver
594.12 customized living for one-to-one socialization equals the home management and support
594.13 services component rate.

594.14 Subd. 6. **Transportation component rate.** The component rate under elderly waiver
594.15 customized living for one-to-one transportation equals the home management and support
594.16 services component rate.

594.17 Subd. 7. **Chore services rate.** The 15-minute unit rate for chore services is calculated
594.18 as follows:

594.19 (1) sum the chore services adjusted base wage and the ~~social worker~~ unlicensed supervisor
594.20 supervision ~~factor~~ wage component; ~~and~~

594.21 (2) multiply the result of clause (1) by the general and administrative factor;

594.22 (3) multiply the result of clause (1) by the supplies and transportation factor; and

594.23 (4) sum the results of clauses (1) to (3) and divide the result of clause (1) by four.

594.24 Subd. 8. **Companion services rate.** The 15-minute unit rate for companion services is
594.25 calculated as follows:

594.26 (1) sum the companion services adjusted base wage and the ~~social worker~~ unlicensed
594.27 supervisor supervision ~~factor~~ wage component; ~~and~~

594.28 (2) multiply the result of clause (1) by the general and administrative factor;

594.29 (3) multiply the result of clause (1) by the supplies and transportation factor; and

594.30 (4) sum the results of clauses (1) to (3) and divide the result of clause (1) by four.

595.1 Subd. 9. **Homemaker services and assistance with personal care rate.** The 15-minute
595.2 unit rate for homemaker services and assistance with personal care is calculated as follows:

595.3 (1) sum the homemaker services and assistance with personal care adjusted base wage
595.4 and the ~~registered nurse management and~~ unlicensed supervisor supervision factor wage
595.5 component; and

595.6 (2) multiply the result of clause (1) by the general and administrative factor;

595.7 (3) multiply the result of clause (1) by the supplies and transportation factor; and

595.8 (4) sum the results of clauses (1) to (3) and divide the result of ~~clause (1)~~ by four.

595.9 Subd. 10. **Homemaker services and cleaning rate.** The 15-minute unit rate for
595.10 homemaker services and cleaning is calculated as follows:

595.11 (1) sum the homemaker services and cleaning adjusted base wage and the ~~registered~~
595.12 ~~nurse management and~~ unlicensed supervisor supervision factor base wage; and

595.13 (2) multiply the result of clause (1) by the general and administrative factor;

595.14 (3) multiply the result of clause (1) by the supplies and transportation factor; and

595.15 (4) sum the results of clauses (1) to (3) and divide the result of ~~clause (1)~~ by four.

595.16 Subd. 11. **Homemaker services and home management rate.** The 15-minute unit rate
595.17 for homemaker services and home management is calculated as follows:

595.18 (1) sum the homemaker services and home management adjusted base wage and the
595.19 ~~registered nurse management and~~ unlicensed supervisor supervision factor wage component;
595.20 and

595.21 (2) multiply the result of clause (1) by the general and administrative factor;

595.22 (3) multiply the result of clause (1) by the supplies and transportation factor; and

595.23 (4) sum the results of clauses (1) to (3) and divide the result of ~~clause (1)~~ by four.

595.24 Subd. 12. **In-home respite care services rates.** (a) The 15-minute unit rate for in-home
595.25 respite care services is calculated as follows:

595.26 (1) sum the in-home respite care services adjusted base wage and the registered nurse
595.27 management and supervision ~~factor~~ wage component; and

595.28 (2) multiply the result of clause (1) by the general and administrative factor;

595.29 (3) multiply the result of clause (1) by the supplies and transportation factor; and

595.30 (4) sum the results of clauses (1) to (3) and divide the result of ~~clause (1)~~ by four.

596.1 (b) The in-home respite care services daily rate equals the in-home respite care services
596.2 15-minute unit rate multiplied by 18.

596.3 Subd. 13. **Out-of-home respite care services rates.** (a) The 15-minute unit rate for
596.4 out-of-home respite care is calculated as follows:

596.5 (1) sum the out-of-home respite care services adjusted base wage and the registered
596.6 nurse management and supervision ~~factor~~ wage component; ~~and~~

596.7 (2) multiply the result of clause (1) by the general and administrative factor;

596.8 (3) multiply the result of clause (1) by the supplies and transportation factor; and

596.9 (4) sum the results of clauses (1) to (3) and divide the result of clause (1) by four.

596.10 (b) The out-of-home respite care services daily rate equals the 15-minute unit rate for
596.11 out-of-home respite care services multiplied by 18.

596.12 Subd. 14. **Individual community living support rate.** The individual community living
596.13 support rate is calculated as follows:

596.14 (1) sum the ~~home care aide~~ individual community living support adjusted base wage
596.15 and the ~~social worker~~ registered nurse management and supervision factor wage component;
596.16 ~~and~~

596.17 (2) multiply the result of clause (1) by the general and administrative factor;

596.18 (3) multiply the result of clause (1) by the supplies and transportation factor; and

596.19 (4) sum the results of clauses (1) to (3) and divide the result of clause (1) by four.

596.20 Subd. 15. **Home-delivered meals rate.** The home-delivered meals rate equals ~~\$9.30~~
596.21 \$8.17. ~~The commissioner shall increase the home delivered meals rate every July 1 by the~~
596.22 ~~percent increase in the nursing facility dietary per diem using the two most recent and~~
596.23 ~~available nursing facility cost reports.~~

596.24 Subd. 16. **Adult day services rate.** The 15-minute unit rate for adult day services, ~~with~~
596.25 ~~an assumed staffing ratio of one staff person to four participants, is the sum of~~ is calculated
596.26 as follows:

596.27 (1) ~~one-sixteenth of the home care aide~~ divide the adult day services adjusted base wage;
596.28 ~~except that the general and administrative factor used to determine the home care aide~~
596.29 ~~services adjusted base wage is 20 percent~~ by five to reflect an assumed staffing ratio of one
596.30 to five;

597.1 (2) ~~one-fourth of the registered nurse management and supervision factor~~ sum the result
597.2 of clause (1) and the registered nurse management and supervision wage component; and

597.3 (3) ~~\$0.63 to cover the cost of meals.~~ multiply the result of clause (2) by the general and
597.4 administrative factor;

597.5 (4) multiply the result of clause (2) by the facility and equipment factor;

597.6 (5) multiply the result of clause (2) by the food, supplies, and transportation factor; and

597.7 (6) sum the results of clauses (2) to (5) and divide the result by four.

597.8 Subd. 17. **Adult day services bath rate.** The 15-minute unit rate for adult day services
597.9 bath is ~~the sum of~~ calculated as follows:

597.10 (1) ~~one-fourth of the home care aide~~ sum the adult day services adjusted base wage,
597.11 except that the general and administrative factor used to determine the home care aide
597.12 services adjusted base wage is 20 percent and the nurse management and supervision wage
597.13 component;

597.14 (2) ~~one-fourth of the registered nurse management and supervision factor~~ multiply the
597.15 result of clause (1) by the general and administrative factor; and

597.16 (3) ~~\$0.63 to cover the cost of meals.~~ multiply the result of clause (1) by the facility and
597.17 equipment factor;

597.18 (4) multiply the result of clause (1) by the food, supplies, and transportation factor; and

597.19 (5) sum the results of clauses (1) to (4) and divide the result by four.

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

597.21 Sec. 24. **DIRECTION TO COMMISSIONER; INITIAL PACE IMPLEMENTATION**
597.22 **FUNDING.**

597.23 The commissioner of human services must work with stakeholders to develop
597.24 recommendations for financing mechanisms to complete the actuarial work and cover the
597.25 administrative costs of a program of all-inclusive care for the elderly (PACE). The
597.26 commissioner must recommend a financing mechanism that could begin July 1, 2024. By
597.27 December 15, 2023, the commissioner shall inform the chairs and ranking minority members
597.28 of the legislative committees with jurisdiction over health care funding on the commissioner's
597.29 progress toward developing a recommended financing mechanism.

598.1 Sec. 25. **TITLE.**

598.2 Sections 181.212 to 181.217 shall be known as the "Minnesota Nursing Home Workforce
598.3 Standards Board Act."

598.4 Sec. 26. **INITIAL APPOINTMENTS.**

598.5 The governor shall make initial appointments to the Minnesota Nursing Home Workforce
598.6 Standards Board under Minnesota Statutes, section 181.212, no later than August 1, 2022.

598.7 Sec. 27. **REVISOR INSTRUCTION.**

598.8 (a) In Minnesota Statutes, chapter 256S, the revisor of statutes shall change the following
598.9 terms:

598.10 (1) "homemaker services and assistance with personal care" to "homemaker assistance
598.11 with personal care services";

598.12 (2) "homemaker services and cleaning" to "homemaker cleaning services"; and

598.13 (3) "homemaker services and home management" to "homemaker home management
598.14 services" wherever the terms appear.

598.15 (b) The revisor shall also make necessary grammatical changes related to the changes
598.16 in terms.

598.17 Sec. 28. **REPEALER.**

598.18 Minnesota Statutes 2020, section 256S.19, subdivision 4, is repealed.

598.19 **EFFECTIVE DATE.** This section is effective January 1, 2023.

598.20 **ARTICLE 13**598.21 **CHILD AND VULNERABLE ADULT PROTECTION POLICY**

598.22 Section 1. Minnesota Statutes 2020, section 260.012, is amended to read:

598.23 **260.012 DUTY TO ENSURE PLACEMENT PREVENTION AND FAMILY**
598.24 **REUNIFICATION; REASONABLE EFFORTS.**

598.25 (a) Once a child alleged to be in need of protection or services is under the court's
598.26 jurisdiction, the court shall ensure that reasonable efforts, including culturally appropriate
598.27 services and practices, by the social services agency are made to prevent placement or to
598.28 eliminate the need for removal and to reunite the child with the child's family at the earliest
598.29 possible time, and the court must ensure that the responsible social services agency makes

599.1 reasonable efforts to finalize an alternative permanent plan for the child as provided in
599.2 paragraph (e). In determining reasonable efforts to be made with respect to a child and in
599.3 making those reasonable efforts, the child's best interests, health, and safety must be of
599.4 paramount concern. Reasonable efforts to prevent placement and for rehabilitation and
599.5 reunification are always required except upon a determination by the court that a petition
599.6 has been filed stating a prima facie case that:

599.7 (1) the parent has subjected a child to egregious harm as defined in section 260C.007,
599.8 subdivision 14;

599.9 (2) the parental rights of the parent to another child have been terminated involuntarily;

599.10 (3) the child is an abandoned infant under section 260C.301, subdivision 2, paragraph
599.11 (a), clause (2);

599.12 (4) the parent's custodial rights to another child have been involuntarily transferred to a
599.13 relative under Minnesota Statutes 2010, section 260C.201, subdivision 11, paragraph (d),
599.14 clause (1), section 260C.515, subdivision 4, or a similar law of another jurisdiction;

599.15 (5) the parent has committed sexual abuse as defined in section 260E.03, against the
599.16 child or another child of the parent;

599.17 (6) the parent has committed an offense that requires registration as a predatory offender
599.18 under section 243.166, subdivision 1b, paragraph (a) or (b); or

599.19 (7) the provision of services or further services for the purpose of reunification is futile
599.20 and therefore unreasonable under the circumstances.

599.21 (b) When the court makes one of the prima facie determinations under paragraph (a),
599.22 either permanency pleadings under section 260C.505, or a termination of parental rights
599.23 petition under sections 260C.141 and 260C.301 must be filed. A permanency hearing under
599.24 sections 260C.503 to 260C.521 must be held within 30 days of this determination.

599.25 (c) In the case of an Indian child, in proceedings under sections 260B.178, 260C.178,
599.26 260C.201, 260C.202, 260C.204, 260C.301, or 260C.503 to 260C.521, the juvenile court
599.27 must make findings and conclusions consistent with the Indian Child Welfare Act of 1978,
599.28 United States Code, title 25, section 1901 et seq., as to the provision of active efforts. In
599.29 cases governed by the Indian Child Welfare Act of 1978, United States Code, title 25, section
599.30 1901, the responsible social services agency must provide active efforts as required under
599.31 United States Code, title 25, section 1911(d).

599.32 (d) "Reasonable efforts to prevent placement" means:

600.1 (1) the agency has made reasonable efforts to prevent the placement of the child in foster
600.2 care by working with the family to develop and implement a safety plan that is individualized
600.3 to the needs of the child and the child's family and may include support persons from the
600.4 child's extended family, kin network, and community; or

600.5 (2) the agency has demonstrated to the court that, given the particular circumstances of
600.6 the child and family at the time of the child's removal, there are no services or efforts
600.7 available ~~which~~ that could allow the child to safely remain in the home.

600.8 (e) "Reasonable efforts to finalize a permanent plan for the child" means due diligence
600.9 by the responsible social services agency to:

600.10 (1) reunify the child with the parent or guardian from whom the child was removed;

600.11 (2) assess a noncustodial parent's ability to provide day-to-day care for the child and,
600.12 where appropriate, provide services necessary to enable the noncustodial parent to safely
600.13 provide the care, as required by section 260C.219;

600.14 (3) conduct a relative search to identify and provide notice to adult relatives, and engage
600.15 relatives in case planning and permanency planning, as required under section 260C.221;

600.16 (4) consider placing the child with relatives in the order specified in section 260C.212,
600.17 subdivision 2, paragraph (a);

600.18 ~~(4)~~ (5) place siblings removed from their home in the same home for foster care or
600.19 adoption, or transfer permanent legal and physical custody to a relative. Visitation between
600.20 siblings who are not in the same foster care, adoption, or custodial placement or facility
600.21 shall be consistent with section 260C.212, subdivision 2; and

600.22 ~~(5)~~ (6) when the child cannot return to the parent or guardian from whom the child was
600.23 removed, to plan for and finalize a safe and legally permanent alternative home for the child,
600.24 and considers permanent alternative homes for the child inside or outside of the state,
600.25 preferably with a relative in the order specified in section 260C.212, subdivision 2, paragraph
600.26 (a), through adoption or transfer of permanent legal and physical custody of the child.

600.27 (f) Reasonable efforts are made upon the exercise of due diligence by the responsible
600.28 social services agency to use culturally appropriate and available services to meet the
600.29 individualized needs of the child and the child's family. Services may include those provided
600.30 by the responsible social services agency and other culturally appropriate services available
600.31 in the community. The responsible social services agency must select services for a child
600.32 and the child's family by collaborating with the child's family and, if appropriate, the child.
600.33 At each stage of the proceedings ~~where~~ when the court is required to review the

601.1 appropriateness of the responsible social services agency's reasonable efforts as described
601.2 in paragraphs (a), (d), and (e), the social services agency has the burden of demonstrating
601.3 that:

601.4 (1) ~~it~~ the agency has made reasonable efforts to prevent placement of the child in foster
601.5 care, including that the agency considered or established a safety plan according to paragraph
601.6 (d), clause (1);

601.7 (2) ~~it~~ the agency has made reasonable efforts to eliminate the need for removal of the
601.8 child from the child's home and to reunify the child with the child's family at the earliest
601.9 possible time;

601.10 (3) the agency has made reasonable efforts to finalize a permanent plan for the child
601.11 pursuant to paragraph (e);

601.12 ~~(3) it~~ (4) the agency has made reasonable efforts to finalize an alternative permanent
601.13 home for the child, and ~~considers~~ considered permanent alternative homes for the child
601.14 ~~inside or outside~~ in or out of the state, preferably with a relative in the order specified in
601.15 section 260C.212, subdivision 2, paragraph (a); or

601.16 ~~(4)~~ (5) reasonable efforts to prevent placement and to reunify the child with the parent
601.17 or guardian are not required. The agency may meet this burden by stating facts in a sworn
601.18 petition filed under section 260C.141, by filing an affidavit summarizing the agency's
601.19 reasonable efforts or facts that the agency believes demonstrate that there is no need for
601.20 reasonable efforts to reunify the parent and child, or through testimony or a certified report
601.21 required under juvenile court rules.

601.22 (g) Once the court determines that reasonable efforts for reunification are not required
601.23 because the court has made one of the prima facie determinations under paragraph (a), the
601.24 court may only require the agency to make reasonable efforts for reunification after a hearing
601.25 according to section 260C.163, ~~where~~ if the court finds that there is not clear and convincing
601.26 evidence of the facts upon which the court based ~~its~~ the court's prima facie determination.
601.27 ~~In this case when~~ If there is clear and convincing evidence that the child is in need of
601.28 protection or services, the court may find the child in need of protection or services and
601.29 order any of the dispositions available under section 260C.201, subdivision 1. Reunification
601.30 of a child with a parent is not required if the parent has been convicted of:

601.31 (1) a violation of, or an attempt or conspiracy to commit a violation of, sections 609.185
601.32 to 609.20; 609.222, subdivision 2; or 609.223 in regard to another child of the parent;

601.33 (2) a violation of section 609.222, subdivision 2; or 609.223, in regard to the child;

602.1 (3) a violation of, or an attempt or conspiracy to commit a violation of, United States
602.2 Code, title 18, section 1111(a) or 1112(a), in regard to another child of the parent;

602.3 (4) committing sexual abuse as defined in section 260E.03, against the child or another
602.4 child of the parent; or

602.5 (5) an offense that requires registration as a predatory offender under section 243.166,
602.6 subdivision 1b, paragraph (a) or (b).

602.7 (h) The juvenile court, in proceedings under sections 260B.178, 260C.178, 260C.201,
602.8 260C.202, 260C.204, 260C.301, or 260C.503 to 260C.521, shall make findings and
602.9 conclusions as to the provision of reasonable efforts. When determining whether reasonable
602.10 efforts have been made by the agency, the court shall consider whether services to the child
602.11 and family were:

602.12 (1) selected in collaboration with the child's family and, if appropriate, the child;

602.13 (2) tailored to the individualized needs of the child and child's family;

602.14 ~~(1)~~ (3) relevant to the safety and, protection, and well-being of the child;

602.15 ~~(2)~~ (4) adequate to meet the individualized needs of the child and family;

602.16 ~~(3)~~ (5) culturally appropriate;

602.17 ~~(4)~~ (6) available and accessible;

602.18 ~~(5)~~ (7) consistent and timely; and

602.19 ~~(6)~~ (8) realistic under the circumstances.

602.20 In the alternative, the court may determine that the provision of services or further services
602.21 for the purpose of rehabilitation is futile and therefore unreasonable under the circumstances
602.22 or that reasonable efforts are not required as provided in paragraph (a).

602.23 (i) This section does not prevent out-of-home placement for the treatment of a child with
602.24 a mental disability when it is determined to be medically necessary as a result of the child's
602.25 diagnostic assessment or the child's individual treatment plan indicates that appropriate and
602.26 necessary treatment cannot be effectively provided outside of a residential or inpatient
602.27 treatment program and the level or intensity of supervision and treatment cannot be
602.28 effectively and safely provided in the child's home or community and it is determined that
602.29 a residential treatment setting is the least restrictive setting that is appropriate to the needs
602.30 of the child.

603.1 (j) If continuation of reasonable efforts to prevent placement or reunify the child with
603.2 the parent or guardian from whom the child was removed is determined by the court to be
603.3 inconsistent with the permanent plan for the child or upon the court making one of the prima
603.4 facie determinations under paragraph (a), reasonable efforts must be made to place the child
603.5 in a timely manner in a safe and permanent home and to complete whatever steps are
603.6 necessary to legally finalize the permanent placement of the child.

603.7 (k) Reasonable efforts to place a child for adoption or in another permanent placement
603.8 may be made concurrently with reasonable efforts to prevent placement or to reunify the
603.9 child with the parent or guardian from whom the child was removed. When the responsible
603.10 social services agency decides to concurrently make reasonable efforts for both reunification
603.11 and permanent placement away from the parent under paragraph (a), the agency shall disclose
603.12 ~~its~~ the agency's decision and both plans for concurrent reasonable efforts to all parties and
603.13 the court. When the agency discloses ~~its~~ the agency's decision to proceed ~~on~~ with both plans
603.14 for reunification and permanent placement away from the parent, the court's review of the
603.15 agency's reasonable efforts shall include the agency's efforts under both plans.

603.16 Sec. 2. Minnesota Statutes 2020, section 260C.001, subdivision 3, is amended to read:

603.17 Subd. 3. **Permanency, termination of parental rights, and adoption.** The purpose of
603.18 the laws relating to permanency, termination of parental rights, and children who come
603.19 under the guardianship of the commissioner of human services is to ensure that:

603.20 (1) when required and appropriate, reasonable efforts have been made by the social
603.21 services agency to reunite the child with the child's parents in a home that is safe and
603.22 permanent;

603.23 (2) if placement with the parents is not reasonably foreseeable, to secure for the child a
603.24 safe and permanent placement according to the requirements of section 260C.212, subdivision
603.25 2, preferably ~~with adoptive parents~~ with a relative through an adoption or a transfer of
603.26 permanent legal and physical custody or, if that is not possible or in the best interests of the
603.27 child, ~~a fit and willing relative through transfer of permanent legal and physical custody to~~
603.28 ~~that relative~~ with a nonrelative caregiver through adoption; and

603.29 (3) when a child is under the guardianship of the commissioner of human services,
603.30 reasonable efforts are made to finalize an adoptive home for the child in a timely manner.

603.31 Nothing in this section requires reasonable efforts to prevent placement or to reunify
603.32 the child with the parent or guardian to be made in circumstances where the court has
603.33 determined that the child has been subjected to egregious harm, when the child is an

604.1 abandoned infant, the parent has involuntarily lost custody of another child through a
604.2 proceeding under section 260C.515, subdivision 4, or similar law of another state, the
604.3 parental rights of the parent to a sibling have been involuntarily terminated, or the court has
604.4 determined that reasonable efforts or further reasonable efforts to reunify the child with the
604.5 parent or guardian would be futile.

604.6 The paramount consideration in all proceedings for permanent placement of the child
604.7 under sections 260C.503 to 260C.521, or the termination of parental rights is the best interests
604.8 of the child. In proceedings involving an American Indian child, as defined in section
604.9 260.755, subdivision 8, the best interests of the child must be determined consistent with
604.10 the Indian Child Welfare Act of 1978, United States Code, title 25, section 1901, et seq.

604.11 Sec. 3. Minnesota Statutes 2020, section 260C.007, subdivision 27, is amended to read:

604.12 Subd. 27. **Relative.** "Relative" means a person related to the child by blood, marriage,
604.13 or adoption; the legal parent, guardian, or custodian of the child's siblings; or an individual
604.14 who is an important friend of the child or of the child's parent or custodian, including an
604.15 individual with whom the child has resided or had significant contact or who has a significant
604.16 relationship to the child or the child's parent or custodian.

604.17 Sec. 4. Minnesota Statutes 2020, section 260C.151, subdivision 6, is amended to read:

604.18 Subd. 6. **Immediate custody.** If the court makes individualized, explicit findings, based
604.19 on the notarized petition or sworn affidavit, that there are reasonable grounds to believe
604.20 that the child is in surroundings or conditions ~~which~~ that endanger the child's health, safety,
604.21 or welfare that require that responsibility for the child's care and custody be immediately
604.22 assumed by the responsible social services agency and that continuation of the child in the
604.23 custody of the parent or guardian is contrary to the child's welfare, the court may order that
604.24 the officer serving the summons take the child into immediate custody for placement of the
604.25 child in foster care, preferably with a relative. In ordering that responsibility for the care,
604.26 custody, and control of the child be assumed by the responsible social services agency, the
604.27 court is ordering emergency protective care as that term is defined in the juvenile court
604.28 rules.

604.29 Sec. 5. Minnesota Statutes 2020, section 260C.152, subdivision 5, is amended to read:

604.30 Subd. 5. **Notice to foster parents and preadoptive parents and relatives.** The foster
604.31 parents, if any, of a child and any preadoptive parent or relative providing care for the child
604.32 must be provided notice of and a right to be heard in any review or hearing to be held with

605.1 respect to the child. Any other relative may also request, and must be granted, a notice and
605.2 the ~~opportunity right~~ to be heard under this section. This subdivision does not require that
605.3 a foster parent, preadoptive parent, or any relative providing care for the child be made a
605.4 party to a review or hearing solely on the basis of the notice and right to be heard.

605.5 Sec. 6. Minnesota Statutes 2020, section 260C.175, subdivision 2, is amended to read:

605.6 Subd. 2. **Notice to parent or custodian and child; emergency placement with**
605.7 **relative.** Whenever (a) At the time that a peace officer takes a child into custody for relative
605.8 placement or shelter care or relative placement pursuant to subdivision 1, section 260C.151,
605.9 subdivision 5, or section 260C.154, the officer shall notify the child's parent or custodian
605.10 and the child, if the child is ten years of age or older, that under section 260C.181, subdivision
605.11 2, the parent or custodian or the child may request that to place the child be placed with a
605.12 relative or a designated caregiver under as defined in section 260C.007, subdivision 27,
605.13 chapter 257A instead of in a shelter care facility. When a child who is not alleged to be
605.14 delinquent is taken into custody pursuant to subdivision 1, clause (1) or (2), item (ii), and
605.15 placement with an identified relative is requested, the peace officer shall coordinate with
605.16 the responsible social services agency to ensure the child's safety and well-being, and comply
605.17 with section 260C.181, subdivision 2.

605.18 (c) The officer also shall give the parent or custodian of the child a list of names,
605.19 addresses, and telephone numbers of social services agencies that offer child welfare services.
605.20 If the parent or custodian was not present when the child was removed from the residence,
605.21 the list shall be left with an adult on the premises or left in a conspicuous place on the
605.22 premises if no adult is present. If the officer has reason to believe the parent or custodian
605.23 is not able to read and understand English, the officer must provide a list that is written in
605.24 the language of the parent or custodian. The list shall be prepared by the commissioner of
605.25 human services. The commissioner shall prepare lists for each county and provide each
605.26 county with copies of the list without charge. The list shall be reviewed annually by the
605.27 commissioner and updated if it is no longer accurate. Neither the commissioner nor any
605.28 peace officer or the officer's employer shall be liable to any person for mistakes or omissions
605.29 in the list. The list does not constitute a promise that any agency listed will in fact assist the
605.30 parent or custodian.

606.1 Sec. 7. Minnesota Statutes 2020, section 260C.176, subdivision 2, is amended to read:

606.2 Subd. 2. **Reasons for detention.** (a) If the child is not released as provided in subdivision
606.3 1, the person taking the child into custody shall notify the court as soon as possible of the
606.4 detention of the child and the reasons for detention.

606.5 (b) No child taken into custody and placed in a relative's home or shelter care facility
606.6 ~~or relative's home~~ by a peace officer pursuant to section 260C.175, subdivision 1, clause
606.7 (1) or (2), item (ii), may be held in custody longer than 72 hours, excluding Saturdays,
606.8 Sundays and holidays, unless a petition has been filed and the judge or referee determines
606.9 pursuant to section 260C.178 that the child shall remain in custody or unless the court has
606.10 made a finding of domestic abuse perpetrated by a minor after a hearing under Laws 1997,
606.11 chapter 239, article 10, sections 2 to 26, in which case the court may extend the period of
606.12 detention for an additional seven days, within which time the social services agency shall
606.13 conduct an assessment and shall provide recommendations to the court regarding voluntary
606.14 services or file a child in need of protection or services petition.

606.15 Sec. 8. Minnesota Statutes 2020, section 260C.178, subdivision 1, is amended to read:

606.16 Subdivision 1. **Hearing and release requirements.** (a) If a child was taken into custody
606.17 under section 260C.175, subdivision 1, clause (1) or (2), item (ii), the court shall hold a
606.18 hearing within 72 hours of the time that the child was taken into custody, excluding
606.19 Saturdays, Sundays, and holidays, to determine whether the child should continue to be in
606.20 custody.

606.21 (b) Unless there is reason to believe that the child would endanger self or others or not
606.22 return for a court hearing, or that the child's health or welfare would be immediately
606.23 endangered, the child shall be released to the custody of a parent, guardian, custodian, or
606.24 other suitable person, subject to reasonable conditions of release including, but not limited
606.25 to, a requirement that the child undergo a chemical use assessment as provided in section
606.26 260C.157, subdivision 1.

606.27 (c) If the court determines that there is reason to believe that the child would endanger
606.28 self or others or not return for a court hearing, or that the child's health or welfare would be
606.29 immediately endangered if returned to the care of the parent or guardian who has custody
606.30 and from whom the child was removed, the court shall order the child:

606.31 (1) into the care of the child's noncustodial parent and order the noncustodial parent to
606.32 comply with any conditions that the court determines appropriate to ensure the safety and
606.33 care of the child, including requiring the noncustodial parent to cooperate with paternity

607.1 establishment proceedings if the noncustodial parent has not been adjudicated the child's
607.2 father; or

607.3 (2) into foster care as defined in section 260C.007, subdivision 18, under the legal
607.4 responsibility of the responsible social services agency or responsible probation or corrections
607.5 agency for the purposes of protective care as that term is used in the juvenile court rules or
607.6 into the home of a noncustodial parent and order the noncustodial parent to comply with
607.7 any conditions the court determines to be appropriate to the safety and care of the child,
607.8 including cooperating with paternity establishment proceedings in the case of a man who
607.9 has not been adjudicated the child's father. The court shall not give the responsible social
607.10 services legal custody and order a trial home visit at any time prior to adjudication and
607.11 disposition under section 260C.201, subdivision 1, paragraph (a), clause (3), but may order
607.12 the child returned to the care of the parent or guardian who has custody and from whom the
607.13 child was removed and order the parent or guardian to comply with any conditions the court
607.14 determines to be appropriate to meet the safety, health, and welfare of the child.

607.15 (d) In determining whether the child's health or welfare would be immediately
607.16 endangered, the court shall consider whether the child would reside with a perpetrator of
607.17 domestic child abuse.

607.18 (e) The court, before determining whether a child should be placed in or continue in
607.19 foster care under the protective care of the responsible agency, shall also make a
607.20 determination, consistent with section 260.012 as to whether reasonable efforts were made
607.21 to prevent placement or whether reasonable efforts to prevent placement are not required.
607.22 In the case of an Indian child, the court shall determine whether active efforts, according
607.23 to section 260.762 and the Indian Child Welfare Act of 1978, United States Code, title 25,
607.24 section 1912(d), were made to prevent placement. The court shall enter a finding that the
607.25 responsible social services agency has made reasonable efforts to prevent placement when
607.26 the agency establishes either:

607.27 (1) that ~~it~~ the agency has actually provided services or made efforts in an attempt to
607.28 prevent the child's removal but that such services or efforts have not proven sufficient to
607.29 permit the child to safely remain in the home; or

607.30 (2) that there are no services or other efforts that could be made at the time of the hearing
607.31 that could safely permit the child to remain home or to return home. The court shall not
607.32 make a reasonable efforts determination under this clause unless the court is satisfied that
607.33 the agency has sufficiently demonstrated to the court that there were no services or other
607.34 efforts that the agency was able to provide at the time of the hearing enabling the child to

608.1 safely remain home or to safely return home. When reasonable efforts to prevent placement
608.2 are required and there are services or other efforts that could be ordered ~~which~~ that would
608.3 permit the child to safely return home, the court shall order the child returned to the care of
608.4 the parent or guardian and the services or efforts put in place to ensure the child's safety.
608.5 When the court makes a prima facie determination that one of the circumstances under
608.6 paragraph (g) exists, the court shall determine that reasonable efforts to prevent placement
608.7 and to return the child to the care of the parent or guardian are not required.

608.8 (f) If the court finds the social services agency's preventive or reunification efforts have
608.9 not been reasonable but further preventive or reunification efforts could not permit the child
608.10 to safely remain at home, the court may nevertheless authorize or continue the removal of
608.11 the child.

608.12 ~~(f)~~ (g) The court may not order or continue the foster care placement of the child unless
608.13 the court makes explicit, individualized findings that continued custody of the child by the
608.14 parent or guardian would be contrary to the welfare of the child and that placement is in the
608.15 best interest of the child.

608.16 ~~(g)~~ (h) At the emergency removal hearing, or at any time during the course of the
608.17 proceeding, and upon notice and request of the county attorney, the court shall determine
608.18 whether a petition has been filed stating a prima facie case that:

608.19 (1) the parent has subjected a child to egregious harm as defined in section 260C.007,
608.20 subdivision 14;

608.21 (2) the parental rights of the parent to another child have been involuntarily terminated;

608.22 (3) the child is an abandoned infant under section 260C.301, subdivision 2, paragraph
608.23 (a), clause (2);

608.24 (4) the parents' custodial rights to another child have been involuntarily transferred to a
608.25 relative under Minnesota Statutes 2010, section 260C.201, subdivision 11, paragraph (e),
608.26 clause (1); section 260C.515, subdivision 4; or a similar law of another jurisdiction;

608.27 (5) the parent has committed sexual abuse as defined in section 260E.03, against the
608.28 child or another child of the parent;

608.29 (6) the parent has committed an offense that requires registration as a predatory offender
608.30 under section 243.166, subdivision 1b, paragraph (a) or (b); or

608.31 (7) the provision of services or further services for the purpose of reunification is futile
608.32 and therefore unreasonable.

609.1 ~~(h)~~ (i) When a petition to terminate parental rights is required under section 260C.301,
609.2 subdivision 4, or 260C.503, subdivision 2, but the county attorney has determined not to
609.3 proceed with a termination of parental rights petition, and has instead filed a petition to
609.4 transfer permanent legal and physical custody to a relative under section 260C.507, the
609.5 court shall schedule a permanency hearing within 30 days of the filing of the petition.

609.6 ~~(i)~~ (j) If the county attorney has filed a petition under section 260C.307, the court shall
609.7 schedule a trial under section 260C.163 within 90 days of the filing of the petition except
609.8 when the county attorney determines that the criminal case shall proceed to trial first under
609.9 section 260C.503, subdivision 2, paragraph (c).

609.10 ~~(j)~~ (k) If the court determines the child should be ordered into foster care and the child's
609.11 parent refuses to give information to the responsible social services agency regarding the
609.12 child's father or relatives of the child, the court may order the parent to disclose the names,
609.13 addresses, telephone numbers, and other identifying information to the responsible social
609.14 services agency for the purpose of complying with sections 260C.150, 260C.151, 260C.212,
609.15 260C.215, 260C.219, and 260C.221.

609.16 ~~(k)~~ (l) If a child ordered into foster care has siblings, whether full, half, or step, who are
609.17 also ordered into foster care, the court shall inquire of the responsible social services agency
609.18 of the efforts to place the children together as required by section 260C.212, subdivision 2,
609.19 paragraph (d), if placement together is in each child's best interests, unless a child is in
609.20 placement for treatment or a child is placed with a previously noncustodial parent who is
609.21 not a parent to all siblings. If the children are not placed together at the time of the hearing,
609.22 the court shall inquire at each subsequent hearing of the agency's reasonable efforts to place
609.23 the siblings together, as required under section 260.012. If any sibling is not placed with
609.24 another sibling or siblings, the agency must develop a plan to facilitate visitation or ongoing
609.25 contact among the siblings as required under section 260C.212, subdivision 1, unless it is
609.26 contrary to the safety or well-being of any of the siblings to do so.

609.27 ~~(l)~~ (m) When the court has ordered the child into the care of a noncustodial parent or in
609.28 ~~foster care or into the home of a noncustodial parent~~, the court may order a chemical
609.29 dependency evaluation, mental health evaluation, medical examination, and parenting
609.30 assessment for the parent as necessary to support the development of a plan for reunification
609.31 required under subdivision 7 and section 260C.212, subdivision 1, or the child protective
609.32 services plan under section 260E.26, and Minnesota Rules, part 9560.0228.

610.1 Sec. 9. Minnesota Statutes 2020, section 260C.181, subdivision 2, is amended to read:

610.2 Subd. 2. **Least restrictive setting.** Notwithstanding the provisions of subdivision 1, if
610.3 the child had been taken into custody pursuant to section 260C.175, subdivision 1, clause
610.4 (1) or (2), item (ii), and is not alleged to be delinquent, the child shall be detained in the
610.5 least restrictive setting consistent with the child's health and welfare and in closest proximity
610.6 to the child's family as possible. Placement may be with a child's relative, ~~a designated~~
610.7 ~~caregiver under chapter 257A,~~ or, if no placement is available with a relative, in a shelter
610.8 care facility. The placing officer shall comply with this section and shall document why a
610.9 less restrictive setting will or will not be in the best interests of the child for placement
610.10 purposes.

610.11 Sec. 10. Minnesota Statutes 2020, section 260C.193, subdivision 3, is amended to read:

610.12 Subd. 3. **Best interests of the child.** (a) The policy of the state is to ensure that the best
610.13 interests of children in foster care, who experience a transfer of permanent legal and physical
610.14 custody to a relative under section 260C.515, subdivision 4, or adoption under this chapter,
610.15 are met by:

610.16 (1) considering placement of a child with relatives in the order specified in section
610.17 260C.212, subdivision 2, paragraph (a); and

610.18 (2) requiring individualized determinations under section 260C.212, subdivision 2,
610.19 paragraph (b), of the needs of the child and of how the selected home will serve the needs
610.20 of the child.

610.21 (b) No later than three months after a child is ordered to be removed from the care of a
610.22 parent in the hearing required under section 260C.202, the court shall review and enter
610.23 findings regarding whether the responsible social services agency ~~made~~:

610.24 (1) diligent efforts exercised due diligence to identify and, search for, notify, and engage
610.25 relatives as required under section 260C.221; and

610.26 (2) made a placement consistent with section 260C.212, subdivision 2, that is based on
610.27 an individualized determination as required under section 260C.212, subdivision 2, of the
610.28 child's needs to select a home that meets the needs of the child.

610.29 (c) If the court finds that the agency has not ~~made efforts~~ exercised due diligence as
610.30 required under section 260C.221, ~~and~~ the court shall order the agency to make reasonable
610.31 efforts. If there is a relative who qualifies to be licensed to provide family foster care under
610.32 chapter 245A, the court may order the child to be placed with the relative consistent with
610.33 the child's best interests.

611.1 (d) If the agency's efforts under section 260C.221 are found by the court to be sufficient,
611.2 the court shall order the agency to continue to appropriately engage relatives who responded
611.3 to the notice under section 260C.221 in placement and case planning decisions and to
611.4 appropriately engage relatives who subsequently come to the agency's attention. A court's
611.5 finding that the agency has made reasonable efforts under this paragraph does not relieve
611.6 the agency of the duty to continue notifying relatives who come to the agency's attention
611.7 and engaging and considering relatives who respond to the notice under section 260C.221
611.8 in child placement and case planning decisions.

611.9 (e) If the child's birth parent ~~or parents~~ explicitly ~~request~~ requests that a specific relative
611.10 ~~or important friend~~ not be considered for placement of the child, the court shall honor that
611.11 request if it is consistent with the best interests of the child and consistent with the
611.12 requirements of section 260C.221. The court shall not waive relative search, notice, and
611.13 consideration requirements, unless section 260C.139 applies. If the child's birth parent ~~or~~
611.14 ~~parents express~~ expresses a preference for placing the child in a foster or adoptive home of
611.15 the same or a similar religious background ~~to~~ as that of the birth parent or parents, the court
611.16 shall order placement of the child with an individual who meets the birth parent's religious
611.17 preference.

611.18 (f) Placement of a child ~~cannot~~ must not be delayed or denied based on race, color, or
611.19 national origin of the foster parent or the child.

611.20 (g) Whenever possible, siblings requiring foster care placement ~~should~~ shall be placed
611.21 together unless it is determined not to be in the best interests of one or more of the siblings
611.22 after weighing the benefits of separate placement against the benefits of sibling connections
611.23 for each sibling. The agency shall consider section 260C.008 when making this determination.
611.24 If siblings were not placed together according to section 260C.212, subdivision 2, paragraph
611.25 (d), the responsible social services agency shall report to the court the efforts made to place
611.26 the siblings together and why the efforts were not successful. If the court is not satisfied
611.27 that the agency has made reasonable efforts to place siblings together, the court must order
611.28 the agency to make further reasonable efforts. If siblings are not placed together, the court
611.29 shall order the responsible social services agency to implement the plan for visitation among
611.30 siblings required as part of the out-of-home placement plan under section 260C.212.

611.31 (h) This subdivision does not affect the Indian Child Welfare Act, United States Code,
611.32 title 25, sections 1901 to 1923, and the Minnesota Indian Family Preservation Act, sections
611.33 260.751 to 260.835.

612.1 Sec. 11. Minnesota Statutes 2020, section 260C.201, subdivision 1, is amended to read:

612.2 Subdivision 1. **Dispositions.** (a) If the court finds that the child is in need of protection
612.3 or services or neglected and in foster care, ~~the court~~ shall enter an order making any of
612.4 the following dispositions of the case:

612.5 (1) place the child under the protective supervision of the responsible social services
612.6 agency or child-placing agency in the home of a parent of the child under conditions
612.7 prescribed by the court directed to the correction of the child's need for protection or services:

612.8 (i) the court may order the child into the home of a parent who does not otherwise have
612.9 legal custody of the child, however, an order under this section does not confer legal custody
612.10 on that parent;

612.11 (ii) if the court orders the child into the home of a father who is not adjudicated, the
612.12 father must cooperate with paternity establishment proceedings regarding the child in the
612.13 appropriate jurisdiction as one of the conditions prescribed by the court for the child to
612.14 continue in the father's home; and

612.15 (iii) the court may order the child into the home of a noncustodial parent with conditions
612.16 and may also order both the noncustodial and the custodial parent to comply with the
612.17 requirements of a case plan under subdivision 2; or

612.18 (2) transfer legal custody to one of the following:

612.19 (i) a child-placing agency; or

612.20 (ii) the responsible social services agency. In making a foster care placement ~~for~~ of a
612.21 child whose custody has been transferred under this subdivision, the agency shall make an
612.22 individualized determination of how the placement is in the child's best interests using the
612.23 placement consideration order for relatives, and the best interest factors in section 260C.212,
612.24 subdivision 2, ~~paragraph (b)~~, and may include a child colocated with a parent in a licensed
612.25 residential family-based substance use disorder treatment program under section 260C.190;
612.26 or

612.27 (3) order a trial home visit without modifying the transfer of legal custody to the
612.28 responsible social services agency under clause (2). Trial home visit means the child is
612.29 returned to the care of the parent or guardian from whom the child was removed for a period
612.30 not to exceed six months. During the period of the trial home visit, the responsible social
612.31 services agency:

613.1 (i) shall continue to have legal custody of the child, which means that the agency may
613.2 see the child in the parent's home, at school, in a child care facility, or other setting as the
613.3 agency deems necessary and appropriate;

613.4 (ii) shall continue to have the ability to access information under section 260C.208;

613.5 (iii) shall continue to provide appropriate services to both the parent and the child during
613.6 the period of the trial home visit;

613.7 (iv) without previous court order or authorization, may terminate the trial home visit in
613.8 order to protect the child's health, safety, or welfare and may remove the child to foster care;

613.9 (v) shall advise the court and parties within three days of the termination of the trial
613.10 home visit when a visit is terminated by the responsible social services agency without a
613.11 court order; and

613.12 (vi) shall prepare a report for the court when the trial home visit is terminated whether
613.13 by the agency or court order ~~which~~ that describes the child's circumstances during the trial
613.14 home visit and recommends appropriate orders, if any, for the court to enter to provide for
613.15 the child's safety and stability. In the event a trial home visit is terminated by the agency
613.16 by removing the child to foster care without prior court order or authorization, the court
613.17 shall conduct a hearing within ten days of receiving notice of the termination of the trial
613.18 home visit by the agency and shall order disposition under this subdivision or commence
613.19 permanency proceedings under sections 260C.503 to 260C.515. The time period for the
613.20 hearing may be extended by the court for good cause shown and if it is in the best interests
613.21 of the child as long as the total time the child spends in foster care without a permanency
613.22 hearing does not exceed 12 months;

613.23 (4) if the child has been adjudicated as a child in need of protection or services because
613.24 the child is in need of special services or care to treat or ameliorate a physical or mental
613.25 disability or emotional disturbance as defined in section 245.4871, subdivision 15, the court
613.26 may order the child's parent, guardian, or custodian to provide it. The court may order the
613.27 child's health plan company to provide mental health services to the child. Section 62Q.535
613.28 applies to an order for mental health services directed to the child's health plan company.
613.29 If the health plan, parent, guardian, or custodian fails or is unable to provide this treatment
613.30 or care, the court may order it provided. Absent specific written findings by the court that
613.31 the child's disability is the result of abuse or neglect by the child's parent or guardian, the
613.32 court shall not transfer legal custody of the child for the purpose of obtaining special
613.33 treatment or care solely because the parent is unable to provide the treatment or care. If the
613.34 court's order for mental health treatment is based on a diagnosis made by a treatment

614.1 professional, the court may order that the diagnosing professional not provide the treatment
614.2 to the child if it finds that such an order is in the child's best interests; or

614.3 (5) if the court believes that the child has sufficient maturity and judgment and that it is
614.4 in the best interests of the child, the court may order a child 16 years old or older to be
614.5 allowed to live independently, either alone or with others as approved by the court under
614.6 supervision the court considers appropriate, if the county board, after consultation with the
614.7 court, has specifically authorized this dispositional alternative for a child.

614.8 (b) If the child was adjudicated in need of protection or services because the child is a
614.9 runaway or habitual truant, the court may order any of the following dispositions in addition
614.10 to or as alternatives to the dispositions authorized under paragraph (a):

614.11 (1) counsel the child or the child's parents, guardian, or custodian;

614.12 (2) place the child under the supervision of a probation officer or other suitable person
614.13 in the child's own home under conditions prescribed by the court, including reasonable rules
614.14 for the child's conduct and the conduct of the parents, guardian, or custodian, designed for
614.15 the physical, mental, and moral well-being and behavior of the child;

614.16 (3) subject to the court's supervision, transfer legal custody of the child to one of the
614.17 following:

614.18 (i) a reputable person of good moral character. No person may receive custody of two
614.19 or more unrelated children unless licensed to operate a residential program under sections
614.20 245A.01 to 245A.16; or

614.21 (ii) a county probation officer for placement in a group foster home established under
614.22 the direction of the juvenile court and licensed pursuant to section 241.021;

614.23 (4) require the child to pay a fine of up to \$100. The court shall order payment of the
614.24 fine in a manner that will not impose undue financial hardship upon the child;

614.25 (5) require the child to participate in a community service project;

614.26 (6) order the child to undergo a chemical dependency evaluation and, if warranted by
614.27 the evaluation, order participation by the child in a drug awareness program or an inpatient
614.28 or outpatient chemical dependency treatment program;

614.29 (7) if the court believes that it is in the best interests of the child or of public safety that
614.30 the child's driver's license or instruction permit be canceled, the court may order the
614.31 commissioner of public safety to cancel the child's license or permit for any period up to
614.32 the child's 18th birthday. If the child does not have a driver's license or permit, the court

615.1 may order a denial of driving privileges for any period up to the child's 18th birthday. The
615.2 court shall forward an order issued under this clause to the commissioner, who shall cancel
615.3 the license or permit or deny driving privileges without a hearing for the period specified
615.4 by the court. At any time before the expiration of the period of cancellation or denial, the
615.5 court may, for good cause, order the commissioner of public safety to allow the child to
615.6 apply for a license or permit, and the commissioner shall so authorize;

615.7 (8) order that the child's parent or legal guardian deliver the child to school at the
615.8 beginning of each school day for a period of time specified by the court; or

615.9 (9) require the child to perform any other activities or participate in any other treatment
615.10 programs deemed appropriate by the court.

615.11 To the extent practicable, the court shall enter a disposition order the same day it makes
615.12 a finding that a child is in need of protection or services or neglected and in foster care, but
615.13 in no event more than 15 days after the finding unless the court finds that the best interests
615.14 of the child will be served by granting a delay. If the child was under eight years of age at
615.15 the time the petition was filed, the disposition order must be entered within ten days of the
615.16 finding and the court may not grant a delay unless good cause is shown and the court finds
615.17 the best interests of the child will be served by the delay.

615.18 (c) If a child who is 14 years of age or older is adjudicated in need of protection or
615.19 services because the child is a habitual truant and truancy procedures involving the child
615.20 were previously dealt with by a school attendance review board or county attorney mediation
615.21 program under section 260A.06 or 260A.07, the court shall order a cancellation or denial
615.22 of driving privileges under paragraph (b), clause (7), for any period up to the child's 18th
615.23 birthday.

615.24 (d) In the case of a child adjudicated in need of protection or services because the child
615.25 has committed domestic abuse and been ordered excluded from the child's parent's home,
615.26 the court shall dismiss jurisdiction if the court, at any time, finds the parent is able or willing
615.27 to provide an alternative safe living arrangement for the child, as defined in Laws 1997,
615.28 chapter 239, article 10, section 2.

615.29 (e) When a parent has complied with a case plan ordered under subdivision 6 and the
615.30 child is in the care of the parent, the court may order the responsible social services agency
615.31 to monitor the parent's continued ability to maintain the child safely in the home under such
615.32 terms and conditions as the court determines appropriate under the circumstances.

616.1 Sec. 12. Minnesota Statutes 2020, section 260C.201, subdivision 2, is amended to read:

616.2 Subd. 2. **Written findings.** (a) Any order for a disposition authorized under this section
616.3 shall contain written findings of fact to support the disposition and case plan ordered and
616.4 shall also set forth in writing the following information:

616.5 (1) why the best interests and safety of the child are served by the disposition and case
616.6 plan ordered;

616.7 (2) what alternative dispositions or services under the case plan were considered by the
616.8 court and why such dispositions or services were not appropriate in the instant case;

616.9 (3) when legal custody of the child is transferred, the appropriateness of the particular
616.10 placement made or to be made by the placing agency using the relative and sibling placement
616.11 considerations and best interest factors in section 260C.212, subdivision 2, ~~paragraph (b)~~,
616.12 or the appropriateness of a child colocated with a parent in a licensed residential family-based
616.13 substance use disorder treatment program under section 260C.190;

616.14 (4) whether reasonable efforts to finalize the permanent plan for the child consistent
616.15 with section 260.012 were made including reasonable efforts:

616.16 (i) to prevent the child's placement and to reunify the child with the parent or guardian
616.17 from whom the child was removed at the earliest time consistent with the child's safety.
616.18 The court's findings must include a brief description of what preventive and reunification
616.19 efforts were made and why further efforts could not have prevented or eliminated the
616.20 necessity of removal or that reasonable efforts were not required under section 260.012 or
616.21 260C.178, subdivision 1;

616.22 (ii) to identify and locate any noncustodial or nonresident parent of the child and to
616.23 assess such parent's ability to provide day-to-day care of the child, and, where appropriate,
616.24 provide services necessary to enable the noncustodial or nonresident parent to safely provide
616.25 day-to-day care of the child as required under section 260C.219, unless such services are
616.26 not required under section 260.012 or 260C.178, subdivision 1; The court's findings must
616.27 include a description of the agency's efforts to:

616.28 (A) identify and locate the child's noncustodial or nonresident parent;

616.29 (B) assess the noncustodial or nonresident parent's ability to provide day-to-day care of
616.30 the child; and

616.31 (C) if appropriate, provide services necessary to enable the noncustodial or nonresident
616.32 parent to safely provide the child's day-to-day care, including efforts to engage the
616.33 noncustodial or nonresident parent in assuming care and responsibility of the child;

617.1 (iii) to make the diligent search for relatives and provide the notices required under
617.2 section 260C.221; a finding made pursuant to a hearing under section 260C.202 that the
617.3 agency has made diligent efforts to conduct a relative search and has appropriately engaged
617.4 relatives who responded to the notice under section 260C.221 and other relatives, who came
617.5 to the attention of the agency after notice under section 260C.221 was sent, in placement
617.6 and case planning decisions fulfills the requirement of this item;

617.7 (iv) to identify and make a foster care placement of the child, considering the order in
617.8 section 260C.212, subdivision 2, paragraph (a), in the home of an unlicensed relative,
617.9 according to the requirements of section 245A.035, a licensed relative, or other licensed
617.10 foster care provider, who will commit to being the permanent legal parent or custodian for
617.11 the child in the event reunification cannot occur, but who will actively support the
617.12 reunification plan for the child. If the court finds that the agency has not appropriately
617.13 considered relatives for placement of the child, the court shall order the agency to comply
617.14 with section 260C.212, subdivision 2, paragraph (a). The court may order the agency to
617.15 continue considering relatives for placement of the child regardless of the child's current
617.16 placement setting; and

617.17 (v) to place siblings together in the same home or to ensure visitation is occurring when
617.18 siblings are separated in foster care placement and visitation is in the siblings' best interests
617.19 under section 260C.212, subdivision 2, paragraph (d); and

617.20 (5) if the child has been adjudicated as a child in need of protection or services because
617.21 the child is in need of special services or care to treat or ameliorate a mental disability or
617.22 emotional disturbance as defined in section 245.4871, subdivision 15, the written findings
617.23 shall also set forth:

617.24 (i) whether the child has mental health needs that must be addressed by the case plan;

617.25 (ii) what consideration was given to the diagnostic and functional assessments performed
617.26 by the child's mental health professional and to health and mental health care professionals'
617.27 treatment recommendations;

617.28 (iii) what consideration was given to the requests or preferences of the child's parent or
617.29 guardian with regard to the child's interventions, services, or treatment; and

617.30 (iv) what consideration was given to the cultural appropriateness of the child's treatment
617.31 or services.

617.32 (b) If the court finds that the social services agency's preventive or reunification efforts
617.33 have not been reasonable but that further preventive or reunification efforts could not permit

618.1 the child to safely remain at home, the court may nevertheless authorize or continue the
618.2 removal of the child.

618.3 (c) If the child has been identified by the responsible social services agency as the subject
618.4 of concurrent permanency planning, the court shall review the reasonable efforts of the
618.5 agency to develop a permanency plan for the child that includes a primary plan ~~which~~ that
618.6 is for reunification with the child's parent or guardian and a secondary plan ~~which~~ that is
618.7 for an alternative, legally permanent home for the child in the event reunification cannot
618.8 be achieved in a timely manner.

618.9 Sec. 13. Minnesota Statutes 2020, section 260C.202, is amended to read:

618.10 **260C.202 COURT REVIEW OF FOSTER CARE.**

618.11 (a) If the court orders a child placed in foster care, the court shall review the out-of-home
618.12 placement plan and the child's placement at least every 90 days as required in juvenile court
618.13 rules to determine whether continued out-of-home placement is necessary and appropriate
618.14 or whether the child should be returned home. This review is not required if the court has
618.15 returned the child home, ordered the child permanently placed away from the parent under
618.16 sections 260C.503 to 260C.521, or terminated rights under section 260C.301. Court review
618.17 for a child permanently placed away from a parent, including where the child is under
618.18 guardianship of the commissioner, shall be governed by section 260C.607. When a child
618.19 is placed in a qualified residential treatment program setting as defined in section 260C.007,
618.20 subdivision 26d, the responsible social services agency must submit evidence to the court
618.21 as specified in section 260C.712.

618.22 (b) No later than three months after the child's placement in foster care, the court shall
618.23 review agency efforts to search for and notify relatives pursuant to section 260C.221, and
618.24 order that the agency's efforts begin immediately, or continue, if the agency has failed to
618.25 perform, or has not adequately performed, the duties under that section. The court must
618.26 order the agency to continue to appropriately engage relatives who responded to the notice
618.27 under section 260C.221 in placement and case planning decisions and to consider relatives
618.28 for foster care placement consistent with section 260C.221. Notwithstanding a court's finding
618.29 that the agency has made reasonable efforts to search for and notify relatives under section
618.30 260C.221, the court may order the agency to continue making reasonable efforts to search
618.31 for, notify, engage other, and consider relatives who came to the agency's attention after
618.32 sending the initial notice under section 260C.221 ~~was sent~~.

618.33 (c) The court shall review the out-of-home placement plan and may modify the plan as
618.34 provided under section 260C.201, subdivisions 6 and 7.

619.1 (d) When the court ~~orders transfer of~~ transfers the custody of a child to a responsible
619.2 social services agency resulting in foster care or protective supervision with a noncustodial
619.3 parent under subdivision 1, the court shall notify the parents of the provisions of sections
619.4 260C.204 and 260C.503 to 260C.521, as required under juvenile court rules.

619.5 (e) When a child remains in or returns to foster care pursuant to section 260C.451 and
619.6 the court has jurisdiction pursuant to section 260C.193, subdivision 6, paragraph (c), the
619.7 court shall at least annually conduct the review required under section 260C.203.

619.8 Sec. 14. Minnesota Statutes 2020, section 260C.203, is amended to read:

619.9 **260C.203 ADMINISTRATIVE OR COURT REVIEW OF PLACEMENTS.**

619.10 (a) Unless the court is conducting the reviews required under section 260C.202, there
619.11 shall be an administrative review of the out-of-home placement plan of each child placed
619.12 in foster care no later than 180 days after the initial placement of the child in foster care
619.13 and at least every six months thereafter if the child is not returned to the home of the parent
619.14 or parents within that time. The out-of-home placement plan must be monitored and updated
619.15 by the responsible social services agency at each administrative review. The administrative
619.16 review shall be conducted by the responsible social services agency using a panel of
619.17 appropriate persons at least one of whom is not responsible for the case management of, or
619.18 the delivery of services to, either the child or the parents who are the subject of the review.
619.19 The administrative review shall be open to participation by the parent or guardian of the
619.20 child and the child, as appropriate.

619.21 (b) As an alternative to the administrative review required in paragraph (a), the court
619.22 may, as part of any hearing required under the Minnesota Rules of Juvenile Protection
619.23 Procedure, conduct a hearing to monitor and update the out-of-home placement plan pursuant
619.24 to the procedure and standard in section 260C.201, subdivision 6, paragraph (d). The party
619.25 requesting review of the out-of-home placement plan shall give parties to the proceeding
619.26 notice of the request to review and update the out-of-home placement plan. A court review
619.27 conducted pursuant to section 260C.141, subdivision 2; 260C.193; 260C.201, subdivision
619.28 1; 260C.202; 260C.204; 260C.317; or 260D.06 shall satisfy the requirement for the review
619.29 so long as the other requirements of this section are met.

619.30 (c) As appropriate to the stage of the proceedings and relevant court orders, the
619.31 responsible social services agency or the court shall review:

619.32 (1) the safety, permanency needs, and well-being of the child;

620.1 (2) the continuing necessity for and appropriateness of the placement, including whether
620.2 the placement is consistent with the child's best interests and other placement considerations,
620.3 including relative and sibling placement considerations under section 260C.212, subdivision
620.4 2;

620.5 (3) the extent of compliance with the out-of-home placement plan required under section
620.6 260C.212, subdivisions 1 and 1a, including services and resources that the agency has
620.7 provided to the child and child's parents, services and resources that other agencies and
620.8 individuals have provided to the child and child's parents, and whether the out-of-home
620.9 placement plan is individualized to the needs of the child and child's parents;

620.10 (4) the extent of progress that has been made toward alleviating or mitigating the causes
620.11 necessitating placement in foster care;

620.12 (5) the projected date by which the child may be returned to and safely maintained in
620.13 the home or placed permanently away from the care of the parent or parents or guardian;
620.14 and

620.15 (6) the appropriateness of the services provided to the child.

620.16 (d) When a child is age 14 or older:

620.17 (1) in addition to any administrative review conducted by the responsible social services
620.18 agency, at the in-court review required under section 260C.317, subdivision 3, clause (3),
620.19 or 260C.515, subdivision 5 or 6, the court shall review the independent living plan required
620.20 under section 260C.212, subdivision 1, paragraph (c), clause (12), and the provision of
620.21 services to the child related to the well-being of the child as the child prepares to leave foster
620.22 care. The review shall include the actual plans related to each item in the plan necessary to
620.23 the child's future safety and well-being when the child is no longer in foster care; and

620.24 (2) consistent with the requirements of the independent living plan, the court shall review
620.25 progress toward or accomplishment of the following goals:

620.26 (i) the child has obtained a high school diploma or its equivalent;

620.27 (ii) the child has completed a driver's education course or has demonstrated the ability
620.28 to use public transportation in the child's community;

620.29 (iii) the child is employed or enrolled in postsecondary education;

620.30 (iv) the child has applied for and obtained postsecondary education financial aid for
620.31 which the child is eligible;

621.1 (v) the child has health care coverage and health care providers to meet the child's
621.2 physical and mental health needs;

621.3 (vi) the child has applied for and obtained disability income assistance for which the
621.4 child is eligible;

621.5 (vii) the child has obtained affordable housing with necessary supports, which does not
621.6 include a homeless shelter;

621.7 (viii) the child has saved sufficient funds to pay for the first month's rent and a damage
621.8 deposit;

621.9 (ix) the child has an alternative affordable housing plan, which does not include a
621.10 homeless shelter, if the original housing plan is unworkable;

621.11 (x) the child, if male, has registered for the Selective Service; and

621.12 (xi) the child has a permanent connection to a caring adult.

621.13 Sec. 15. Minnesota Statutes 2020, section 260C.204, is amended to read:

621.14 **260C.204 PERMANENCY PROGRESS REVIEW FOR CHILDREN IN FOSTER**
621.15 **CARE FOR SIX MONTHS.**

621.16 (a) When a child continues in placement out of the home of the parent or guardian from
621.17 whom the child was removed, no later than six months after the child's placement the court
621.18 shall conduct a permanency progress hearing to review:

621.19 (1) the progress of the case, the parent's progress on the case plan or out-of-home
621.20 placement plan, whichever is applicable;

621.21 (2) the agency's reasonable, or in the case of an Indian child, active efforts for
621.22 reunification and its provision of services;

621.23 (3) the agency's reasonable efforts to finalize the permanent plan for the child under
621.24 section 260.012, paragraph (e), and to make a placement as required under section 260C.212,
621.25 subdivision 2, in a home that will commit to being the legally permanent family for the
621.26 child in the event the child cannot return home according to the timelines in this section;
621.27 and

621.28 (4) in the case of an Indian child, active efforts to prevent the breakup of the Indian
621.29 family and to make a placement according to the placement preferences under United States
621.30 Code, title 25, chapter 21, section 1915.

622.1 (b) When a child is placed in a qualified residential treatment program setting as defined
622.2 in section 260C.007, subdivision 26d, the responsible social services agency must submit
622.3 evidence to the court as specified in section 260C.712.

622.4 (c) The court shall ensure that notice of the hearing is sent to any relative who:

622.5 (1) responded to the agency's notice provided under section 260C.221, indicating an
622.6 interest in participating in planning for the child or being a permanency resource for the
622.7 child and who has kept the court apprised of the relative's address; or

622.8 (2) asked to be notified of court proceedings regarding the child as is permitted in section
622.9 260C.152, subdivision 5.

622.10 (d)(1) If the parent or guardian has maintained contact with the child and is complying
622.11 with the court-ordered out-of-home placement plan, and if the child would benefit from
622.12 reunification with the parent, the court may either:

622.13 (i) return the child home, if the conditions ~~which~~ that led to the out-of-home placement
622.14 have been sufficiently mitigated that it is safe and in the child's best interests to return home;
622.15 or

622.16 (ii) continue the matter up to a total of six additional months. If the child has not returned
622.17 home by the end of the additional six months, the court must conduct a hearing according
622.18 to sections 260C.503 to 260C.521.

622.19 (2) If the court determines that the parent or guardian is not complying, is not making
622.20 progress with or engaging with services in the out-of-home placement plan, or is not
622.21 maintaining regular contact with the child as outlined in the visitation plan required as part
622.22 of the out-of-home placement plan under section 260C.212, the court may order the
622.23 responsible social services agency:

622.24 (i) to develop a plan for legally permanent placement of the child away from the parent;

622.25 (ii) to consider, identify, recruit, and support one or more permanency resources from
622.26 the child's relatives and foster parent, consistent with section 260C.212, subdivision 2,
622.27 paragraph (a), to be the legally permanent home in the event the child cannot be returned
622.28 to the parent. Any relative or the child's foster parent may ask the court to order the agency
622.29 to consider them for permanent placement of the child in the event the child cannot be
622.30 returned to the parent. A relative or foster parent who wants to be considered under this
622.31 item shall cooperate with the background study required under section 245C.08, if the
622.32 individual has not already done so, and with the home study process required under chapter
622.33 245A for providing child foster care and for adoption under section 259.41. The home study

623.1 referred to in this item shall be a single-home study in the form required by the commissioner
623.2 of human services or similar study required by the individual's state of residence when the
623.3 subject of the study is not a resident of Minnesota. The court may order the responsible
623.4 social services agency to make a referral under the Interstate Compact on the Placement of
623.5 Children when necessary to obtain a home study for an individual who wants to be considered
623.6 for transfer of permanent legal and physical custody or adoption of the child; and

623.7 (iii) to file a petition to support an order for the legally permanent placement plan.

623.8 (e) Following the review under this section:

623.9 (1) if the court has either returned the child home or continued the matter up to a total
623.10 of six additional months, the agency shall continue to provide services to support the child's
623.11 return home or to make reasonable efforts to achieve reunification of the child and the parent
623.12 as ordered by the court under an approved case plan;

623.13 (2) if the court orders the agency to develop a plan for the transfer of permanent legal
623.14 and physical custody of the child to a relative, a petition supporting the plan shall be filed
623.15 in juvenile court within 30 days of the hearing required under this section and a trial on the
623.16 petition held within 60 days of the filing of the pleadings; or

623.17 (3) if the court orders the agency to file a termination of parental rights, unless the county
623.18 attorney can show cause why a termination of parental rights petition should not be filed,
623.19 a petition for termination of parental rights shall be filed in juvenile court within 30 days
623.20 of the hearing required under this section and a trial on the petition held within 60 days of
623.21 the filing of the petition.

623.22 Sec. 16. Minnesota Statutes 2021 Supplement, section 260C.212, subdivision 1, is amended
623.23 to read:

623.24 Subdivision 1. **Out-of-home placement; plan.** (a) An out-of-home placement plan shall
623.25 be prepared within 30 days after any child is placed in foster care by court order or a
623.26 voluntary placement agreement between the responsible social services agency and the
623.27 child's parent pursuant to section 260C.227 or chapter 260D.

623.28 (b) An out-of-home placement plan means a written document ~~which~~ individualized to
623.29 the needs of the child and the child's parents or guardians that is prepared by the responsible
623.30 social services agency jointly with the parent or parents or guardian of the child the child's
623.31 parents or guardians and in consultation with the child's guardian ad litem; the child's tribe,
623.32 if the child is an Indian child; the child's foster parent or representative of the foster care
623.33 facility; and, ~~where~~ when appropriate, the child. When a child is age 14 or older, the child

624.1 may include two other individuals on the team preparing the child's out-of-home placement
624.2 plan. The child may select one member of the case planning team to be designated as the
624.3 child's advisor and to advocate with respect to the application of the reasonable and prudent
624.4 parenting standards. The responsible social services agency may reject an individual selected
624.5 by the child if the agency has good cause to believe that the individual would not act in the
624.6 best interest of the child. For a child in voluntary foster care for treatment under chapter
624.7 260D, preparation of the out-of-home placement plan shall additionally include the child's
624.8 mental health treatment provider. For a child 18 years of age or older, the responsible social
624.9 services agency shall involve the child and the child's parents as appropriate. As appropriate,
624.10 the plan shall be:

624.11 (1) submitted to the court for approval under section 260C.178, subdivision 7;

624.12 (2) ordered by the court, either as presented or modified after hearing, under section
624.13 260C.178, subdivision 7, or 260C.201, subdivision 6; and

624.14 (3) signed by the parent or parents or guardian of the child, the child's guardian ad litem,
624.15 a representative of the child's tribe, the responsible social services agency, and, if possible,
624.16 the child.

624.17 (c) The out-of-home placement plan shall be explained by the responsible social services
624.18 agency to all persons involved in ~~its~~ the plan's implementation, including the child who has
624.19 signed the plan, and shall set forth:

624.20 (1) a description of the foster care home or facility selected, including how the
624.21 out-of-home placement plan is designed to achieve a safe placement for the child in the
624.22 least restrictive, most family-like, setting available ~~which~~ that is in close proximity to the
624.23 home of the ~~parent or~~ child's parents or ~~guardian of the child~~ guardians when the case plan
624.24 goal is reunification;; and how the placement is consistent with the best interests and special
624.25 needs of the child according to the factors under subdivision 2, paragraph (b);

624.26 (2) the specific reasons for the placement of the child in foster care, and when
624.27 reunification is the plan, a description of the problems or conditions in the home of the
624.28 parent or parents ~~which~~ that necessitated removal of the child from home and the changes
624.29 the parent or parents must make for the child to safely return home;

624.30 (3) a description of the services offered and provided to prevent removal of the child
624.31 from the home and to reunify the family including:

625.1 (i) the specific actions to be taken by the parent or parents of the child to eliminate or
625.2 correct the problems or conditions identified in clause (2), and the time period during which
625.3 the actions are to be taken; and

625.4 (ii) the reasonable efforts, or in the case of an Indian child, active efforts to be made to
625.5 achieve a safe and stable home for the child including social and other supportive services
625.6 to be provided or offered to the parent or parents or guardian of the child, the child, and the
625.7 residential facility during the period the child is in the residential facility;

625.8 (4) a description of any services or resources that were requested by the child or the
625.9 child's parent, guardian, foster parent, or custodian since the date of the child's placement
625.10 in the residential facility, and whether those services or resources were provided and if not,
625.11 the basis for the denial of the services or resources;

625.12 (5) the visitation plan for the parent or parents or guardian, other relatives as defined in
625.13 section 260C.007, subdivision 26b or 27, and siblings of the child if the siblings are not
625.14 placed together in foster care, and whether visitation is consistent with the best interest of
625.15 the child, during the period the child is in foster care;

625.16 (6) when a child cannot return to or be in the care of either parent, documentation of
625.17 steps to finalize adoption as the permanency plan for the child through reasonable efforts
625.18 to place the child for adoption pursuant to section 260C.605. At a minimum, the
625.19 documentation must include consideration of whether adoption is in the best interests of
625.20 the child; and child-specific recruitment efforts such as a relative search, consideration of
625.21 relatives for adoptive placement, and the use of state, regional, and national adoption
625.22 exchanges to facilitate orderly and timely placements in and outside of the state. A copy of
625.23 this documentation shall be provided to the court in the review required under section
625.24 260C.317, subdivision 3, paragraph (b);

625.25 (7) when a child cannot return to or be in the care of either parent, documentation of
625.26 steps to finalize the transfer of permanent legal and physical custody to a relative as the
625.27 permanency plan for the child. This documentation must support the requirements of the
625.28 kinship placement agreement under section 256N.22 and must include the reasonable efforts
625.29 used to determine that it is not appropriate for the child to return home or be adopted, and
625.30 reasons why permanent placement with a relative through a Northstar kinship assistance
625.31 arrangement is in the child's best interest; how the child meets the eligibility requirements
625.32 for Northstar kinship assistance payments; agency efforts to discuss adoption with the child's
625.33 relative foster parent and reasons why the relative foster parent chose not to pursue adoption,
625.34 if applicable; and agency efforts to discuss with the child's parent or parents the permanent

626.1 transfer of permanent legal and physical custody or the reasons why these efforts were not
626.2 made;

626.3 (8) efforts to ensure the child's educational stability while in foster care for a child who
626.4 attained the minimum age for compulsory school attendance under state law and is enrolled
626.5 full time in elementary or secondary school, or instructed in elementary or secondary
626.6 education at home, or instructed in an independent study elementary or secondary program,
626.7 or incapable of attending school on a full-time basis due to a medical condition that is
626.8 documented and supported by regularly updated information in the child's case plan.

626.9 Educational stability efforts include:

626.10 (i) efforts to ensure that the child remains in the same school in which the child was
626.11 enrolled prior to placement or upon the child's move from one placement to another, including
626.12 efforts to work with the local education authorities to ensure the child's educational stability
626.13 and attendance; or

626.14 (ii) if it is not in the child's best interest to remain in the same school that the child was
626.15 enrolled in prior to placement or move from one placement to another, efforts to ensure
626.16 immediate and appropriate enrollment for the child in a new school;

626.17 (9) the educational records of the child including the most recent information available
626.18 regarding:

626.19 (i) the names and addresses of the child's educational providers;

626.20 (ii) the child's grade level performance;

626.21 (iii) the child's school record;

626.22 (iv) a statement about how the child's placement in foster care takes into account
626.23 proximity to the school in which the child is enrolled at the time of placement; and

626.24 (v) any other relevant educational information;

626.25 (10) the efforts by the responsible social services agency to ensure the oversight and
626.26 continuity of health care services for the foster child, including:

626.27 (i) the plan to schedule the child's initial health screens;

626.28 (ii) how the child's known medical problems and identified needs from the screens,
626.29 including any known communicable diseases, as defined in section 144.4172, subdivision
626.30 2, shall be monitored and treated while the child is in foster care;

626.31 (iii) how the child's medical information shall be updated and shared, including the
626.32 child's immunizations;

- 627.1 (iv) who is responsible to coordinate and respond to the child's health care needs,
627.2 including the role of the parent, the agency, and the foster parent;
- 627.3 (v) who is responsible for oversight of the child's prescription medications;
- 627.4 (vi) how physicians or other appropriate medical and nonmedical professionals shall be
627.5 consulted and involved in assessing the health and well-being of the child and determine
627.6 the appropriate medical treatment for the child; and
- 627.7 (vii) the responsibility to ensure that the child has access to medical care through either
627.8 medical insurance or medical assistance;
- 627.9 (11) the health records of the child including information available regarding:
- 627.10 (i) the names and addresses of the child's health care and dental care providers;
- 627.11 (ii) a record of the child's immunizations;
- 627.12 (iii) the child's known medical problems, including any known communicable diseases
627.13 as defined in section 144.4172, subdivision 2;
- 627.14 (iv) the child's medications; and
- 627.15 (v) any other relevant health care information such as the child's eligibility for medical
627.16 insurance or medical assistance;
- 627.17 (12) an independent living plan for a child 14 years of age or older, developed in
627.18 consultation with the child. The child may select one member of the case planning team to
627.19 be designated as the child's advisor and to advocate with respect to the application of the
627.20 reasonable and prudent parenting standards in subdivision 14. The plan should include, but
627.21 not be limited to, the following objectives:
- 627.22 (i) educational, vocational, or employment planning;
- 627.23 (ii) health care planning and medical coverage;
- 627.24 (iii) transportation including, where appropriate, assisting the child in obtaining a driver's
627.25 license;
- 627.26 (iv) money management, including the responsibility of the responsible social services
627.27 agency to ensure that the child annually receives, at no cost to the child, a consumer report
627.28 as defined under section 13C.001 and assistance in interpreting and resolving any inaccuracies
627.29 in the report;
- 627.30 (v) planning for housing;
- 627.31 (vi) social and recreational skills;

628.1 (vii) establishing and maintaining connections with the child's family and community;
628.2 and

628.3 (viii) regular opportunities to engage in age-appropriate or developmentally appropriate
628.4 activities typical for the child's age group, taking into consideration the capacities of the
628.5 individual child;

628.6 (13) for a child in voluntary foster care for treatment under chapter 260D, diagnostic
628.7 and assessment information, specific services relating to meeting the mental health care
628.8 needs of the child, and treatment outcomes;

628.9 (14) for a child 14 years of age or older, a signed acknowledgment that describes the
628.10 child's rights regarding education, health care, visitation, safety and protection from
628.11 exploitation, and court participation; receipt of the documents identified in section 260C.452;
628.12 and receipt of an annual credit report. The acknowledgment shall state that the rights were
628.13 explained in an age-appropriate manner to the child; and

628.14 (15) for a child placed in a qualified residential treatment program, the plan must include
628.15 the requirements in section 260C.708.

628.16 (d) The parent or parents or guardian and the child each shall have the right to legal
628.17 counsel in the preparation of the case plan and shall be informed of the right at the time of
628.18 placement of the child. The child shall also have the right to a guardian ad litem. If unable
628.19 to employ counsel from their own resources, the court shall appoint counsel upon the request
628.20 of the parent or parents or the child or the child's legal guardian. The parent or parents may
628.21 also receive assistance from any person or social services agency in preparation of the case
628.22 plan.

628.23 (e) After the plan has been agreed upon by the parties involved or approved or ordered
628.24 by the court, the foster parents shall be fully informed of the provisions of the case plan and
628.25 shall be provided a copy of the plan.

628.26 (f) Upon the child's discharge from foster care, the responsible social services agency
628.27 must provide the child's parent, adoptive parent, or permanent legal and physical custodian,
628.28 and the child, if the child is 14 years of age or older, with a current copy of the child's health
628.29 and education record. If a child meets the conditions in subdivision 15, paragraph (b), the
628.30 agency must also provide the child with the child's social and medical history. The responsible
628.31 social services agency may give a copy of the child's health and education record and social
628.32 and medical history to a child who is younger than 14 years of age, if it is appropriate and
628.33 if subdivision 15, paragraph (b), applies.

629.1 Sec. 17. Minnesota Statutes 2021 Supplement, section 260C.212, subdivision 2, is amended
629.2 to read:

629.3 Subd. 2. **Placement decisions based on best interests of the child.** (a) The policy of
629.4 the state of Minnesota is to ensure that the child's best interests are met by requiring an
629.5 individualized determination of the needs of the child in consideration of paragraphs (a) to
629.6 (f), and of how the selected placement will serve the current and future needs of the child
629.7 being placed. The authorized child-placing agency shall place a child, released by court
629.8 order or by voluntary release by the parent or parents, in a family foster home selected by
629.9 considering placement with relatives ~~and important friends~~ in the following order:

629.10 (1) with an individual who is related to the child by blood, marriage, or adoption,
629.11 including the legal parent, guardian, or custodian of the child's ~~siblings~~ sibling; or

629.12 (2) with an individual who is an important friend of the child or of the child's parent or
629.13 custodian, including an individual with whom the child has resided or had significant contact
629.14 or who has a significant relationship to the child or the child's parent or custodian.

629.15 ~~(2) with an individual who is an important friend with whom the child has resided or~~
629.16 ~~had significant contact.~~

629.17 For an Indian child, the agency shall follow the order of placement preferences in the Indian
629.18 Child Welfare Act of 1978, United States Code, title 25, section 1915.

629.19 (b) Among the factors the agency shall consider in determining the current and future
629.20 needs of the child are the following:

629.21 (1) the child's current functioning and behaviors;

629.22 (2) the medical needs of the child;

629.23 (3) the educational needs of the child;

629.24 (4) the developmental needs of the child;

629.25 (5) the child's history and past experience;

629.26 (6) the child's religious and cultural needs;

629.27 (7) the child's connection with a community, school, and faith community;

629.28 (8) the child's interests and talents;

629.29 (9) the child's ~~relationship to current caretakers,~~ current and long-term needs regarding
629.30 relationships with parents, siblings, ~~and relatives,~~ and other caretakers;

630.1 (10) the reasonable preference of the child, if the court, or the child-placing agency in
630.2 the case of a voluntary placement, deems the child to be of sufficient age to express
630.3 preferences; and

630.4 (11) for an Indian child, the best interests of an Indian child as defined in section 260.755,
630.5 subdivision 2a.

630.6 When placing a child in foster care or in a permanent placement based on an individualized
630.7 determination of the child's needs, the agency must not use one factor in this paragraph to
630.8 the exclusion of all others, and the agency shall consider that the factors in paragraph (b)
630.9 may be interrelated.

630.10 (c) Placement of a child cannot be delayed or denied based on race, color, or national
630.11 origin of the foster parent or the child.

630.12 (d) Siblings should be placed together for foster care and adoption at the earliest possible
630.13 time unless it is documented that a joint placement would be contrary to the safety or
630.14 well-being of any of the siblings or unless it is not possible after reasonable efforts by the
630.15 responsible social services agency. In cases where siblings cannot be placed together, the
630.16 agency is required to provide frequent visitation or other ongoing interaction between
630.17 siblings unless the agency documents that the interaction would be contrary to the safety
630.18 or well-being of any of the siblings.

630.19 (e) Except for emergency placement as provided for in section 245A.035, the following
630.20 requirements must be satisfied before the approval of a foster or adoptive placement in a
630.21 related or unrelated home: (1) a completed background study under section 245C.08; and
630.22 (2) a completed review of the written home study required under section 260C.215,
630.23 subdivision 4, clause (5), or 260C.611, to assess the capacity of the prospective foster or
630.24 adoptive parent to ensure the placement will meet the needs of the individual child.

630.25 (f) The agency must determine whether colocation with a parent who is receiving services
630.26 in a licensed residential family-based substance use disorder treatment program is in the
630.27 child's best interests according to paragraph (b) and include that determination in the child's
630.28 case plan under subdivision 1. The agency may consider additional factors not identified
630.29 in paragraph (b). The agency's determination must be documented in the child's case plan
630.30 before the child is colocated with a parent.

630.31 (g) The agency must establish a juvenile treatment screening team under section 260C.157
630.32 to determine whether it is necessary and appropriate to recommend placing a child in a
630.33 qualified residential treatment program, as defined in section 260C.007, subdivision 26d.

631.1 Sec. 18. Minnesota Statutes 2020, section 260C.221, is amended to read:

631.2 **260C.221 RELATIVE SEARCH AND ENGAGEMENT; PLACEMENT**
631.3 **CONSIDERATION.**

631.4 **Subdivision 1. Relative search requirements.** (a) The responsible social services agency
631.5 shall exercise due diligence to identify and notify adult relatives and current caregivers of
631.6 a child's sibling, prior to placement or within 30 days after the child's removal from the
631.7 parent, regardless of whether a child is placed in a relative's home, as required under
631.8 subdivision 2. ~~The county agency shall consider placement with a relative under this section~~
631.9 ~~without delay and whenever the child must move from or be returned to foster care.~~ The
631.10 relative search required by this section shall be comprehensive in scope. ~~After a finding~~
631.11 ~~that the agency has made reasonable efforts to conduct the relative search under this~~
631.12 ~~paragraph, the agency has the continuing responsibility to appropriately involve relatives,~~
631.13 ~~who have responded to the notice required under this paragraph, in planning for the child~~
631.14 ~~and to continue to consider relatives according to the requirements of section 260C.212,~~
631.15 ~~subdivision 2.~~ At any time during the course of juvenile protection proceedings, the court
631.16 may order the agency to reopen its search for relatives when it is in the child's best interest
631.17 ~~to do so.~~

631.18 (b) The relative search required by this section shall include both maternal and paternal
631.19 adult relatives of the child; all adult grandparents; all legal parents, guardians, or custodians
631.20 of the child's siblings; and any other adult relatives suggested by the child's parents, subject
631.21 to the exceptions due to family violence in subdivision 5, paragraph (e) (b). The search shall
631.22 also include getting information from the child in an age-appropriate manner about who the
631.23 child considers to be family members and important friends with whom the child has resided
631.24 or had significant contact. The relative search required under this section must fulfill the
631.25 agency's duties under the Indian Child Welfare Act regarding active efforts to prevent the
631.26 breakup of the Indian family under United States Code, title 25, section 1912(d), and to
631.27 meet placement preferences under United States Code, title 25, section 1915.

631.28 (c) The responsible social services agency has a continuing responsibility to search for
631.29 and identify relatives of a child and send the notice to relatives that is required under
631.30 subdivision 2, unless the court has relieved the agency of this duty under subdivision 5,
631.31 paragraph (e).

631.32 **Subd. 2. Relative notice requirements.** (a) The agency may provide oral or written
631.33 notice to a child's relatives. In the child's case record, the agency must document providing

632.1 the required notice to each of the child's relatives. The responsible social services agency
632.2 must notify relatives ~~must be notified:~~

632.3 (1) of the need for a foster home for the child, the option to become a placement resource
632.4 for the child, the order of placement that the agency will consider under section 260C.212,
632.5 subdivision 2, paragraph (a), and the possibility of the need for a permanent placement for
632.6 the child;

632.7 (2) of their responsibility to keep the responsible social services agency and the court
632.8 informed of their current address in order to receive notice in the event that a permanent
632.9 placement is sought for the child and to receive notice of the permanency progress review
632.10 hearing under section 260C.204. A relative who fails to provide a current address to the
632.11 responsible social services agency and the court forfeits the right to receive notice of the
632.12 possibility of permanent placement and of the permanency progress review hearing under
632.13 section 260C.204, until the relative provides a current address to the responsible social
632.14 services agency and the court. A decision by a relative not to be identified as a potential
632.15 permanent placement resource or participate in planning for the child ~~at the beginning of~~
632.16 ~~the case~~ shall not affect whether the relative is considered for placement of, or as a
632.17 permanency resource for, the child with that relative later at any time in the case, and shall
632.18 not be the sole basis for the court to rule out the relative as the child's placement or
632.19 permanency resource;

632.20 (3) that the relative may participate in the care and planning for the child, as specified
632.21 in subdivision 3, including that the opportunity for such participation may be lost by failing
632.22 to respond to the notice sent under this subdivision. ~~"Participate in the care and planning"~~
632.23 ~~includes, but is not limited to, participation in case planning for the parent and child,~~
632.24 ~~identifying the strengths and needs of the parent and child, supervising visits, providing~~
632.25 ~~respite and vacation visits for the child, providing transportation to appointments, suggesting~~
632.26 ~~other relatives who might be able to help support the case plan, and to the extent possible,~~
632.27 ~~helping to maintain the child's familiar and regular activities and contact with friends and~~
632.28 ~~relatives;~~

632.29 (4) of the family foster care licensing and adoption home study requirements, including
632.30 how to complete an application and how to request a variance from licensing standards that
632.31 do not present a safety or health risk to the child in the home under section 245A.04 and
632.32 supports that are available for relatives and children who reside in a family foster home;
632.33 ~~and~~

633.1 (5) of the relatives' right to ask to be notified of any court proceedings regarding the
633.2 child, to attend the hearings, and of a relative's right ~~or opportunity~~ to be heard by the court
633.3 as required under section 260C.152, subdivision 5;

633.4 (6) that regardless of the relative's response to the notice sent under this subdivision, the
633.5 agency is required to establish permanency for a child, including planning for alternative
633.6 permanency options if the agency's reunification efforts fail or are not required; and

633.7 (7) that by responding to the notice, a relative may receive information about participating
633.8 in a child's family and permanency team if the child is placed in a qualified residential
633.9 treatment program as defined in section 260C.007, subdivision 26d.

633.10 (b) The responsible social services agency shall send the notice required under paragraph
633.11 (a) to relatives who become known to the responsible social services agency, except for
633.12 relatives that the agency does not contact due to safety reasons under subdivision 5, paragraph

633.13 (b). The responsible social services agency shall continue to send notice to relatives
633.14 notwithstanding a court's finding that the agency has made reasonable efforts to conduct a
633.15 relative search.

633.16 (c) The responsible social services agency is not required to send the notice under
633.17 paragraph (a) to a relative who becomes known to the agency after an adoption placement
633.18 agreement has been fully executed under section 260C.613, subdivision 1. If the relative
633.19 wishes to be considered for adoptive placement of the child, the agency shall inform the
633.20 relative of the relative's ability to file a motion for an order for adoptive placement under
633.21 section 260C.607, subdivision 6.

633.22 **Subd. 3. Relative engagement requirements.** (a) A relative who responds to the notice
633.23 under subdivision 2 has the opportunity to participate in care and planning for a child, which
633.24 must not be limited based solely on the relative's prior inconsistent participation or
633.25 nonparticipation in care and planning for the child. Care and planning for a child may include
633.26 but is not limited to:

633.27 (1) participating in case planning for the child and child's parent, including identifying
633.28 services and resources that meet the individualized needs of the child and child's parent. A
633.29 relative's participation in case planning may be in person, via phone call, or by electronic
633.30 means;

633.31 (2) identifying the strengths and needs of the child and child's parent;

633.32 (3) asking the responsible social services agency to consider the relative for placement
633.33 of the child according to subdivision 4;

634.1 (4) acting as a support person for the child, the child's parents, and the child's current
634.2 caregiver;

634.3 (5) supervising visits;

634.4 (6) providing respite care for the child and having vacation visits with the child;

634.5 (7) providing transportation;

634.6 (8) suggesting other relatives who may be able to participate in the case plan or that the
634.7 agency may consider for placement of the child. The agency shall send a notice to each
634.8 relative identified by other relatives according to subdivision 2, paragraph (b), unless a
634.9 relative received this notice earlier in the case;

634.10 (9) helping to maintain the child's familiar and regular activities and contact with the
634.11 child's friends and relatives, including providing supervision of the child at family gatherings
634.12 and events; and

634.13 (10) participating in the child's family and permanency team if the child is placed in a
634.14 qualified residential treatment program as defined in section 260C.007, subdivision 26d.

634.15 (b) The responsible social services agency shall make reasonable efforts to contact and
634.16 engage relatives who respond to the notice required under this section. Upon a request by
634.17 a relative or party to the proceeding, the court may conduct a review of the agency's
634.18 reasonable efforts to contact and engage relatives who respond to the notice. If the court
634.19 finds that the agency did not make reasonable efforts to contact and engage relatives who
634.20 respond to the notice, the court may order the agency to make reasonable efforts to contact
634.21 and engage relatives who respond to the notice in care and planning for the child.

634.22 Subd. 4. **Placement considerations.** (a) The responsible social services agency shall
634.23 consider placing a child with a relative under this section without delay and when the child:

634.24 (1) enters foster care;

634.25 (2) must be moved from the child's current foster setting;

634.26 (3) must be permanently placed away from the child's parent; or

634.27 (4) returns to foster care after permanency has been achieved for the child.

634.28 (b) The agency shall consider placing a child with relatives:

634.29 (1) in the order specified in section 260C.212, subdivision 2, paragraph (a); and

634.30 (2) based on the child's best interests using the factors in section 260C.212, subdivision
634.31 2.

635.1 (c) The agency shall document how the agency considered relatives in the child's case
635.2 record.

635.3 (d) Any relative who requests to be a placement option for a child in foster care has the
635.4 right to be considered for placement of the child according to section 260C.212, subdivision
635.5 2, paragraph (a), unless the court finds that placing the child with a specific relative would
635.6 endanger the child, sibling, parent, guardian, or any other family member under subdivision
635.7 5, paragraph (b).

635.8 (e) When adoption is the responsible social services agency's permanency goal for the
635.9 child, the agency shall consider adoptive placement of the child with a relative in the order
635.10 specified under section 260C.212, subdivision 2, paragraph (a).

635.11 Subd. 5. Data disclosure; court review. ~~(e)~~ (a) A responsible social services agency
635.12 may disclose private data, as defined in section 13.02 and chapter 260E, to relatives of the
635.13 child for the purpose of locating and assessing a suitable placement and may use any
635.14 reasonable means of identifying and locating relatives including the Internet or other
635.15 electronic means of conducting a search. The agency shall disclose data that is necessary
635.16 to facilitate possible placement with relatives and to ensure that the relative is informed of
635.17 the needs of the child so the relative can participate in planning for the child and be supportive
635.18 of services to the child and family.

635.19 (b) If the child's parent refuses to give the responsible social services agency information
635.20 sufficient to identify the maternal and paternal relatives of the child, the agency shall ask
635.21 the juvenile court to order the parent to provide the necessary information and shall use
635.22 other resources to identify the child's maternal and paternal relatives. If a parent makes an
635.23 explicit request that a specific relative not be contacted or considered for placement due to
635.24 safety reasons, including past family or domestic violence, the agency shall bring the parent's
635.25 request to the attention of the court to determine whether the parent's request is consistent
635.26 with the best interests of the child ~~and~~. The agency shall not contact the specific relative
635.27 when the juvenile court finds that contacting or placing the child with the specific relative
635.28 would endanger the parent, guardian, child, sibling, or any family member. Unless section
635.29 260C.139 applies to the child's case, a court shall not waive or relieve the responsible social
635.30 services agency of reasonable efforts to:

635.31 (1) conduct a relative search;

635.32 (2) notify relatives;

635.33 (3) contact and engage relatives in case planning; and

636.1 (4) consider relatives for placement of the child.

636.2 (c) Notwithstanding chapter 13, the agency shall disclose data to the court about particular
636.3 relatives that the agency has identified, contacted, or considered for the child's placement
636.4 for the court to review the agency's due diligence.

636.5 (d) At a regularly scheduled hearing not later than three months after the child's placement
636.6 in foster care and as required in ~~section~~ sections 260C.193 and 260C.202, the agency shall
636.7 report to the court:

636.8 (1) ~~its~~ the agency's efforts to identify maternal and paternal relatives of the child and to
636.9 engage the relatives in providing support for the child and family, and document that the
636.10 relatives have been provided the notice required under ~~paragraph (a)~~ subdivision 2; and

636.11 (2) ~~its~~ the agency's decision regarding placing the child with a relative as required under
636.12 section 260C.212, subdivision 2, ~~and to ask~~. If the responsible social services agency decides
636.13 that relative placement is not in the child's best interests at the time of the hearing, the agency
636.14 shall inform the court of the agency's decision, including:

636.15 (i) why the agency decided against relative placement of the child; and

636.16 (ii) the agency's efforts to engage relatives to visit or maintain contact with the child in
636.17 order as required under subdivision 3 to support family connections for the child, when
636.18 placement with a relative is not possible or appropriate.

636.19 ~~(e) Notwithstanding chapter 13, the agency shall disclose data about particular relatives~~
636.20 ~~identified, searched for, and contacted for the purposes of the court's review of the agency's~~
636.21 ~~due diligence.~~

636.22 ~~(f)~~ (e) When the court is satisfied that the agency has exercised due diligence to identify
636.23 relatives and provide the notice required in ~~paragraph (a)~~ subdivision 2, the court may find
636.24 that the agency made reasonable efforts ~~have been made~~ to conduct a relative search to
636.25 identify and provide notice to adult relatives as required under section 260.012, paragraph
636.26 (e), clause (3). A finding under this paragraph does not relieve the responsible social services
636.27 agency of the ongoing duty to contact, engage, and consider relatives under this section nor
636.28 is it a basis for the court to rule out any relative from being a foster care or permanent
636.29 placement option for the child. The agency has the continuing responsibility to:

636.30 (1) involve relatives who respond to the notice in planning for the child; and

636.31 (2) continue considering relatives for the child's placement while taking the child's short-
636.32 and long-term permanency goals into consideration, according to the requirements of section
636.33 260C.212, subdivision 2.

637.1 (f) At any time during the course of juvenile protection proceedings, the court may order
637.2 the agency to reopen the search for relatives when it is in the child's best interests.

637.3 (g) If the court is not satisfied that the agency has exercised due diligence to identify
637.4 relatives and provide the notice required in paragraph (a) subdivision 2, the court may order
637.5 the agency to continue its search and notice efforts and to report back to the court.

637.6 ~~(g) When the placing agency determines that permanent placement proceedings are~~
637.7 ~~necessary because there is a likelihood that the child will not return to a parent's care, the~~
637.8 ~~agency must send the notice provided in paragraph (h), may ask the court to modify the~~
637.9 ~~duty of the agency to send the notice required in paragraph (h), or may ask the court to~~
637.10 ~~completely relieve the agency of the requirements of paragraph (h). The relative notification~~
637.11 ~~requirements of paragraph (h) do not apply when the child is placed with an appropriate~~
637.12 ~~relative or a foster home that has committed to adopting the child or taking permanent legal~~
637.13 ~~and physical custody of the child and the agency approves of that foster home for permanent~~
637.14 ~~placement of the child. The actions ordered by the court under this section must be consistent~~
637.15 ~~with the best interests, safety, permanency, and welfare of the child.~~

637.16 ~~(h) Unless required under the Indian Child Welfare Act or relieved of this duty by the~~
637.17 ~~court under paragraph (f),~~ When the agency determines that it is necessary to prepare for
637.18 permanent placement determination proceedings, or in anticipation of filing a termination
637.19 of parental rights petition, the agency shall send notice to the relatives who responded to a
637.20 notice under this section sent at any time during the case, any adult with whom the child is
637.21 currently residing, any adult with whom the child has resided for one year or longer in the
637.22 past, and any adults who have maintained a relationship or exercised visitation with the
637.23 child as identified in the agency case plan. The notice must state that a permanent home is
637.24 sought for the child and that the individuals receiving the notice may indicate to the agency
637.25 their interest in providing a permanent home. The notice must state that within 30 days of
637.26 receipt of the notice an individual receiving the notice must indicate to the agency the
637.27 individual's interest in providing a permanent home for the child or that the individual may
637.28 lose the opportunity to be considered for a permanent placement. A relative's failure to
637.29 respond or timely respond to the notice is not a basis for ruling out the relative from being
637.30 a permanent placement option for the child, should the relative request to be considered for
637.31 permanent placement at a later date.

638.1 Sec. 19. Minnesota Statutes 2020, section 260C.513, is amended to read:

638.2 **260C.513 PERMANENCY DISPOSITIONS WHEN CHILD CANNOT RETURN**
638.3 **HOME.**

638.4 ~~(a) Termination of parental rights and adoption, or guardianship to the commissioner of~~
638.5 ~~human services through a consent to adopt, are preferred permanency options for a child~~
638.6 ~~who cannot return home. If the court finds that termination of parental rights and guardianship~~
638.7 ~~to the commissioner is not in the child's best interests, the court may transfer permanent~~
638.8 ~~legal and physical custody of the child to a relative when that order is in the child's best~~
638.9 ~~interests. For a child who cannot return home, a permanency placement with a relative is~~
638.10 ~~preferred. A permanency placement with a relative includes termination of parental rights~~
638.11 ~~and adoption by a relative, guardianship to the commissioner of human services through a~~
638.12 ~~consent to adopt with a relative, or a transfer of permanent legal and physical custody to a~~
638.13 ~~relative. The court must consider the best interests of the child and section 260C.212,~~
638.14 ~~subdivision 2, paragraph (a), when making a permanency determination.~~

638.15 (b) When the court has determined that permanent placement of the child away from
638.16 the parent is necessary, the court shall consider permanent alternative homes that are available
638.17 both inside and outside the state.

638.18 Sec. 20. Minnesota Statutes 2021 Supplement, section 260C.605, subdivision 1, is amended
638.19 to read:

638.20 Subdivision 1. **Requirements.** (a) Reasonable efforts to finalize the adoption of a child
638.21 under the guardianship of the commissioner shall be made by the responsible social services
638.22 agency responsible for permanency planning for the child.

638.23 (b) Reasonable efforts to make a placement in a home according to the placement
638.24 considerations under section 260C.212, subdivision 2, with a relative or foster parent who
638.25 will commit to being the permanent resource for the child in the event the child cannot be
638.26 reunified with a parent are required under section 260.012 and may be made concurrently
638.27 with reasonable, or if the child is an Indian child, active efforts to reunify the child with the
638.28 parent.

638.29 (c) Reasonable efforts under paragraph (b) must begin as soon as possible when the
638.30 child is in foster care under this chapter, but not later than the hearing required under section
638.31 260C.204.

638.32 (d) Reasonable efforts to finalize the adoption of the child include:

638.33 (1) considering the child's preference for an adoptive family;

- 639.1 ~~(1)~~ (2) using age-appropriate engagement strategies to plan for adoption with the child;
- 639.2 ~~(2)~~ (3) identifying an appropriate prospective adoptive parent for the child by updating
- 639.3 the child's identified needs using the factors in section 260C.212, subdivision 2;
- 639.4 ~~(3)~~ (4) making an adoptive placement that meets the child's needs by:
- 639.5 (i) completing or updating the relative search required under section 260C.221 and giving
- 639.6 notice of the need for an adoptive home for the child to:
- 639.7 (A) relatives who have kept the agency or the court apprised of their whereabouts ~~and~~
- 639.8 ~~who have indicated an interest in adopting the child~~; or
- 639.9 (B) relatives of the child who are located in an updated search;
- 639.10 (ii) an updated search is required whenever:
- 639.11 (A) there is no identified prospective adoptive placement for the child notwithstanding
- 639.12 a finding by the court that the agency made diligent efforts under section 260C.221, in a
- 639.13 hearing required under section 260C.202;
- 639.14 (B) the child is removed from the home of an adopting parent; or
- 639.15 (C) the court determines that a relative search by the agency is in the best interests of
- 639.16 the child;
- 639.17 (iii) engaging the child's relatives or current or former foster parent and the child's
- 639.18 ~~relatives identified as an adoptive resource during the search conducted under section~~
- 639.19 ~~260C.221~~, parents to commit to being the prospective adoptive parent of the child, and
- 639.20 considering the child's relatives for adoptive placement of the child in the order specified
- 639.21 under section 260C.212, subdivision 2, paragraph (a); or
- 639.22 (iv) when there is no identified prospective adoptive parent:
- 639.23 (A) registering the child on the state adoption exchange as required in section 259.75
- 639.24 unless the agency documents to the court an exception to placing the child on the state
- 639.25 adoption exchange reported to the commissioner;
- 639.26 (B) reviewing all families with approved adoption home studies associated with the
- 639.27 responsible social services agency;
- 639.28 (C) presenting the child to adoption agencies and adoption personnel who may assist
- 639.29 with finding an adoptive home for the child;
- 639.30 (D) using newspapers and other media to promote the particular child;

640.1 (E) using a private agency under grant contract with the commissioner to provide adoption
640.2 services for intensive child-specific recruitment efforts; and

640.3 (F) making any other efforts or using any other resources reasonably calculated to identify
640.4 a prospective adoption parent for the child;

640.5 ~~(4)~~ (5) updating and completing the social and medical history required under sections
640.6 260C.212, subdivision 15, and 260C.609;

640.7 ~~(5)~~ (6) making, and keeping updated, appropriate referrals required by section 260.851,
640.8 the Interstate Compact on the Placement of Children;

640.9 ~~(6)~~ (7) giving notice regarding the responsibilities of an adoptive parent to any prospective
640.10 adoptive parent as required under section 259.35;

640.11 ~~(7)~~ (8) offering the adopting parent the opportunity to apply for or decline adoption
640.12 assistance under chapter 256N;

640.13 ~~(8)~~ (9) certifying the child for adoption assistance, assessing the amount of adoption
640.14 assistance, and ascertaining the status of the commissioner's decision on the level of payment
640.15 if the adopting parent has applied for adoption assistance;

640.16 ~~(9)~~ (10) placing the child with siblings. If the child is not placed with siblings, the agency
640.17 must document reasonable efforts to place the siblings together, as well as the reason for
640.18 separation. The agency may not cease reasonable efforts to place siblings together for final
640.19 adoption until the court finds further reasonable efforts would be futile or that placement
640.20 together for purposes of adoption is not in the best interests of one of the siblings; and

640.21 ~~(10)~~ (11) working with the adopting parent to file a petition to adopt the child and with
640.22 the court administrator to obtain a timely hearing to finalize the adoption.

640.23 Sec. 21. Minnesota Statutes 2020, section 260C.607, subdivision 2, is amended to read:

640.24 Subd. 2. **Notice.** Notice of review hearings shall be given by the court to:

640.25 (1) the responsible social services agency;

640.26 (2) the child, if the child is age ten and older;

640.27 (3) the child's guardian ad litem;

640.28 (4) counsel appointed for the child pursuant to section 260C.163, subdivision 3;

640.29 (5) relatives of the child who have kept the court informed of their whereabouts as
640.30 required in section 260C.221 and who have responded to the agency's notice under section
640.31 260C.221, ~~indicating a willingness to provide an adoptive home for the child~~ unless the

641.1 relative has been previously ruled out by the court as a suitable ~~foster parent~~ or permanency
641.2 resource for the child;

641.3 (6) the current foster or adopting parent of the child;

641.4 (7) any foster or adopting parents of siblings of the child; and

641.5 (8) the Indian child's tribe.

641.6 Sec. 22. Minnesota Statutes 2020, section 260C.607, subdivision 5, is amended to read:

641.7 Subd. 5. **Required placement by responsible social services agency.** (a) No petition
641.8 for adoption shall be filed for a child under the guardianship of the commissioner unless
641.9 the child sought to be adopted has been placed for adoption with the adopting parent by the
641.10 responsible social services agency as required under section 260C.613, subdivision 1. The
641.11 court may order the agency to make an adoptive placement using standards and procedures
641.12 under subdivision 6.

641.13 (b) Any relative or the child's foster parent who believes the responsible agency has not
641.14 reasonably considered the relative's or foster parent's request to be considered for adoptive
641.15 placement as required under section 260C.212, subdivision 2, and who wants to be considered
641.16 for adoptive placement of the child shall bring a request for consideration to the attention
641.17 of the court during a review required under this section. The child's guardian ad litem and
641.18 the child may also bring a request for a relative or the child's foster parent to be considered
641.19 for adoptive placement. After hearing from the agency, the court may order the agency to
641.20 take appropriate action regarding the relative's or foster parent's request for consideration
641.21 under section 260C.212, subdivision 2, paragraph (b).

641.22 Sec. 23. Minnesota Statutes 2021 Supplement, section 260C.607, subdivision 6, is amended
641.23 to read:

641.24 Subd. 6. **Motion and hearing to order adoptive placement.** (a) At any time after the
641.25 district court orders the child under the guardianship of the commissioner of human services,
641.26 but not later than 30 days after receiving notice required under section 260C.613, subdivision
641.27 1, paragraph (c), that the agency has made an adoptive placement, a relative or the child's
641.28 foster parent may file a motion for an order for adoptive placement of a child who is under
641.29 the guardianship of the commissioner if the relative or the child's foster parent:

641.30 (1) has an adoption home study under section 259.41 approving the relative or foster
641.31 parent for adoption ~~and has~~. If the relative or foster parent does not have an adoption home
641.32 study, an affidavit attesting to efforts to complete an adoption home study may be filed with

642.1 the motion instead. The affidavit must be signed by the relative or foster parent and the
642.2 responsible social services agency or licensed child-placing agency completing the adoption
642.3 home study. The relative or foster parent must also have been a resident of Minnesota for
642.4 at least six months before filing the motion; the court may waive the residency requirement
642.5 for the moving party if there is a reasonable basis to do so; or

642.6 (2) is not a resident of Minnesota, but has an approved adoption home study by an agency
642.7 licensed or approved to complete an adoption home study in the state of the individual's
642.8 residence and the study is filed with the motion for adoptive placement. If the relative or
642.9 foster parent does not have an adoption home study in the relative's or foster parent's state
642.10 of residence, an affidavit attesting to efforts to complete an adoption home study may be
642.11 filed with the motion instead. The affidavit must be signed by the relative or foster parent
642.12 and the agency completing the adoption home study.

642.13 (b) The motion shall be filed with the court conducting reviews of the child's progress
642.14 toward adoption under this section. The motion and supporting documents must make a
642.15 prima facie showing that the agency has been unreasonable in failing to make the requested
642.16 adoptive placement. The motion must be served according to the requirements for motions
642.17 under the Minnesota Rules of Juvenile Protection Procedure and shall be made on all
642.18 individuals and entities listed in subdivision 2.

642.19 (c) If the motion and supporting documents do not make a prima facie showing for the
642.20 court to determine whether the agency has been unreasonable in failing to make the requested
642.21 adoptive placement, the court shall dismiss the motion. If the court determines a prima facie
642.22 basis is made, the court shall set the matter for evidentiary hearing.

642.23 (d) At the evidentiary hearing, the responsible social services agency shall proceed first
642.24 with evidence about the reason for not making the adoptive placement proposed by the
642.25 moving party. When the agency presents evidence regarding the child's current relationship
642.26 with the identified adoptive placement resource, the court must consider the agency's efforts
642.27 to support the child's relationship with the moving party consistent with section 260C.221.
642.28 The moving party then has the burden of proving by a preponderance of the evidence that
642.29 the agency has been unreasonable in failing to make the adoptive placement.

642.30 (e) The court shall review and enter findings regarding whether, in making an adoptive
642.31 placement decision for the child, the agency:

642.32 (1) considered relatives for adoptive placement in the order specified under section
642.33 260C.212, subdivision 2, paragraph (a); and

643.1 (2) assessed how the identified adoptive placement resource and the moving party are
643.2 each able to meet the child's current and future needs based on an individualized
643.3 determination of the child's needs, as required under sections 260C.612, subdivision 2, and
643.4 260C.613, subdivision 1, paragraph (b).

643.5 ~~(e)~~ (f) At the conclusion of the evidentiary hearing, if the court finds that the agency has
643.6 been unreasonable in failing to make the adoptive placement and that the ~~relative or the~~
643.7 ~~child's foster parent~~ moving party is the most suitable adoptive home to meet the child's
643.8 needs using the factors in section 260C.212, subdivision 2, paragraph (b), the court may:

643.9 (1) order the responsible social services agency to make an adoptive placement in the
643.10 home of the ~~relative or the child's foster parent.~~ moving party if the moving party has an
643.11 approved adoption home study; or

643.12 (2) order the responsible social services agency to place the child in the home of the
643.13 moving party upon approval of an adoption home study. The agency must promote and
643.14 support the child's ongoing visitation and contact with the moving party until the child is
643.15 placed in the moving party's home. The agency must provide an update to the court after
643.16 90 days, including progress and any barriers encountered. If the moving party does not have
643.17 an approved adoption home study within 180 days, the moving party and the agency must
643.18 inform the court of any barriers to obtaining the approved adoption home study during a
643.19 review hearing under this section. If the court finds that the moving party is unable to obtain
643.20 an approved adoption home study, the court must dismiss the order for adoptive placement
643.21 under this subdivision and order the agency to continue making reasonable efforts to finalize
643.22 the adoption of the child as required under section 260C.605.

643.23 ~~(f)~~ (g) If, in order to ensure that a timely adoption may occur, the court orders the
643.24 responsible social services agency to make an adoptive placement under this subdivision,
643.25 the agency shall:

643.26 (1) make reasonable efforts to obtain a fully executed adoption placement agreement,
643.27 including assisting the moving party with the adoption home study process;

643.28 (2) work with the moving party regarding eligibility for adoption assistance as required
643.29 under chapter 256N; and

643.30 (3) if the moving party is not a resident of Minnesota, timely refer the matter for approval
643.31 of the adoptive placement through the Interstate Compact on the Placement of Children.

643.32 ~~(g)~~ (h) Denial or granting of a motion for an order for adoptive placement after an
643.33 evidentiary hearing is an order which may be appealed by the responsible social services

644.1 agency, the moving party, the child, when age ten or over, the child's guardian ad litem,
644.2 and any individual who had a fully executed adoption placement agreement regarding the
644.3 child at the time the motion was filed if the court's order has the effect of terminating the
644.4 adoption placement agreement. An appeal shall be conducted according to the requirements
644.5 of the Rules of Juvenile Protection Procedure.

644.6 Sec. 24. Minnesota Statutes 2020, section 260C.613, subdivision 1, is amended to read:

644.7 Subdivision 1. **Adoptive placement decisions.** (a) The responsible social services agency
644.8 has exclusive authority to make an adoptive placement of a child under the guardianship of
644.9 the commissioner. The child shall be considered placed for adoption when the adopting
644.10 parent, the agency, and the commissioner have fully executed an adoption placement
644.11 agreement on the form prescribed by the commissioner.

644.12 (b) The responsible social services agency shall use an individualized determination of
644.13 the child's current and future needs, pursuant to section 260C.212, subdivision 2, paragraph
644.14 (b), to determine the most suitable adopting parent for the child in the child's best interests.
644.15 The responsible social services agency must consider adoptive placement of the child with
644.16 relatives in the order specified in section 260C.212, subdivision 2, paragraph (a).

644.17 (c) The responsible social services agency shall notify the court and parties entitled to
644.18 notice under section 260C.607, subdivision 2, when there is a fully executed adoption
644.19 placement agreement for the child.

644.20 (d) In the event an adoption placement agreement terminates, the responsible social
644.21 services agency shall notify the court, the parties entitled to notice under section 260C.607,
644.22 subdivision 2, and the commissioner that the agreement and the adoptive placement have
644.23 terminated.

644.24 Sec. 25. Minnesota Statutes 2020, section 260C.613, subdivision 5, is amended to read:

644.25 Subd. 5. **Required record keeping.** The responsible social services agency shall
644.26 document, in the records required to be kept under section 259.79, the reasons for the
644.27 adoptive placement decision regarding the child, including the individualized determination
644.28 of the child's needs based on the factors in section 260C.212, subdivision 2, paragraph (b);
644.29 the agency's consideration of relatives in the order specified in section 260C.212, subdivision
644.30 2, paragraph (a); and the assessment of how the selected adoptive placement meets the
644.31 identified needs of the child. The responsible social services agency shall retain in the
644.32 records required to be kept under section 259.79, copies of all out-of-home placement plans

645.1 made since the child was ordered under guardianship of the commissioner and all court
645.2 orders from reviews conducted pursuant to section 260C.607.

645.3 Sec. 26. Minnesota Statutes 2021 Supplement, section 260E.20, subdivision 2, is amended
645.4 to read:

645.5 Subd. 2. **Face-to-face contact.** (a) Upon receipt of a screened in report, the local welfare
645.6 agency shall conduct a face-to-face contact with the child reported to be maltreated and
645.7 with the child's primary caregiver sufficient to complete a safety assessment and ensure the
645.8 immediate safety of the child. If the report alleges substantial child endangerment or sexual
645.9 abuse, the local welfare agency or agency responsible for assessing or investigating the
645.10 report is not required to provide notice before conducting the initial face-to-face contact
645.11 with the child and the child's primary caregiver.

645.12 (b) The face-to-face contact with the child and primary caregiver shall occur immediately
645.13 if sexual abuse or substantial child endangerment is alleged and within five calendar days
645.14 for all other reports. If the alleged offender was not already interviewed as the primary
645.15 caregiver, the local welfare agency shall also conduct a face-to-face interview with the
645.16 alleged offender in the early stages of the assessment or investigation. Face-to-face contact
645.17 with the child and primary caregiver in response to a report alleging sexual abuse or
645.18 substantial child endangerment may be postponed for no more than five calendar days if
645.19 the child is residing in a location that is confirmed to restrict contact with the alleged offender
645.20 as established in guidelines issued by the commissioner, or if the local welfare agency is
645.21 pursuing a court order for the child's caregiver to produce the child for questioning under
645.22 section 260E.22, subdivision 5.

645.23 (c) At the initial contact with the alleged offender, the local welfare agency or the agency
645.24 responsible for assessing or investigating the report must inform the alleged offender of the
645.25 complaints or allegations made against the individual in a manner consistent with laws
645.26 protecting the rights of the person who made the report. The interview with the alleged
645.27 offender may be postponed if it would jeopardize an active law enforcement investigation.

645.28 (d) The local welfare agency or the agency responsible for assessing or investigating
645.29 the report must provide the alleged offender with an opportunity to make a statement. The
645.30 alleged offender may submit supporting documentation relevant to the assessment or
645.31 investigation.

646.1 Sec. 27. Minnesota Statutes 2020, section 260E.22, subdivision 2, is amended to read:

646.2 Subd. 2. **Child interview procedure.** (a) The interview may take place at school or at
646.3 any facility or other place where the alleged victim or other children might be found or the
646.4 child may be transported to, and the interview may be conducted at a place appropriate for
646.5 the interview of a child designated by the local welfare agency or law enforcement agency.

646.6 (b) When appropriate, the interview ~~may~~ must take place outside the presence of the
646.7 alleged offender or parent, legal custodian, guardian, or school official- and may take place
646.8 prior to any interviews of the alleged offender or parent, legal custodian, guardian, foster
646.9 parent, or school official.

646.10 ~~(c) For a family assessment, it is the preferred practice to request a parent or guardian's~~
646.11 ~~permission to interview the child before conducting the child interview, unless doing so~~
646.12 ~~would compromise the safety assessment.~~

646.13 Sec. 28. Minnesota Statutes 2020, section 260E.24, subdivision 2, is amended to read:

646.14 Subd. 2. **Determination after family assessment.** After conducting a family assessment,
646.15 the local welfare agency shall determine whether child protective services are needed to
646.16 address the safety of the child and other family members and the risk of subsequent
646.17 maltreatment. The local welfare agency must document the information collected under
646.18 section 260E.20, subdivision 3, related to the completed family assessment in the child's or
646.19 family's case notes.

646.20 Sec. 29. Minnesota Statutes 2020, section 260E.34, is amended to read:

646.21 **260E.34 IMMUNITY.**

646.22 (a) The following persons, including persons under the age of 18, are immune from any
646.23 civil or criminal liability that otherwise might result from the person's actions if the person
646.24 is acting in good faith:

646.25 (1) a person making a voluntary or mandated report under this chapter or assisting in an
646.26 assessment under this chapter;

646.27 (2) a person with responsibility for performing duties under this section or supervisor
646.28 employed by a local welfare agency, the commissioner of an agency responsible for operating
646.29 or supervising a licensed or unlicensed day care facility, residential facility, agency, hospital,
646.30 sanitarium, or other facility or institution required to be licensed or certified under sections
646.31 144.50 to 144.58; 241.021; 245A.01 to 245A.16; or chapter 245B or 245H; or a school as
646.32 defined in section 120A.05, subdivisions 9, 11, and 13; and chapter 124E; or a nonlicensed

647.1 personal care provider organization as defined in section 256B.0625, subdivision 19a,
647.2 complying with sections 260E.23, subdivisions 2 and 3, and 260E.30; and

647.3 (3) a public or private school, facility as defined in section 260E.03, or the employee of
647.4 any public or private school or facility who permits access by a local welfare agency, the
647.5 Department of Education, or a local law enforcement agency and assists in an investigation
647.6 or assessment pursuant to this chapter.

647.7 (b) A person who is a supervisor or person with responsibility for performing duties
647.8 under this chapter employed by a local welfare agency, the commissioner of human services,
647.9 or the commissioner of education complying with this chapter or any related rule or provision
647.10 of law is immune from any civil or criminal liability that might otherwise result from the
647.11 person's actions if the person is (1) acting in good faith and exercising due care, or (2) acting
647.12 in good faith and following the information collection procedures established under section
647.13 260E.20, subdivision 3.

647.14 (c) Any physician or other medical personnel administering a toxicology test under
647.15 section 260E.32 to determine the presence of a controlled substance in a pregnant woman,
647.16 in a woman within eight hours after delivery, or in a child at birth or during the first month
647.17 of life is immune from civil or criminal liability arising from administration of the test if
647.18 the physician ordering the test believes in good faith that the test is required under this
647.19 section and the test is administered in accordance with an established protocol and reasonable
647.20 medical practice.

647.21 (d) This section does not provide immunity to any person for failure to make a required
647.22 report or for committing maltreatment.

647.23 (e) If a person who makes a voluntary or mandatory report under section 260E.06 prevails
647.24 in a civil action from which the person has been granted immunity under this section, the
647.25 court may award the person attorney fees and costs.

647.26 Sec. 30. Minnesota Statutes 2020, section 626.557, subdivision 4, is amended to read:

647.27 Subd. 4. **Reporting.** (a) Except as provided in paragraph (b), a mandated reporter shall
647.28 immediately make ~~an oral~~ a report to the common entry point. ~~The common entry point~~
647.29 ~~may accept electronic reports submitted through a web-based reporting system established~~
647.30 ~~by the commissioner. Use of a telecommunications device for the deaf or other similar~~
647.31 ~~device shall be considered an oral report. The common entry point may not require written~~
647.32 ~~reports.~~ To the extent possible, the report must be of sufficient content to identify the
647.33 vulnerable adult, the caregiver, the nature and extent of the suspected maltreatment, any

648.1 evidence of previous maltreatment, the name and address of the reporter, the time, date,
648.2 and location of the incident, and any other information that the reporter believes might be
648.3 helpful in investigating the suspected maltreatment. A mandated reporter may disclose not
648.4 public data, as defined in section 13.02, and medical records under sections 144.291 to
648.5 144.298, to the extent necessary to comply with this subdivision.

648.6 (b) A boarding care home that is licensed under sections 144.50 to 144.58 and certified
648.7 under Title 19 of the Social Security Act, a nursing home that is licensed under section
648.8 144A.02 and certified under Title 18 or Title 19 of the Social Security Act, or a hospital
648.9 that is licensed under sections 144.50 to 144.58 and has swing beds certified under Code
648.10 of Federal Regulations, title 42, section 482.66, may submit a report electronically to the
648.11 common entry point instead of submitting an oral report. The report may be a duplicate of
648.12 the initial report the facility submits electronically to the commissioner of health to comply
648.13 with the reporting requirements under Code of Federal Regulations, title 42, section 483.12.
648.14 The commissioner of health may modify these reporting requirements to include items
648.15 required under paragraph (a) that are not currently included in the electronic reporting form.

648.16 Sec. 31. Minnesota Statutes 2020, section 626.557, subdivision 9, is amended to read:

648.17 Subd. 9. **Common entry point designation.** ~~(a) Each county board shall designate a~~
648.18 ~~common entry point for reports of suspected maltreatment, for use until the commissioner~~
648.19 ~~of human services establishes a common entry point. Two or more county boards may~~
648.20 ~~jointly designate a single common entry point.~~ The commissioner of human services shall
648.21 establish a common entry point ~~effective July 1, 2015.~~ The common entry point is the unit
648.22 responsible for receiving the report of suspected maltreatment under this section.

648.23 (b) The common entry point must be available 24 hours per day to take calls from
648.24 reporters of suspected maltreatment. The common entry point shall use a standard intake
648.25 form that includes:

648.26 (1) the time and date of the report;

648.27 (2) the name, relationship, and identifying and contact information for the person believed
648.28 to be a vulnerable adult and the individual or facility alleged responsible for maltreatment;

648.29 (3) the name, address, and telephone number of the person reporting; relationship, and
648.30 contact information for the:

648.31 (i) reporter;

648.32 (ii) initial reporter, witnesses, and persons who may have knowledge about the
648.33 maltreatment; and

- 649.1 (iii) legal surrogate and persons who may provide support to the vulnerable adult;
- 649.2 (4) the basis of vulnerability for the vulnerable adult;
- 649.3 ~~(3)~~ (5) the time, date, and location of the incident;
- 649.4 ~~(4) the names of the persons involved, including but not limited to, perpetrators, alleged~~
- 649.5 ~~victims, and witnesses;~~
- 649.6 ~~(5) whether there was a risk of imminent danger to the alleged victim;~~
- 649.7 (6) the immediate safety risk to the vulnerable adult;
- 649.8 ~~(6)~~ (7) a description of the suspected maltreatment;
- 649.9 ~~(7) the disability, if any, of the alleged victim;~~
- 649.10 ~~(8) the relationship of the alleged perpetrator to the alleged victim;~~
- 649.11 (8) the impact of the suspected maltreatment on the vulnerable adult;
- 649.12 (9) whether a facility was involved and, if so, which agency licenses the facility;
- 649.13 ~~(10) any action taken by the common entry point;~~
- 649.14 ~~(11) whether law enforcement has been notified;~~
- 649.15 (10) the actions taken to protect the vulnerable adult;
- 649.16 (11) the required notifications and referrals made by the common entry point; and
- 649.17 (12) whether the reporter wishes to receive notification of the ~~initial and final reports;~~
- 649.18 ~~and~~ disposition.
- 649.19 ~~(13) if the report is from a facility with an internal reporting procedure, the name, mailing~~
- 649.20 ~~address, and telephone number of the person who initiated the report internally.~~
- 649.21 (c) The common entry point is not required to complete each item on the form prior to
- 649.22 dispatching the report to the appropriate lead investigative agency.
- 649.23 (d) The common entry point shall immediately report to a law enforcement agency any
- 649.24 incident in which there is reason to believe a crime has been committed.
- 649.25 (e) If a report is initially made to a law enforcement agency or a lead investigative agency,
- 649.26 those agencies shall take the report on the appropriate common entry point intake forms
- 649.27 and immediately forward a copy to the common entry point.
- 649.28 (f) The common entry point staff must receive training on how to screen and dispatch
- 649.29 reports efficiently and in accordance with this section.

650.1 (g) The commissioner of human services shall maintain a centralized database for the
650.2 collection of common entry point data, lead investigative agency data including maltreatment
650.3 report disposition, and appeals data. The common entry point shall have access to the
650.4 centralized database and must log the reports into the database ~~and immediately identify~~
650.5 ~~and locate prior reports of abuse, neglect, or exploitation.~~

650.6 (h) When appropriate, the common entry point staff must refer calls that do not allege
650.7 the abuse, neglect, or exploitation of a vulnerable adult to other organizations that might
650.8 resolve the reporter's concerns.

650.9 (i) A common entry point must be operated in a manner that enables the commissioner
650.10 of human services to:

650.11 (1) track critical steps in the reporting, evaluation, referral, response, disposition, and
650.12 investigative process to ensure compliance with all requirements for all reports;

650.13 (2) maintain data to facilitate the production of aggregate statistical reports for monitoring
650.14 patterns of abuse, neglect, or exploitation;

650.15 (3) serve as a resource for the evaluation, management, and planning of preventative
650.16 and remedial services for vulnerable adults who have been subject to abuse, neglect, or
650.17 exploitation;

650.18 (4) set standards, priorities, and policies to maximize the efficiency and effectiveness
650.19 of the common entry point; and

650.20 (5) track and manage consumer complaints related to the common entry point.

650.21 (j) The commissioners of human services and health shall collaborate on the creation of
650.22 a system for referring reports to the lead investigative agencies. This system shall enable
650.23 the commissioner of human services to track critical steps in the reporting, evaluation,
650.24 referral, response, disposition, investigation, notification, determination, and appeal processes.

650.25 Sec. 32. Minnesota Statutes 2020, section 626.557, subdivision 9b, is amended to read:

650.26 Subd. 9b. **Response to reports.** Law enforcement is the primary agency to conduct
650.27 investigations of any incident in which there is reason to believe a crime has been committed.
650.28 Law enforcement shall initiate a response immediately. If the common entry point notified
650.29 a county agency for emergency adult protective services, law enforcement shall cooperate
650.30 with that county agency when both agencies are involved and shall exchange data to the
650.31 extent authorized in subdivision 12b, paragraph (g). County adult protection shall initiate
650.32 a response immediately. Each lead investigative agency shall complete the investigative

651.1 process for reports within its jurisdiction. A lead investigative agency, county, adult protective
651.2 agency, licensed facility, or law enforcement agency shall cooperate with other agencies in
651.3 the provision of protective services, coordinating its investigations, and assisting another
651.4 agency within the limits of its resources and expertise and shall exchange data to the extent
651.5 authorized in subdivision 12b, paragraph (g). The lead investigative agency shall obtain the
651.6 results of any investigation conducted by law enforcement officials. The lead investigative
651.7 agency has the right to enter facilities and inspect and copy records as part of investigations.
651.8 The lead investigative agency has access to not public data, as defined in section 13.02, and
651.9 medical records under sections 144.291 to 144.298, that are maintained by facilities to the
651.10 extent necessary to conduct its investigation. Each lead investigative agency shall develop
651.11 guidelines for prioritizing reports for investigation. When a county acts as a lead investigative
651.12 agency, the county shall make guidelines available to the public regarding which reports
651.13 the county prioritizes for investigation and adult protective services.

651.14 Sec. 33. Minnesota Statutes 2020, section 626.557, subdivision 9c, is amended to read:

651.15 Subd. 9c. **Lead investigative agency; notifications, dispositions, determinations.** (a)
651.16 Upon request of the reporter, the lead investigative agency shall notify the reporter that it
651.17 has received the report, and provide information on the initial disposition of the report within
651.18 five business days of receipt of the report, provided that the notification will not endanger
651.19 the vulnerable adult or hamper the investigation.

651.20 (b) In making the initial disposition of a report alleging maltreatment of a vulnerable
651.21 adult, the lead investigative agency may consider previous reports of suspected maltreatment
651.22 and may request and consider public information, records maintained by a lead investigative
651.23 agency or licensed providers, and information from any person who may have knowledge
651.24 regarding the alleged maltreatment and the basis for the adult's vulnerability.

651.25 (c) Unless the lead investigative agency believes that: (1) the information would endanger
651.26 the well-being of the vulnerable adult; or (2) it would not be in the best interests of the
651.27 vulnerable adult, the lead investigative agency shall inform the vulnerable adult, or vulnerable
651.28 adult's guardian or health care agent, if known and when applicable to the authority of the
651.29 vulnerable adult's guardian or health care agent, of all reports accepted by the agency for
651.30 investigation, including the maltreatment allegation, investigation guidelines, time frame,
651.31 and evidence standards that the agency uses for determinations. If the allegation is applicable
651.32 to the guardian or health care agent, the lead investigative agency must also inform the
651.33 vulnerable adult's guardian or health care agent of all reports accepted for investigation by

652.1 the agency, including the maltreatment allegation, investigation guidelines, time frame, and
652.2 evidence standards that the agency uses for determinations.

652.3 (d) When the county social service agency does not accept a report for adult protective
652.4 services or investigation, the agency may offer assistance to the reporter or the person who
652.5 was the subject of the report.

652.6 (e) When the county is the lead investigative agency or the agency responsible for adult
652.7 protective services, the agency may coordinate and share data with the Native American
652.8 Tribes and case management agencies as allowed under chapter 13 to support a vulnerable
652.9 adult's health, safety, or comfort or to prevent, stop, or remediate maltreatment. The identity
652.10 of the reporter shall not be disclosed, except as provided in subdivision 12b.

652.11 (f) While investigating reports and providing adult protective services, the lead
652.12 investigative agency may coordinate with entities identified under subdivision 12b, paragraph
652.13 (g), and may coordinate with support persons to safeguard the welfare of the vulnerable
652.14 adult and prevent further maltreatment of the vulnerable adult.

652.15 ~~(b)~~ (g) Upon conclusion of every investigation it conducts, the lead investigative agency
652.16 shall make a final disposition as defined in section 626.5572, subdivision 8.

652.17 ~~(e)~~ (h) When determining whether the facility or individual is the responsible party for
652.18 substantiated maltreatment or whether both the facility and the individual are responsible
652.19 for substantiated maltreatment, the lead investigative agency shall consider at least the
652.20 following mitigating factors:

652.21 (1) whether the actions of the facility or the individual caregivers were in accordance
652.22 with, and followed the terms of, an erroneous physician order, prescription, resident care
652.23 plan, or directive. This is not a mitigating factor when the facility or caregiver is responsible
652.24 for the issuance of the erroneous order, prescription, plan, or directive or knows or should
652.25 have known of the errors and took no reasonable measures to correct the defect before
652.26 administering care;

652.27 (2) the comparative responsibility between the facility, other caregivers, and requirements
652.28 placed upon the employee, including but not limited to, the facility's compliance with related
652.29 regulatory standards and factors such as the adequacy of facility policies and procedures,
652.30 the adequacy of facility training, the adequacy of an individual's participation in the training,
652.31 the adequacy of caregiver supervision, the adequacy of facility staffing levels, and a
652.32 consideration of the scope of the individual employee's authority; and

653.1 (3) whether the facility or individual followed professional standards in exercising
653.2 professional judgment.

653.3 ~~(d)~~ (i) When substantiated maltreatment is determined to have been committed by an
653.4 individual who is also the facility license holder, both the individual and the facility must
653.5 be determined responsible for the maltreatment, and both the background study
653.6 disqualification standards under section 245C.15, subdivision 4, and the licensing actions
653.7 under section 245A.06 or 245A.07 apply.

653.8 ~~(e)~~ (j) The lead investigative agency shall complete its final disposition within 60 calendar
653.9 days. If the lead investigative agency is unable to complete its final disposition within 60
653.10 calendar days, the lead investigative agency shall notify the following persons provided
653.11 that the notification will not endanger the vulnerable adult or hamper the investigation: (1)
653.12 the vulnerable adult or the vulnerable adult's guardian or health care agent, when known,
653.13 if the lead investigative agency knows them to be aware of the investigation; and (2) the
653.14 facility, where applicable. The notice shall contain the reason for the delay and the projected
653.15 completion date. If the lead investigative agency is unable to complete its final disposition
653.16 by a subsequent projected completion date, the lead investigative agency shall again notify
653.17 the vulnerable adult or the vulnerable adult's guardian or health care agent, when known if
653.18 the lead investigative agency knows them to be aware of the investigation, and the facility,
653.19 where applicable, of the reason for the delay and the revised projected completion date
653.20 provided that the notification will not endanger the vulnerable adult or hamper the
653.21 investigation. The lead investigative agency must notify the health care agent of the
653.22 vulnerable adult only if the health care agent's authority to make health care decisions for
653.23 the vulnerable adult is currently effective under section 145C.06 and not suspended under
653.24 section 524.5-310 and the investigation relates to a duty assigned to the health care agent
653.25 by the principal. A lead investigative agency's inability to complete the final disposition
653.26 within 60 calendar days or by any projected completion date does not invalidate the final
653.27 disposition.

653.28 ~~(f) Within ten calendar days of completing the final disposition~~ (k) When the lead
653.29 investigative agency is the Department of Health or the Department of Human Services,
653.30 the lead investigative agency shall provide a copy of the public investigation memorandum
653.31 under subdivision 12b, paragraph (b), clause (1), ~~when required to be completed under this~~
653.32 ~~section,~~ within ten calendar days of completing the final disposition to the following persons:

653.33 (1) the vulnerable adult, or the vulnerable adult's guardian or health care agent, if known,
653.34 unless the lead investigative agency knows that the notification would endanger the
653.35 well-being of the vulnerable adult;

654.1 (2) the reporter, if the reporter requested notification when making the report, provided
654.2 this notification would not endanger the well-being of the vulnerable adult;

654.3 (3) the ~~alleged perpetrator~~ person or facility alleged responsible for maltreatment, if
654.4 known;

654.5 (4) the facility; and

654.6 (5) the ombudsman for long-term care, or the ombudsman for mental health and
654.7 developmental disabilities, as appropriate.

654.8 (l) When the lead investigative agency is a county agency, within ten calendar days of
654.9 completing the final disposition, the lead investigative agency shall provide notification of
654.10 the final disposition to the following persons:

654.11 (1) the vulnerable adult, or the vulnerable adult's guardian or health care agent, if known,
654.12 when the allegation is applicable to the authority of the vulnerable adult's guardian or health
654.13 care agent, unless the agency knows that the notification would endanger the well-being of
654.14 the vulnerable adult;

654.15 (2) the individual determined responsible for maltreatment, if known; and

654.16 (3) when the alleged incident involves a personal care assistant or provider agency, the
654.17 personal care provider organization under section 256B.0659. Upon implementation of
654.18 Community First Services and Supports (CFSS), this notification requirement applies to
654.19 the CFSS support worker or CFSS agency under section 256B.85.

654.20 ~~(g)~~ (m) If, as a result of a reconsideration, review, or hearing, the lead investigative
654.21 agency changes the final disposition, or if a final disposition is changed on appeal, the lead
654.22 investigative agency shall notify the parties specified in paragraph ~~(f)~~ (k).

654.23 ~~(h)~~ (n) The lead investigative agency shall notify the vulnerable adult who is the subject
654.24 of the report or the vulnerable adult's guardian or health care agent, if known, and any person
654.25 or facility determined to have maltreated a vulnerable adult, of their appeal or review rights
654.26 under this section or section 256.021.

654.27 ~~(i)~~ (o) The lead investigative agency shall routinely provide investigation memoranda
654.28 for substantiated reports to the appropriate licensing boards. These reports must include the
654.29 names of substantiated perpetrators. The lead investigative agency may not provide
654.30 investigative memoranda for inconclusive or false reports to the appropriate licensing boards
654.31 unless the lead investigative agency's investigation gives reason to believe that there may
654.32 have been a violation of the applicable professional practice laws. If the investigation

655.1 memorandum is provided to a licensing board, the subject of the investigation memorandum
655.2 shall be notified and receive a summary of the investigative findings.

655.3 ~~(f)~~ (p) In order to avoid duplication, licensing boards shall consider the findings of the
655.4 lead investigative agency in their investigations if they choose to investigate. This does not
655.5 preclude licensing boards from considering other information.

655.6 ~~(k)~~ (q) The lead investigative agency must provide to the commissioner of human services
655.7 its final dispositions, including the names of all substantiated perpetrators. The commissioner
655.8 of human services shall establish records to retain the names of substantiated perpetrators.

655.9 Sec. 34. Minnesota Statutes 2020, section 626.557, subdivision 9d, is amended to read:

655.10 Subd. 9d. **Administrative reconsideration; review panel.** (a) Except as provided under
655.11 paragraph (e), any individual or facility which a lead investigative agency determines has
655.12 maltreated a vulnerable adult, or the vulnerable adult or an interested person acting on behalf
655.13 of the vulnerable adult, regardless of the lead investigative agency's determination, who
655.14 contests the lead investigative agency's final disposition of an allegation of maltreatment,
655.15 may request the lead investigative agency to reconsider its final disposition. The request
655.16 for reconsideration must be submitted in writing to the lead investigative agency within 15
655.17 calendar days after receipt of notice of final disposition or, if the request is made by an
655.18 interested person who is not entitled to notice, within 15 days after receipt of the notice by
655.19 the vulnerable adult or the vulnerable adult's guardian or health care agent. If mailed, the
655.20 request for reconsideration must be postmarked and sent to the lead investigative agency
655.21 within 15 calendar days of the individual's or facility's receipt of the final disposition. If the
655.22 request for reconsideration is made by personal service, it must be received by the lead
655.23 investigative agency within 15 calendar days of the individual's or facility's receipt of the
655.24 final disposition. An individual who was determined to have maltreated a vulnerable adult
655.25 under this section and who was disqualified on the basis of serious or recurring maltreatment
655.26 under sections 245C.14 and 245C.15, may request reconsideration of the maltreatment
655.27 determination and the disqualification. The request for reconsideration of the maltreatment
655.28 determination and the disqualification must be submitted in writing within 30 calendar days
655.29 of the individual's receipt of the notice of disqualification under sections 245C.16 and
655.30 245C.17. If mailed, the request for reconsideration of the maltreatment determination and
655.31 the disqualification must be postmarked and sent to the lead investigative agency within 30
655.32 calendar days of the individual's receipt of the notice of disqualification. If the request for
655.33 reconsideration is made by personal service, it must be received by the lead investigative
655.34 agency within 30 calendar days after the individual's receipt of the notice of disqualification.

656.1 (b) Except as provided under paragraphs (e) and (f), if the lead investigative agency
656.2 denies the request or fails to act upon the request within 15 working days after receiving
656.3 the request for reconsideration, the person or facility entitled to a fair hearing under section
656.4 256.045, may submit to the commissioner of human services a written request for a hearing
656.5 under that statute. The vulnerable adult, or an interested person acting on behalf of the
656.6 vulnerable adult, may request a review by the Vulnerable Adult Maltreatment Review Panel
656.7 under section 256.021 if the lead investigative agency denies the request or fails to act upon
656.8 the request, or if the vulnerable adult or interested person contests a reconsidered disposition.
656.9 The Vulnerable Adult Maltreatment Review Panel shall not conduct a review if the interested
656.10 person making the request on behalf of the vulnerable adult is also the individual or facility
656.11 alleged responsible for the maltreatment of the vulnerable adult. The lead investigative
656.12 agency shall notify persons who request reconsideration of their rights under this paragraph.
656.13 The request must be submitted in writing to the review panel and a copy sent to the lead
656.14 investigative agency within 30 calendar days of receipt of notice of a denial of a request for
656.15 reconsideration or of a reconsidered disposition. The request must specifically identify the
656.16 aspects of the lead investigative agency determination with which the person is dissatisfied.

656.17 (c) If, as a result of a reconsideration or review, the lead investigative agency changes
656.18 the final disposition, it shall notify the parties specified in subdivision 9c, paragraph ~~(f)~~ (i).

656.19 (d) For purposes of this subdivision, "interested person acting on behalf of the vulnerable
656.20 adult" means a person designated in writing by the vulnerable adult to act on behalf of the
656.21 vulnerable adult, or a legal guardian or conservator or other legal representative, a proxy
656.22 or health care agent appointed under chapter 145B or 145C, or an individual who is related
656.23 to the vulnerable adult, as defined in section 245A.02, subdivision 13.

656.24 (e) If an individual was disqualified under sections 245C.14 and 245C.15, on the basis
656.25 of a determination of maltreatment, which was serious or recurring, and the individual has
656.26 requested reconsideration of the maltreatment determination under paragraph (a) and
656.27 reconsideration of the disqualification under sections 245C.21 to 245C.27, reconsideration
656.28 of the maltreatment determination and requested reconsideration of the disqualification
656.29 shall be consolidated into a single reconsideration. If reconsideration of the maltreatment
656.30 determination is denied and the individual remains disqualified following a reconsideration
656.31 decision, the individual may request a fair hearing under section 256.045. If an individual
656.32 requests a fair hearing on the maltreatment determination and the disqualification, the scope
656.33 of the fair hearing shall include both the maltreatment determination and the disqualification.

656.34 (f) If a maltreatment determination or a disqualification based on serious or recurring
656.35 maltreatment is the basis for a denial of a license under section 245A.05 or a licensing

657.1 sanction under section 245A.07, the license holder has the right to a contested case hearing
657.2 under chapter 14 and Minnesota Rules, parts 1400.8505 to 1400.8612. As provided for
657.3 under section 245A.08, the scope of the contested case hearing must include the maltreatment
657.4 determination, disqualification, and licensing sanction or denial of a license. In such cases,
657.5 a fair hearing must not be conducted under section 256.045. Except for family child care
657.6 and child foster care, reconsideration of a maltreatment determination under this subdivision,
657.7 and reconsideration of a disqualification under section 245C.22, must not be conducted
657.8 when:

657.9 (1) a denial of a license under section 245A.05, or a licensing sanction under section
657.10 245A.07, is based on a determination that the license holder is responsible for maltreatment
657.11 or the disqualification of a license holder based on serious or recurring maltreatment;

657.12 (2) the denial of a license or licensing sanction is issued at the same time as the
657.13 maltreatment determination or disqualification; and

657.14 (3) the license holder appeals the maltreatment determination or disqualification, and
657.15 denial of a license or licensing sanction.

657.16 Notwithstanding clauses (1) to (3), if the license holder appeals the maltreatment
657.17 determination or disqualification, but does not appeal the denial of a license or a licensing
657.18 sanction, reconsideration of the maltreatment determination shall be conducted under sections
657.19 260E.33 and 626.557, subdivision 9d, and reconsideration of the disqualification shall be
657.20 conducted under section 245C.22. In such cases, a fair hearing shall also be conducted as
657.21 provided under sections 245C.27, 260E.33, and 626.557, subdivision 9d.

657.22 If the disqualified subject is an individual other than the license holder and upon whom
657.23 a background study must be conducted under chapter 245C, the hearings of all parties may
657.24 be consolidated into a single contested case hearing upon consent of all parties and the
657.25 administrative law judge.

657.26 (g) Until August 1, 2002, an individual or facility that was determined by the
657.27 commissioner of human services or the commissioner of health to be responsible for neglect
657.28 under section 626.5572, subdivision 17, after October 1, 1995, and before August 1, 2001,
657.29 that believes that the finding of neglect does not meet an amended definition of neglect may
657.30 request a reconsideration of the determination of neglect. The commissioner of human
657.31 services or the commissioner of health shall mail a notice to the last known address of
657.32 individuals who are eligible to seek this reconsideration. The request for reconsideration
657.33 must state how the established findings no longer meet the elements of the definition of
657.34 neglect. The commissioner shall review the request for reconsideration and make a

658.1 determination within 15 calendar days. The commissioner's decision on this reconsideration
658.2 is the final agency action.

658.3 (1) For purposes of compliance with the data destruction schedule under subdivision
658.4 12b, paragraph (d), when a finding of substantiated maltreatment has been changed as a
658.5 result of a reconsideration under this paragraph, the date of the original finding of a
658.6 substantiated maltreatment must be used to calculate the destruction date.

658.7 (2) For purposes of any background studies under chapter 245C, when a determination
658.8 of substantiated maltreatment has been changed as a result of a reconsideration under this
658.9 paragraph, any prior disqualification of the individual under chapter 245C that was based
658.10 on this determination of maltreatment shall be rescinded, and for future background studies
658.11 under chapter 245C the commissioner must not use the previous determination of
658.12 substantiated maltreatment as a basis for disqualification or as a basis for referring the
658.13 individual's maltreatment history to a health-related licensing board under section 245C.31.

658.14 Sec. 35. Minnesota Statutes 2020, section 626.557, subdivision 10, is amended to read:

658.15 Subd. 10. **Duties of county social service agency.** (a) When the common entry point
658.16 refers a report to the county social service agency as the lead investigative agency or makes
658.17 a referral to the county social service agency for emergency adult protective services, or
658.18 when another lead investigative agency requests assistance from the county social service
658.19 agency for adult protective services, the county social service agency shall immediately
658.20 assess and offer emergency and continuing protective social services for purposes of
658.21 preventing further maltreatment and for safeguarding the welfare of the maltreated vulnerable
658.22 adult. The county shall use a standardized ~~tool~~ tools and the data system made available by
658.23 the commissioner. The information entered by the county into the standardized tool must
658.24 be accessible to the Department of Human Services. In cases of suspected sexual abuse, the
658.25 county social service agency shall immediately arrange for and make available to the
658.26 vulnerable adult appropriate medical examination and treatment. When necessary in order
658.27 to protect the vulnerable adult from further harm, the county social service agency shall
658.28 seek authority to remove the vulnerable adult from the situation in which the maltreatment
658.29 occurred. The county social service agency may also investigate to determine whether the
658.30 conditions which resulted in the reported maltreatment place other vulnerable adults in
658.31 jeopardy of being maltreated and offer protective social services that are called for by its
658.32 determination.

658.33 (b) Within five business days of receipt of a report screened in by the county social
658.34 service agency for investigation, the county social service agency shall determine whether,

659.1 in addition to an assessment and services for the vulnerable adult, to also conduct an
659.2 investigation for final disposition of the individual or facility alleged to have maltreated the
659.3 vulnerable adult.

659.4 (c) The county social service agency must investigate for a final disposition the individual
659.5 or facility alleged to have maltreated a vulnerable adult for each report accepted as lead
659.6 investigative agency involving an allegation of abuse, caregiver neglect that resulted in
659.7 harm to the vulnerable adult, financial exploitation that may be criminal, or an allegation
659.8 against a caregiver under chapter 256B.

659.9 (d) An investigating county social service agency must make a final disposition for any
659.10 allegation when the county social service agency determines that a final disposition may
659.11 safeguard a vulnerable adult or may prevent further maltreatment.

659.12 (e) If the county social service agency learns of an allegation listed in paragraph (c) after
659.13 the determination in paragraph (a), the county social service agency must change the initial
659.14 determination and conduct an investigation for final disposition of the individual or facility
659.15 alleged to have maltreated the vulnerable adult.

659.16 ~~(b)~~ (f) County social service agencies may enter facilities and inspect and copy records
659.17 as part of an investigation. The county social service agency has access to not public data,
659.18 as defined in section 13.02, and medical records under sections 144.291 to 144.298, that
659.19 are maintained by facilities to the extent necessary to conduct its investigation. The inquiry
659.20 is not limited to the written records of the facility, but may include every other available
659.21 source of information.

659.22 ~~(e)~~ (g) When necessary in order to protect a vulnerable adult from serious harm, the
659.23 county social service agency shall immediately intervene on behalf of that adult to help the
659.24 family, vulnerable adult, or other interested person by seeking any of the following:

659.25 (1) a restraining order or a court order for removal of the perpetrator from the residence
659.26 of the vulnerable adult pursuant to section 518B.01;

659.27 (2) the appointment of a guardian or conservator pursuant to sections 524.5-101 to
659.28 524.5-502, or guardianship or conservatorship pursuant to chapter 252A;

659.29 (3) replacement of a guardian or conservator suspected of maltreatment and appointment
659.30 of a suitable person as guardian or conservator, pursuant to sections 524.5-101 to 524.5-502;
659.31 or

659.32 (4) a referral to the prosecuting attorney for possible criminal prosecution of the
659.33 perpetrator under chapter 609.

660.1 The expenses of legal intervention must be paid by the county in the case of indigent
660.2 persons, under section 524.5-502 and chapter 563.

660.3 In proceedings under sections 524.5-101 to 524.5-502, if a suitable relative or other
660.4 person is not available to petition for guardianship or conservatorship, a county employee
660.5 shall present the petition with representation by the county attorney. The county shall contract
660.6 with or arrange for a suitable person or organization to provide ongoing guardianship
660.7 services. If the county presents evidence to the court exercising probate jurisdiction that it
660.8 has made a diligent effort and no other suitable person can be found, a county employee
660.9 may serve as guardian or conservator. The county shall not retaliate against the employee
660.10 for any action taken on behalf of the ~~ward or protected~~ person subject to guardianship or
660.11 conservatorship, even if the action is adverse to the county's interest. Any person retaliated
660.12 against in violation of this subdivision shall have a cause of action against the county and
660.13 shall be entitled to reasonable attorney fees and costs of the action if the action is upheld
660.14 by the court.

660.15 Sec. 36. Minnesota Statutes 2020, section 626.557, subdivision 10b, is amended to read:

660.16 Subd. 10b. **Investigations; guidelines.** (a) Each lead investigative agency shall develop
660.17 guidelines for prioritizing reports for investigation.

660.18 (b) When investigating a report, the lead investigative agency shall conduct the following
660.19 activities, as appropriate:

660.20 (1) interview of the ~~alleged victim~~ vulnerable adult;

660.21 (2) interview of the reporter and others who may have relevant information;

660.22 (3) interview of the ~~alleged perpetrator~~ individual or facility alleged responsible for
660.23 maltreatment; and

660.24 ~~(4) examination of the environment surrounding the alleged incident;~~

660.25 ~~(5)~~ (4) review of records and pertinent documentation of the alleged incident; ~~and.~~

660.26 ~~(6) consultation with professionals.~~

660.27 (c) The lead investigative agency shall conduct the following activities as appropriate
660.28 to further the investigation, to prevent further maltreatment, or to safeguard the vulnerable
660.29 adult:

660.30 (1) examining the environment surrounding the alleged incident;

660.31 (2) consulting with professionals; and

661.1 (3) communicating with state, federal, tribal, and other agencies including:

661.2 (i) service providers;

661.3 (ii) case managers;

661.4 (iii) ombudsmen; and

661.5 (iv) support persons for the vulnerable adult.

661.6 (d) The lead investigative agency may decide not to conduct an interview of a vulnerable
661.7 adult, reporter, or witness under paragraph (b) if:

661.8 (1) the vulnerable adult, reporter, or witness declines to have an interview with the
661.9 agency or is unable to be contacted despite the agency's diligent attempts;

661.10 (2) an interview of the vulnerable adult or reporter was conducted by law enforcement
661.11 or a professional trained in forensic interview and an additional interview will not further
661.12 the investigation;

661.13 (3) an interview of the witness will not further the investigation; or

661.14 (4) the agency has a reason to believe that the interview will endanger the vulnerable
661.15 adult.

661.16 Sec. 37. Minnesota Statutes 2020, section 626.557, subdivision 12b, is amended to read:

661.17 Subd. 12b. **Data management.** (a) In performing any of the duties of this section as a
661.18 lead investigative agency, the county social service agency shall maintain appropriate
661.19 records. Data collected by the county social service agency under this section while providing
661.20 adult protective services are welfare data under section 13.46. Investigative data collected
661.21 under this section are confidential data on individuals or protected nonpublic data as defined
661.22 under section 13.02. Notwithstanding section 13.46, subdivision 1, paragraph (a), data under
661.23 this paragraph that are inactive investigative data on an individual who is a vendor of services
661.24 are private data on individuals, as defined in section 13.02. The identity of the reporter may
661.25 only be disclosed as provided in paragraph (c).

661.26 Data maintained by the common entry point are confidential data on individuals or
661.27 protected nonpublic data as defined in section 13.02. Notwithstanding section 138.163, the
661.28 common entry point shall maintain data for three calendar years after date of receipt and
661.29 then destroy the data unless otherwise directed by federal requirements.

661.30 (b) The commissioners of health and human services shall prepare an investigation
661.31 memorandum for each report alleging maltreatment investigated under this section. County

662.1 social service agencies must maintain private data on individuals but are not required to
662.2 prepare an investigation memorandum. During an investigation by the commissioner of
662.3 health or the commissioner of human services, data collected under this section are
662.4 confidential data on individuals or protected nonpublic data as defined in section 13.02.
662.5 Upon completion of the investigation, the data are classified as provided in clauses (1) to
662.6 (3) and paragraph (c).

662.7 (1) The investigation memorandum must contain the following data, which are public:

662.8 (i) the name of the facility investigated;

662.9 (ii) a statement of the nature of the alleged maltreatment;

662.10 (iii) pertinent information obtained from medical or other records reviewed;

662.11 (iv) the identity of the investigator;

662.12 (v) a summary of the investigation's findings;

662.13 (vi) statement of whether the report was found to be substantiated, inconclusive, false,
662.14 or that no determination will be made;

662.15 (vii) a statement of any action taken by the facility;

662.16 (viii) a statement of any action taken by the lead investigative agency; and

662.17 (ix) when a lead investigative agency's determination has substantiated maltreatment, a
662.18 statement of whether an individual, individuals, or a facility were responsible for the
662.19 substantiated maltreatment, if known.

662.20 The investigation memorandum must be written in a manner which protects the identity
662.21 of the reporter and of the vulnerable adult and may not contain the names or, to the extent
662.22 possible, data on individuals or private data listed in clause (2).

662.23 (2) Data on individuals collected and maintained in the investigation memorandum are
662.24 private data, including:

662.25 (i) the name of the vulnerable adult;

662.26 (ii) the identity of the individual alleged to be the perpetrator;

662.27 (iii) the identity of the individual substantiated as the perpetrator; and

662.28 (iv) the identity of all individuals interviewed as part of the investigation.

662.29 (3) Other data on individuals maintained as part of an investigation under this section
662.30 are private data on individuals upon completion of the investigation.

663.1 (c) ~~After the assessment or investigation is completed,~~ The name of the reporter must
663.2 be confidential. The subject of the report may compel disclosure of the name of the reporter
663.3 only with the consent of the reporter or upon a written finding by a court that the report was
663.4 false and there is evidence that the report was made in bad faith. This subdivision does not
663.5 alter disclosure responsibilities or obligations under the Rules of Criminal Procedure, except
663.6 that where the identity of the reporter is relevant to a criminal prosecution, the district court
663.7 shall do an in-camera review prior to determining whether to order disclosure of the identity
663.8 of the reporter.

663.9 (d) Notwithstanding section 138.163, data maintained under this section by the
663.10 commissioners of health and human services must be maintained under the following
663.11 schedule and then destroyed unless otherwise directed by federal requirements:

663.12 (1) data from reports determined to be false, maintained for three years after the finding
663.13 was made;

663.14 (2) data from reports determined to be inconclusive, maintained for four years after the
663.15 finding was made;

663.16 (3) data from reports determined to be substantiated, maintained for seven years after
663.17 the finding was made; and

663.18 (4) data from reports which were not investigated by a lead investigative agency and for
663.19 which there is no final disposition, maintained for three years from the date of the report.

663.20 (e) The commissioners of health and human services shall annually publish on their
663.21 websites the number and type of reports of alleged maltreatment involving licensed facilities
663.22 reported under this section, the number of those requiring investigation under this section,
663.23 and the resolution of those investigations. On a biennial basis, the commissioners of health
663.24 and human services shall jointly report the following information to the legislature and the
663.25 governor:

663.26 (1) the number and type of reports of alleged maltreatment involving licensed facilities
663.27 reported under this section, the number of those requiring investigations under this section,
663.28 the resolution of those investigations, and which of the two lead agencies was responsible;

663.29 (2) trends about types of substantiated maltreatment found in the reporting period;

663.30 (3) if there are upward trends for types of maltreatment substantiated, recommendations
663.31 for addressing and responding to them;

663.32 (4) efforts undertaken or recommended to improve the protection of vulnerable adults;

664.1 (5) whether and where backlogs of cases result in a failure to conform with statutory
664.2 time frames and recommendations for reducing backlogs if applicable;

664.3 (6) recommended changes to statutes affecting the protection of vulnerable adults; and

664.4 (7) any other information that is relevant to the report trends and findings.

664.5 (f) Each lead investigative agency must have a record retention policy.

664.6 (g) Lead investigative agencies, county agencies responsible for adult protective services,
664.7 prosecuting authorities, and law enforcement agencies may exchange not public data, as
664.8 defined in section 13.02, with a tribal agency, facility, service provider, vulnerable adult,
664.9 primary support person for a vulnerable adult, state licensing board, federal or state agency,
664.10 the ombudsman for long-term care, or the ombudsman for mental health and developmental
664.11 disabilities, if the agency or authority requesting providing the data determines that the data
664.12 are pertinent and necessary to the requesting agency in initiating, furthering, or completing
664.13 to prevent further maltreatment of a vulnerable adult, to safeguard a vulnerable adult, or for
664.14 an investigation under this section. Data collected under this section must be made available
664.15 to prosecuting authorities and law enforcement officials, local county agencies, and licensing
664.16 agencies investigating the alleged maltreatment under this section. The lead investigative
664.17 agency shall exchange not public data with the vulnerable adult maltreatment review panel
664.18 established in section 256.021 if the data are pertinent and necessary for a review requested
664.19 under that section. Notwithstanding section 138.17, upon completion of the review, not
664.20 public data received by the review panel must be destroyed.

664.21 (h) Each lead investigative agency shall keep records of the length of time it takes to
664.22 complete its investigations.

664.23 (i) A lead investigative agency may notify other affected parties and their authorized
664.24 representative if the lead investigative agency has reason to believe maltreatment has occurred
664.25 and determines the information will safeguard the well-being of the affected parties or dispel
664.26 widespread rumor or unrest in the affected facility.

664.27 (j) Under any notification provision of this section, where federal law specifically
664.28 prohibits the disclosure of patient identifying information, a lead investigative agency may
664.29 not provide any notice unless the vulnerable adult has consented to disclosure in a manner
664.30 which conforms to federal requirements.

664.31 Sec. 38. Minnesota Statutes 2020, section 626.5571, subdivision 1, is amended to read:

664.32 Subdivision 1. **Establishment of team.** A county may establish a multidisciplinary adult
664.33 protection team comprised of the director of the local welfare agency or designees, the

665.1 county attorney or designees, the county sheriff or designees, and representatives of health
665.2 care. In addition, representatives of mental health or other appropriate human service
665.3 agencies, representatives from local tribal governments, ~~and~~ adult advocate groups, and any
665.4 other organization with relevant expertise may be added to the adult protection team.

665.5 Sec. 39. Minnesota Statutes 2020, section 626.5571, subdivision 2, is amended to read:

665.6 Subd. 2. **Duties of team.** A multidisciplinary adult protection team may provide public
665.7 and professional education, develop resources for prevention, intervention, and treatment,
665.8 and provide case consultation to the local welfare agency to better enable the agency to
665.9 carry out its ~~adult protection~~ functions under section 626.557 and to meet the community's
665.10 needs ~~for adult protection services~~. Case consultation may be performed by a committee of
665.11 the team composed of the team members representing social services, law enforcement, the
665.12 county attorney, health care, and persons directly involved in an individual case as determined
665.13 by the case consultation committee. Case consultation ~~is~~ includes a case review process that
665.14 results in recommendations about services to be provided to the identified adult and family.

665.15 Sec. 40. Minnesota Statutes 2020, section 626.5572, subdivision 2, is amended to read:

665.16 Subd. 2. **Abuse.** "Abuse" means:

665.17 (a) An act against a vulnerable adult that constitutes a violation of, an attempt to violate,
665.18 or aiding and abetting a violation of:

665.19 (1) assault in the first through fifth degrees as defined in sections 609.221 to 609.224;

665.20 (2) the use of drugs to injure or facilitate crime as defined in section 609.235;

665.21 (3) the solicitation, inducement, and promotion of prostitution as defined in section
665.22 609.322; and

665.23 (4) criminal sexual conduct in the first through fifth degrees as defined in sections
665.24 609.342 to 609.3451.

665.25 A violation includes any action that meets the elements of the crime, regardless of
665.26 whether there is a criminal proceeding or conviction.

665.27 (b) Conduct which is not an accident or therapeutic conduct as defined in this section,
665.28 which produces or could reasonably be expected to produce physical pain or injury or
665.29 emotional distress including, but not limited to, the following:

665.30 (1) hitting, slapping, kicking, pinching, biting, or corporal punishment of a vulnerable
665.31 adult;

666.1 (2) use of repeated or malicious oral, written, or gestured language toward a vulnerable
666.2 adult or the treatment of a vulnerable adult which would be considered by a reasonable
666.3 person to be disparaging, derogatory, humiliating, harassing, or threatening; or

666.4 (3) use of any aversive or deprivation procedure, unreasonable confinement, or
666.5 involuntary seclusion, including the forced separation of the vulnerable adult from other
666.6 persons against the will of the vulnerable adult or the legal representative of the vulnerable
666.7 adult; ~~and unless authorized under applicable licensing requirements or Minnesota Rules,~~
666.8 chapter 9544.

666.9 ~~(4) use of any aversive or deprivation procedures for persons with developmental~~
666.10 ~~disabilities or related conditions not authorized under section 245.825.~~

666.11 (c) Any sexual contact or penetration as defined in section 609.341, between a facility
666.12 staff person or a person providing services in the facility and a resident, patient, or client
666.13 of that facility.

666.14 (d) The act of forcing, compelling, coercing, or enticing a vulnerable adult against the
666.15 vulnerable adult's will to perform services for the advantage of another.

666.16 (e) For purposes of this section, a vulnerable adult is not abused for the sole reason that
666.17 the vulnerable adult or a person with authority to make health care decisions for the
666.18 vulnerable adult under sections 144.651, 144A.44, chapter 145B, 145C or 252A, or section
666.19 253B.03 or 524.5-313, refuses consent or withdraws consent, consistent with that authority
666.20 and within the boundary of reasonable medical practice, to any therapeutic conduct, including
666.21 any care, service, or procedure to diagnose, maintain, or treat the physical or mental condition
666.22 of the vulnerable adult or, where permitted under law, to provide nutrition and hydration
666.23 parenterally or through intubation. This paragraph does not enlarge or diminish rights
666.24 otherwise held under law by:

666.25 (1) a vulnerable adult or a person acting on behalf of a vulnerable adult, including an
666.26 involved family member, to consent to or refuse consent for therapeutic conduct; or

666.27 (2) a caregiver to offer or provide or refuse to offer or provide therapeutic conduct.

666.28 (f) For purposes of this section, a vulnerable adult is not abused for the sole reason that
666.29 the vulnerable adult, a person with authority to make health care decisions for the vulnerable
666.30 adult, or a caregiver in good faith selects and depends upon spiritual means or prayer for
666.31 treatment or care of disease or remedial care of the vulnerable adult in lieu of medical care,
666.32 provided that this is consistent with the prior practice or belief of the vulnerable adult or
666.33 with the expressed intentions of the vulnerable adult.

667.1 (g) For purposes of this section, a vulnerable adult is not abused for the sole reason that
667.2 the vulnerable adult, who is not impaired in judgment or capacity by mental or emotional
667.3 dysfunction or undue influence, engages in consensual sexual contact with:

667.4 (1) a person, including a facility staff person, when a consensual sexual personal
667.5 relationship existed prior to the caregiving relationship; or

667.6 (2) a personal care attendant, regardless of whether the consensual sexual personal
667.7 relationship existed prior to the caregiving relationship.

667.8 Sec. 41. Minnesota Statutes 2020, section 626.5572, subdivision 4, is amended to read:

667.9 Subd. 4. **Caregiver.** "Caregiver" means an individual or facility who has responsibility
667.10 for all or a portion of the care of a vulnerable adult ~~as a result of a family relationship, or~~
667.11 ~~who has assumed responsibility for all or a portion of the care of a vulnerable adult~~
667.12 voluntarily, by contract, or by agreement.

667.13 Sec. 42. Minnesota Statutes 2020, section 626.5572, subdivision 17, is amended to read:

667.14 Subd. 17. **Neglect.** ~~"Neglect" means:~~ Neglect means neglect by a caregiver or self-neglect.

667.15 (a) "Caregiver neglect" means the failure or omission by a caregiver to supply a vulnerable
667.16 adult with care or services, including but not limited to, food, clothing, shelter, health care,
667.17 or supervision which is:

667.18 (1) reasonable and necessary to obtain or maintain the vulnerable adult's physical or
667.19 mental health or safety, considering the physical and mental capacity or dysfunction of the
667.20 vulnerable adult; and

667.21 (2) which is not the result of an accident or therapeutic conduct.

667.22 (b) ~~The absence or likelihood of absence of care or services, including but not limited~~
667.23 ~~to, food, clothing, shelter, health care, or supervision necessary to maintain the physical~~
667.24 ~~and mental health of the vulnerable adult~~ "Self-neglect" means neglect by a vulnerable adult
667.25 of the vulnerable adult's own food, clothing, shelter, health care, or other services that are
667.26 not the responsibility of a caregiver which a reasonable person would deem essential to
667.27 obtain or maintain the vulnerable adult's health, safety, or comfort ~~considering the physical~~
667.28 ~~or mental capacity or dysfunction of the vulnerable adult.~~

667.29 (c) For purposes of this section, a vulnerable adult is not neglected for the sole reason
667.30 that:

668.1 (1) the vulnerable adult or a person with authority to make health care decisions for the
668.2 vulnerable adult under sections 144.651, 144A.44, chapter 145B, 145C, or 252A, or sections
668.3 253B.03 or 524.5-101 to 524.5-502, refuses consent or withdraws consent, consistent with
668.4 that authority and within the boundary of reasonable medical practice, to any therapeutic
668.5 conduct, including any care, service, or procedure to diagnose, maintain, or treat the physical
668.6 or mental condition of the vulnerable adult, or, where permitted under law, to provide
668.7 nutrition and hydration parenterally or through intubation; this paragraph does not enlarge
668.8 or diminish rights otherwise held under law by:

668.9 (i) a vulnerable adult or a person acting on behalf of a vulnerable adult, including an
668.10 involved family member, to consent to or refuse consent for therapeutic conduct; or

668.11 (ii) a caregiver to offer or provide or refuse to offer or provide therapeutic conduct; or

668.12 (2) the vulnerable adult, a person with authority to make health care decisions for the
668.13 vulnerable adult, or a caregiver in good faith selects and depends upon spiritual means or
668.14 prayer for treatment or care of disease or remedial care of the vulnerable adult in lieu of
668.15 medical care, provided that this is consistent with the prior practice or belief of the vulnerable
668.16 adult or with the expressed intentions of the vulnerable adult;

668.17 (3) the vulnerable adult, who is not impaired in judgment or capacity by mental or
668.18 emotional dysfunction or undue influence, engages in consensual sexual contact with:

668.19 (i) a person including a facility staff person when a consensual sexual personal
668.20 relationship existed prior to the caregiving relationship; or

668.21 (ii) a personal care attendant, regardless of whether the consensual sexual personal
668.22 relationship existed prior to the caregiving relationship; or

668.23 (4) an individual makes an error in the provision of therapeutic conduct to a vulnerable
668.24 adult which does not result in injury or harm which reasonably requires medical or mental
668.25 health care; or

668.26 (5) an individual makes an error in the provision of therapeutic conduct to a vulnerable
668.27 adult that results in injury or harm, which reasonably requires the care of a physician, and:

668.28 (i) the necessary care is provided in a timely fashion as dictated by the condition of the
668.29 vulnerable adult;

668.30 (ii) if after receiving care, the health status of the vulnerable adult can be reasonably
668.31 expected, as determined by the attending physician, to be restored to the vulnerable adult's
668.32 preexisting condition;

- 669.1 (iii) the error is not part of a pattern of errors by the individual;
- 669.2 (iv) if in a facility, the error is immediately reported as required under section 626.557,
669.3 and recorded internally in the facility;
- 669.4 (v) if in a facility, the facility identifies and takes corrective action and implements
669.5 measures designed to reduce the risk of further occurrence of this error and similar errors;
669.6 and
- 669.7 (vi) if in a facility, the actions required under items (iv) and (v) are sufficiently
669.8 documented for review and evaluation by the facility and any applicable licensing,
669.9 certification, and ombudsman agency.
- 669.10 (d) Nothing in this definition requires a caregiver, if regulated, to provide services in
669.11 excess of those required by the caregiver's license, certification, registration, or other
669.12 regulation.
- 669.13 (e) If the findings of an investigation by a lead investigative agency result in a
669.14 determination of substantiated maltreatment for the sole reason that the actions required of
669.15 a facility under paragraph (c), clause (5), item (iv), (v), or (vi), were not taken, then the
669.16 facility is subject to a correction order. An individual will not be found to have neglected
669.17 or maltreated the vulnerable adult based solely on the facility's not having taken the actions
669.18 required under paragraph (c), clause (5), item (iv), (v), or (vi). This must not alter the lead
669.19 investigative agency's determination of mitigating factors under section 626.557, subdivision
669.20 9c, paragraph ~~(e)~~ (f).

669.21 ARTICLE 14

669.22 CHILD PROTECTION

669.23 Section 1. Minnesota Statutes 2020, section 242.19, subdivision 2, is amended to read:

669.24 Subd. 2. **Dispositions.** When a child has been committed to the commissioner of
669.25 corrections by a juvenile court, upon a finding of delinquency, the commissioner may for
669.26 the purposes of treatment and rehabilitation:

669.27 (1) order the child's confinement to the Minnesota Correctional Facility-Red Wing,
669.28 which shall accept the child, or to a group foster home under the control of the commissioner
669.29 of corrections, or to private facilities or facilities established by law or incorporated under
669.30 the laws of this state that may care for delinquent children;

669.31 (2) order the child's release on parole under such supervisions and conditions as the
669.32 commissioner believes conducive to law-abiding conduct, treatment and rehabilitation;

670.1 (3) order reconfinement or renewed parole as often as the commissioner believes to be
670.2 desirable;

670.3 (4) revoke or modify any order, except an order of discharge, as often as the commissioner
670.4 believes to be desirable;

670.5 (5) discharge the child when the commissioner is satisfied that the child has been
670.6 rehabilitated and that such discharge is consistent with the protection of the public;

670.7 (6) if the commissioner finds that the child is eligible for probation or parole and it
670.8 appears from the commissioner's investigation that conditions in the child's or the guardian's
670.9 home are not conducive to the child's treatment, rehabilitation, or law-abiding conduct, refer
670.10 the child, together with the commissioner's findings, to a local social services agency or a
670.11 licensed child-placing agency for placement in a foster care or, when appropriate, for
670.12 initiation of child in need of protection or services proceedings as provided in sections
670.13 260C.001 to 260C.421. The commissioner of corrections shall reimburse local social services
670.14 agencies for foster care costs they incur for the child while on probation or parole to the
670.15 extent that funds for this purpose are made available to the commissioner by the legislature.
670.16 ~~The juvenile court shall order the parents of a child on probation or parole to pay the costs~~
670.17 ~~of foster care under section 260B.331, subdivision 1, according to their ability to pay, and~~
670.18 ~~to the extent that the commissioner of corrections has not reimbursed the local social services~~
670.19 ~~agency.~~

670.20 Sec. 2. Minnesota Statutes 2021 Supplement, section 256N.26, subdivision 11, is amended
670.21 to read:

670.22 Subd. 11. **Child income or income attributable to the child.** (a) A monthly Northstar
670.23 kinship assistance or adoption assistance payment must be considered as income and
670.24 resources attributable to the child. Northstar kinship assistance and adoption assistance are
670.25 exempt from garnishment, except as permissible under the laws of the state where the child
670.26 resides.

670.27 (b) When a child is placed into foster care, any income and resources attributable to the
670.28 child are treated as provided in ~~sections~~ section 252.27 ~~and 260C.331, or 260B.331,~~ as
670.29 applicable to the child being placed.

670.30 (c) Supplemental Security Income (SSI), retirement survivor's disability insurance
670.31 (RSDI), veteran's benefits, railroad retirement benefits, and black lung benefits are considered
670.32 income and resources attributable to the child.

671.1 Sec. 3. Minnesota Statutes 2020, section 256N.26, subdivision 14, is amended to read:

671.2 Subd. 14. **Treatment of child support and Minnesota family investment program.** (a)

671.3 If a child placed in foster care who receives federal Title IV-E foster care maintenance
671.4 payments also receives child support, the child support payment may be redirected to the
671.5 financially responsible agency for the duration of the child's placement in foster care. In
671.6 cases where the child qualifies for Northstar Care for Children by meeting the adoption
671.7 assistance eligibility criteria or the Northstar kinship assistance eligibility criteria, any
671.8 court-ordered child support must not be considered income attributable to the child and
671.9 must have no impact on the monthly payment.

671.10 (b) Consistent with section 256J.24, a child eligible for Northstar Care for Children
671.11 whose caregiver receives a payment on the child's behalf is excluded from a Minnesota
671.12 family investment program assistance unit.

671.13 Sec. 4. Minnesota Statutes 2020, section 260.761, subdivision 2, is amended to read:

671.14 Subd. 2. **Agency and court notice to tribes.** (a) When a local social services agency
671.15 has information that a family assessment ~~or~~ investigation, or noncaregiver sex trafficking
671.16 assessment being conducted may involve an Indian child, the local social services agency
671.17 shall notify the Indian child's tribe of the family assessment ~~or~~ investigation, or noncaregiver
671.18 sex trafficking assessment according to section 260E.18. The local social services agency
671.19 shall provide initial notice ~~shall be provided~~ by telephone and by e-mail or facsimile. The
671.20 local social services agency shall request that the tribe or a designated tribal representative
671.21 participate in evaluating the family circumstances, identifying family and tribal community
671.22 resources, and developing case plans.

671.23 (b) When a local social services agency has information that a child receiving services
671.24 may be an Indian child, the local social services agency shall notify the tribe by telephone
671.25 and by e-mail or facsimile of the child's full name and date of birth, the full names and dates
671.26 of birth of the child's biological parents, and, if known, the full names and dates of birth of
671.27 the child's grandparents and of the child's Indian custodian. This notification must be provided
671.28 ~~so~~ for the tribe ~~can~~ to determine if the child is enrolled in the tribe or eligible for tribal
671.29 membership, and ~~must be provided~~ the agency must provide this notification to the tribe
671.30 within seven days of receiving information that the child may be an Indian child. If
671.31 information regarding the child's grandparents or Indian custodian is not available within
671.32 the seven-day period, the local social services agency shall continue to request this
671.33 information and shall notify the tribe when it is received. Notice shall be provided to all
671.34 tribes to which the child may have any tribal lineage. If the identity or location of the child's

672.1 parent or Indian custodian and tribe cannot be determined, the local social services agency
672.2 shall provide the notice required in this paragraph to the United States secretary of the
672.3 interior.

672.4 (c) In accordance with sections 260C.151 and 260C.152, when a court has reason to
672.5 believe that a child placed in emergency protective care is an Indian child, the court
672.6 administrator or a designee shall, as soon as possible and before a hearing takes place, notify
672.7 the tribal social services agency by telephone and by e-mail or facsimile of the date, time,
672.8 and location of the emergency protective case hearing. The court shall make efforts to allow
672.9 appearances by telephone for tribal representatives, parents, and Indian custodians.

672.10 (d) A local social services agency must provide the notices required under this subdivision
672.11 at the earliest possible time to facilitate involvement of the Indian child's tribe. Nothing in
672.12 this subdivision is intended to hinder the ability of the local social services agency and the
672.13 court to respond to an emergency situation. Lack of participation by a tribe shall not prevent
672.14 the tribe from intervening in services and proceedings at a later date. A tribe may participate
672.15 in a case at any time. At any stage of the local social services agency's involvement with
672.16 an Indian child, the agency shall provide full cooperation to the tribal social services agency,
672.17 including disclosure of all data concerning the Indian child. Nothing in this subdivision
672.18 relieves the local social services agency of satisfying the notice requirements in the Indian
672.19 Child Welfare Act.

672.20 Sec. 5. Minnesota Statutes 2020, section 260B.331, subdivision 1, is amended to read:

672.21 Subdivision 1. **Care, examination, or treatment.** (a)(1) Whenever legal custody of a
672.22 child is transferred by the court to a local social services agency, or

672.23 (2) whenever legal custody is transferred to a person other than the local social services
672.24 agency, but under the supervision of the local social services agency, and

672.25 (3) whenever a child is given physical or mental examinations or treatment under order
672.26 of the court, and no provision is otherwise made by law for payment for the care,
672.27 examination, or treatment of the child, these costs are a charge upon the welfare funds of
672.28 the county in which proceedings are held upon certification of the judge of juvenile court.

672.29 ~~(b) The court shall order, and the local social services agency shall require, the parents~~
672.30 ~~or custodian of a child, while the child is under the age of 18, to use the total income and~~
672.31 ~~resources attributable to the child for the period of care, examination, or treatment, except~~
672.32 ~~for clothing and personal needs allowance as provided in section 256B.35, to reimburse the~~
672.33 ~~county for the cost of care, examination, or treatment. Income and resources attributable to~~

673.1 ~~the child include, but are not limited to, Social Security benefits, Supplemental Security~~
673.2 ~~Income (SSI), veterans benefits, railroad retirement benefits and child support. When the~~
673.3 ~~child is over the age of 18, and continues to receive care, examination, or treatment, the~~
673.4 ~~court shall order, and the local social services agency shall require, reimbursement from~~
673.5 ~~the child for the cost of care, examination, or treatment from the income and resources~~
673.6 ~~attributable to the child less the clothing and personal needs allowance.~~

673.7 ~~(e) If the income and resources attributable to the child are not enough to reimburse the~~
673.8 ~~county for the full cost of the care, examination, or treatment, the court shall inquire into~~
673.9 ~~the ability of the parents to support the child and, after giving the parents a reasonable~~
673.10 ~~opportunity to be heard, the court shall order, and the local social services agency shall~~
673.11 ~~require, the parents to contribute to the cost of care, examination, or treatment of the child.~~
673.12 ~~Except in delinquency cases where the victim is a member of the child's immediate family,~~
673.13 ~~when determining the amount to be contributed by the parents, the court shall use a fee~~
673.14 ~~schedule based upon ability to pay that is established by the local social services agency~~
673.15 ~~and approved by the commissioner of human services. In delinquency cases where the~~
673.16 ~~victim is a member of the child's immediate family, the court shall use the fee schedule but~~
673.17 ~~may also take into account the seriousness of the offense and any expenses which the parents~~
673.18 ~~have incurred as a result of the offense. The income of a stepparent who has not adopted a~~
673.19 ~~child shall be excluded in calculating the parental contribution under this section.~~

673.20 ~~(d) The court shall order the amount of reimbursement attributable to the parents or~~
673.21 ~~custodian, or attributable to the child, or attributable to both sources, withheld under chapter~~
673.22 ~~518A from the income of the parents or the custodian of the child. A parent or custodian~~
673.23 ~~who fails to pay without good reason may be proceeded against for contempt, or the court~~
673.24 ~~may inform the county attorney, who shall proceed to collect the unpaid sums, or both~~
673.25 ~~procedures may be used.~~

673.26 ~~(e) (b) If the court orders a physical or mental examination for a child, the examination~~
673.27 ~~is a medically necessary service for purposes of determining whether the service is covered~~
673.28 ~~by a health insurance policy, health maintenance contract, or other health coverage plan.~~
673.29 ~~Court-ordered treatment shall be subject to policy, contract, or plan requirements for medical~~
673.30 ~~necessity. Nothing in this paragraph changes or eliminates benefit limits, conditions of~~
673.31 ~~coverage, co-payments or deductibles, provider restrictions, or other requirements in the~~
673.32 ~~policy, contract, or plan that relate to coverage of other medically necessary services.~~

674.1 Sec. 6. Minnesota Statutes 2021 Supplement, section 260C.007, subdivision 14, is amended
674.2 to read:

674.3 Subd. 14. **Egregious harm.** "Egregious harm" means the infliction of bodily harm to a
674.4 child or neglect of a child which demonstrates a grossly inadequate ability to provide
674.5 minimally adequate parental care. ~~The egregious harm need not have occurred in the state~~
674.6 ~~or in the county where a termination of parental rights action is otherwise properly venued.~~
674.7 A district court may still have proper venue over an action to terminate parental rights when
674.8 the egregious harm did not occur in the state or county where the district court is located.
674.9 Egregious harm includes, but is not limited to:

674.10 (1) conduct ~~towards~~ toward a child that constitutes a violation of sections 609.185 to
674.11 609.2114, 609.222, subdivision 2, 609.223, or any other similar law of any other state;

674.12 (2) the infliction of "substantial bodily harm" to a child, as defined in section 609.02,
674.13 subdivision 7a;

674.14 (3) conduct ~~towards~~ toward a child that constitutes felony malicious punishment of a
674.15 child under section 609.377;

674.16 (4) conduct ~~towards~~ toward a child that constitutes felony unreasonable restraint of a
674.17 child under section 609.255, subdivision 3;

674.18 (5) conduct ~~towards~~ toward a child that constitutes felony neglect or endangerment of
674.19 a child under section 609.378;

674.20 (6) conduct ~~towards~~ toward a child that constitutes assault under section 609.221, 609.222,
674.21 or 609.223;

674.22 (7) conduct ~~towards~~ toward a child that constitutes sex trafficking, solicitation,
674.23 inducement, ~~or~~ promotion of, or receiving profit derived from prostitution under section
674.24 609.322;

674.25 (8) conduct ~~towards~~ toward a child that constitutes murder or voluntary manslaughter
674.26 as defined by United States Code, title 18, section 1111(a) or 1112(a);

674.27 (9) conduct ~~towards~~ toward a child that constitutes aiding or abetting, attempting,
674.28 conspiring, or soliciting to commit a murder or voluntary manslaughter that constitutes a
674.29 violation of United States Code, title 18, section 1111(a) or 1112(a); or

674.30 (10) conduct toward a child that constitutes criminal sexual conduct under sections
674.31 609.342 to 609.345 or sexual extortion under section 609.3458.

675.1 Sec. 7. Minnesota Statutes 2020, section 260C.331, subdivision 1, is amended to read:

675.2 Subdivision 1. **Care, examination, or treatment.** (a) Except where parental rights are
675.3 terminated,

675.4 (1) whenever legal custody of a child is transferred by the court to a responsible social
675.5 services agency,

675.6 (2) whenever legal custody is transferred to a person other than the responsible social
675.7 services agency, but under the supervision of the responsible social services agency, or

675.8 (3) whenever a child is given physical or mental examinations or treatment under order
675.9 of the court, and no provision is otherwise made by law for payment for the care,
675.10 examination, or treatment of the child, these costs are a charge upon the welfare funds of
675.11 the county in which proceedings are held upon certification of the judge of juvenile court.

675.12 ~~(b) The court shall order, and the responsible social services agency shall require, the~~
675.13 ~~parents or custodian of a child, while the child is under the age of 18, to use the total income~~
675.14 ~~and resources attributable to the child for the period of care, examination, or treatment,~~
675.15 ~~except for clothing and personal needs allowance as provided in section 256B.35, to~~
675.16 ~~reimburse the county for the cost of care, examination, or treatment. Income and resources~~
675.17 ~~attributable to the child include, but are not limited to, Social Security benefits, Supplemental~~
675.18 ~~Security Income (SSI), veterans benefits, railroad retirement benefits and child support.~~
675.19 ~~When the child is over the age of 18, and continues to receive care, examination, or treatment,~~
675.20 ~~the court shall order, and the responsible social services agency shall require, reimbursement~~
675.21 ~~from the child for the cost of care, examination, or treatment from the income and resources~~
675.22 ~~attributable to the child less the clothing and personal needs allowance. Income does not~~
675.23 ~~include earnings from a child over the age of 18 who is working as part of a plan under~~
675.24 ~~section 260C.212, subdivision 1, paragraph (c), clause (12), to transition from foster care,~~
675.25 ~~or the income and resources from sources other than Supplemental Security Income and~~
675.26 ~~child support that are needed to complete the requirements listed in section 260C.203.~~

675.27 (c) ~~If the income and resources attributable to the child are not enough to reimburse the~~
675.28 ~~county for the full cost of the care, examination, or treatment, the court shall inquire into~~
675.29 ~~the ability of the parents to support the child and, after giving the parents a reasonable~~
675.30 ~~opportunity to be heard, the court shall order, and the responsible social services agency~~
675.31 ~~shall require, the parents to contribute to the cost of care, examination, or treatment of the~~
675.32 ~~child. When determining the amount to be contributed by the parents, the court shall use a~~
675.33 ~~fee schedule based upon ability to pay that is established by the responsible social services~~
675.34 ~~agency and approved by the commissioner of human services. The income of a stepparent~~

676.1 ~~who has not adopted a child shall be excluded in calculating the parental contribution under~~
676.2 ~~this section.~~

676.3 ~~(d) The court shall order the amount of reimbursement attributable to the parents or~~
676.4 ~~custodian, or attributable to the child, or attributable to both sources, withheld under chapter~~
676.5 ~~518A from the income of the parents or the custodian of the child. A parent or custodian~~
676.6 ~~who fails to pay without good reason may be proceeded against for contempt, or the court~~
676.7 ~~may inform the county attorney, who shall proceed to collect the unpaid sums, or both~~
676.8 ~~procedures may be used.~~

676.9 ~~(e)~~ (b) If the court orders a physical or mental examination for a child, the examination
676.10 is a medically necessary service for purposes of determining whether the service is covered
676.11 by a health insurance policy, health maintenance contract, or other health coverage plan.
676.12 Court-ordered treatment shall be subject to policy, contract, or plan requirements for medical
676.13 necessity. Nothing in this paragraph changes or eliminates benefit limits, conditions of
676.14 coverage, co-payments or deductibles, provider restrictions, or other requirements in the
676.15 policy, contract, or plan that relate to coverage of other medically necessary services.

676.16 ~~(f) Notwithstanding paragraph (b), (c), or (d),~~ (c) A parent, custodian, or guardian of the
676.17 child is not required to use income and resources attributable to the child to reimburse the
676.18 county for costs of care and is not required to contribute to the cost of care of the child
676.19 during any period of time when the child is returned to the home of that parent, custodian,
676.20 or guardian pursuant to a trial home visit under section 260C.201, subdivision 1, paragraph
676.21 (a).

676.22 Sec. 8. Minnesota Statutes 2020, section 260C.451, subdivision 8, is amended to read:

676.23 Subd. 8. **Notice of termination of foster care.** When a child in foster care between the
676.24 ages of 18 and 21 ceases to meet one of the eligibility criteria of subdivision 3a, the
676.25 responsible social services agency shall give the child written notice that foster care will
676.26 terminate 30 days from the date the notice is sent. The child or the child's guardian ad litem
676.27 may file a motion asking the court to review the agency's determination within 15 days of
676.28 receiving the notice. The child ~~shall~~ must not be discharged from foster care until the motion
676.29 is heard. The agency shall work with the child to prepare for the child's transition out of
676.30 foster care as. The agency must provide the court with the child's personalized transition
676.31 plan required to be developed under section 260C.203, paragraph (d), clause (2) 260C.452,
676.32 subdivision 4, if the motion is filed. The written notice of termination of benefits shall be
676.33 on a form prescribed by the commissioner and shall also give notice of the right to have the
676.34 agency's determination reviewed by the court in the proceeding where the court conducts

677.1 the reviews required under section 260C.203, 260C.317, or 260C.515, subdivision 5 or 6.
677.2 A copy of the termination notice shall be sent to the child and the child's attorney, if any,
677.3 the foster care provider, the child's guardian ad litem, and the court. The agency is not
677.4 responsible for paying foster care benefits for any period of time after the child actually
677.5 leaves foster care.

677.6 Sec. 9. Minnesota Statutes 2020, section 260C.451, is amended by adding a subdivision
677.7 to read:

677.8 Subd. 8a. **Transition planning.** For a youth who will be discharged from foster care at
677.9 18 years of age or older, the responsible social services agency must develop a personalized
677.10 transition plan as directed by the youth during the 180-day period immediately prior to the
677.11 expected date of discharge according to section 260C.452, subdivision 4. A youth's
677.12 personalized transition plan must include the support beyond 21 program under subdivision
677.13 8b for eligible youth. With a youth's consent, the responsible social services agency may
677.14 share the youth's personalized transition plan with a contracted agency providing case
677.15 management services under section 260C.452.

677.16 Sec. 10. Minnesota Statutes 2020, section 260C.451, is amended by adding a subdivision
677.17 to read:

677.18 Subd. 8b. **Support beyond 21 program.** For a youth who was eligible for extended
677.19 foster care under subdivision 3 and is discharged at age 21, the responsible social services
677.20 agency must ensure that the youth is referred to the support beyond 21 program. The support
677.21 beyond 21 program must provide a youth with one additional year of financial support for
677.22 housing and basic needs to assist the youth aging out of extended foster care at age 21. A
677.23 youth receiving benefits under the support beyond 21 program is also eligible for the
677.24 successful transition to adulthood program for additional support under section 260C.452.
677.25 A youth who transitions to residential services under sections 256B.092 and 256B.49 is not
677.26 eligible for the support beyond 21 program.

677.27 Sec. 11. Minnesota Statutes 2020, section 260E.01, is amended to read:

677.28 **260E.01 POLICY.**

677.29 (a) The legislature hereby declares that the public policy of this state is to protect children
677.30 whose health or welfare may be jeopardized through maltreatment. While it is recognized
677.31 that most parents want to keep their children safe, sometimes circumstances or conditions
677.32 interfere with their ability to do so. When this occurs, the health and safety of the children

678.1 must be of paramount concern. Intervention and prevention efforts must address immediate
678.2 concerns for child safety and the ongoing risk of maltreatment and should engage the
678.3 protective capacities of families. In furtherance of this public policy, it is the intent of the
678.4 legislature under this chapter to:

678.5 (1) protect children and promote child safety;

678.6 (2) strengthen the family;

678.7 (3) make the home, school, and community safe for children by promoting responsible
678.8 child care in all settings; and

678.9 (4) provide, when necessary, a safe temporary or permanent home environment for
678.10 maltreated children.

678.11 (b) In addition, it is the policy of this state to:

678.12 (1) require the reporting of maltreatment of children in the home, school, and community
678.13 settings;

678.14 (2) provide for ~~the~~ voluntary reporting of maltreatment of children;

678.15 (3) require an investigation when the report alleges sexual abuse or substantial child
678.16 endangerment, except when the report alleges sex trafficking by a noncaregiver sex trafficker;

678.17 (4) provide a family assessment, if appropriate, when the report does not allege sexual
678.18 abuse or substantial child endangerment; ~~and~~

678.19 (5) provide a noncaregiver sex trafficking assessment when the report alleges sex
678.20 trafficking by a noncaregiver sex trafficker; and

678.21 (6) provide protective, family support, and family preservation services when needed
678.22 in appropriate cases.

678.23 Sec. 12. Minnesota Statutes 2020, section 260E.02, subdivision 1, is amended to read:

678.24 Subdivision 1. **Establishment of team.** A county shall establish a multidisciplinary
678.25 child protection team that may include, but is not be limited to, the director of the local
678.26 welfare agency or designees, the county attorney or designees, the county sheriff or designees,
678.27 representatives of health and education, representatives of mental health, representatives of
678.28 agencies providing specialized services or responding to youth who experience or are at
678.29 risk of experiencing sex trafficking or sexual exploitation, or other appropriate human
678.30 services or community-based agencies, and parent groups. As used in this section, a
678.31 "community-based agency" may include, but is not limited to, schools, social services

679.1 agencies, family service and mental health collaboratives, children's advocacy centers, early
679.2 childhood and family education programs, Head Start, or other agencies serving children
679.3 and families. A member of the team must be designated as the lead person of the team
679.4 responsible for the planning process to develop standards for the team's activities with
679.5 battered women's and domestic abuse programs and services.

679.6 Sec. 13. Minnesota Statutes 2020, section 260E.03, is amended by adding a subdivision
679.7 to read:

679.8 Subd. 15a. **Noncaregiver sex trafficker.** "Noncaregiver sex trafficker" means an
679.9 individual who is alleged to have engaged in the act of sex trafficking a child and who is
679.10 not a person responsible for the child's care, who does not have a significant relationship
679.11 with the child as defined in section 609.341, and who is not a person in a current or recent
679.12 position of authority as defined in section 609.341, subdivision 10.

679.13 Sec. 14. Minnesota Statutes 2020, section 260E.03, is amended by adding a subdivision
679.14 to read:

679.15 Subd. 15b. **Noncaregiver sex trafficking assessment.** "Noncaregiver sex trafficking
679.16 assessment" is a comprehensive assessment of child safety, the risk of subsequent child
679.17 maltreatment, and strengths and needs of the child and family. The local welfare agency
679.18 shall only perform a noncaregiver sex trafficking assessment when a maltreatment report
679.19 alleges sex trafficking of a child by someone other than the child's caregiver. A noncaregiver
679.20 sex trafficking assessment does not include a determination of whether child maltreatment
679.21 occurred. A noncaregiver sex trafficking assessment includes a determination of a family's
679.22 need for services to address the safety of a child or children, the safety of family members,
679.23 and the risk of subsequent child maltreatment.

679.24 Sec. 15. Minnesota Statutes 2021 Supplement, section 260E.03, subdivision 22, is amended
679.25 to read:

679.26 Subd. 22. **Substantial child endangerment.** "Substantial child endangerment" means
679.27 that a person responsible for a child's care, by act or omission, commits or attempts to
679.28 commit an act against a child ~~under their~~ in the person's care that constitutes any of the
679.29 following:

679.30 (1) egregious harm under subdivision 5;

679.31 (2) abandonment under section 260C.301, subdivision 2;

- 680.1 (3) neglect under subdivision 15, paragraph (a), clause (2), that substantially endangers
680.2 the child's physical or mental health, including a growth delay, which may be referred to
680.3 as failure to thrive, that has been diagnosed by a physician and is due to parental neglect;
- 680.4 (4) murder in the first, second, or third degree under section 609.185, 609.19, or 609.195;
- 680.5 (5) manslaughter in the first or second degree under section 609.20 or 609.205;
- 680.6 (6) assault in the first, second, or third degree under section 609.221, 609.222, or 609.223;
- 680.7 (7) sex trafficking, solicitation, inducement, ~~and~~ or promotion of prostitution under
680.8 section 609.322;
- 680.9 (8) criminal sexual conduct under sections 609.342 to 609.3451;
- 680.10 (9) sexual extortion under section 609.3458;
- 680.11 (10) solicitation of children to engage in sexual conduct under section 609.352;
- 680.12 (11) malicious punishment or neglect or endangerment of a child under section 609.377
680.13 or 609.378;
- 680.14 (12) use of a minor in sexual performance under section 617.246; or
- 680.15 (13) parental behavior, status, or condition ~~that mandates that~~ requiring the county
680.16 attorney to file a termination of parental rights petition under section 260C.503, subdivision
680.17 2.

680.18 Sec. 16. Minnesota Statutes 2020, section 260E.14, subdivision 2, is amended to read:

680.19 Subd. 2. **Sexual abuse.** (a) The local welfare agency is the agency responsible for
680.20 investigating an allegation of sexual abuse if the alleged offender is the parent, guardian,
680.21 sibling, or an individual functioning within the family unit as a person responsible for the
680.22 child's care, or a person with a significant relationship to the child if that person resides in
680.23 the child's household.

680.24 (b) The local welfare agency is also responsible for assessing or investigating when a
680.25 child is identified as a victim of sex trafficking.

680.26 Sec. 17. Minnesota Statutes 2020, section 260E.14, subdivision 5, is amended to read:

680.27 Subd. 5. **Law enforcement.** (a) The local law enforcement agency is the agency
680.28 responsible for investigating a report of maltreatment if a violation of a criminal statute is
680.29 alleged.

681.1 (b) Law enforcement and the responsible agency must coordinate their investigations
681.2 or assessments as required under this chapter when ~~the~~: (1) a report alleges maltreatment
681.3 that is a violation of a criminal statute by a person who is a parent, guardian, sibling, person
681.4 responsible for the child's care functioning within the family unit, or by a person who lives
681.5 in the child's household and who has a significant relationship to the child, in a setting other
681.6 than a facility as defined in section 260E.03; or (2) a report alleges sex trafficking of a child.

681.7 Sec. 18. Minnesota Statutes 2020, section 260E.17, subdivision 1, is amended to read:

681.8 Subdivision 1. **Local welfare agency.** (a) Upon receipt of a report, the local welfare
681.9 agency shall determine whether to conduct a family assessment ~~or~~, an investigation, or a
681.10 noncaregiver sex trafficking assessment as appropriate to prevent or provide a remedy for
681.11 maltreatment.

681.12 (b) The local welfare agency shall conduct an investigation when the report involves
681.13 sexual abuse, except as indicated in paragraph (f), or substantial child endangerment.

681.14 (c) The local welfare agency shall begin an immediate investigation ~~if~~, at any time when
681.15 the local welfare agency is using responding with a family assessment response, and the
681.16 local welfare agency determines that there is reason to believe that sexual abuse ~~or~~, substantial
681.17 child endangerment₂, or a serious threat to the child's safety exists.

681.18 (d) The local welfare agency may conduct a family assessment for reports that do not
681.19 allege sexual abuse, except as indicated in paragraph (f), or substantial child endangerment.
681.20 In determining that a family assessment is appropriate, the local welfare agency may consider
681.21 issues of child safety, parental cooperation, and the need for an immediate response.

681.22 (e) The local welfare agency may conduct a family assessment ~~on~~ for a report that was
681.23 initially screened and assigned for an investigation. In determining that a complete
681.24 investigation is not required, the local welfare agency must document the reason for
681.25 terminating the investigation and notify the local law enforcement agency if the local law
681.26 enforcement agency is conducting a joint investigation.

681.27 (f) The local welfare agency shall conduct a noncaregiver sex trafficking assessment
681.28 when a maltreatment report alleges sex trafficking of a child and the alleged offender is a
681.29 noncaregiver sex trafficker as defined by section 260E.03, subdivision 15a.

681.30 (g) During a noncaregiver sex trafficking assessment, the local welfare agency shall
681.31 initiate an immediate investigation if there is reason to believe that a child's parent, caregiver,
681.32 or household member allegedly engaged in the act of sex trafficking a child or is alleged to
681.33 have engaged in any conduct requiring the agency to conduct an investigation.

682.1 Sec. 19. Minnesota Statutes 2020, section 260E.18, is amended to read:

682.2 **260E.18 NOTICE TO CHILD'S TRIBE.**

682.3 The local welfare agency shall provide immediate notice, according to section 260.761,
682.4 subdivision 2, to an Indian child's tribe when the agency has reason to believe that the family
682.5 assessment or, investigation, or noncaregiver sex trafficking assessment may involve an
682.6 Indian child. For purposes of this section, "immediate notice" means notice provided within
682.7 24 hours.

682.8 Sec. 20. Minnesota Statutes 2021 Supplement, section 260E.20, subdivision 2, is amended
682.9 to read:

682.10 Subd. 2. **Face-to-face contact.** (a) Upon receipt of a screened in report, the local welfare
682.11 agency shall ~~conduct a~~ have face-to-face contact with the child reported to be maltreated
682.12 and with the child's primary caregiver sufficient to complete a safety assessment and ensure
682.13 the immediate safety of the child.

682.14 (b) Except in a noncaregiver sex trafficking assessment, the local welfare agency shall
682.15 have face-to-face contact with the child and primary caregiver ~~shall occur~~ immediately after
682.16 the agency screens in a report if sexual abuse or substantial child endangerment is alleged
682.17 and within five calendar days of a screened in report for all other reports. If the alleged
682.18 offender was not already interviewed as the primary caregiver, the local welfare agency
682.19 shall also conduct a face-to-face interview with the alleged offender in the early stages of
682.20 the assessment or investigation, except in a noncaregiver sex trafficking assessment.
682.21 Face-to-face contact with the child and primary caregiver in response to a report alleging
682.22 sexual abuse or substantial child endangerment may be postponed for no more than five
682.23 calendar days if the child is residing in a location that is confirmed to restrict contact with
682.24 the alleged offender as established in guidelines issued by the commissioner, or if the local
682.25 welfare agency is pursuing a court order for the child's caregiver to produce the child for
682.26 questioning under section 260E.22, subdivision 5.

682.27 (c) At the initial contact with the alleged offender, the local welfare agency or the agency
682.28 responsible for assessing or investigating the report must inform the alleged offender of the
682.29 complaints or allegations made against the individual in a manner consistent with laws
682.30 protecting the rights of the person who made the report. The interview with the alleged
682.31 offender may be postponed if it would jeopardize an active law enforcement investigation.
682.32 When conducting a noncaregiver sex trafficking assessment, the local child welfare agency
682.33 is not required to inform or interview the alleged offender.

683.1 (d) The local welfare agency or the agency responsible for assessing or investigating
683.2 the report must provide the alleged offender with an opportunity to make a statement, except
683.3 when conducting a noncaregiver sex trafficking assessment. The alleged offender may
683.4 submit supporting documentation relevant to the assessment or investigation.

683.5 Sec. 21. Minnesota Statutes 2020, section 260E.24, subdivision 2, is amended to read:

683.6 Subd. 2. **Determination after family assessment or a noncaregiver sex trafficking**
683.7 **assessment**. After conducting a family assessment or a noncaregiver sex trafficking
683.8 assessment, the local welfare agency shall determine whether child protective services are
683.9 needed to address the safety of the child and other family members and the risk of subsequent
683.10 maltreatment.

683.11 Sec. 22. Minnesota Statutes 2020, section 260E.24, subdivision 7, is amended to read:

683.12 Subd. 7. **Notification at conclusion of family assessment or a noncaregiver sex**
683.13 **trafficking assessment**. Within ten working days of the conclusion of a family assessment
683.14 or a noncaregiver sex trafficking assessment, the local welfare agency shall notify the parent
683.15 or guardian of the child of the need for services to address child safety concerns or significant
683.16 risk of subsequent maltreatment. The local welfare agency and the family may also jointly
683.17 agree that family support and family preservation services are needed.

683.18 Sec. 23. Minnesota Statutes 2020, section 260E.33, subdivision 1, is amended to read:

683.19 Subdivision 1. **Following a family assessment or a noncaregiver sex trafficking**
683.20 **assessment**. Administrative reconsideration is not applicable to a family assessment or a
683.21 noncaregiver sex trafficking assessment since no determination concerning maltreatment
683.22 is made.

683.23 Sec. 24. Minnesota Statutes 2020, section 260E.35, subdivision 6, is amended to read:

683.24 Subd. 6. **Data retention.** (a) Notwithstanding sections 138.163 and 138.17, a record
683.25 maintained or a record derived from a report of maltreatment by a local welfare agency,
683.26 agency responsible for assessing or investigating the report, court services agency, or school
683.27 under this chapter shall be destroyed as provided in paragraphs (b) to (e) by the responsible
683.28 authority.

683.29 (b) For a report alleging maltreatment that was not accepted for an assessment or an
683.30 investigation, a family assessment case, a noncaregiver sex trafficking assessment case, and
683.31 a case where an investigation results in no determination of maltreatment or the need for

684.1 child protective services, the record must be maintained for a period of five years after the
684.2 date that the report was not accepted for assessment or investigation or the date of the final
684.3 entry in the case record. A record of a report that was not accepted must contain sufficient
684.4 information to identify the subjects of the report, the nature of the alleged maltreatment,
684.5 and the reasons ~~as to~~ why the report was not accepted. Records under this paragraph may
684.6 not be used for employment, background checks, or purposes other than to assist in future
684.7 screening decisions and risk and safety assessments.

684.8 (c) All records relating to reports that, upon investigation, indicate ~~either~~ maltreatment
684.9 or a need for child protective services shall be maintained for ten years after the date of the
684.10 final entry in the case record.

684.11 (d) All records regarding a report of maltreatment, including a notification of intent to
684.12 interview that was received by a school under section 260E.22, subdivision 7, shall be
684.13 destroyed by the school when ordered to do so by the agency conducting the assessment or
684.14 investigation. The agency shall order the destruction of the notification when other records
684.15 relating to the report under investigation or assessment are destroyed under this subdivision.

684.16 (e) Private or confidential data released to a court services agency under subdivision 3,
684.17 paragraph (d), must be destroyed by the court services agency when ordered to do so by the
684.18 local welfare agency that released the data. The local welfare agency or agency responsible
684.19 for assessing or investigating the report shall order destruction of the data when other records
684.20 relating to the assessment or investigation are destroyed under this subdivision.

684.21 **Sec. 25. DIRECTION TO COMMISSIONER OF HUMAN SERVICES; FOSTER**
684.22 **CARE FEDERAL CASH ASSISTANCE BENEFITS PRESERVATION.**

684.23 (a) The commissioner of human services shall develop a plan to implement procedures
684.24 and policies necessary to cease allowing a financially responsible agency to use the federal
684.25 cash assistance benefits of a child in foster care to pay for out-of-home placement costs for
684.26 the child. The plan must ensure that federal cash assistance benefits are preserved and made
684.27 available to meet the best interests of the child and must include recommendations on the
684.28 following, in compliance with all applicable federal laws and Minnesota Statutes, chapters
684.29 260C and 256N:

684.30 (1) policies for youth and caregiver access to preserved federal cash assistance benefit
684.31 payments;

684.32 (2) representative payees for children in voluntary foster care for treatment pursuant to
684.33 Minnesota Statutes, chapter 260D; and

685.1 (3) family preservation and reunification.

685.2 (b) For purposes of this section, "federal cash assistance benefits" means all benefits
685.3 from programs administered by the Social Security Administration, including from the
685.4 Supplemental Security Income and the Retirement, Survivors, Disability Insurance programs.

685.5 (c) When developing the plan under this section, the commissioner shall consult or
685.6 engage with:

685.7 (1) individuals or entities with experience managing trusts and investment;

685.8 (2) individuals or entities with expertise in providing tax advice;

685.9 (3) individuals or entities with expertise in preserving assets to avoid negative impacts
685.10 on public assistance eligibility;

685.11 (4) other relevant state agencies;

685.12 (5) Tribal nations that have joined or are in the formal planning process to join the
685.13 American Indian Child Welfare Initiative;

685.14 (6) counties;

685.15 (7) the Children's Justice Initiative;

685.16 (8) organizations that serve and advocate for children and families in the child protection
685.17 system;

685.18 (9) parents, legal custodians, foster families, and kinship caregivers, to the extent possible;

685.19 (10) youth who have been or are currently in out-of-home placement; and

685.20 (11) other relevant stakeholders.

685.21 (d) By December 15, 2022, each county shall provide the following data for fiscal years
685.22 2019 and 2020 to the commissioner in a form prescribed by the commissioner:

685.23 (1) the nonduplicated number of children in foster care in the county who received
685.24 federal cash assistance benefits;

685.25 (2) the number of children for whom the county was the representative payee for federal
685.26 cash assistance benefits; and

685.27 (3) the amount of money that the county collected in federal cash assistance benefits as
685.28 the representative payee for children in the county.

685.29 (e) By January 15, 2024, the commissioner shall submit a report to the chairs and ranking
685.30 minority members of the legislative committees with jurisdiction over human services and

686.1 child welfare outlining the plan developed under this section. The report must include a
686.2 projected timeline for implementation of the plan, estimated implementation costs, and any
686.3 legislative recommendations that may be required to implement the plan.

686.4 ARTICLE 15

686.5 ECONOMIC ASSISTANCE POLICY

686.6 Section 1. Minnesota Statutes 2020, section 256P.04, subdivision 11, is amended to read:

686.7 Subd. 11. **Participant's completion of household report form.** (a) When a participant
686.8 is required to complete a household report form, the following paragraphs apply.

686.9 (b) If the agency receives an incomplete household report form, the agency must
686.10 immediately ~~return the incomplete form and clearly state what the participant must do for~~
686.11 ~~the form to be complete~~ contact the participant by phone or in writing to acquire the necessary
686.12 information to complete the form.

686.13 (c) The automated eligibility system must send a notice of proposed termination of
686.14 assistance to the participant if a complete household report form is not received by the
686.15 agency. The automated notice must be mailed to the participant by approximately the 16th
686.16 of the month. When a participant submits an incomplete form on or after the date a notice
686.17 of proposed termination has been sent, the termination is valid unless the participant submits
686.18 a complete form before the end of the month.

686.19 (d) The submission of a household report form is considered to have continued the
686.20 participant's application for assistance if a complete household report form is received within
686.21 a calendar month after the month in which the form was due. Assistance shall be paid for
686.22 the period beginning with the first day of that calendar month.

686.23 (e) An agency must allow good cause exemptions for a participant required to complete
686.24 a household report form when any of the following factors cause a participant to fail to
686.25 submit a completed household report form before the end of the month in which the form
686.26 is due:

686.27 (1) an employer delays completion of employment verification;

686.28 (2) the agency does not help a participant complete the household report form when the
686.29 participant asks for help;

686.30 (3) a participant does not receive a household report form due to a mistake on the part
686.31 of the department or the agency or a reported change in address;

686.32 (4) a participant is ill or physically or mentally incapacitated; or

687.1 (5) some other circumstance occurs that a participant could not avoid with reasonable
687.2 care which prevents the participant from providing a completed household report form
687.3 before the end of the month in which the form is due.

687.4 Sec. 2. Minnesota Statutes 2021 Supplement, section 256P.06, subdivision 3, is amended
687.5 to read:

687.6 Subd. 3. **Income inclusions.** The following must be included in determining the income
687.7 of an assistance unit:

687.8 (1) earned income; and

687.9 (2) unearned income, which includes:

687.10 (i) interest and dividends from investments and savings;

687.11 (ii) capital gains as defined by the Internal Revenue Service from any sale of real property;

687.12 (iii) proceeds from rent and contract for deed payments in excess of the principal and
687.13 interest portion owed on property;

687.14 (iv) income from trusts, excluding special needs and supplemental needs trusts;

687.15 (v) interest income from loans made by the participant or household;

687.16 (vi) cash prizes and winnings;

687.17 (vii) unemployment insurance income that is received by an adult member of the
687.18 assistance unit unless the individual receiving unemployment insurance income is:

687.19 (A) 18 years of age and enrolled in a secondary school; or

687.20 (B) 18 or 19 years of age, a caregiver, and is enrolled in school at least half-time;

687.21 (viii) retirement, survivors, and disability insurance payments;

687.22 (ix) nonrecurring income over \$60 per quarter unless the nonrecurring income is: (A)
687.23 from tax refunds, tax rebates, or tax credits; (B) a reimbursement, rebate, award, grant, or
687.24 refund of personal or real property or costs or losses incurred when these payments are
687.25 made by: a public agency; a court; solicitations through public appeal; a federal, state, or
687.26 local unit of government; or a disaster assistance organization; (C) provided as an in-kind
687.27 benefit; or (D) earmarked and used for the purpose for which it was intended, subject to
687.28 verification requirements under section 256P.04;

687.29 (x) retirement benefits;

- 688.1 (xi) cash assistance benefits, as defined by each program in chapters 119B, 256D, 256I,
688.2 and 256J;
- 688.3 (xii) Tribal per capita payments unless excluded by federal and state law;
- 688.4 ~~(xiii) income and payments from service and rehabilitation programs that meet or exceed~~
688.5 ~~the state's minimum wage rate;~~
- 688.6 ~~(xiv)~~ (xiii) income from members of the United States armed forces unless excluded
688.7 from income taxes according to federal or state law;
- 688.8 ~~(xv)~~ (xiv) all child support payments for programs under chapters 119B, 256D, and 256I;
- 688.9 ~~(xvi)~~ (xv) the amount of child support received that exceeds \$100 for assistance units
688.10 with one child and \$200 for assistance units with two or more children for programs under
688.11 chapter 256J;
- 688.12 ~~(xvii)~~ (xvi) spousal support; and
- 688.13 ~~(xviii)~~ (xvii) workers' compensation.

688.14 Sec. 3. Minnesota Statutes 2020, section 268.19, subdivision 1, is amended to read:

688.15 Subdivision 1. **Use of data.** (a) Except as provided by this section, data gathered from
688.16 any person under the administration of the Minnesota Unemployment Insurance Law are
688.17 private data on individuals or nonpublic data not on individuals as defined in section 13.02,
688.18 subdivisions 9 and 12, and may not be disclosed except according to a district court order
688.19 or section 13.05. A subpoena is not considered a district court order. These data may be
688.20 disseminated to and used by the following agencies without the consent of the subject of
688.21 the data:

688.22 (1) state and federal agencies specifically authorized access to the data by state or federal
688.23 law;

688.24 (2) any agency of any other state or any federal agency charged with the administration
688.25 of an unemployment insurance program;

688.26 (3) any agency responsible for the maintenance of a system of public employment offices
688.27 for the purpose of assisting individuals in obtaining employment;

688.28 (4) the public authority responsible for child support in Minnesota or any other state in
688.29 accordance with section 256.978;

688.30 (5) human rights agencies within Minnesota that have enforcement powers;

689.1 (6) the Department of Revenue to the extent necessary for its duties under Minnesota
689.2 laws;

689.3 (7) public and private agencies responsible for administering publicly financed assistance
689.4 programs for the purpose of monitoring the eligibility of the program's recipients;

689.5 (8) the Department of Labor and Industry and the Commerce Fraud Bureau in the
689.6 Department of Commerce for uses consistent with the administration of their duties under
689.7 Minnesota law;

689.8 (9) the Department of Human Services and the Office of Inspector General and its agents
689.9 within the Department of Human Services, including county fraud investigators, for
689.10 investigations related to recipient or provider fraud and employees of providers when the
689.11 provider is suspected of committing public assistance fraud;

689.12 (10) local and state welfare agencies for monitoring the eligibility of the data subject
689.13 for assistance programs, or for any employment or training program administered by those
689.14 agencies, whether alone, in combination with another welfare agency, or in conjunction
689.15 with the department or to monitor and evaluate the statewide Minnesota family investment
689.16 program and other cash assistance programs, the Supplemental Nutrition Assistance Program,
689.17 and the Supplemental Nutrition Assistance Program Employment and Training program by
689.18 providing data on recipients and former recipients of Supplemental Nutrition Assistance
689.19 Program (SNAP) benefits, cash assistance under chapter 256, 256D, 256J, or 256K, child
689.20 care assistance under chapter 119B, or medical programs under chapter 256B or 256L or
689.21 formerly codified under chapter 256D;

689.22 (11) local and state welfare agencies for the purpose of identifying employment, wages,
689.23 and other information to assist in the collection of an overpayment debt in an assistance
689.24 program;

689.25 (12) local, state, and federal law enforcement agencies for the purpose of ascertaining
689.26 the last known address and employment location of an individual who is the subject of a
689.27 criminal investigation;

689.28 (13) the United States Immigration and Customs Enforcement has access to data on
689.29 specific individuals and specific employers provided the specific individual or specific
689.30 employer is the subject of an investigation by that agency;

689.31 (14) the Department of Health for the purposes of epidemiologic investigations;

689.32 (15) the Department of Corrections for the purposes of case planning and internal research
689.33 for preprobation, probation, and postprobation employment tracking of offenders sentenced

690.1 to probation and preconfinement and postconfinement employment tracking of committed
690.2 offenders;

690.3 (16) the state auditor to the extent necessary to conduct audits of job opportunity building
690.4 zones as required under section 469.3201; and

690.5 (17) the Office of Higher Education for purposes of supporting program improvement,
690.6 system evaluation, and research initiatives including the Statewide Longitudinal Education
690.7 Data System.

690.8 (b) Data on individuals and employers that are collected, maintained, or used by the
690.9 department in an investigation under section 268.182 are confidential as to data on individuals
690.10 and protected nonpublic data not on individuals as defined in section 13.02, subdivisions 3
690.11 and 13, and must not be disclosed except under statute or district court order or to a party
690.12 named in a criminal proceeding, administrative or judicial, for preparation of a defense.

690.13 (c) Data gathered by the department in the administration of the Minnesota unemployment
690.14 insurance program must not be made the subject or the basis for any suit in any civil
690.15 proceedings, administrative or judicial, unless the action is initiated by the department.

690.16 Sec. 4. **REVISOR INSTRUCTION.**

690.17 The revisor of statutes shall renumber each section of Minnesota Statutes listed in column
690.18 A with the number listed in column B. The revisor shall also make necessary grammatical
690.19 and cross-reference changes consistent with the renumbering.

690.20 <u>Column A</u>	<u>Column B</u>
690.21 <u>256D.051, subdivision 20</u>	<u>256D.60, subdivision 1</u>
690.22 <u>256D.051, subdivision 21</u>	<u>256D.60, subdivision 2</u>
690.23 <u>256D.051, subdivision 22</u>	<u>256D.60, subdivision 3</u>
690.24 <u>256D.051, subdivision 23</u>	<u>256D.60, subdivision 4</u>
690.25 <u>256D.051, subdivision 24</u>	<u>256D.60, subdivision 5</u>
690.26 <u>256D.0512</u>	<u>256D.61</u>
690.27 <u>256D.0515</u>	<u>256D.62</u>
690.28 <u>256D.0516</u>	<u>256D.63</u>
690.29 <u>256D.053</u>	<u>256D.64</u>

690.30 Sec. 5. **REPEALER.**

690.31 Minnesota Statutes 2020, section 256D.055, is repealed.

ARTICLE 16

ECONOMIC ASSISTANCE

691.1

691.2

691.3 Section 1. Minnesota Statutes 2020, section 119B.011, subdivision 15, is amended to read:

691.4 Subd. 15. **Income.** (a) "Income" means earned income as defined under section 256P.01,
691.5 subdivision 3, unearned income as defined under section 256P.01, subdivision 8, and public
691.6 assistance cash benefits, including the Minnesota family investment program, diversionary
691.7 work program, work benefit, Minnesota supplemental aid, general assistance, refugee cash
691.8 assistance, at-home infant child care subsidy payments, ~~and~~ child support and maintenance
691.9 distributed to ~~the~~ a family under section 256.741, subdivision 2a., and nonrecurring income
691.10 over \$60 per quarter unless the nonrecurring income is:

691.11 (1) from tax refunds, tax rebates, or tax credits;

691.12 (2) from a reimbursement, rebate, award, grant, or refund of personal or real property
691.13 or costs or losses incurred when these payments are made by a public agency, a court, a
691.14 solicitation through public appeal, the federal government, a state or local unit of government,
691.15 or a disaster assistance organization;

691.16 (3) provided as an in-kind benefit; or

691.17 (4) earmarked and used for the purpose for which it was intended.

691.18 (b) The following are deducted from income: funds used to pay for health insurance
691.19 premiums for family members, and child or spousal support paid to or on behalf of a person
691.20 or persons who live outside of the household. Income sources not included in this subdivision
691.21 and section 256P.06, subdivision 3, are not counted as income.

691.22 Sec. 2. Minnesota Statutes 2020, section 119B.025, subdivision 4, is amended to read:

691.23 Subd. 4. **Changes in eligibility.** (a) The county shall process a change in eligibility
691.24 factors according to paragraphs (b) to (g).

691.25 (b) A family is subject to the reporting requirements in section 256P.07, subdivision 6.

691.26 (c) If a family reports a change or a change is known to the agency before the family's
691.27 regularly scheduled redetermination, the county must act on the change. The commissioner
691.28 shall establish standards for verifying a change.

691.29 (d) A change in income occurs on the day the participant received the first payment
691.30 reflecting the change in income.

692.1 (e) During a family's 12-month eligibility period, if the family's income increases and
692.2 remains at or below 85 percent of the state median income, adjusted for family size, there
692.3 is no change to the family's eligibility. The county shall not request verification of the
692.4 change. The co-payment fee shall not increase during the remaining portion of the family's
692.5 12-month eligibility period.

692.6 (f) During a family's 12-month eligibility period, if the family's income increases and
692.7 exceeds 85 percent of the state median income, adjusted for family size, the family is not
692.8 eligible for child care assistance. The family must be given 15 calendar days to provide
692.9 verification of the change. If the required verification is not returned or confirms ineligibility,
692.10 the family's eligibility ends following a subsequent 15-day adverse action notice.

692.11 (g) Notwithstanding Minnesota Rules, parts 3400.0040, subpart 3, and 3400.0170,
692.12 subpart 1, if an applicant or participant reports that employment ended, the agency may
692.13 accept a signed statement from the applicant or participant as verification that employment
692.14 ended.

692.15 **EFFECTIVE DATE.** This section is effective March 1, 2024.

692.16 Sec. 3. Minnesota Statutes 2020, section 256D.03, is amended by adding a subdivision to
692.17 read:

692.18 **Subd. 2b. Budgeting and reporting.** Every county agency shall determine eligibility
692.19 and calculate benefit amounts for general assistance according to chapter 256P.

692.20 **EFFECTIVE DATE.** This section is effective March 1, 2024.

692.21 Sec. 4. Minnesota Statutes 2020, section 256D.0515, is amended to read:

692.22 **256D.0515 ASSET LIMITATIONS FOR SUPPLEMENTAL NUTRITION**
692.23 **ASSISTANCE PROGRAM HOUSEHOLDS.**

692.24 All Supplemental Nutrition Assistance Program (SNAP) households must be determined
692.25 eligible for the benefit discussed under section 256.029. SNAP households must demonstrate
692.26 that their gross income is equal to or less than ~~165~~ 200 percent of the federal poverty
692.27 guidelines for the same family size.

692.28 Sec. 5. Minnesota Statutes 2020, section 256D.0516, subdivision 2, is amended to read:

692.29 Subd. 2. **SNAP reporting requirements.** The commissioner of human services shall
692.30 implement simplified reporting as permitted under the Food and Nutrition Act of 2008, as
692.31 amended, and the SNAP regulations in Code of Federal Regulations, title 7, part 273. SNAP

693.1 benefit recipient households required to report periodically shall not be required to report
693.2 more often than one time every six months. ~~This provision shall not apply to households~~
693.3 ~~receiving food benefits under the Minnesota family investment program waiver.~~

693.4 **EFFECTIVE DATE.** This section is effective March 1, 2024.

693.5 Sec. 6. Minnesota Statutes 2020, section 256D.06, subdivision 1, is amended to read:

693.6 Subdivision 1. **Eligibility; amount of assistance.** General assistance shall be granted
693.7 to an individual or married couple in an amount that when added to the countable income
693.8 as determined to be actually equal to the difference between the countable income available
693.9 to the assistance unit under section 256P.06, the total amount equals the applicable standard
693.10 of assistance for general assistance and the standard for the individual or married couple
693.11 using the MFIP transitional standard cash portion described in section 256J.24, subdivision
693.12 5, paragraph (a). In determining eligibility for and the amount of assistance for an individual
693.13 or married couple, the agency shall apply the earned income disregard as determined in
693.14 section 256P.03.

693.15 **EFFECTIVE DATE.** This section is effective October 1, 2023.

693.16 Sec. 7. Minnesota Statutes 2020, section 256D.06, subdivision 2, is amended to read:

693.17 Subd. 2. **Emergency need.** (a) Notwithstanding the provisions of subdivision 1, a grant
693.18 of emergency general assistance shall, to the extent funds are available, be made to an
693.19 eligible single adult, married couple, or family for an emergency need where the recipient
693.20 requests temporary assistance not exceeding 30 days if an emergency situation appears to
693.21 exist under written criteria adopted by the county agency. If an applicant or recipient relates
693.22 facts to the county agency which may be sufficient to constitute an emergency situation,
693.23 the county agency shall, to the extent funds are available, advise the person of the procedure
693.24 for applying for assistance according to this subdivision.

693.25 (b) The applicant must be ineligible for assistance under chapter 256J, must have annual
693.26 net income no greater than 200 percent of the federal poverty guidelines for the previous
693.27 calendar year, and may only receive an emergency assistance grant ~~not more than~~ once in
693.28 any 12-month period.

693.29 (c) Funding for an emergency general assistance program is limited to the appropriation.
693.30 Each fiscal year, the commissioner shall allocate to counties the money appropriated for
693.31 emergency general assistance grants based on each county agency's average share of state's
693.32 emergency general expenditures for the immediate past three fiscal years as determined by

694.1 the commissioner, and may reallocate any unspent amounts to other counties. The
694.2 commissioner may disregard periods of pandemic or other disaster, including fiscal years
694.3 2021 and 2022, when determining the amount allocated to counties. No county shall be
694.4 allocated less than \$1,000 for a fiscal year.

694.5 (d) Any emergency general assistance expenditures by a county above the amount of
694.6 the commissioner's allocation to the county must be made from county funds.

694.7 Sec. 8. Minnesota Statutes 2020, section 256D.06, subdivision 5, is amended to read:

694.8 Subd. 5. **Eligibility; requirements.** (a) Any applicant, otherwise eligible for general
694.9 assistance and possibly eligible for maintenance benefits from any other source shall (1)
694.10 make application for those benefits within ~~30~~ 90 days of the general assistance application,
694.11 unless an applicant had good cause to not apply within that period; and (2) execute an interim
694.12 assistance agreement on a form as directed by the commissioner.

694.13 (b) The commissioner shall review a denial of an application for other maintenance
694.14 benefits and may require a recipient of general assistance to file an appeal of the denial if
694.15 appropriate. If found eligible for benefits from other sources, and a payment received from
694.16 another source relates to the period during which general assistance was also being received,
694.17 the recipient shall be required to reimburse the county agency for the interim assistance
694.18 paid. Reimbursement shall not exceed the amount of general assistance paid during the time
694.19 period to which the other maintenance benefits apply and shall not exceed the state standard
694.20 applicable to that time period.

694.21 (c) The commissioner may contract with the county agencies, qualified agencies,
694.22 organizations, or persons to provide advocacy and support services to process claims for
694.23 federal disability benefits for applicants or recipients of services or benefits supervised by
694.24 the commissioner using money retained under this section.

694.25 (d) The commissioner may provide methods by which county agencies shall identify,
694.26 refer, and assist recipients who may be eligible for benefits under federal programs for
694.27 people with a disability.

694.28 (e) The total amount of interim assistance recoveries retained under this section for
694.29 advocacy, support, and claim processing services shall not exceed 35 percent of the interim
694.30 assistance recoveries in the prior fiscal year.

694.31 Sec. 9. Minnesota Statutes 2020, section 256E.36, subdivision 1, is amended to read:

694.32 Subdivision 1. **Definitions.** (a) The definitions in this subdivision apply to this section.

695.1 (b) "Commissioner" means the commissioner of human services.

695.2 (c) "Eligible organization" means a local governmental unit, federally recognized Tribal
695.3 Nation, or nonprofit organization providing or seeking to provide emergency services for
695.4 homeless persons.

695.5 (d) "Emergency services" means:

695.6 (1) providing emergency shelter for homeless persons; and

695.7 (2) assisting homeless persons in obtaining essential services, including:

695.8 (i) access to permanent housing;

695.9 (ii) medical and psychological help;

695.10 (iii) employment counseling and job placement;

695.11 (iv) substance abuse treatment;

695.12 (v) financial assistance available from other programs;

695.13 (vi) emergency child care;

695.14 (vii) transportation; and

695.15 (viii) other services needed to stabilize housing.

695.16 **EFFECTIVE DATE.** This section is effective July 1, 2022.

695.17 **Sec. 10. [256E.361] EMERGENCY SHELTER FACILITIES GRANTS.**

695.18 **Subdivision 1. Definitions.** (a) For the purposes of this section, the terms defined in this
695.19 subdivision have the meanings given.

695.20 (b) "Commissioner" means the commissioner of human services.

695.21 (c) "Eligible organization" means a local governmental unit, federally recognized Tribal
695.22 Nation, or nonprofit organization seeking to acquire, construct, renovate, furnish, or equip
695.23 facilities for emergency homeless shelters for individuals and families experiencing
695.24 homelessness.

695.25 (d) "Emergency services" has the meaning given in section 256E.36, subdivision 1,
695.26 paragraph (d).

695.27 (e) "Emergency shelter facility" or "facility" means a facility that provides a safe, sanitary,
695.28 accessible, and suitable emergency shelter for individuals and families experiencing

696.1 homelessness, regardless of whether the facility provides emergency shelter for emergency
696.2 services during the day, overnight, or both.

696.3 Subd. 2. **Program established; purpose.** An emergency shelter facilities grant program
696.4 is established to help eligible organizations acquire, construct, renovate, furnish, or equip
696.5 emergency shelter facilities for individuals and families experiencing homelessness. The
696.6 program shall be administered by the commissioner.

696.7 Subd. 3. **Distribution of grants.** The commissioner must make grants with the purpose
696.8 of ensuring that emergency shelter facilities are available to meet the needs of individuals
696.9 and families experiencing homelessness statewide.

696.10 Subd. 4. **Applications.** An eligible organization may apply to the commissioner for a
696.11 grant to acquire, construct, renovate, furnish, or equip an emergency shelter facility providing
696.12 or seeking to provide emergency services for individuals and families experiencing
696.13 homelessness. The commissioner shall use a competitive request for proposal process to
696.14 identify potential projects and eligible organizations on a statewide basis.

696.15 Subd. 5. **Criteria for grant awards.** The commissioner shall award grants based on the
696.16 following criteria:

696.17 (1) whether the application is for a grant to acquire, construct, renovate, furnish, or equip
696.18 an emergency shelter facility for individuals and families experiencing homelessness;

696.19 (2) evidence of the applicant's need for state assistance and the need for the particular
696.20 facility to be funded; and

696.21 (3) the applicant's long-range plans for future funding if the need continues to exist for
696.22 the emergency services provided at the facility.

696.23 Subd. 6. **Availability of appropriations.** Appropriations under this section are available
696.24 for a four-year period that begins on July 1 of the fiscal year in which the appropriation
696.25 occurs. Unspent funds at the end of the four-year period shall be returned back to the general
696.26 fund.

696.27 Sec. 11. Minnesota Statutes 2020, section 256I.03, subdivision 13, is amended to read:

696.28 Subd. 13. **Prospective budgeting.** "Prospective budgeting" means estimating the amount
696.29 of monthly income a person will have in the payment month has the meaning given in
696.30 section 256P.01, subdivision 9.

696.31 **EFFECTIVE DATE.** This section is effective March 1, 2024.

697.1 Sec. 12. Minnesota Statutes 2020, section 256I.06, subdivision 6, is amended to read:

697.2 Subd. 6. **Reports.** Recipients must report changes in circumstances according to section
697.3 256P.07 ~~that affect eligibility or housing support payment amounts, other than changes in~~
697.4 ~~earned income, within ten days of the change.~~ Recipients with countable earned income
697.5 must complete a household report form at least once every six months according to section
697.6 256P.10. ~~If the report form is not received before the end of the month in which it is due,~~
697.7 ~~the county agency must terminate eligibility for housing support payments. The termination~~
697.8 ~~shall be effective on the first day of the month following the month in which the report was~~
697.9 ~~due. If a complete report is received within the month eligibility was terminated, the~~
697.10 ~~individual is considered to have continued an application for housing support payment~~
697.11 ~~effective the first day of the month the eligibility was terminated.~~

697.12 **EFFECTIVE DATE.** This section is effective March 1, 2024.

697.13 Sec. 13. Minnesota Statutes 2021 Supplement, section 256I.06, subdivision 8, is amended
697.14 to read:

697.15 Subd. 8. **Amount of housing support payment.** (a) The amount of a room and board
697.16 payment to be made on behalf of an eligible individual is determined by subtracting the
697.17 individual's countable income under section 256I.04, subdivision 1, for a whole calendar
697.18 month from the room and board rate for that same month. The housing support payment is
697.19 determined by multiplying the housing support rate times the period of time the individual
697.20 was a resident or temporarily absent under section 256I.05, subdivision 2a.

697.21 (b) For an individual with earned income under paragraph (a), prospective budgeting
697.22 under section 256P.09 must be used ~~to determine the amount of the individual's payment~~
697.23 ~~for the following six-month period. An increase in income shall not affect an individual's~~
697.24 ~~eligibility or payment amount until the month following the reporting month. A decrease~~
697.25 ~~in income shall be effective the first day of the month after the month in which the decrease~~
697.26 ~~is reported.~~

697.27 (c) For an individual who receives housing support payments under section 256I.04,
697.28 subdivision 1, paragraph (c), the amount of the housing support payment is determined by
697.29 multiplying the housing support rate times the period of time the individual was a resident.

697.30 **EFFECTIVE DATE.** This section is effective March 1, 2024.

698.1 Sec. 14. Minnesota Statutes 2020, section 256I.09, is amended to read:

698.2 **256I.09 COMMUNITY LIVING INFRASTRUCTURE.**

698.3 The commissioner shall award grants to agencies through an annual competitive process.
698.4 Grants awarded under this section may be used for: (1) outreach to locate and engage people
698.5 who are homeless or residing in segregated settings to screen for basic needs and assist with
698.6 referral to community living resources; (2) building capacity to provide technical assistance
698.7 and consultation on housing and related support service resources for persons with both
698.8 disabilities and low income; ~~or~~ (3) streamlining the administration and monitoring activities
698.9 related to housing support funds; or (4) direct assistance to individuals to access or maintain
698.10 housing in community settings. Agencies may collaborate and submit a joint application
698.11 for funding under this section.

698.12 Sec. 15. Minnesota Statutes 2020, section 256J.08, subdivision 71, is amended to read:

698.13 Subd. 71. **Prospective budgeting.** "Prospective budgeting" ~~means a method of~~
698.14 ~~determining the amount of the assistance payment in which the budget month and payment~~
698.15 ~~month are the same~~ has the meaning given in section 256P.01, subdivision 9.

698.16 **EFFECTIVE DATE.** This section is effective March 1, 2024.

698.17 Sec. 16. Minnesota Statutes 2020, section 256J.08, subdivision 79, is amended to read:

698.18 Subd. 79. **Recurring income.** "Recurring income" means a form of income which is:

698.19 (1) received periodically, and may be received irregularly when receipt can be anticipated
698.20 even though the date of receipt cannot be predicted; and

698.21 (2) from the same source or of the same type that is received and budgeted in a
698.22 prospective month ~~and is received in one or both of the first two retrospective months.~~

698.23 **EFFECTIVE DATE.** This section is effective March 1, 2024.

698.24 Sec. 17. Minnesota Statutes 2021 Supplement, section 256J.21, subdivision 3, is amended
698.25 to read:

698.26 Subd. 3. **Initial income test.** (a) The agency shall determine initial eligibility by
698.27 considering all earned and unearned income as defined in section 256P.06. To be eligible
698.28 for MFIP, the assistance unit's countable income minus the earned income disregards in
698.29 paragraph (a) and section 256P.03 must be below the family wage level according to section
698.30 256J.24, subdivision 7, for that size assistance unit.

699.1 ~~(a)~~ (b) The initial eligibility determination must disregard the following items:

699.2 (1) the earned income disregard as determined in section 256P.03;

699.3 (2) dependent care costs must be deducted from gross earned income for the actual
699.4 amount paid for dependent care up to a maximum of \$200 per month for each child less
699.5 than two years of age, and \$175 per month for each child two years of age and older;

699.6 (3) all payments made according to a court order for spousal support or the support of
699.7 children not living in the assistance unit's household shall be disregarded from the income
699.8 of the person with the legal obligation to pay support; and

699.9 (4) an allocation for the unmet need of an ineligible spouse or an ineligible child under
699.10 the age of 21 for whom the caregiver is financially responsible and who lives with the
699.11 caregiver according to section 256J.36.

699.12 ~~(b) After initial eligibility is established,~~ (c) The income test is for a six-month period.
699.13 The assistance payment calculation is based on the monthly income test prospective budgeting
699.14 according to section 256P.09.

699.15 **EFFECTIVE DATE.** This section is effective March 1, 2024.

699.16 Sec. 18. Minnesota Statutes 2020, section 256J.21, subdivision 4, is amended to read:

699.17 Subd. 4. **Monthly Income test and determination of assistance payment.** ~~The county~~
699.18 ~~agency shall determine ongoing eligibility and the assistance payment amount according~~
699.19 ~~to the monthly income test.~~ To be eligible for MFIP, the result of the computations in
699.20 paragraphs (a) to (e) applied to prospective budgeting must be at least \$1.

699.21 (a) Apply an income disregard as defined in section 256P.03, to gross earnings and
699.22 subtract this amount from the family wage level. If the difference is equal to or greater than
699.23 the MFIP transitional standard, the assistance payment is equal to the MFIP transitional
699.24 standard. If the difference is less than the MFIP transitional standard, the assistance payment
699.25 is equal to the difference. The earned income disregard in this paragraph must be deducted
699.26 every month there is earned income.

699.27 (b) All payments made according to a court order for spousal support or the support of
699.28 children not living in the assistance unit's household must be disregarded from the income
699.29 of the person with the legal obligation to pay support.

699.30 (c) An allocation for the unmet need of an ineligible spouse or an ineligible child under
699.31 the age of 21 for whom the caregiver is financially responsible and who lives with the
699.32 caregiver must be made according to section 256J.36.

700.1 (d) Subtract unearned income dollar for dollar from the MFIP transitional standard to
700.2 determine the assistance payment amount.

700.3 (e) When income is both earned and unearned, the amount of the assistance payment
700.4 must be determined by first treating gross earned income as specified in paragraph (a). After
700.5 determining the amount of the assistance payment under paragraph (a), unearned income
700.6 must be subtracted from that amount dollar for dollar to determine the assistance payment
700.7 amount.

700.8 ~~(f) When the monthly income is greater than the MFIP transitional standard after~~
700.9 ~~deductions and the income will only exceed the standard for one month, the county agency~~
700.10 ~~must suspend the assistance payment for the payment month.~~

700.11 **EFFECTIVE DATE.** This section is effective March 1, 2024.

700.12 Sec. 19. Minnesota Statutes 2021 Supplement, section 256J.33, subdivision 1, is amended
700.13 to read:

700.14 Subdivision 1. **Determination of eligibility.** (a) A county agency must determine MFIP
700.15 eligibility prospectively ~~for a payment month~~ based on ~~retrospectively~~ assessing income
700.16 and the county agency's best estimate of the circumstances that will exist in the payment
700.17 month.

700.18 ~~(b) Except as described in section 256J.34, subdivision 1, when prospective eligibility~~
700.19 ~~exists,~~ A county agency must calculate the amount of the assistance payment using
700.20 ~~retrospective~~ prospective budgeting. To determine MFIP eligibility and the assistance
700.21 payment amount, a county agency must apply countable income, described in sections
700.22 256P.06 and 256J.37, subdivisions 3 to ~~10~~ 9, received by members of an assistance unit or
700.23 by other persons whose income is counted for the assistance unit, described under sections
700.24 256J.37, subdivisions 1 to 2, and 256P.06, subdivision 1.

700.25 (c) This income must be applied to the MFIP standard of need or family wage level
700.26 subject to this section and sections 256J.34 to 256J.36. Countable income as described in
700.27 section 256P.06, subdivision 3, received ~~in a calendar month~~ must be applied to the needs
700.28 of an assistance unit.

700.29 (d) An assistance unit is not eligible when the countable income equals or exceeds the
700.30 MFIP standard of need or the family wage level for the assistance unit.

700.31 **EFFECTIVE DATE.** This section is effective March 1, 2024, except that the amendment
700.32 to paragraph (b) striking "10" and inserting "9" is effective July 1, 2023.

701.1 Sec. 20. Minnesota Statutes 2020, section 256J.33, subdivision 2, is amended to read:

701.2 Subd. 2. **Prospective eligibility.** An agency must determine whether the eligibility
701.3 requirements that pertain to an assistance unit, including those in sections 256J.11 to 256J.15
701.4 and 256P.02, will be met prospectively for the payment month period. ~~Except for the~~
701.5 ~~provisions in section 256J.34, subdivision 1,~~ The income test will be applied ~~retrospectively~~
701.6 prospectively.

701.7 **EFFECTIVE DATE.** This section is effective March 1, 2024.

701.8 Sec. 21. Minnesota Statutes 2020, section 256J.37, subdivision 3, is amended to read:

701.9 Subd. 3. **Earned income of wage, salary, and contractual employees.** The agency
701.10 must include gross earned income less any disregards in the initial ~~and monthly~~ income
701.11 test. Gross earned income received by persons employed on a contractual basis must be
701.12 prorated over the period covered by the contract even when payments are received over a
701.13 lesser period of time.

701.14 **EFFECTIVE DATE.** This section is effective March 1, 2024.

701.15 Sec. 22. Minnesota Statutes 2020, section 256J.37, subdivision 3a, is amended to read:

701.16 Subd. 3a. **Rental subsidies; unearned income.** (a) Effective July 1, 2003, the agency
701.17 shall count \$50 of the value of public and assisted rental subsidies provided through the
701.18 Department of Housing and Urban Development (HUD) as unearned income to the cash
701.19 portion of the MFIP grant. The full amount of the subsidy must be counted as unearned
701.20 income when the subsidy is less than \$50. The income from this subsidy shall be budgeted
701.21 according to section ~~256J.34~~ 256P.09.

701.22 (b) The provisions of this subdivision shall not apply to an MFIP assistance unit which
701.23 includes a participant who is:

701.24 (1) age 60 or older;

701.25 (2) a caregiver who is suffering from an illness, injury, or incapacity that has been
701.26 certified by a qualified professional when the illness, injury, or incapacity is expected to
701.27 continue for more than 30 days and severely limits the person's ability to obtain or maintain
701.28 suitable employment; or

701.29 (3) a caregiver whose presence in the home is required due to the illness or incapacity
701.30 of another member in the assistance unit, a relative in the household, or a foster child in the
701.31 household when the illness or incapacity and the need for the participant's presence in the

702.1 home has been certified by a qualified professional and is expected to continue for more
702.2 than 30 days.

702.3 (c) The provisions of this subdivision shall not apply to an MFIP assistance unit where
702.4 the parental caregiver is an SSI participant.

702.5 **EFFECTIVE DATE.** This section is effective March 1, 2024.

702.6 Sec. 23. Minnesota Statutes 2020, section 256J.95, subdivision 19, is amended to read:

702.7 Subd. 19. **DWP overpayments and underpayments.** DWP benefits are subject to
702.8 overpayments and underpayments. Anytime an overpayment or an underpayment is
702.9 determined for DWP, the correction shall be calculated using prospective budgeting.
702.10 Corrections shall be determined based on the policy in section ~~256J.34, subdivision 1,~~
702.11 ~~paragraphs (a), (b), and (c)~~ 256P.09, subdivisions 1 to 4. ATM errors must be recovered as
702.12 specified in section 256P.08, subdivision 7. Cross program recoupment of overpayments
702.13 cannot be assigned to or from DWP.

702.14 **EFFECTIVE DATE.** This section is effective March 1, 2024.

702.15 Sec. 24. Minnesota Statutes 2020, section 256K.45, subdivision 3, is amended to read:

702.16 Subd. 3. **Street and community outreach and drop-in program.** Youth drop-in centers
702.17 must provide walk-in access to crisis intervention and ongoing supportive services including
702.18 one-to-one case management services on a self-referral basis. Street and community outreach
702.19 programs must locate, contact, and provide information, referrals, and services to homeless
702.20 youth, youth at risk of homelessness, and runaways. Information, referrals, and services
702.21 provided may include, but are not limited to:

702.22 (1) family reunification services;

702.23 (2) conflict resolution or mediation counseling;

702.24 (3) assistance in obtaining temporary emergency shelter;

702.25 (4) assistance in obtaining food, clothing, medical care, or mental health counseling;

702.26 (5) counseling regarding violence, sexual exploitation, substance abuse, sexually
702.27 transmitted diseases, and pregnancy;

702.28 (6) referrals to other agencies that provide support services to homeless youth, youth at
702.29 risk of homelessness, and runaways;

702.30 (7) assistance with education, employment, and independent living skills;

703.1 (8) aftercare services;

703.2 (9) specialized services for highly vulnerable runaways and homeless youth, including
703.3 ~~teen~~ but not limited to youth at risk of discrimination based on sexual orientation or gender
703.4 identity, young parents, emotionally disturbed and mentally ill youth, and sexually exploited
703.5 youth; and

703.6 (10) homelessness prevention.

703.7 **EFFECTIVE DATE.** This section is effective July 1, 2022.

703.8 Sec. 25. Minnesota Statutes 2020, section 256P.01, is amended by adding a subdivision
703.9 to read:

703.10 **Subd. 9. Prospective budgeting.** "Prospective budgeting" means estimating the amount
703.11 of monthly income that an assistance unit will have in the payment month.

703.12 **EFFECTIVE DATE.** This section is effective March 1, 2024.

703.13 Sec. 26. Minnesota Statutes 2021 Supplement, section 256P.04, subdivision 4, is amended
703.14 to read:

703.15 **Subd. 4. Factors to be verified.** (a) The agency shall verify the following at application:

703.16 (1) identity of adults;

703.17 (2) age, if necessary to determine eligibility;

703.18 (3) immigration status;

703.19 (4) income;

703.20 (5) spousal support and child support payments made to persons outside the household;

703.21 (6) vehicles;

703.22 (7) checking and savings accounts, including but not limited to any business accounts
703.23 used to pay expenses not related to the business;

703.24 (8) inconsistent information, if related to eligibility;

703.25 (9) residence; and

703.26 (10) Social Security number; ~~and.~~

703.27 ~~(11) use of nonrecurring income under section 256P.06, subdivision 3, clause (2), item~~
703.28 ~~(ix), for the intended purpose for which it was given and received.~~

704.1 (b) Applicants who are qualified noncitizens and victims of domestic violence as defined
704.2 under section 256J.08, subdivision 73, clauses (8) and (9), are not required to verify the
704.3 information in paragraph (a), clause (10). When a Social Security number is not provided
704.4 to the agency for verification, this requirement is satisfied when each member of the
704.5 assistance unit cooperates with the procedures for verification of Social Security numbers,
704.6 issuance of duplicate cards, and issuance of new numbers which have been established
704.7 jointly between the Social Security Administration and the commissioner.

704.8 **EFFECTIVE DATE.** This section is effective July 1, 2023.

704.9 Sec. 27. Minnesota Statutes 2021 Supplement, section 256P.04, subdivision 8, is amended
704.10 to read:

704.11 Subd. 8. **Recertification.** The agency shall recertify eligibility annually. During
704.12 recertification and reporting under section 256P.10, the agency shall verify the following:

704.13 (1) income, unless excluded, including self-employment earnings;

704.14 (2) assets when the value is within \$200 of the asset limit; and

704.15 (3) inconsistent information, if related to eligibility.

704.16 **EFFECTIVE DATE.** This section is effective March 1, 2024.

704.17 Sec. 28. Minnesota Statutes 2021 Supplement, section 256P.06, subdivision 3, is amended
704.18 to read:

704.19 Subd. 3. **Income inclusions.** The following must be included in determining the income
704.20 of an assistance unit:

704.21 (1) earned income; and

704.22 (2) unearned income, which includes:

704.23 (i) interest and dividends from investments and savings;

704.24 (ii) capital gains as defined by the Internal Revenue Service from any sale of real property;

704.25 (iii) proceeds from rent and contract for deed payments in excess of the principal and
704.26 interest portion owed on property;

704.27 (iv) income from trusts, excluding special needs and supplemental needs trusts;

704.28 (v) interest income from loans made by the participant or household;

704.29 (vi) cash prizes and winnings;

705.1 (vii) unemployment insurance income that is received by an adult member of the
705.2 assistance unit unless the individual receiving unemployment insurance income is:

705.3 (A) 18 years of age and enrolled in a secondary school; or

705.4 (B) 18 or 19 years of age, a caregiver, and is enrolled in school at least half-time;

705.5 (viii) for the purposes of programs under chapters 256D and 256I, retirement, survivors,
705.6 and disability insurance payments;

705.7 ~~(ix) nonrecurring income over \$60 per quarter unless the nonrecurring income is: (A)~~
705.8 ~~from tax refunds, tax rebates, or tax credits; (B) a reimbursement, rebate, award, grant, or~~
705.9 ~~refund of personal or real property or costs or losses incurred when these payments are~~
705.10 ~~made by: a public agency; a court; solicitations through public appeal; a federal, state, or~~
705.11 ~~local unit of government; or a disaster assistance organization; (C) provided as an in-kind~~
705.12 ~~benefit; or (D) earmarked and used for the purpose for which it was intended, subject to~~
705.13 ~~verification requirements under section 256P.04;~~

705.14 ~~(x)~~ (ix) retirement benefits;

705.15 ~~(xi)~~ (x) cash assistance benefits, as defined by each program in chapters 119B, 256D,
705.16 256I, and 256J;

705.17 ~~(xii)~~ (xi) Tribal per capita payments unless excluded by federal and state law;

705.18 ~~(xiii)~~ (xii) income and payments from service and rehabilitation programs that meet or
705.19 exceed the state's minimum wage rate;

705.20 ~~(xiv)~~ (xiii) income from members of the United States armed forces unless excluded
705.21 from income taxes according to federal or state law;

705.22 ~~(xv)~~ (xiv) for the purposes of programs under chapters 119B, 256D, and 256I, all child
705.23 support payments for programs under chapters 119B, 256D, and 256I;

705.24 ~~(xvi)~~ (xv) for the purposes of programs under chapter 256J, the amount of child support
705.25 received that exceeds \$100 for assistance units with one child and \$200 for assistance units
705.26 with two or more children for programs under chapter 256J;

705.27 ~~(xvii)~~ (xvi) spousal support; ~~and~~

705.28 ~~(xviii)~~ (xvii) workers' compensation; and

705.29 (xviii) for the purposes of programs under chapters 119B and 256J, the amount of
705.30 retirement, survivors, and disability insurance payments that exceeds the applicable monthly
705.31 federal maximum Supplemental Security Income payments.

706.1 **EFFECTIVE DATE.** This section is effective July 1, 2022, except the amendment
706.2 removing nonrecurring income over \$60 per quarter is effective July 1, 2023.

706.3 Sec. 29. Minnesota Statutes 2020, section 256P.07, subdivision 1, is amended to read:

706.4 Subdivision 1. **Exempted programs.** Participants who receive Supplemental Security
706.5 Income and qualify for Minnesota supplemental aid under chapter 256D and or for housing
706.6 support under chapter 256I on the basis of eligibility for Supplemental Security Income are
706.7 exempt from this section reporting income under this chapter.

706.8 **EFFECTIVE DATE.** This section is effective March 1, 2024.

706.9 Sec. 30. Minnesota Statutes 2020, section 256P.07, is amended by adding a subdivision
706.10 to read:

706.11 Subd. 1a. **Child care assistance programs.** Participants who qualify for child care
706.12 assistance programs under chapter 119B are exempt from this section except the reporting
706.13 requirements in subdivision 6.

706.14 **EFFECTIVE DATE.** This section is effective March 1, 2024.

706.15 Sec. 31. Minnesota Statutes 2020, section 256P.07, subdivision 2, is amended to read:

706.16 Subd. 2. **Reporting requirements.** An applicant or participant must provide information
706.17 on an application and any subsequent reporting forms about the assistance unit's
706.18 circumstances that affect eligibility or benefits. An applicant or assistance unit must report
706.19 changes that affect eligibility or benefits as identified in subdivision subdivisions 3, 4, 5,
706.20 7, 8, and 9, during the application period or by the tenth of the month following the month
706.21 the assistance unit's circumstances changed. When information is not accurately reported,
706.22 both an overpayment and a referral for a fraud investigation may result. When information
706.23 or documentation is not provided, the receipt of any benefit may be delayed or denied,
706.24 depending on the type of information required and its effect on eligibility.

706.25 **EFFECTIVE DATE.** This section is effective March 1, 2024.

706.26 Sec. 32. Minnesota Statutes 2020, section 256P.07, subdivision 3, is amended to read:

706.27 Subd. 3. **Changes that must be reported.** ~~An assistance unit must report the changes~~
706.28 ~~or anticipated changes specified in clauses (1) to (12) within ten days of the date they occur,~~
706.29 ~~at the time of recertification of eligibility under section 256P.04, subdivisions 8 and 9, or~~
706.30 ~~within eight calendar days of a reporting period, whichever occurs first. An assistance unit~~

707.1 ~~must report other changes at the time of recertification of eligibility under section 256P.04,~~
707.2 ~~subdivisions 8 and 9, or at the end of a reporting period, as applicable. When an agency~~
707.3 ~~could have reduced or terminated assistance for one or more payment months if a delay in~~
707.4 ~~reporting a change specified under clauses (1) to (12) had not occurred, the agency must~~
707.5 ~~determine whether a timely notice could have been issued on the day that the change~~
707.6 ~~occurred. When a timely notice could have been issued, each month's overpayment~~
707.7 ~~subsequent to that notice must be considered a client error overpayment under section~~
707.8 ~~119B.11, subdivision 2a, or 256P.08. Changes in circumstances that must be reported within~~
707.9 ~~ten days must also be reported for the reporting period in which those changes occurred.~~
707.10 ~~Within ten days, an assistance unit must report:~~

707.11 ~~(1) a change in earned income of \$100 per month or greater with the exception of a~~
707.12 ~~program under chapter 119B;~~

707.13 ~~(2) a change in unearned income of \$50 per month or greater with the exception of a~~
707.14 ~~program under chapter 119B;~~

707.15 ~~(3) a change in employment status and hours with the exception of a program under~~
707.16 ~~chapter 119B;~~

707.17 ~~(4) a change in address or residence;~~

707.18 ~~(5) a change in household composition with the exception of programs under chapter~~
707.19 ~~256I;~~

707.20 ~~(6) a receipt of a lump-sum payment with the exception of a program under chapter~~
707.21 ~~119B;~~

707.22 ~~(7) an increase in assets if over \$9,000 with the exception of programs under chapter~~
707.23 ~~119B;~~

707.24 ~~(8) a change in citizenship or immigration status;~~

707.25 ~~(9) a change in family status with the exception of programs under chapter 256I;~~

707.26 ~~(10) a change in disability status of a unit member, with the exception of programs under~~
707.27 ~~chapter 119B;~~

707.28 ~~(11) a new rent subsidy or a change in rent subsidy with the exception of a program~~
707.29 ~~under chapter 119B; and~~

707.30 ~~(12) a sale, purchase, or transfer of real property with the exception of a program under~~
707.31 ~~chapter 119B.~~

708.1 (a) An assistance unit must report changes or anticipated changes as described in this
708.2 subdivision.

708.3 (b) An assistance unit must report:

708.4 (1) a change in eligibility for Supplemental Security Income, Retirement Survivors
708.5 Disability Insurance, or another federal income support;

708.6 (2) a change in address or residence;

708.7 (3) a change in household composition with the exception of programs under chapter
708.8 256I;

708.9 (4) cash prizes and winnings according to guidance provided for the Supplemental
708.10 Nutrition Assistance Program;

708.11 (5) a change in citizenship or immigration status;

708.12 (6) a change in family status with the exception of programs under chapter 256I; and

708.13 (7) a change that makes the value of the unit's assets at or above the asset limit.

708.14 (c) When an agency could have reduced or terminated assistance for one or more payment
708.15 months if a delay in reporting a change specified under paragraph (b) had not occurred, the
708.16 agency must determine the first month that the agency could have reduced or terminated
708.17 assistance following a timely notice given on the date of the change in income. Each month's
708.18 overpayment starting with that month must be considered a client error overpayment under
708.19 section 256P.08.

708.20 **EFFECTIVE DATE.** This section is effective March 1, 2024, except that the amendment
708.21 striking clause (6) is effective July 1, 2023.

708.22 Sec. 33. Minnesota Statutes 2020, section 256P.07, subdivision 4, is amended to read:

708.23 Subd. 4. **MFIP-specific reporting.** In addition to subdivision 3, an assistance unit under
708.24 chapter 256J, ~~within ten days of the change,~~ must report:

708.25 (1) a pregnancy not resulting in birth when there are no other minor children; ~~and~~

708.26 (2) a change in school attendance of a parent under 20 years of age ~~or of an employed~~
708.27 ~~child;~~ and

708.28 (3) an individual in the household who is 18 or 19 years of age attending high school
708.29 who graduates or drops out of school.

708.30 **EFFECTIVE DATE.** This section is effective March 1, 2024.

709.1 Sec. 34. Minnesota Statutes 2020, section 256P.07, subdivision 6, is amended to read:

709.2 Subd. 6. **Child care assistance programs-specific reporting.** (a) ~~In addition to~~
709.3 ~~subdivision 3,~~ An assistance unit under chapter 119B, within ten days of the change, must
709.4 report:

709.5 (1) a change in a parentally responsible individual's custody schedule for any child
709.6 receiving child care assistance program benefits;

709.7 (2) a permanent end in a parentally responsible individual's authorized activity; ~~and~~

709.8 (3) if the unit's family's annual included income exceeds 85 percent of the state median
709.9 income, adjusted for family size;

709.10 (4) a change in address or residence;

709.11 (5) a change in household composition;

709.12 (6) a change in citizenship or immigration status; and

709.13 (7) a change in family status.

709.14 (b) An assistance unit subject to section 119B.095, subdivision 1, paragraph (b), must
709.15 report a change in the unit's authorized activity status.

709.16 (c) An assistance unit must notify the county when the unit wants to reduce the number
709.17 of authorized hours for children in the unit.

709.18 **EFFECTIVE DATE.** This section is effective March 1, 2024.

709.19 Sec. 35. Minnesota Statutes 2020, section 256P.07, subdivision 7, is amended to read:

709.20 Subd. 7. **Minnesota supplemental aid-specific reporting.** (a) In addition to subdivision
709.21 3, an assistance unit participating in the Minnesota supplemental aid program under ~~section~~
709.22 ~~256D.44, subdivision 5, paragraph (g), within ten days of the change, chapter 256D and not~~
709.23 receiving Supplemental Security Income must report shelter expenses:

709.24 (1) a change in unearned income of \$50 per month or greater; and

709.25 (2) a change in earned income of \$100 per month or greater.

709.26 (b) An assistance unit receiving housing assistance under section 256D.44, subdivision
709.27 5, paragraph (g), including assistance units that also receive Supplemental Security Income,
709.28 must report:

709.29 (1) a change in shelter expenses; and

709.30 (2) a new rent subsidy or a change in rent subsidy.

710.1 **EFFECTIVE DATE.** This section is effective March 1, 2024.

710.2 Sec. 36. Minnesota Statutes 2020, section 256P.07, is amended by adding a subdivision
710.3 to read:

710.4 **Subd. 8. Housing support-specific reporting.** (a) In addition to subdivision 3, an
710.5 assistance unit participating in the housing support program under chapter 256I and not
710.6 receiving Supplemental Security Income must report:

710.7 (1) a change in unearned income of \$50 per month or greater; and

710.8 (2) a change in earned income of \$100 per month or greater, unless the assistance unit
710.9 is already subject to six-month reporting requirements in section 256P.10.

710.10 (b) Notwithstanding the exemptions in subdivisions 1 and 3, an assistance unit receiving
710.11 housing support under chapter 256I, including an assistance unit that receives Supplemental
710.12 Security Income, must report:

710.13 (1) a new rent subsidy or a change in rent subsidy;

710.14 (2) a change in the disability status of a unit member; and

710.15 (3) a change in household composition if the assistance unit is a participant in housing
710.16 support under section 256I.04, subdivision 3, paragraph (a), clause (3).

710.17 **EFFECTIVE DATE.** This section is effective March 1, 2024.

710.18 Sec. 37. Minnesota Statutes 2020, section 256P.07, is amended by adding a subdivision
710.19 to read:

710.20 **Subd. 9. General assistance-specific reporting.** In addition to subdivision 3, an
710.21 assistance unit participating in the general assistance program under chapter 256D must
710.22 report:

710.23 (1) a change in unearned income of \$50 per month or greater;

710.24 (2) a change in earned income of \$100 per month or greater, unless the assistance unit
710.25 is already subject to six-month reporting requirements in section 256P.10; and

710.26 (3) changes in any condition that would result in the loss of basis for eligibility in section
710.27 256D.05, subdivision 1, paragraph (a).

710.28 **EFFECTIVE DATE.** This section is effective March 1, 2024.

711.1 **Sec. 38. [256P.09] PROSPECTIVE BUDGETING OF BENEFITS.**

711.2 Subdivision 1. **Exempted programs.** Assistance units that qualify for child care
711.3 assistance programs under chapter 119B, assistance units that receive housing support under
711.4 chapter 256I and are not subject to reporting under section 256P.10, and assistance units
711.5 that qualify for Minnesota supplemental aid under chapter 256D are exempt from this
711.6 section.

711.7 Subd. 2. **Prospective budgeting of benefits.** An agency subject to this chapter must use
711.8 prospective budgeting to calculate the assistance payment amount.

711.9 Subd. 3. **Initial income.** For the purpose of determining an assistance unit's level of
711.10 benefits, an agency must take into account the income already received by the assistance
711.11 unit during or anticipated to be received during the application period. Income anticipated
711.12 to be received only in the initial month of eligibility should only be counted in the initial
711.13 month.

711.14 Subd. 4. **Income determination.** An agency must use prospective budgeting to determine
711.15 the amount of the assistance unit's benefit for the eligibility period based on the best
711.16 information available at the time of approval. An agency shall only count anticipated income
711.17 when the participant and the agency are reasonably certain of the amount of the payment
711.18 and the month in which the payment will be received. If the exact amount of the income is
711.19 not known, the agency shall consider only the amounts that can be anticipated as income.

711.20 Subd. 5. **Income changes.** An increase in income shall not affect an assistance unit's
711.21 eligibility or benefit amount until the next review unless otherwise required to be reported
711.22 in section 256P.07. A decrease in income shall be effective on the date that the change
711.23 occurs if the change is reported by the tenth of the month following the month when the
711.24 change occurred. If the assistance unit does not report the change in income by the tenth of
711.25 the month following the month when the change occurred, the change in income shall be
711.26 effective on the date the change was reported.

711.27 **EFFECTIVE DATE.** This section is effective March 1, 2024.

711.28 **Sec. 39. [256P.10] SIX-MONTH REPORTING.**

711.29 Subdivision 1. **Exempted programs.** Assistance units that qualify for child care
711.30 assistance programs under chapter 119B, assistance units that qualify for Minnesota
711.31 supplemental aid under chapter 256D, and assistance units that qualify for housing support
711.32 under chapter 256I and also receive Supplemental Security Income are exempt from this
711.33 section.

712.1 Subd. 2. **Reporting.** (a) An assistance unit that qualifies for the Minnesota family
712.2 investment program under chapter 256J, an assistance unit that qualifies for general assistance
712.3 under chapter 256D with an earned income of \$100 per month or greater, or an assistance
712.4 unit that qualifies for housing support under chapter 256I with an earned income of \$100
712.5 per month or greater is subject to six-month reviews. The initial reporting period may be
712.6 shorter than six months in order to align with other programs' reporting periods.

712.7 (b) An assistance unit that qualifies for the Minnesota family investment program or an
712.8 assistance unit that qualifies for general assistance with an earned income of \$100 per month
712.9 or greater must complete household report forms as required by the commissioner for
712.10 redetermination of benefits.

712.11 (c) An assistance unit that qualifies for housing support with an earned income of \$100
712.12 per month or greater must complete household report forms as prescribed by the
712.13 commissioner to provide information about earned income.

712.14 (d) An assistance unit that qualifies for housing support and also receives assistance
712.15 through the Minnesota family investment program shall be subject to requirements of this
712.16 section for purposes of the Minnesota family investment program but not for housing support.

712.17 (e) An assistance unit covered by this section must submit a household report form in
712.18 compliance with the provisions in section 256P.04, subdivision 11.

712.19 (f) An assistance unit covered by this section may choose to report changes under this
712.20 section at any time.

712.21 Subd. 3. **When to terminate assistance.** (a) An agency must terminate benefits when
712.22 the assistance unit fails to submit the household report form before the end of the six-month
712.23 review period as described in subdivision 2, paragraph (a). If the assistance unit submits
712.24 the household report form within 30 days of the termination of benefits and remains eligible,
712.25 benefits must be reinstated and made available retroactively for the full benefit month.

712.26 (b) When an assistance unit is determined to be ineligible for assistance according to
712.27 this section and chapter 256D, 256I, or 256J, the commissioner must terminate assistance.

712.28 Sec. 40. **PILOT PROGRAM FOR CHOSEN FAMILY HOSTING TO PREVENT**
712.29 **YOUTH HOMELESSNESS.**

712.30 Subdivision 1. **Establishment.** The commissioner of human services must establish a
712.31 pilot program for providers seeking to establish or expand services for homeless youth that
712.32 formalize situations where a caring adult who a youth considers chosen family allows a
712.33 youth to stay at the adult's residence to avoid being homeless.

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

713.3 (b) "Chosen family" means any individual, related by blood or affinity, whose close
713.4 association fulfills the need of a familial relationship.

713.5 (c) "Set of participants" means a youth aged 18 to 24 and (1) an adult host who is the
713.6 youth's chosen family and with whom the youth is living in an intergenerational hosting
713.7 arrangement to avoid being homeless, or (2) a relative with whom the youth is living to
713.8 avoid being homeless.

713.9 Subd. 3. Administration. (a) The commissioner of human services, as authorized by
713.10 Minnesota Statutes, section 256.01, subdivision 2, paragraph (a), clause (6), shall contract
713.11 with a technical assistance provider to:

713.12 (1) provide technical assistance to funding recipients;

713.13 (2) facilitate a monthly learning cohort for funding recipients;

713.14 (3) evaluate the efficacy and cost-effectiveness of the pilot program; and

713.15 (4) submit annual updates and a final report to the commissioner.

713.16 (b) When developing the criteria for awarding funds, the commissioner must include a
713.17 requirement that all funding recipients:

713.18 (1) partner with sets of participants, with a case manager caseload consistent with existing
713.19 norms for homeless youth;

713.20 (2) mediate agreements within each set of participants about shared expectations regarding
713.21 the living arrangement;

713.22 (3) provide monthly stipends to sets of participants to offset the costs created by the
713.23 living arrangement;

713.24 (4) connect sets of participants to community resources;

713.25 (5) if the adult host is a renter, help facilitate ongoing communication between the
713.26 property owner and adult host;

713.27 (6) offer strategies to address barriers faced by adult hosts who are renters;

713.28 (7) assist the youth in identifying and strengthening their circle of support, giving focused
713.29 attention to adults who can serve as permanent connections and provide ongoing support
713.30 throughout the youth's life; and

713.31 (8) actively participate in monthly cohort meetings.

714.1 Subd. 4. **Technical assistance provider.** The commissioner must select a technical
714.2 assistance provider to provide assistance to funding recipients. In order to be selected, the
714.3 technical assistance provider must:

714.4 (1) have in-depth experience with research on and evaluation of youth homelessness
714.5 from a holistic perspective that addresses the four core outcomes developed by the United
714.6 States Interagency Council on Homelessness to prevent and end youth homelessness;

714.7 (2) offer education and have previous experience providing technical assistance on
714.8 supporting chosen family hosting arrangements to organizations that serve homeless youth;

714.9 (3) have expertise on how to address barriers faced by chosen family hosts who are
714.10 renters; and

714.11 (4) be located in Minnesota.

714.12 Subd. 5. **Eligible applicants.** To be eligible for funding under this section, an applicant
714.13 must be a provider serving homeless youth in Minnesota. The money must be awarded to
714.14 funding recipients beginning no later than March 31, 2023.

714.15 Subd. 6. **Applications.** Providers seeking funding under this section shall apply to the
714.16 commissioner. The applicant must include a description of the project that the applicant is
714.17 proposing, the amount of money that the applicant is seeking, and a proposed budget
714.18 describing how the applicant will spend the money.

714.19 Subd. 7. **Reporting.** The technical assistance provider must submit annual updates and
714.20 a final report to the commissioner in a manner specified by the commissioner on the technical
714.21 assistance provider's findings regarding the efficacy and cost-effectiveness of the pilot
714.22 program.

714.23 Sec. 41. **DIRECTION TO COMMISSIONER; INCOME AND ASSET EXCLUSION**
714.24 **FOR LOCAL GUARANTEED INCOME DEMONSTRATION PROJECTS.**

714.25 Subdivision 1. **Definitions.** (a) For purposes of this section, the terms defined in this
714.26 subdivision have the meanings given.

714.27 (b) "Commissioner" means the commissioner of human services unless specified
714.28 otherwise.

714.29 (c) "Guaranteed income demonstration project" means a local demonstration project to
714.30 evaluate how unconditional cash payments have a causal effect on income volatility, financial
714.31 well-being, and early childhood development in infants and toddlers.

715.1 Subd. 2. Commissioner; income and asset exclusion. (a) During the duration of the
715.2 guaranteed income demonstration project, the commissioner shall not count payments made
715.3 to families by the guaranteed income demonstration project as income or assets for purposes
715.4 of determining or redetermining eligibility for the following programs:

715.5 (1) child care assistance programs under Minnesota Statutes, chapter 119B; and

715.6 (2) the Minnesota family investment program, work benefit program, or diversionary
715.7 work program under Minnesota Statutes, chapter 256J.

715.8 (b) During the duration of the guaranteed income demonstration project, the commissioner
715.9 shall not count payments made to families by the guaranteed income demonstration project
715.10 as income or assets for purposes of determining or redetermining eligibility for the following
715.11 programs:

715.12 (1) medical assistance under Minnesota Statutes, chapter 256B; and

715.13 (2) MinnesotaCare under Minnesota Statutes, chapter 256L.

715.14 **EFFECTIVE DATE.** This section is effective July 1, 2022, except for subdivision 2,
715.15 paragraph (b), which is effective July 1, 2022, or upon federal approval, whichever is later.

715.16 Sec. 42. **REPEALER.**

715.17 (a) Minnesota Statutes 2020, sections 256J.08, subdivisions 10, 61, 62, 81, and 83;
715.18 256J.30, subdivisions 5 and 7; 256J.33, subdivisions 3 and 5; 256J.34, subdivisions 1, 2, 3,
715.19 and 4; and 256J.37, subdivision 10, are repealed.

715.20 (b) Minnesota Statutes 2021 Supplement, sections 256J.08, subdivision 53; 256J.30,
715.21 subdivision 8; and 256J.33, subdivision 4, are repealed.

715.22 **EFFECTIVE DATE.** This section is effective March 1, 2024, except the repeal of
715.23 Minnesota Statutes 2020, sections 256J.08, subdivision 62, and 256J.37, subdivision 10,
715.24 and Minnesota Statutes 2021 Supplement, section 256J.08, subdivision 53, is effective July
715.25 1, 2023.

715.26 **ARTICLE 17**

715.27 **DIRECT CARE AND TREATMENT POLICY**

715.28 Section 1. Minnesota Statutes 2020, section 253B.18, subdivision 6, is amended to read:

715.29 Subd. 6. **Transfer.** (a) A patient who is a person who has a mental illness and is
715.30 dangerous to the public shall not be transferred out of a secure treatment facility unless it
715.31 appears to the satisfaction of the commissioner, after a hearing and favorable recommendation

716.1 by a majority of the special review board, that the transfer is appropriate. Transfer may be
716.2 to another state-operated treatment program. In those instances where a commitment also
716.3 exists to the Department of Corrections, transfer may be to a facility designated by the
716.4 commissioner of corrections.

716.5 (b) The following factors must be considered in determining whether a transfer is
716.6 appropriate:

716.7 (1) the person's clinical progress and present treatment needs;

716.8 (2) the need for security to accomplish continuing treatment;

716.9 (3) the need for continued institutionalization;

716.10 (4) which facility can best meet the person's needs; and

716.11 (5) whether transfer can be accomplished with a reasonable degree of safety for the
716.12 public.

716.13 (c) If a committed person has been transferred out of a secure treatment facility pursuant
716.14 to this subdivision, that committed person may voluntarily return to a secure treatment
716.15 facility for a period of up to 60 days with the consent of the head of the treatment facility.

716.16 (d) If the committed person is not returned to the original, nonsecure transfer facility
716.17 within 60 days of being readmitted to a secure treatment facility, the transfer is revoked and
716.18 the committed person shall remain in a secure treatment facility. The committed person
716.19 shall immediately be notified in writing of the revocation.

716.20 (e) Within 15 days of receiving notice of the revocation, the committed person may
716.21 petition the special review board for a review of the revocation. The special review board
716.22 shall review the circumstances of the revocation and shall recommend to the commissioner
716.23 whether or not the revocation shall be upheld. The special review board may also recommend
716.24 a new transfer at the time of the revocation hearing.

716.25 (f) No action by the special review board is required if the transfer has not been revoked
716.26 and the committed person is returned to the original, nonsecure transfer facility with no
716.27 substantive change to the conditions of the transfer ordered under this subdivision.

716.28 (g) The head of the treatment facility may revoke a transfer made under this subdivision
716.29 and require a committed person to return to a secure treatment facility if:

716.30 (1) remaining in a nonsecure setting does not provide a reasonable degree of safety to
716.31 the committed person or others; or

717.1 (2) the committed person has regressed clinically and the facility to which the committed
717.2 person was transferred does not meet the committed person's needs.

717.3 (h) Upon the revocation of the transfer, the committed person shall be immediately
717.4 returned to a secure treatment facility. A report documenting the reasons for revocation
717.5 shall be issued by the head of the treatment facility within seven days after the committed
717.6 person is returned to the secure treatment facility. Advance notice to the committed person
717.7 of the revocation is not required.

717.8 (i) The committed person must be provided a copy of the revocation report and informed,
717.9 orally and in writing, of the rights of a committed person under this section. The revocation
717.10 report shall be served upon the committed person, the committed person's counsel, and the
717.11 designated agency. The report shall outline the specific reasons for the revocation, including
717.12 but not limited to the specific facts upon which the revocation is based.

717.13 (j) If a committed person's transfer is revoked, the committed person may re-petition for
717.14 transfer according to subdivision 5.

717.15 (k) A committed person aggrieved by a transfer revocation decision may petition the
717.16 special review board within seven business days after receipt of the revocation report for a
717.17 review of the revocation. The matter shall be scheduled within 30 days. The special review
717.18 board shall review the circumstances leading to the revocation and, after considering the
717.19 factors in paragraph (b), shall recommend to the commissioner whether or not the revocation
717.20 shall be upheld. The special review board may also recommend a new transfer out of a
717.21 secure facility at the time of the revocation hearing.

717.22 Sec. 2. Minnesota Statutes 2021 Supplement, section 256.01, subdivision 42, is amended
717.23 to read:

717.24 **Subd. 42. Expiration of report mandates.** (a) If the submission of a report by the
717.25 commissioner of human services to the legislature is mandated by statute and the enabling
717.26 legislation does not include a date for the submission of a final report or an expiration date,
717.27 the mandate to submit the report shall expire in accordance with this section.

717.28 (b) If the mandate requires the submission of an annual or more frequent report and the
717.29 mandate was enacted before January 1, 2021, the mandate shall expire on January 1, 2023.
717.30 If the mandate requires the submission of a biennial or less frequent report and the mandate
717.31 was enacted before January 1, 2021, the mandate shall expire on January 1, 2024.

717.32 (c) Any reporting mandate enacted on or after January 1, 2021, shall expire three years
717.33 after the date of enactment if the mandate requires the submission of an annual or more

718.1 frequent report and shall expire five years after the date of enactment if the mandate requires
718.2 the submission of a biennial or less frequent report unless the enacting legislation provides
718.3 for a different expiration date.

718.4 (d) By January 15 of each year, the commissioner shall submit a list ~~to the chairs and~~
718.5 ~~ranking minority members of the legislative committees with jurisdiction over human~~
718.6 ~~services by February 15 of each year, beginning February 15, 2022~~, of all reports set to
718.7 expire during the following calendar year ~~in accordance with this section~~ to the chairs and
718.8 ranking minority members of the legislative committees with jurisdiction over human
718.9 services. Notwithstanding paragraph (c), this paragraph does not expire.

718.10 Sec. 3. Laws 2009, chapter 79, article 13, section 3, subdivision 10, as amended by Laws
718.11 2009, chapter 173, article 2, section 1, is amended to read:

718.12 **Subd. 10. State-Operated Services**

718.13 The amounts that may be spent from the
718.14 appropriation for each purpose are as follows:

718.15 **Transfer Authority Related to**

718.16 **State-Operated Services. Money**

718.17 appropriated to finance state-operated services
718.18 may be transferred between the fiscal years of
718.19 the biennium with the approval of the
718.20 commissioner of finance.

718.21 **County Past Due Receivables. The**

718.22 commissioner is authorized to withhold county
718.23 federal administrative reimbursement when
718.24 the county of financial responsibility for
718.25 cost-of-care payments due the state under
718.26 Minnesota Statutes, section 246.54 or
718.27 253B.045, is 90 days past due. The
718.28 commissioner shall deposit the withheld
718.29 federal administrative earnings for the county
718.30 into the general fund to settle the claims with
718.31 the county of financial responsibility. The
718.32 process for withholding funds is governed by
718.33 Minnesota Statutes, section 256.017.

719.1 **Forecast and Census Data.** The
 719.2 commissioner shall include census data and
 719.3 fiscal projections for state-operated services
 719.4 and Minnesota sex offender services with the
 719.5 ~~November and February budget forecasts.~~
 719.6 ~~Notwithstanding any contrary provision in this~~
 719.7 ~~article, this paragraph shall not expire forecast.~~

719.8 **(a) Adult Mental Health Services** 106,702,000 107,201,000

719.9 **Appropriation Limitation.** No part of the
 719.10 appropriation in this article to the
 719.11 commissioner for mental health treatment
 719.12 services provided by state-operated services
 719.13 shall be used for the Minnesota sex offender
 719.14 program.

719.15 **Community Behavioral Health Hospitals.**
 719.16 Under Minnesota Statutes, section 246.51,
 719.17 subdivision 1, a determination order for the
 719.18 clients served in a community behavioral
 719.19 health hospital operated by the commissioner
 719.20 of human services is only required when a
 719.21 client's third-party coverage has been
 719.22 exhausted.

719.23 **Base Adjustment.** The general fund base is
 719.24 decreased by \$500,000 for fiscal year 2012
 719.25 and by \$500,000 for fiscal year 2013.

719.26 **(b) Minnesota Sex Offender Services**

719.27	Appropriations by Fund		
719.28	General	38,348,000	67,503,000
719.29	Federal Fund	26,495,000	0

719.30 **Use of Federal Stabilization Funds.** Of this
 719.31 appropriation, \$26,495,000 in fiscal year 2010
 719.32 is from the fiscal stabilization account in the
 719.33 federal fund to the commissioner. This
 719.34 appropriation must not be used for any activity

720.1 or service for which federal reimbursement is
720.2 claimed. This is a onetime appropriation.

720.3 **(c) Minnesota Security Hospital and METO**
720.4 **Services**

720.5	Appropriations by Fund		
720.6	General	230,000	83,735,000
720.7	Federal Fund	83,505,000	0

720.8 **Minnesota Security Hospital.** For the
720.9 purposes of enhancing the safety of the public,
720.10 improving supervision, and enhancing
720.11 community-based mental health treatment,
720.12 state-operated services may establish
720.13 additional community capacity for providing
720.14 treatment and supervision of clients who have
720.15 been ordered into a less restrictive alternative
720.16 of care from the state-operated services
720.17 transitional services program consistent with
720.18 Minnesota Statutes, section 246.014.

720.19 **Use of Federal Stabilization Funds.**

720.20 \$83,505,000 in fiscal year 2010 is appropriated
720.21 from the fiscal stabilization account in the
720.22 federal fund to the commissioner. This
720.23 appropriation must not be used for any activity
720.24 or service for which federal reimbursement is
720.25 claimed. This is a onetime appropriation.

720.26 **Sec. 4. REPEALER.**

720.27 Minnesota Statutes 2020, sections 246.0136; 252.025, subdivision 7; and 252.035, are
720.28 repealed.

721.1

ARTICLE 18

721.2

PREVENTING HOMELESSNESS

721.3 Section 1. Minnesota Statutes 2020, section 145.4716, is amended by adding a subdivision
721.4 to read:

721.5 Subd. 4. **Funding.** The commissioner must prioritize providing trauma-informed,
721.6 culturally inclusive services for sexually exploited youth or youth at risk of sexual
721.7 exploitation under this section.

721.8 Sec. 2. Minnesota Statutes 2020, section 256E.33, subdivision 1, is amended to read:

721.9 Subdivision 1. **Definitions.** (a) The definitions in this subdivision apply to this section.

721.10 (b) "Transitional housing" means housing designed for independent living and provided
721.11 to a homeless person or family at a rental rate of at least 25 percent of the family income
721.12 for a period of up to ~~24~~ 36 months. If a transitional housing program is associated with a
721.13 licensed facility or shelter, it must be located in a separate facility or a specified section of
721.14 the main facility where residents can be responsible for their own meals and other daily
721.15 needs.

721.16 (c) "Support services" means an assessment service that identifies the needs of individuals
721.17 for independent living and arranges or provides for the appropriate educational, social, legal,
721.18 advocacy, child care, employment, financial, health care, or information and referral services
721.19 to meet these needs.

721.20 Sec. 3. Minnesota Statutes 2020, section 256E.33, subdivision 2, is amended to read:

721.21 Subd. 2. **Establishment and administration.** A transitional housing program is
721.22 established to be administered by the commissioner. The commissioner may make grants
721.23 to eligible recipients or enter into agreements with community action agencies or other
721.24 public or private nonprofit agencies to make grants to eligible recipients to initiate, maintain,
721.25 or expand programs to provide transitional housing and support services for persons in need
721.26 of transitional housing, which may include up to six months of follow-up support services
721.27 for persons who complete transitional housing as they stabilize in permanent housing. The
721.28 commissioner must ensure that money appropriated to implement this section is distributed
721.29 as soon as practicable. The commissioner may make grants directly to eligible recipients.
721.30 The commissioner may extend use ~~up to ten percent of the appropriation available for~~ of
721.31 this program for persons needing assistance longer than ~~24~~ 36 months.

722.1 Sec. 4. Minnesota Statutes 2020, section 256I.03, subdivision 7, is amended to read:

722.2 Subd. 7. **Countable income.** "Countable income" means all income received by an
722.3 applicant or recipient as described under section 256P.06, less any applicable exclusions or
722.4 disregards. For a recipient of any cash benefit from the SSI program who does not live in
722.5 a setting as described in section 256I.04, subdivision 2a, paragraph (b), clause (2), countable
722.6 income means the SSI benefit limit in effect at the time the person is a recipient of housing
722.7 support, less the medical assistance personal needs allowance under section 256B.35. ~~If the~~
722.8 ~~SSI limit or benefit is reduced for a person due to events other than receipt of additional~~
722.9 ~~income, countable income means actual income less any applicable exclusions and disregards.~~
722.10 If there is a reduction in a housing support recipient's benefit due to circumstances other
722.11 than receipt of additional income, applicable exclusions and disregards apply when
722.12 determining countable income. For a recipient of any cash benefit from the RSDI program,
722.13 SSI program, or veterans' programs who lives in a setting as described in section 256I.04,
722.14 subdivision 2a, paragraph (b), clause (2), countable income means 30 percent of the
722.15 recipient's total benefit amount from these programs, after applicable exclusions or disregards,
722.16 at the time the person is a recipient of housing support. For these recipients, the medical
722.17 assistance personal needs allowance, as described in section 256I.04, subdivision 1, paragraph
722.18 (a), clause (2), does not apply.

722.19 Sec. 5. Minnesota Statutes 2020, section 256K.45, is amended by adding a subdivision to
722.20 read:

722.21 Subd. 7. **Awarding of grants.** (a) Grants shall be awarded under this section only after
722.22 a review of the grant recipient's application materials, including past performance and
722.23 utilization of grant money. The commissioner shall not reduce an existing grant award
722.24 amount unless the commissioner first determines that the grant recipient has failed to meet
722.25 performance measures or has used grant money improperly.

722.26 (b) For grants awarded pursuant to a two-year grant contract, the commissioner shall
722.27 permit grant recipients to carry over any unexpended amount from the first contract year
722.28 to the second contract year.

722.29 Sec. 6. Laws 2021, First Special Session chapter 8, article 6, section 1, subdivision 7, is
722.30 amended to read:

722.31 Subd. 7. **Report.** (a) No later than February 1, 2022, the task force shall submit an initial
722.32 report to the chairs and ranking minority members of the house of representatives and senate

723.1 committees and divisions with jurisdiction over housing and preventing homelessness on
723.2 its findings and recommendations.

723.3 (b) No later than ~~August 31, 2022~~ December 15, 2022, the task force shall submit a final
723.4 report to the chairs and ranking minority members of the house of representatives and senate
723.5 committees and divisions with jurisdiction over housing and preventing homelessness on
723.6 its findings and recommendations.

723.7 **Sec. 7. PREGNANT AND PARENTING HOMELESS YOUTH STUDY.**

723.8 (a) The commissioner of human services must conduct a study of the prevalence of
723.9 pregnancy and parenting among homeless youth and youth who are at risk of homelessness.

723.10 (b) The commissioner shall submit a final report by December 31, 2023, to the chairs
723.11 and ranking minority members of the legislative committees with jurisdiction over human
723.12 services finance and policy.

723.13 **Sec. 8. SEXUAL EXPLOITATION AND TRAFFICKING STUDY.**

723.14 (a) The commissioner of health must conduct a prevalence study on youth and adult
723.15 victim survivors of sexual exploitation and trafficking.

723.16 (b) The commissioner shall submit a final report by June 30, 2024, to the chairs and
723.17 ranking minority members of the legislative committees with jurisdiction over human
723.18 services finance and policy.

723.19 **Sec. 9. EMERGENCY SHELTER FACILITIES.**

723.20 Subdivision 1. Definitions. (a) For the purposes of this section, the following terms have
723.21 the meanings given.

723.22 (b) "Commissioner" means the commissioner of human services.

723.23 (c) "Eligible applicant" means a statutory or home rule charter city, county, Tribal
723.24 government, not-for-profit corporation under section 501(c)(3) of the Internal Revenue
723.25 Code, or housing and redevelopment authority established under Minnesota Statutes, section
723.26 469.003.

723.27 (d) "Emergency shelter facility" or "facility" means a facility that provides a safe, sanitary,
723.28 accessible, and suitable emergency shelter for individuals and families experiencing
723.29 homelessness, regardless of whether the facility provides emergency shelter during the day,
723.30 overnight, or both.

724.1 Subd. 2. Project criteria. (a) The commissioner shall prioritize grants under this section
724.2 for projects that improve or expand emergency shelter facility options by:

724.3 (1) adding additional emergency shelter facilities by renovating existing facilities not
724.4 currently operating as emergency shelter facilities;

724.5 (2) adding additional emergency shelter facility beds by renovating existing emergency
724.6 shelter facilities, including major projects that address an accumulation of deferred
724.7 maintenance or repair or replacement of mechanical, electrical, and safety systems and
724.8 components in danger of failure;

724.9 (3) adding additional emergency shelter facility beds through acquisition and construction
724.10 of new emergency shelter facilities; and

724.11 (4) improving the safety, sanitation, accessibility, and habitability of existing emergency
724.12 shelter facilities, including major projects that address an accumulation of deferred
724.13 maintenance or repair or replacement of mechanical, electrical, and safety systems and
724.14 components in danger of failure.

724.15 (b) A grant under this section may be used to pay for 100 percent of total project capital
724.16 expenditures, or a specified project phase, up to \$10,000,000 per project.

724.17 (c) All projects funded with a grant under this section must meet all applicable state and
724.18 local building codes at the time of project completion.

724.19 (d) The commissioner must use a competitive request for proposal process to identify
724.20 potential projects and eligible applicants on a statewide basis.

724.21 **EFFECTIVE DATE.** This section is effective July 1, 2022.

724.22 **ARTICLE 19**

724.23 **DHS LICENSING AND OPERATIONS POLICY**

724.24 Section 1. Minnesota Statutes 2020, section 245A.02, subdivision 5a, is amended to read:

724.25 Subd. 5a. **Controlling individual.** (a) "Controlling individual" means an owner of a
724.26 program or service provider licensed under this chapter and the following individuals, if
724.27 applicable:

724.28 (1) each officer of the organization, including the chief executive officer and chief
724.29 financial officer;

724.30 (2) the individual designated as the authorized agent under section 245A.04, subdivision
724.31 1, paragraph (b);

725.1 (3) the individual designated as the compliance officer under section 256B.04, subdivision
725.2 21, paragraph (g); ~~and~~

725.3 (4) each managerial official whose responsibilities include the direction of the
725.4 management or policies of a program; and

725.5 (5) the individual designated as the primary provider of care for a special family child
725.6 care program under section 245A.14, subdivision 4, paragraph (i).

725.7 (b) Controlling individual does not include:

725.8 (1) a bank, savings bank, trust company, savings association, credit union, industrial
725.9 loan and thrift company, investment banking firm, or insurance company unless the entity
725.10 operates a program directly or through a subsidiary;

725.11 (2) an individual who is a state or federal official, or state or federal employee, or a
725.12 member or employee of the governing body of a political subdivision of the state or federal
725.13 government that operates one or more programs, unless the individual is also an officer,
725.14 owner, or managerial official of the program, receives remuneration from the program, or
725.15 owns any of the beneficial interests not excluded in this subdivision;

725.16 (3) an individual who owns less than five percent of the outstanding common shares of
725.17 a corporation:

725.18 (i) whose securities are exempt under section 80A.45, clause (6); or

725.19 (ii) whose transactions are exempt under section 80A.46, clause (2);

725.20 (4) an individual who is a member of an organization exempt from taxation under section
725.21 290.05, unless the individual is also an officer, owner, or managerial official of the program
725.22 or owns any of the beneficial interests not excluded in this subdivision. This clause does
725.23 not exclude from the definition of controlling individual an organization that is exempt from
725.24 taxation; or

725.25 (5) an employee stock ownership plan trust, or a participant or board member of an
725.26 employee stock ownership plan, unless the participant or board member is a controlling
725.27 individual according to paragraph (a).

725.28 (c) For purposes of this subdivision, "managerial official" means an individual who has
725.29 the decision-making authority related to the operation of the program, and the responsibility
725.30 for the ongoing management of or direction of the policies, services, or employees of the
725.31 program. A site director who has no ownership interest in the program is not considered to
725.32 be a managerial official for purposes of this definition.

726.1 **EFFECTIVE DATE.** This section is effective July 1, 2022.

726.2 Sec. 2. Minnesota Statutes 2020, section 245A.04, subdivision 4, is amended to read:

726.3 Subd. 4. **Inspections; waiver.** (a) Before issuing a license under this chapter, the
726.4 commissioner shall conduct an inspection of the program. The inspection must include but
726.5 is not limited to:

726.6 (1) an inspection of the physical plant;

726.7 (2) an inspection of records and documents;

726.8 (3) observation of the program in operation; and

726.9 (4) an inspection for the health, safety, and fire standards in licensing requirements for
726.10 a child care license holder.

726.11 (b) The observation in paragraph (a), clause (3), is not required prior to issuing a license
726.12 under subdivision 7. If the commissioner issues a license under this chapter, these
726.13 requirements must be completed within one year after the issuance of the license.

726.14 (c) Before completing a licensing inspection in a family child care program or child care
726.15 center, the licensing agency must offer the license holder an exit interview to discuss
726.16 violations or potential violations of law or rule observed during the inspection and offer
726.17 technical assistance on how to comply with applicable laws and rules. The commissioner
726.18 shall not issue a correction order or negative licensing action for violations of law or rule
726.19 not discussed in an exit interview, unless a license holder chooses not to participate in an
726.20 exit interview or not to complete the exit interview. If the license holder is unable to complete
726.21 the exit interview, the licensing agency must offer an alternate time for the license holder
726.22 to complete the exit interview.

726.23 (d) If a family child care license holder disputes a county licensor's interpretation of a
726.24 licensing requirement during a licensing inspection or exit interview, the license holder
726.25 may, within five business days after the exit interview or licensing inspection, request
726.26 clarification from the commissioner, in writing, in a manner prescribed by the commissioner.
726.27 The license holder's request must describe the county licensor's interpretation of the licensing
726.28 requirement at issue, and explain why the license holder believes the county licensor's
726.29 interpretation is inaccurate. The commissioner and the county must include the license
726.30 holder in all correspondence regarding the disputed interpretation, and must provide an
726.31 opportunity for the license holder to contribute relevant information that may impact the
726.32 commissioner's decision. The county licensor must not issue a correction order related to

727.1 the disputed licensing requirement until the commissioner has provided clarification to the
727.2 license holder about the licensing requirement.

727.3 (e) The commissioner or the county shall inspect at least ~~annually~~ once each calendar
727.4 year a child care provider licensed under this chapter and Minnesota Rules, chapter 9502
727.5 or 9503, for compliance with applicable licensing standards.

727.6 (f) No later than November 19, 2017, the commissioner shall make publicly available
727.7 on the department's website the results of inspection reports of all child care providers
727.8 licensed under this chapter and under Minnesota Rules, chapter 9502 or 9503, and the
727.9 number of deaths, serious injuries, and instances of substantiated child maltreatment that
727.10 occurred in licensed child care settings each year.

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

727.12 Sec. 3. Minnesota Statutes 2020, section 245A.07, subdivision 2a, is amended to read:

727.13 Subd. 2a. **Immediate suspension expedited hearing.** (a) Within five working days of
727.14 receipt of the license holder's timely appeal, the commissioner shall request assignment of
727.15 an administrative law judge. The request must include a proposed date, time, and place of
727.16 a hearing. A hearing must be conducted by an administrative law judge within 30 calendar
727.17 days of the request for assignment, unless an extension is requested by either party and
727.18 granted by the administrative law judge for good cause. The commissioner shall issue a
727.19 notice of hearing by certified mail or personal service at least ten working days before the
727.20 hearing. The scope of the hearing shall be limited solely to the issue of whether the temporary
727.21 immediate suspension should remain in effect pending the commissioner's final order under
727.22 section 245A.08, regarding a licensing sanction issued under subdivision 3 following the
727.23 immediate suspension. For suspensions under subdivision 2, paragraph (a), clause (1), the
727.24 burden of proof in expedited hearings under this subdivision shall be limited to the
727.25 commissioner's demonstration that reasonable cause exists to believe that the license holder's
727.26 actions or failure to comply with applicable law or rule poses, or the actions of other
727.27 individuals or conditions in the program poses an imminent risk of harm to the health, safety,
727.28 or rights of persons served by the program. "Reasonable cause" means there exist specific
727.29 articulable facts or circumstances which provide the commissioner with a reasonable
727.30 suspicion that there is an imminent risk of harm to the health, safety, or rights of persons
727.31 served by the program. When the commissioner has determined there is reasonable cause
727.32 to order the temporary immediate suspension of a license based on a violation of safe sleep
727.33 requirements, as defined in section 245A.1435, the commissioner is not required to
727.34 demonstrate that an infant died or was injured as a result of the safe sleep violations. For

728.1 suspensions under subdivision 2, paragraph (a), clause (2), the burden of proof in expedited
728.2 hearings under this subdivision shall be limited to the commissioner's demonstration by a
728.3 preponderance of the evidence that, since the license was revoked, the license holder
728.4 committed additional violations of law or rule which may adversely affect the health or
728.5 safety of persons served by the program.

728.6 (b) The administrative law judge shall issue findings of fact, conclusions, and a
728.7 recommendation within ten working days from the date of hearing. The parties shall have
728.8 ten calendar days to submit exceptions to the administrative law judge's report. The record
728.9 shall close at the end of the ten-day period for submission of exceptions. The commissioner's
728.10 final order shall be issued within ten working days from the close of the record. When an
728.11 appeal of a temporary immediate suspension is withdrawn or dismissed, the commissioner
728.12 shall issue a final order affirming the temporary immediate suspension within ten calendar
728.13 days of the commissioner's receipt of the withdrawal or dismissal. Within 90 calendar days
728.14 after an immediate suspension has been issued and the license holder has not submitted a
728.15 timely appeal under subdivision 2, paragraph (b), or within 90 calendar days after a final
728.16 order affirming an immediate suspension, the commissioner shall ~~make a determination~~
728.17 regarding determine:

728.18 (1) whether a final licensing sanction shall be issued under subdivision 3, paragraph (a),
728.19 clauses (1) to (5). The license holder shall continue to be prohibited from operation of the
728.20 program during this 90-day period; or

728.21 (2) whether the outcome of related, ongoing investigations or judicial proceedings are
728.22 necessary to determine if a final licensing sanction under subdivision 3, paragraph (a),
728.23 clauses (1) to (5), will be issued, and persons served by the program remain at an imminent
728.24 risk of harm during the investigation period or proceedings. If so, the commissioner shall
728.25 issue a suspension in accordance with subdivision 3.

728.26 (c) When the final order under paragraph (b) affirms an immediate suspension or the
728.27 license holder does not submit a timely appeal of the immediate suspension, and a final
728.28 licensing sanction is issued under subdivision 3 and the license holder appeals that sanction,
728.29 the license holder continues to be prohibited from operation of the program pending a final
728.30 commissioner's order under section 245A.08, subdivision 5, regarding the final licensing
728.31 sanction.

728.32 (d) The license holder shall continue to be prohibited from operation of the program
728.33 while a suspension order issued under paragraph (b), clause (2), remains in effect.

729.1 ~~(d)~~ (e) For suspensions under subdivision 2, paragraph (a), clause (3), the burden of
729.2 proof in expedited hearings under this subdivision shall be limited to the commissioner's
729.3 demonstration by a preponderance of the evidence that a criminal complaint and warrant
729.4 or summons was issued for the license holder that was not dismissed, and that the criminal
729.5 charge is an offense that involves fraud or theft against a program administered by the
729.6 commissioner.

729.7 Sec. 4. Minnesota Statutes 2020, section 245A.07, subdivision 3, is amended to read:

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

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

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

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

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

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

729.22 (6) suspension is necessary under subdivision 2a, paragraph (b), clause (2).

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

729.28 (b) If the license was suspended or revoked, the notice must inform the license holder
729.29 of the right to a contested case hearing under chapter 14 and Minnesota Rules, parts
729.30 1400.8505 to 1400.8612. The license holder may appeal an order suspending or revoking
729.31 a license. The appeal of an order suspending or revoking a license must be made in writing
729.32 by certified mail or personal service. If mailed, the appeal must be postmarked and sent to

730.1 the commissioner within ten calendar days after the license holder receives notice that the
730.2 license has been suspended or revoked. If a request is made by personal service, it must be
730.3 received by the commissioner within ten calendar days after the license holder received the
730.4 order. Except as provided in subdivision 2a, paragraph (c), if a license holder submits a
730.5 timely appeal of an order suspending or revoking a license, the license holder may continue
730.6 to operate the program as provided in section 245A.04, subdivision 7, paragraphs (f) and
730.7 (g), until the commissioner issues a final order on the suspension or revocation.

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

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

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

730.29 (4) Fines shall be assessed as follows:

730.30 (i) the license holder shall forfeit \$1,000 for each determination of maltreatment of a
730.31 child under chapter 260E or the maltreatment of a vulnerable adult under section 626.557
730.32 for which the license holder is determined responsible for the maltreatment under section
730.33 260E.30, subdivision 4, paragraphs (a) and (b), or 626.557, subdivision 9c, paragraph (c);

731.1 (ii) if the commissioner determines that a determination of maltreatment for which the
731.2 license holder is responsible is the result of maltreatment that meets the definition of serious
731.3 maltreatment as defined in section 245C.02, subdivision 18, the license holder shall forfeit
731.4 \$5,000;

731.5 (iii) for a program that operates out of the license holder's home and a program licensed
731.6 under Minnesota Rules, parts 9502.0300 to 9502.0445, the fine assessed against the license
731.7 holder shall not exceed \$1,000 for each determination of maltreatment;

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

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

731.14 For purposes of this section, "occurrence" means each violation identified in the
731.15 commissioner's fine order. Fines assessed against a license holder that holds a license to
731.16 provide home and community-based services, as identified in section 245D.03, subdivision
731.17 1, and a community residential setting or day services facility license under chapter 245D
731.18 where the services are provided, may be assessed against both licenses for the same
731.19 occurrence, but the combined amount of the fines shall not exceed the amount specified in
731.20 this clause for that occurrence.

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

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

732.1 Sec. 5. Minnesota Statutes 2021 Supplement, section 245A.14, subdivision 4, is amended
732.2 to read:

732.3 Subd. 4. **Special family child care homes.** Nonresidential child care programs serving
732.4 14 or fewer children that are conducted at a location other than the license holder's own
732.5 residence shall be licensed under this section and the rules governing family child care or
732.6 group family child care if:

732.7 (a) the license holder is the primary provider of care and the nonresidential child care
732.8 program is conducted in a dwelling that is located on a residential lot;

732.9 (b) the license holder is an employer who may or may not be the primary provider of
732.10 care, and the purpose for the child care program is to provide child care services to children
732.11 of the license holder's employees;

732.12 (c) the license holder is a church or religious organization;

732.13 (d) the license holder is a community collaborative child care provider. For purposes of
732.14 this subdivision, a community collaborative child care provider is a provider participating
732.15 in a cooperative agreement with a community action agency as defined in section 256E.31;

732.16 (e) the license holder is a not-for-profit agency that provides child care in a dwelling
732.17 located on a residential lot and the license holder maintains two or more contracts with
732.18 community employers or other community organizations to provide child care services.
732.19 The county licensing agency may grant a capacity variance to a license holder licensed
732.20 under this paragraph to exceed the licensed capacity of 14 children by no more than five
732.21 children during transition periods related to the work schedules of parents, if the license
732.22 holder meets the following requirements:

732.23 (1) the program does not exceed a capacity of 14 children more than a cumulative total
732.24 of four hours per day;

732.25 (2) the program meets a one to seven staff-to-child ratio during the variance period;

732.26 (3) all employees receive at least an extra four hours of training per year than required
732.27 in the rules governing family child care each year;

732.28 (4) the facility has square footage required per child under Minnesota Rules, part
732.29 9502.0425;

732.30 (5) the program is in compliance with local zoning regulations;

732.31 (6) the program is in compliance with the applicable fire code as follows:

733.1 (i) if the program serves more than five children older than 2-1/2 years of age, but no
733.2 more than five children 2-1/2 years of age or less, the applicable fire code is educational
733.3 occupancy, as provided in Group E Occupancy under the Minnesota State Fire Code 2015,
733.4 Section 202; or

733.5 (ii) if the program serves more than five children 2-1/2 years of age or less, the applicable
733.6 fire code is Group I-4 Occupancies, as provided in the Minnesota State Fire Code 2015,
733.7 Section 202, unless the rooms in which the children are cared for are located on a level of
733.8 exit discharge and each of these child care rooms has an exit door directly to the exterior,
733.9 then the applicable fire code is Group E occupancies, as provided in the Minnesota State
733.10 Fire Code 2015, Section 202; and

733.11 (7) any age and capacity limitations required by the fire code inspection and square
733.12 footage determinations shall be printed on the license; or

733.13 (f) the license holder is the primary provider of care and has located the licensed child
733.14 care program in a commercial space, if the license holder meets the following requirements:

733.15 (1) the program is in compliance with local zoning regulations;

733.16 (2) the program is in compliance with the applicable fire code as follows:

733.17 (i) if the program serves more than five children older than 2-1/2 years of age, but no
733.18 more than five children 2-1/2 years of age or less, the applicable fire code is educational
733.19 occupancy, as provided in Group E Occupancy under the Minnesota State Fire Code 2015,
733.20 Section 202; or

733.21 (ii) if the program serves more than five children 2-1/2 years of age or less, the applicable
733.22 fire code is Group I-4 Occupancies, as provided under the Minnesota State Fire Code 2015,
733.23 Section 202;

733.24 (3) any age and capacity limitations required by the fire code inspection and square
733.25 footage determinations are printed on the license; and

733.26 (4) the license holder prominently displays the license issued by the commissioner which
733.27 contains the statement "This special family child care provider is not licensed as a child
733.28 care center."

733.29 (g) Notwithstanding Minnesota Rules, part 9502.0335, subpart 12, the commissioner
733.30 may issue up to four licenses to an organization licensed under paragraph (b), (c), or (e).
733.31 Each license must have its own primary provider of care as required under paragraph (i).
733.32 Each license must operate as a distinct and separate program in compliance with all applicable
733.33 laws and regulations.

734.1 (h) For licenses issued under paragraph (b), (c), (d), (e), or (f), the commissioner may
734.2 approve up to four licenses at the same location or under one contiguous roof if each license
734.3 holder is able to demonstrate compliance with all applicable rules and laws. Each licensed
734.4 program must operate as a distinct program and within the capacity, age, and ratio
734.5 distributions of each license.

734.6 (i) For a license issued under paragraph (b), (c), or (e), the license holder must designate
734.7 a person to be the primary provider of care at the licensed location on a form and in a manner
734.8 prescribed by the commissioner. The license holder shall notify the commissioner in writing
734.9 before there is a change of the person designated to be the primary provider of care. The
734.10 primary provider of care:

734.11 (1) must be the person who will be the provider of care at the program and present during
734.12 the hours of operation;

734.13 (2) must operate the program in compliance with applicable laws and regulations under
734.14 chapter 245A and Minnesota Rules, chapter 9502;

734.15 (3) is considered a child care background study subject as defined in section 245C.02,
734.16 subdivision 6a, and must comply with background study requirements in chapter 245C; ~~and~~

734.17 (4) must complete the training that is required of license holders in section 245A.50;

734.18 (5) is authorized to communicate with the county licensing agency and the department
734.19 on matters related to licensing; and

734.20 (6) must meet the requirements of Minnesota Rules, part 9502.0355, subpart 3, before
734.21 providing group family child care.

734.22 (j) For any license issued under this subdivision, the license holder must ensure that any
734.23 other caregiver, substitute, or helper who assists in the care of children meets the training
734.24 requirements in section 245A.50 and background study requirements under chapter 245C.

734.25 **EFFECTIVE DATE.** This section is effective July 1, 2022.

734.26 Sec. 6. Minnesota Statutes 2020, section 245A.1435, is amended to read:

734.27 **245A.1435 REDUCTION OF RISK OF SUDDEN UNEXPECTED INFANT DEATH**
734.28 **IN LICENSED PROGRAMS.**

734.29 (a) When a license holder is placing an infant to sleep, the license holder must place the
734.30 infant on the infant's back, unless the license holder has documentation from the infant's
734.31 physician or advanced practice registered nurse directing an alternative sleeping position
734.32 for the infant. The physician or advanced practice registered nurse directive must be on a

735.1 form ~~approved~~ developed by the commissioner and must remain on file at the licensed
735.2 location.

735.3 An infant who independently rolls onto its stomach after being placed to sleep on its
735.4 back may be allowed to remain sleeping on its stomach if the infant is at least six months
735.5 of age or the license holder has a signed statement from the parent indicating that the infant
735.6 regularly rolls over at home.

735.7 (b) The license holder must place the infant in a crib directly on a firm mattress with a
735.8 fitted sheet that is appropriate to the mattress size, that fits tightly on the mattress, and
735.9 overlaps the underside of the mattress so it cannot be dislodged by pulling on the corner of
735.10 the sheet with reasonable effort. The license holder must not place anything in the crib with
735.11 the infant except for the infant's pacifier, as defined in Code of Federal Regulations, title
735.12 16, part 1511. The pacifier must be free from any sort of attachment. The requirements of
735.13 this section apply to license holders serving infants younger than one year of age. Licensed
735.14 child care providers must meet the crib requirements under section 245A.146. A correction
735.15 order shall not be issued under this paragraph unless there is evidence that a violation
735.16 occurred when an infant was present in the license holder's care.

735.17 (c) If an infant falls asleep before being placed in a crib, the license holder must move
735.18 the infant to a crib as soon as practicable, and must keep the infant within sight of the license
735.19 holder until the infant is placed in a crib. When an infant falls asleep while being held, the
735.20 license holder must consider the supervision needs of other children in care when determining
735.21 how long to hold the infant before placing the infant in a crib to sleep. The sleeping infant
735.22 must not be in a position where the airway may be blocked or with anything covering the
735.23 infant's face.

735.24 (d) When a license holder places an infant under one year of age down to sleep, the
735.25 infant's clothing or sleepwear must not have weighted materials, a hood, or a bib.

735.26 (e) A license holder may place an infant under one year of age down to sleep wearing
735.27 a helmet if the license holder has signed documentation by a physician, advanced practice
735.28 registered nurse, licensed occupational therapist, or a licensed physical therapist on a form
735.29 developed by the commissioner.

735.30 ~~(d)~~ (f) Placing a swaddled infant down to sleep in a licensed setting is not recommended
735.31 for an infant of any age and is prohibited for any infant who has begun to roll over
735.32 independently. However, with the written consent of a parent or guardian according to this
735.33 paragraph, a license holder may place the infant who has not yet begun to roll over on its
735.34 own down to sleep in a ~~one-piece sleeper equipped with an attached system that fastens~~

736.1 ~~securely only across the upper torso, with no constriction of the hips or legs, to create a~~
736.2 ~~swaddle. A swaddle is defined as one-piece sleepwear that wraps over the infant's arms,~~
736.3 ~~fastens securely only across the infant's upper torso, and does not constrict the infant's hips~~
736.4 ~~or legs. If a swaddle is used by a license holder, the license holder must ensure that it meets~~
736.5 ~~the requirements of paragraph (d) and is not so tight that it restricts the infant's ability to~~
736.6 ~~breathe or so loose that the fabric could cover the infant's nose and mouth. Prior to any use~~
736.7 ~~of swaddling for sleep by a provider licensed under this chapter, the license holder must~~
736.8 ~~obtain informed written consent for the use of swaddling from the parent or guardian of the~~
736.9 ~~infant on a form provided developed by the commissioner and prepared in partnership with~~
736.10 ~~the Minnesota Sudden Infant Death Center.~~

736.11 (g) A license holder may request a variance to this section to permit the use of a
736.12 cradleboard when requested by a parent or guardian for a cultural accommodation. A variance
736.13 for the use of a cradleboard may be issued only by the commissioner. The variance request
736.14 must be submitted on a form developed by the commissioner in partnership with Tribal
736.15 welfare agencies and the Minnesota Department of Health.

736.16 **EFFECTIVE DATE.** This section is effective January 1, 2023.

736.17 Sec. 7. Minnesota Statutes 2020, section 245A.1443, is amended to read:

736.18 **245A.1443 CHEMICAL DEPENDENCY SUBSTANCE USE DISORDER**
736.19 **TREATMENT LICENSED PROGRAMS THAT SERVE PARENTS WITH THEIR**
736.20 **CHILDREN.**

736.21 Subdivision 1. **Application.** This section applies to ~~chemical dependency residential~~
736.22 ~~substance use disorder treatment facilities that are licensed under this chapter and Minnesota~~
736.23 ~~Rules, chapter 9530, 245G and that provide services in accordance with section 245G.19.~~

736.24 Subd. 2. **Requirements for providing education.** (a) On or before the date of a child's
736.25 initial physical presence at the facility, the license holder must provide education to the
736.26 child's parent related to safe bathing and reducing the risk of sudden unexpected infant death
736.27 and abusive head trauma from shaking infants and young children. The license holder must
736.28 use the educational material developed by the commissioner to comply with this requirement.

736.29 At a minimum, the education must address:

736.30 (1) instruction that a child or infant should never be left unattended around water, a tub
736.31 should be filled with only two to four inches of water for infants, and an infant should never
736.32 be put into a tub when the water is running; and

737.1 (2) the risk factors related to sudden unexpected infant death and abusive head trauma
737.2 from shaking infants and young children, and means of reducing the risks, including the
737.3 safety precautions identified in section 245A.1435 and the ~~dangers~~ risks of co-sleeping.

737.4 (b) The license holder must document the parent's receipt of the education and keep the
737.5 documentation in the parent's file. The documentation must indicate whether the parent
737.6 agrees to comply with the safeguards. If the parent refuses to comply, program staff must
737.7 provide additional education to the parent ~~at appropriate intervals, at least weekly~~ as described
737.8 in the parental supervision plan. The parental supervision plan must include the intervention,
737.9 frequency, and staff responsible for the duration of the parent's participation in the program
737.10 or until the parent agrees to comply with the safeguards.

737.11 Subd. 3. **Parental supervision of children.** (a) On or before the date of a child's initial
737.12 physical presence at the facility, the license holder must ~~complete and document an~~
737.13 ~~assessment of~~ the parent's capacity to meet the health and safety needs of the child while
737.14 on the facility premises, ~~including identifying circumstances when the parent may be unable~~
737.15 ~~to adequately care for their child due to~~ considering the following factors:

737.16 (1) the parent's physical ~~or~~ and mental health;

737.17 (2) the parent being under the influence of drugs, alcohol, medications, or other chemicals;

737.18 ~~(3) the parent being unable to provide appropriate supervision for the child; or~~

737.19 (3) the child's physical and mental health; and

737.20 (4) any other information available to the license holder that indicates the parent may
737.21 not be able to adequately care for the child.

737.22 (b) The license holder must have written procedures specifying the actions to be taken
737.23 by staff if a parent is or becomes unable to adequately care for the parent's child.

737.24 (c) If the parent refuses to comply with the safeguards described in subdivision 2 or is
737.25 unable to adequately care for the child, the license holder must develop a parental supervision
737.26 plan in conjunction with the client. The plan must account for any factors in paragraph (a)
737.27 that contribute to the parent's inability to adequately care for the child. The plan must be
737.28 dated and signed by the staff person who completed the plan.

737.29 Subd. 4. **Alternative supervision arrangements.** The license holder must have written
737.30 procedures addressing whether the program permits a parent to arrange for supervision of
737.31 the parent's child by another client in the program. If permitted, the facility must have a
737.32 procedure that requires staff approval of the supervision arrangement before the supervision
737.33 by the nonparental client occurs. The procedure for approval must include an assessment

738.1 of the nonparental client's capacity to assume the supervisory responsibilities using the
738.2 criteria in subdivision 3. The license holder must document the license holder's approval of
738.3 the supervisory arrangement and the assessment of the nonparental client's capacity to
738.4 supervise the child, and must keep this documentation in the file of the parent of the child
738.5 being supervised.

738.6 **EFFECTIVE DATE.** This section is effective January 1, 2023.

738.7 Sec. 8. Minnesota Statutes 2020, section 245A.146, subdivision 3, is amended to read:

738.8 Subd. 3. **License holder documentation of cribs.** (a) Annually, from the date printed
738.9 on the license, all license holders shall check all their cribs' brand names and model numbers
738.10 against the United States Consumer Product Safety Commission website listing of unsafe
738.11 cribs.

738.12 (b) The license holder shall maintain written documentation to be reviewed on site for
738.13 each crib showing that the review required in paragraph (a) has been completed, and which
738.14 of the following conditions applies:

738.15 (1) the crib was not identified as unsafe on the United States Consumer Product Safety
738.16 Commission website;

738.17 (2) the crib was identified as unsafe on the United States Consumer Product Safety
738.18 Commission website, but the license holder has taken the action directed by the United
738.19 States Consumer Product Safety Commission to make the crib safe; or

738.20 (3) the crib was identified as unsafe on the United States Consumer Product Safety
738.21 Commission website, and the license holder has removed the crib so that it is no longer
738.22 used by or accessible to children in care.

738.23 (c) Documentation of the review completed under this subdivision shall be maintained
738.24 by the license holder on site and made available to parents or guardians of children in care
738.25 and the commissioner.

738.26 (d) Notwithstanding Minnesota Rules, part 9502.0425, a family child care provider that
738.27 complies with this section may use a mesh-sided or fabric-sided play yard, pack and play,
738.28 or playpen or crib that has not been identified as unsafe on the United States Consumer
738.29 Product Safety Commission website for the care or sleeping of infants.

738.30 (e) On at least a monthly basis, the family child care license holder shall perform safety
738.31 inspections of every mesh-sided or fabric-sided play yard, pack and play, or playpen used
738.32 by or that is accessible to any child in care, and must document the following:

- 739.1 (1) there are no tears, holes, or loose or unraveling threads in mesh or fabric sides of
739.2 crib;
- 739.3 (2) the weave of the mesh on the crib is no larger than one-fourth of an inch;
- 739.4 (3) no mesh fabric is unsecure or unattached to top rail and floor plate of crib;
- 739.5 (4) no tears or holes to top rail of crib;
- 739.6 (5) the mattress floor board is not soft and does not exceed one inch thick;
- 739.7 (6) the mattress floor board has no rips or tears in covering;
- 739.8 (7) the mattress floor board in use is ~~a waterproof~~ an original mattress or replacement
739.9 mattress provided by the manufacturer of the crib;
- 739.10 (8) there are no protruding or loose rivets, metal nuts, or bolts on the crib;
- 739.11 (9) there are no knobs or wing nuts on outside crib legs;
- 739.12 (10) there are no missing, loose, or exposed staples; and
- 739.13 (11) the latches on top and side rails used to collapse crib are secure, they lock properly,
739.14 and are not loose.
- 739.15 (f) If a cradleboard is used in a licensed setting, the license holder must check the
739.16 cradleboard not less than monthly to ensure the cradleboard is structurally sound and does
739.17 not have loose or protruding parts. The license holder shall maintain written documentation
739.18 of the review.
- 739.19 **EFFECTIVE DATE.** This section is effective January 1, 2023.
- 739.20 Sec. 9. Minnesota Statutes 2020, section 245A.16, subdivision 1, is amended to read:
- 739.21 Subdivision 1. **Delegation of authority to agencies.** (a) County agencies and private
739.22 agencies that have been designated or licensed by the commissioner to perform licensing
739.23 functions and activities under section 245A.04 and background studies for family child care
739.24 under chapter 245C; to recommend denial of applicants under section 245A.05; to issue
739.25 correction orders, to issue variances, and recommend a conditional license under section
739.26 245A.06; or to recommend suspending or revoking a license or issuing a fine under section
739.27 245A.07, shall comply with rules and directives of the commissioner governing those
739.28 functions and with this section. The following variances are excluded from the delegation
739.29 of variance authority and may be issued only by the commissioner:
- 739.30 (1) dual licensure of family child care and child foster care, dual licensure of child and
739.31 adult foster care, and adult foster care and family child care;

- 740.1 (2) adult foster care maximum capacity;
- 740.2 (3) adult foster care minimum age requirement;
- 740.3 (4) child foster care maximum age requirement;
- 740.4 (5) variances regarding disqualified individuals except that, before the implementation
740.5 of NETStudy 2.0, county agencies may issue variances under section 245C.30 regarding
740.6 disqualified individuals when the county is responsible for conducting a consolidated
740.7 reconsideration according to sections 245C.25 and 245C.27, subdivision 2, clauses (a) and
740.8 (b), of a county maltreatment determination and a disqualification based on serious or
740.9 recurring maltreatment;
- 740.10 (6) the required presence of a caregiver in the adult foster care residence during normal
740.11 sleeping hours;
- 740.12 (7) variances to requirements relating to chemical use problems of a license holder or a
740.13 household member of a license holder; ~~and~~
- 740.14 (8) variances to section 245A.53 for a time-limited period. If the commissioner grants
740.15 a variance under this clause, the license holder must provide notice of the variance to all
740.16 parents and guardians of the children in care; and
- 740.17 (9) variances to section 245A.1435 for the use of a cradleboard for a cultural
740.18 accommodation.
- 740.19 Except as provided in section 245A.14, subdivision 4, paragraph (e), a county agency must
740.20 not grant a license holder a variance to exceed the maximum allowable family child care
740.21 license capacity of 14 children.
- 740.22 (b) A county agency that has been designated by the commissioner to issue family child
740.23 care variances must:
- 740.24 (1) publish the county agency's policies and criteria for issuing variances on the county's
740.25 public website and update the policies as necessary; and
- 740.26 (2) annually distribute the county agency's policies and criteria for issuing variances to
740.27 all family child care license holders in the county.
- 740.28 (c) Before the implementation of NETStudy 2.0, county agencies must report information
740.29 about disqualification reconsiderations under sections 245C.25 and 245C.27, subdivision
740.30 2, paragraphs (a) and (b), and variances granted under paragraph (a), clause (5), to the
740.31 commissioner at least monthly in a format prescribed by the commissioner.

741.1 (d) For family child care programs, the commissioner shall require a county agency to
741.2 conduct one unannounced licensing review at least annually.

741.3 (e) For family adult day services programs, the commissioner may authorize licensing
741.4 reviews every two years after a licensee has had at least one annual review.

741.5 (f) A license issued under this section may be issued for up to two years.

741.6 (g) During implementation of chapter 245D, the commissioner shall consider:

741.7 (1) the role of counties in quality assurance;

741.8 (2) the duties of county licensing staff; and

741.9 (3) the possible use of joint powers agreements, according to section 471.59, with counties
741.10 through which some licensing duties under chapter 245D may be delegated by the
741.11 commissioner to the counties.

741.12 Any consideration related to this paragraph must meet all of the requirements of the corrective
741.13 action plan ordered by the federal Centers for Medicare and Medicaid Services.

741.14 (h) Licensing authority specific to section 245D.06, subdivisions 5, 6, 7, and 8, or
741.15 successor provisions; and section 245D.061 or successor provisions, for family child foster
741.16 care programs providing out-of-home respite, as identified in section 245D.03, subdivision
741.17 1, paragraph (b), clause (1), is excluded from the delegation of authority to county and
741.18 private agencies.

741.19 (i) A county agency shall report to the commissioner, in a manner prescribed by the
741.20 commissioner, the following information for a licensed family child care program:

741.21 (1) the results of each licensing review completed, including the date of the review, and
741.22 any licensing correction order issued;

741.23 (2) any death, serious injury, or determination of substantiated maltreatment; and

741.24 (3) any fires that require the service of a fire department within 48 hours of the fire. The
741.25 information under this clause must also be reported to the state fire marshal within two
741.26 business days of receiving notice from a licensed family child care provider.

741.27 Sec. 10. Minnesota Statutes 2020, section 245F.15, subdivision 1, is amended to read:

741.28 Subdivision 1. **Qualifications for all staff who have direct patient contact.** ~~(a)~~ All
741.29 staff who have direct patient contact must be at least 18 years of age ~~and must, at the time~~
741.30 ~~of hiring, document that they meet the requirements in paragraph (b), (c), or (d).~~

742.1 ~~(b) Program directors, supervisors, nurses, and alcohol and drug counselors must be free~~
742.2 ~~of substance use problems for at least two years immediately preceding their hiring and~~
742.3 ~~must sign a statement attesting to that fact.~~

742.4 ~~(c) Recovery peers must be free of substance use problems for at least one year~~
742.5 ~~immediately preceding their hiring and must sign a statement attesting to that fact.~~

742.6 ~~(d) Technicians and other support staff must be free of substance use problems for at~~
742.7 ~~least six months immediately preceding their hiring and must sign a statement attesting to~~
742.8 ~~that fact.~~

742.9 **EFFECTIVE DATE.** This section is effective January 1, 2023.

742.10 Sec. 11. Minnesota Statutes 2020, section 245F.16, subdivision 1, is amended to read:

742.11 Subdivision 1. **Policy requirements.** A license holder must have written personnel
742.12 policies and must make them available to staff members at all times. The personnel policies
742.13 must:

742.14 (1) ensure that a staff member's retention, promotion, job assignment, or pay are not
742.15 affected by a good-faith communication between the staff member and the Department of
742.16 Human Services, Department of Health, Ombudsman for Mental Health and Developmental
742.17 Disabilities, law enforcement, or local agencies that investigate complaints regarding patient
742.18 rights, health, or safety;

742.19 (2) include a job description for each position that specifies job responsibilities, degree
742.20 of authority to execute job responsibilities, standards of job performance related to specified
742.21 job responsibilities, and qualifications;

742.22 (3) provide for written job performance evaluations for staff members of the license
742.23 holder at least annually;

742.24 (4) describe ~~behavior that constitutes grounds~~ the process for disciplinary action,
742.25 suspension, or dismissal, ~~including policies that address substance use problems and meet~~
742.26 ~~the requirements of section 245F.15, subdivisions 1 and 2. The policies and procedures~~
742.27 ~~must list behaviors or incidents that are considered substance use problems. The list must~~
742.28 ~~include:~~ of a staff person for violating the drug and alcohol policy described in section
742.29 245A.04, subdivision 1, paragraph (c);

742.30 ~~(i) receiving treatment for substance use disorder within the period specified for the~~
742.31 ~~position in the staff qualification requirements;~~

742.32 ~~(ii) substance use that has a negative impact on the staff member's job performance;~~

743.1 ~~(iii) substance use that affects the credibility of treatment services with patients, referral~~
743.2 ~~sources, or other members of the community; and~~

743.3 ~~(iv) symptoms of intoxication or withdrawal on the job;~~

743.4 (5) include policies prohibiting personal involvement with patients and policies
743.5 prohibiting patient maltreatment as specified under sections 245A.65, 626.557, and 626.5572
743.6 and chapters 260E and 604;

743.7 (6) include a chart or description of organizational structure indicating the lines of
743.8 authority and responsibilities;

743.9 (7) include a written plan for new staff member orientation that, at a minimum, includes
743.10 training related to the specific job functions for which the staff member was hired, program
743.11 policies and procedures, patient needs, and the areas identified in subdivision 2, paragraphs
743.12 (b) to (e); and

743.13 (8) include a policy on the confidentiality of patient information.

743.14 **EFFECTIVE DATE.** This section is effective January 1, 2023.

743.15 Sec. 12. Minnesota Statutes 2020, section 245G.01, subdivision 4, is amended to read:

743.16 Subd. 4. **Alcohol and drug counselor.** "Alcohol and drug counselor" ~~has the meaning~~
743.17 ~~given in section 148F.01, subdivision 5~~ means a person who is qualified according to section
743.18 245G.11, subdivision 5.

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

743.20 Sec. 13. Minnesota Statutes 2020, section 245G.01, subdivision 17, is amended to read:

743.21 Subd. 17. **Licensed professional in private practice.** (a) "Licensed professional in
743.22 private practice" means an individual who:

743.23 (1) is licensed under chapter 148F, or is exempt from licensure under that chapter but
743.24 is otherwise licensed to provide alcohol and drug counseling services;

743.25 (2) practices solely within the permissible scope of the individual's license as defined
743.26 in the law authorizing licensure; and

743.27 (3) does not affiliate with other licensed or unlicensed professionals to provide alcohol
743.28 and drug counseling services. ~~Affiliation does not include conferring with another~~
743.29 ~~professional or making a client referral.~~

743.30 (b) For purposes of this subdivision, affiliate includes but is not limited to:

- 744.1 (1) using the same electronic record system as another professional, except when the
744.2 system prohibits each professional from accessing the records of another professional;
- 744.3 (2) advertising the services of more than one professional together;
- 744.4 (3) accepting client referrals made to a group of professionals;
- 744.5 (4) providing services to another professional's clients when that professional is absent;
- 744.6 or
- 744.7 (5) appearing in any way to be a group practice or program.
- 744.8 (c) For purposes of this subdivision, affiliate does not include:
- 744.9 (1) conferring with another professional;
- 744.10 (2) making a client referral to another professional;
- 744.11 (3) contracting with the same agency as another professional for billing services;
- 744.12 (4) using the same waiting area for clients in an office as another professional; or
- 744.13 (5) using the same receptionist as another professional if the receptionist supports each
744.14 professional independently.

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

744.16 Sec. 14. Minnesota Statutes 2020, section 245G.06, is amended by adding a subdivision
744.17 to read:

744.18 Subd. 2a. **Documentation of treatment services.** The license holder must ensure that
744.19 the staff member who provides the treatment service documents in the client record the
744.20 date, type, and amount of each treatment service provided to a client and the client's response
744.21 to each treatment service within seven days of providing the treatment service.

744.22 **EFFECTIVE DATE.** This section is effective August 1, 2022.

744.23 Sec. 15. Minnesota Statutes 2020, section 245G.06, is amended by adding a subdivision
744.24 to read:

744.25 Subd. 2b. **Client record documentation requirements.** (a) The license holder must
744.26 document in the client record any significant event that occurs at the program on the day
744.27 the event occurs. A significant event is an event that impacts the client's relationship with
744.28 other clients, staff, or the client's family, or the client's treatment plan.

745.1 (b) A residential treatment program must document in the client record the following
745.2 items on the day that each occurs:

745.3 (1) medical and other appointments the client attended;

745.4 (2) concerns related to medications that are not documented in the medication
745.5 administration record; and

745.6 (3) concerns related to attendance for treatment services, including the reason for any
745.7 client absence from a treatment service.

745.8 (c) Each entry in a client's record must be accurate, legible, signed, dated, and include
745.9 the job title or position of the staff person that made the entry. A late entry must be clearly
745.10 labeled "late entry." A correction to an entry must be made in a way in which the original
745.11 entry can still be read.

745.12 **EFFECTIVE DATE.** This section is effective August 1, 2022.

745.13 Sec. 16. Minnesota Statutes 2020, section 245G.06, subdivision 3, is amended to read:

745.14 Subd. 3. ~~Documentation of treatment services; Treatment plan review.~~ (a) ~~A review~~
745.15 ~~of all treatment services must be documented weekly and include a review of:~~

745.16 ~~(1) care coordination activities;~~

745.17 ~~(2) medical and other appointments the client attended;~~

745.18 ~~(3) issues related to medications that are not documented in the medication administration~~
745.19 ~~record; and~~

745.20 ~~(4) issues related to attendance for treatment services, including the reason for any client~~
745.21 ~~absence from a treatment service.~~

745.22 ~~(b) A note must be entered immediately following any significant event. A significant~~
745.23 ~~event is an event that impacts the client's relationship with other clients, staff, the client's~~
745.24 ~~family, or the client's treatment plan.~~

745.25 ~~(e)~~ A treatment plan review must be entered in a client's file weekly or after each treatment
745.26 service, whichever is less frequent, by the ~~staff member providing the service~~ alcohol and
745.27 drug counselor responsible for the client's treatment plan. The review must indicate the span
745.28 of time covered by the review and each of the six dimensions listed in section 245G.05,
745.29 subdivision 2, paragraph (c). The review must:

745.30 ~~(1) indicate the date, type, and amount of each treatment service provided and the client's~~
745.31 ~~response to each service;~~

746.1 ~~(2)~~ (1) address each goal in the treatment plan and whether the methods to address the
746.2 goals are effective;

746.3 ~~(3)~~ (2) include monitoring of any physical and mental health problems;

746.4 ~~(4)~~ (3) document the participation of others;

746.5 ~~(5)~~ (4) document staff recommendations for changes in the methods identified in the
746.6 treatment plan and whether the client agrees with the change; and

746.7 ~~(6)~~ (5) include a review and evaluation of the individual abuse prevention plan according
746.8 to section 245A.65.

746.9 ~~(d) Each entry in a client's record must be accurate, legible, signed, and dated. A late~~
746.10 ~~entry must be clearly labeled "late entry." A correction to an entry must be made in a way~~
746.11 ~~in which the original entry can still be read.~~

746.12 **EFFECTIVE DATE.** This section is effective August 1, 2022.

746.13 Sec. 17. Minnesota Statutes 2020, section 245G.08, subdivision 5, is amended to read:

746.14 Subd. 5. **Administration of medication and assistance with self-medication.** (a) A
746.15 license holder must meet the requirements in this subdivision if a service provided includes
746.16 the administration of medication.

746.17 (b) A staff member, other than a licensed practitioner or nurse, who is delegated by a
746.18 licensed practitioner or a registered nurse the task of administration of medication or assisting
746.19 with self-medication, must:

746.20 (1) successfully complete a medication administration training program for unlicensed
746.21 personnel through an accredited Minnesota postsecondary educational institution. A staff
746.22 member's completion of the course must be documented in writing and placed in the staff
746.23 member's personnel file;

746.24 (2) be trained according to a formalized training program that is taught by a registered
746.25 nurse and offered by the license holder. The training must include the process for
746.26 administration of naloxone, if naloxone is kept on site. A staff member's completion of the
746.27 training must be documented in writing and placed in the staff member's personnel records;
746.28 or

746.29 (3) demonstrate to a registered nurse competency to perform the delegated activity. A
746.30 registered nurse must be employed or contracted to develop the policies and procedures for
746.31 administration of medication or assisting with self-administration of medication, or both.

747.1 (c) A registered nurse must provide supervision as defined in section 148.171, subdivision
747.2 23. The registered nurse's supervision must include, at a minimum, monthly on-site
747.3 supervision or more often if warranted by a client's health needs. The policies and procedures
747.4 must include:

747.5 (1) a provision that a delegation of administration of medication is limited to a method
747.6 a staff member has been trained to administer and limited to the administration of:

747.7 (i) a medication that is administered orally, topically, or as a suppository, an eye drop,
747.8 an ear drop, ~~or~~ an inhalant, or an intranasal; and

747.9 (ii) an intramuscular injection of naloxone or epinephrine;

747.10 (2) a provision that each client's file must include documentation indicating whether
747.11 staff must conduct the administration of medication or the client must self-administer
747.12 medication, or both;

747.13 (3) a provision that a client may carry emergency medication such as nitroglycerin as
747.14 instructed by the client's physician or advanced practice registered nurse;

747.15 (4) a provision for the client to self-administer medication when a client is scheduled to
747.16 be away from the facility;

747.17 (5) a provision that if a client self-administers medication when the client is present in
747.18 the facility, the client must self-administer medication under the observation of a trained
747.19 staff member;

747.20 (6) a provision that when a license holder serves a client who is a parent with a child,
747.21 the parent may only administer medication to the child under a staff member's supervision;

747.22 (7) requirements for recording the client's use of medication, including staff signatures
747.23 with date and time;

747.24 (8) guidelines for when to inform a nurse of problems with self-administration of
747.25 medication, including a client's failure to administer, refusal of a medication, adverse
747.26 reaction, or error; and

747.27 (9) procedures for acceptance, documentation, and implementation of a prescription,
747.28 whether written, verbal, telephonic, or electronic.

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

747.30 Sec. 18. Minnesota Statutes 2020, section 245G.09, subdivision 3, is amended to read:

747.31 Subd. 3. **Contents.** Client records must contain the following:

748.1 (1) documentation that the client was given information on client rights and
748.2 responsibilities, grievance procedures, tuberculosis, and HIV, and that the client was provided
748.3 an orientation to the program abuse prevention plan required under section 245A.65,
748.4 subdivision 2, paragraph (a), clause (4). If the client has an opioid use disorder, the record
748.5 must contain documentation that the client was provided educational information according
748.6 to section 245G.05, subdivision 1, paragraph (b);

748.7 (2) an initial services plan completed according to section 245G.04;

748.8 (3) a comprehensive assessment completed according to section 245G.05;

748.9 (4) an assessment summary completed according to section 245G.05, subdivision 2;

748.10 (5) an individual abuse prevention plan according to sections 245A.65, subdivision 2,
748.11 and 626.557, subdivision 14, when applicable;

748.12 (6) an individual treatment plan according to section 245G.06, subdivisions 1 and 2;

748.13 (7) documentation of treatment services, significant events, appointments, concerns, and
748.14 treatment plan review reviews according to section 245G.06, ~~subdivision~~ subdivisions 2a,
748.15 2b, and 3; and

748.16 (8) a summary at the time of service termination according to section 245G.06,
748.17 subdivision 4.

748.18 **EFFECTIVE DATE.** This section is effective August 1, 2022.

748.19 Sec. 19. Minnesota Statutes 2020, section 245G.11, subdivision 1, is amended to read:

748.20 Subdivision 1. **General qualifications.** (a) All staff members who have direct contact
748.21 must be 18 years of age or older. ~~At the time of employment, each staff member must meet~~
748.22 ~~the qualifications in this subdivision. For purposes of this subdivision, "problematic substance~~
748.23 ~~use" means a behavior or incident listed by the license holder in the personnel policies and~~
748.24 ~~procedures according to section 245G.13, subdivision 1, clause (5).~~

748.25 ~~(b) A treatment director, supervisor, nurse, counselor, student intern, or other professional~~
748.26 ~~must be free of problematic substance use for at least the two years immediately preceding~~
748.27 ~~employment and must sign a statement attesting to that fact.~~

748.28 ~~(c) A paraprofessional, recovery peer, or any other staff member with direct contact~~
748.29 ~~must be free of problematic substance use for at least one year immediately preceding~~
748.30 ~~employment and must sign a statement attesting to that fact.~~

748.31 **EFFECTIVE DATE.** This section is effective January 1, 2023.

749.1 Sec. 20. Minnesota Statutes 2020, section 245G.11, subdivision 10, is amended to read:

749.2 Subd. 10. **Student interns.** A qualified staff member must supervise and be responsible
749.3 for a treatment service performed by a student intern and must review and sign each
749.4 assessment, ~~progress note, and individual treatment plan, and treatment plan review~~ prepared
749.5 by a student intern. A student intern must receive the orientation and training required in
749.6 section 245G.13, subdivisions 1, clause (7), and 2. No more than 50 percent of the treatment
749.7 staff may be students or licensing candidates with time documented to be directly related
749.8 to the provision of treatment services for which the staff are authorized.

749.9 **EFFECTIVE DATE.** This section is effective January 1, 2023.

749.10 Sec. 21. Minnesota Statutes 2020, section 245G.13, subdivision 1, is amended to read:

749.11 Subdivision 1. **Personnel policy requirements.** A license holder must have written
749.12 personnel policies that are available to each staff member. The personnel policies must:

749.13 (1) ensure that staff member retention, promotion, job assignment, or pay are not affected
749.14 by a good faith communication between a staff member and the department, the Department
749.15 of Health, the ombudsman for mental health and developmental disabilities, law enforcement,
749.16 or a local agency for the investigation of a complaint regarding a client's rights, health, or
749.17 safety;

749.18 (2) contain a job description for each staff member position specifying responsibilities,
749.19 degree of authority to execute job responsibilities, and qualification requirements;

749.20 (3) provide for a job performance evaluation based on standards of job performance
749.21 conducted on a regular and continuing basis, including a written annual review;

749.22 (4) describe behavior that constitutes grounds for disciplinary action, suspension, or
749.23 dismissal, including ~~policies that address staff member problematic substance use and the~~
749.24 ~~requirements of section 245G.11, subdivision 1,~~ policies prohibiting personal involvement
749.25 with a client in violation of chapter 604, and policies prohibiting client abuse described in
749.26 sections 245A.65, 626.557, and 626.5572, and chapter 260E;

749.27 ~~(5) identify how the program will identify whether behaviors or incidents are problematic~~
749.28 ~~substance use, including a description of how the facility must address:~~

749.29 ~~(i) receiving treatment for substance use within the period specified for the position in~~
749.30 ~~the staff qualification requirements, including medication-assisted treatment;~~

749.31 ~~(ii) substance use that negatively impacts the staff member's job performance;~~

750.1 ~~(iii) substance use that affects the credibility of treatment services with a client, referral~~
750.2 ~~source, or other member of the community;~~

750.3 ~~(iv) symptoms of intoxication or withdrawal on the job; and~~

750.4 ~~(v) the circumstances under which an individual who participates in monitoring by the~~
750.5 ~~health professional services program for a substance use or mental health disorder is able~~
750.6 ~~to provide services to the program's clients;~~

750.7 (5) describe the process for disciplinary action, suspension, or dismissal of a staff person
750.8 for violating the drug and alcohol policy described in section 245A.04, subdivision 1,
750.9 paragraph (c);

750.10 (6) include a chart or description of the organizational structure indicating lines of
750.11 authority and responsibilities;

750.12 (7) include orientation within 24 working hours of starting for each new staff member
750.13 based on a written plan that, at a minimum, must provide training related to the staff member's
750.14 specific job responsibilities, policies and procedures, client confidentiality, HIV minimum
750.15 standards, and client needs; and

750.16 (8) include policies outlining the license holder's response to a staff member with a
750.17 behavior problem that interferes with the provision of treatment service.

750.18 **EFFECTIVE DATE.** This section is effective January 1, 2023.

750.19 Sec. 22. Minnesota Statutes 2020, section 245G.20, is amended to read:

750.20 **245G.20 LICENSE HOLDERS SERVING PERSONS WITH CO-OCCURRING**
750.21 **DISORDERS.**

750.22 A license holder specializing in the treatment of a person with co-occurring disorders
750.23 must:

750.24 (1) demonstrate that staff levels are appropriate for treating a client with a co-occurring
750.25 disorder, and that there are adequate staff members with mental health training;

750.26 (2) have continuing access to a medical provider with appropriate expertise in prescribing
750.27 psychotropic medication;

750.28 (3) have a mental health professional available for staff member supervision and
750.29 consultation;

750.30 (4) determine group size, structure, and content considering the special needs of a client
750.31 with a co-occurring disorder;

751.1 (5) have documentation of active interventions to stabilize mental health symptoms
751.2 present in the individual treatment plans and ~~progress notes~~ treatment plan reviews;

751.3 (6) have continuing documentation of collaboration with continuing care mental health
751.4 providers, and involvement of the providers in treatment planning meetings;

751.5 (7) have available program materials adapted to a client with a mental health problem;

751.6 (8) have policies that provide flexibility for a client who may lapse in treatment or may
751.7 have difficulty adhering to established treatment rules as a result of a mental illness, with
751.8 the goal of helping a client successfully complete treatment; and

751.9 (9) have individual psychotherapy and case management available during treatment
751.10 service.

751.11 **EFFECTIVE DATE.** This section is effective January 1, 2023.

751.12 Sec. 23. Minnesota Statutes 2020, section 245G.22, subdivision 7, is amended to read:

751.13 Subd. 7. **Restrictions for unsupervised use of methadone hydrochloride.** (a) If a
751.14 medical director or prescribing practitioner assesses and determines that a client meets the
751.15 criteria in subdivision 6 and may be dispensed a medication used for the treatment of opioid
751.16 addiction, the restrictions in this subdivision must be followed when the medication to be
751.17 dispensed is methadone hydrochloride. The results of the assessment must be contained in
751.18 the client file. The number of unsupervised use medication doses per week in paragraphs
751.19 (b) to (d) is in addition to the number of unsupervised use medication doses a client may
751.20 receive for days the clinic is closed for business as allowed by subdivision 6, paragraph (a).

751.21 (b) During the first 90 days of treatment, the unsupervised use medication supply must
751.22 be limited to a maximum of a single dose each week and the client shall ingest all other
751.23 doses under direct supervision.

751.24 (c) In the second 90 days of treatment, the unsupervised use medication supply must be
751.25 limited to two doses per week.

751.26 (d) In the third 90 days of treatment, the unsupervised use medication supply must not
751.27 exceed three doses per week.

751.28 (e) In the remaining months of the first year, a client may be given a maximum six-day
751.29 unsupervised use medication supply.

751.30 (f) After one year of continuous treatment, a client may be given a maximum two-week
751.31 unsupervised use medication supply.

752.1 (g) After two years of continuous treatment, a client may be given a maximum one-month
752.2 unsupervised use medication supply, but must make monthly visits to the program.

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

752.4 Sec. 24. Minnesota Statutes 2020, section 245H.05, is amended to read:

752.5 **245H.05 MONITORING AND INSPECTIONS.**

752.6 (a) The commissioner must conduct an on-site inspection of a certified license-exempt
752.7 child care center at least ~~annually~~ once each calendar year to determine compliance with
752.8 the health, safety, and fire standards specific to a certified license-exempt child care center.

752.9 (b) No later than November 19, 2017, the commissioner shall make publicly available
752.10 on the department's website the results of inspection reports for all certified centers including
752.11 the number of deaths, serious injuries, and instances of substantiated child maltreatment
752.12 that occurred in certified centers each year.

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

752.14 Sec. 25. Minnesota Statutes 2020, section 245H.08, is amended by adding a subdivision
752.15 to read:

752.16 **Subd. 6. Authority to modify requirements.** (a) Notwithstanding subdivisions 4 and
752.17 5, for children in kindergarten through 13 years old, the commissioner may increase the
752.18 maximum group size to no more than 40 children and may increase the minimally acceptable
752.19 staff-to-child ratio to one to 20 during a national security or peacetime emergency declared
752.20 under section 12.31, or during a public health emergency declared due to a pandemic by
752.21 the United States Secretary of Health and Human Services under section 319 of the Public
752.22 Health Service Act, United States Code, title 42, section 247d.

752.23 (b) If the commissioner modifies requirements under this subdivision, a certified center
752.24 operating under the modified requirements must have at least one staff person who is at
752.25 least 18 years old with each group of 40 children.

752.26 Sec. 26. Laws 2020, First Special Session chapter 7, section 1, subdivision 5, as amended
752.27 by Laws 2021, First Special Session chapter 7, article 2, section 73, is amended to read:

752.28 **Subd. 5. Waivers and modifications; extension for ~~365 days~~.** When the peacetime
752.29 emergency declared by the governor in response to the COVID-19 outbreak expires, is
752.30 terminated, or is rescinded by the proper authority, waiver CV23: modifying background
752.31 study requirements, issued by the commissioner of human services pursuant to Executive

753.1 Orders 20-11 and 20-12, including any amendments to the modification issued before the
753.2 peacetime emergency expires, shall remain in effect ~~for 365 days after the peacetime~~
753.3 ~~emergency ends~~ until January 1, 2023.

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

753.5 Sec. 27. **CHILD CARE REGULATION MODERNIZATION; PILOT PROJECTS.**

753.6 The commissioner of human services may conduct and administer pilot projects to test
753.7 methods and procedures for the projects to modernize regulation of child care centers and
753.8 family child care allowed under Laws 2021, First Special Session chapter 7, article 2, sections
753.9 75 and 81. To carry out the pilot projects, the commissioner of human services may, by
753.10 issuing a commissioner's order, waive enforcement of existing specific statutory program
753.11 requirements, rules, and standards in one or more counties. The commissioner's order
753.12 establishing the waiver must provide alternative methods and procedures of administration
753.13 and must not be in conflict with the basic purposes, coverage, or benefits provided by law.
753.14 In no event may a pilot project under this section extend beyond February 1, 2024. Pilot
753.15 projects must comply with the requirements of the child care and development fund plan.

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

753.17 Sec. 28. **DIRECTION TO COMMISSIONER OF HUMAN SERVICES; AMENDING**
753.18 **CHILDREN'S RESIDENTIAL FACILITY AND DETOXIFICATION PROGRAM**
753.19 **RULES.**

753.20 (a) The commissioner of human services must amend Minnesota Rules, part 2960.0460,
753.21 to remove all references to repealed Minnesota Rules, part 2960.0460, subpart 2.

753.22 (b) The commissioner must amend Minnesota Rules, part 2960.0470, to require license
753.23 holders to have written personnel policies that describe the process for disciplinary action,
753.24 suspension, or dismissal of a staff person for violating the drug and alcohol policy described
753.25 in Minnesota Statutes, section 245A.04, subdivision 1, paragraph (c), and Minnesota Rules,
753.26 part 2960.0030, subpart 9.

753.27 (c) The commissioner must amend Minnesota Rules, part 9530.6565, subpart 1, to
753.28 remove items A and B and the documentation requirement that references these items.

753.29 (d) The commissioner must amend Minnesota Rules, part 9530.6570, subpart 1, item
753.30 D, to remove the existing language and insert language to require license holders to have
753.31 written personnel policies that describe the process for disciplinary action, suspension, or

754.1 dismissal of a staff person for violating the drug and alcohol policy described in Minnesota
754.2 Statutes, section 245A.04, subdivision 1, paragraph (c).

754.3 (e) For purposes of this section, the commissioner may use the good cause exempt
754.4 process under Minnesota Statutes, section 14.388, subdivision 1, clause (3), and Minnesota
754.5 Statutes, section 14.386, does not apply.

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

754.7 Sec. 29. **REPEALER.**

754.8 (a) Minnesota Statutes 2020, sections 245F.15, subdivision 2; and 245G.11, subdivision
754.9 2, are repealed.

754.10 (b) Minnesota Rules, parts 2960.0460, subpart 2; and 9530.6565, subpart 2, are repealed.

754.11 **EFFECTIVE DATE.** This section is effective January 1, 2023.

754.12 **ARTICLE 20**

754.13 **OPIOID SETTLEMENT**

754.14 Section 1. **[3.757] RELEASE OF OPIOID-RELATED CLAIMS.**

754.15 Subdivision 1. **Definitions.** (a) For purposes of this section, the following terms have
754.16 the meanings given.

754.17 (b) "Municipality" has the meaning provided in section 466.01, subdivision 1.

754.18 (c) "Opioid litigation" means any civil litigation, demand, or settlement in lieu of litigation
754.19 alleging unlawful conduct related to the marketing, sale, or distribution of opioids in this
754.20 state or other alleged illegal actions that contributed to the excessive use of opioids.

754.21 (d) "Released claim" means any cause of action or other claim that has been released in
754.22 a statewide opioid settlement agreement, including matters identified as a released claim as
754.23 that term or a comparable term is defined in a statewide opioid settlement agreement.

754.24 (e) "Settling defendant" means Johnson & Johnson, AmerisourceBergen Corporation,
754.25 Cardinal Health, Inc., and McKesson Corporation, as well as related subsidiaries, affiliates,
754.26 officers, directors, and other related entities specifically named as a released entity in a
754.27 statewide opioid settlement agreement.

754.28 (f) "Statewide opioid settlement agreement" means an agreement, including consent
754.29 judgments, assurances of discontinuance, and related agreements or documents, between
754.30 the attorney general, on behalf of the state, and a settling defendant, to provide or allocate

755.1 remuneration for conduct related to the marketing, sale, or distribution of opioids in this
755.2 state or other alleged illegal actions that contributed to the excessive use of opioids.

755.3 Subd. 2. **Release of claims.** (a) No municipality shall have the authority to assert, file,
755.4 or enforce a released claim against a settling defendant.

755.5 (b) Any claim in pending opioid litigation filed by a municipality against a settling
755.6 defendant that is within the scope of a released claim is extinguished by operation of law.

755.7 (c) The attorney general shall have authority to appear or intervene in opioid litigation
755.8 where a municipality has asserted, filed, or enforced a released claim against a settling
755.9 defendant and release with prejudice any released claims.

755.10 (d) This section does not limit any causes of action, claims, or remedies, nor the authority
755.11 to assert, file, or enforce such causes of action, claims, or remedies, by a party other than a
755.12 municipality.

755.13 (e) This section does not limit any causes of action, claims, or remedies, nor the authority
755.14 to assert, file, or enforce such causes of action, claims, or remedies by a municipality against
755.15 entities and individuals other than a released claim against a settling defendant.

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

755.17 Sec. 2. Minnesota Statutes 2021 Supplement, section 16A.151, subdivision 2, is amended
755.18 to read:

755.19 Subd. 2. **Exceptions.** (a) If a state official litigates or settles a matter on behalf of specific
755.20 injured persons or entities, this section does not prohibit distribution of money to the specific
755.21 injured persons or entities on whose behalf the litigation or settlement efforts were initiated.
755.22 If money recovered on behalf of injured persons or entities cannot reasonably be distributed
755.23 to those persons or entities because they cannot readily be located or identified or because
755.24 the cost of distributing the money would outweigh the benefit to the persons or entities, the
755.25 money must be paid into the general fund.

755.26 (b) Money recovered on behalf of a fund in the state treasury other than the general fund
755.27 may be deposited in that fund.

755.28 (c) This section does not prohibit a state official from distributing money to a person or
755.29 entity other than the state in litigation or potential litigation in which the state is a defendant
755.30 or potential defendant.

755.31 (d) State agencies may accept funds as directed by a federal court for any restitution or
755.32 monetary penalty under United States Code, title 18, section 3663(a)(3), or United States

756.1 Code, title 18, section 3663A(a)(3). Funds received must be deposited in a special revenue
756.2 account and are appropriated to the commissioner of the agency for the purpose as directed
756.3 by the federal court.

756.4 (e) Tobacco settlement revenues as defined in section 16A.98, subdivision 1, paragraph
756.5 (t), may be deposited as provided in section 16A.98, subdivision 12.

756.6 (f) Any money received by the state resulting from a settlement agreement or an assurance
756.7 of discontinuance entered into by the attorney general of the state, or a court order in litigation
756.8 brought by the attorney general of the state, on behalf of the state or a state agency, related
756.9 to alleged violations of consumer fraud laws in the marketing, sale, or distribution of opioids
756.10 in this state or other alleged illegal actions that contributed to the excessive use of opioids,
756.11 must be deposited in a separate account in the state treasury and the commissioner shall
756.12 notify the chairs and ranking minority members of the Finance Committee in the senate and
756.13 the Ways and Means Committee in the house of representatives that an account has been
756.14 created. Notwithstanding section 11A.20, all investment income and all investment losses
756.15 attributable to the investment of this account shall be credited to the account the settlement
756.16 account established in the opiate epidemic response fund under section 256.043, subdivision
756.17 1. This paragraph does not apply to attorney fees and costs awarded to the state or the
756.18 Attorney General's Office, to contract attorneys hired by the state or Attorney General's
756.19 Office, or to other state agency attorneys. ~~If the licensing fees under section 151.065,~~
756.20 ~~subdivision 1, clause (16), and subdivision 3, clause (14), are reduced and the registration~~
756.21 ~~fee under section 151.066, subdivision 3, is repealed in accordance with section 256.043,~~
756.22 ~~subdivision 4, then the commissioner shall transfer from the separate account created in~~
756.23 ~~this paragraph to the opiate epidemic response fund under section 256.043 an amount that~~
756.24 ~~ensures that \$20,940,000 each fiscal year is available for distribution in accordance with~~
756.25 ~~section 256.043, subdivision 3.~~

756.26 (g) Notwithstanding paragraph (f), if money is received from a settlement agreement or
756.27 an assurance of discontinuance entered into by the attorney general of the state or a court
756.28 order in litigation brought by the attorney general of the state on behalf of the state or a state
756.29 agency against a consulting firm working for an opioid manufacturer or opioid wholesale
756.30 drug distributor and deposited into the separate account created under paragraph (f), the
756.31 commissioner shall annually transfer from the separate account to the opiate epidemic
756.32 response fund under section 256.043 an amount equal to the estimated amount submitted
756.33 to the commissioner by the Board of Pharmacy in accordance with section 151.066,
756.34 subdivision 3, paragraph (b). The amount transferred shall be included in the amount available
756.35 for distribution in accordance with section 256.043, subdivision 3. This transfer shall occur

757.1 ~~each year until the registration fee under section 151.066, subdivision 3, is repealed in~~
757.2 ~~accordance with section 256.043, subdivision 4, or the money deposited in the account in~~
757.3 ~~accordance with this paragraph has been transferred, whichever occurs first~~ deposit any
757.4 money received into the settlement account established within the opiate epidemic response
757.5 fund under section 256.042, subdivision 1. Notwithstanding section 256.043, subdivision
757.6 3a, paragraph (a), any amount deposited into the settlement account in accordance with this
757.7 paragraph shall be appropriated to the commissioner of human services to award as grants
757.8 as specified by the opiate epidemic response advisory council in accordance with section
757.9 256.043, subdivision 3a, paragraph (d).

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

757.11 Sec. 3. Minnesota Statutes 2021 Supplement, section 151.066, subdivision 3, is amended
757.12 to read:

757.13 **Subd. 3. Determination of an opiate product registration fee.** (a) The board shall
757.14 annually assess an opiate product registration fee on any manufacturer of an opiate that
757.15 annually sells, delivers, or distributes an opiate within or into the state 2,000,000 or more
757.16 units as reported to the board under subdivision 2.

757.17 (b) For purposes of assessing the annual registration fee under this section and
757.18 determining the number of opiate units a manufacturer sold, delivered, or distributed within
757.19 or into the state, the board shall not consider any opiate that is used for medication-assisted
757.20 therapy for substance use disorders. ~~If there is money deposited into the separate account~~
757.21 ~~as described in section 16A.151, subdivision 2, paragraph (g), The board shall submit to~~
757.22 ~~the commissioner of management and budget an estimate of the difference in the annual~~
757.23 ~~fee revenue collected under this section due to this exception.~~

757.24 (c) The annual registration fee for each manufacturer meeting the requirement under
757.25 paragraph (a) is \$250,000.

757.26 (d) In conjunction with the data reported under this section, and notwithstanding section
757.27 152.126, subdivision 6, the board may use the data reported under section 152.126,
757.28 subdivision 4, to determine which manufacturers meet the requirement under paragraph (a)
757.29 and are required to pay the registration fees under this subdivision.

757.30 (e) By April 1 of each year, beginning April 1, 2020, the board shall notify a manufacturer
757.31 that the manufacturer meets the requirement in paragraph (a) and is required to pay the
757.32 annual registration fee in accordance with section 151.252, subdivision 1, paragraph (b).

758.1 (f) A manufacturer may dispute the board's determination that the manufacturer must
758.2 pay the registration fee no later than 30 days after the date of notification. However, the
758.3 manufacturer must still remit the fee as required by section 151.252, subdivision 1, paragraph
758.4 (b). The dispute must be filed with the board in the manner and using the forms specified
758.5 by the board. A manufacturer must submit, with the required forms, data satisfactory to the
758.6 board that demonstrates that the assessment of the registration fee was incorrect. The board
758.7 must make a decision concerning a dispute no later than 60 days after receiving the required
758.8 dispute forms. If the board determines that the manufacturer has satisfactorily demonstrated
758.9 that the fee was incorrectly assessed, the board must refund the amount paid in error.

758.10 (g) For purposes of this subdivision, a unit means the individual dosage form of the
758.11 particular drug product that is prescribed to the patient. One unit equals one tablet, capsule,
758.12 patch, syringe, milliliter, or gram.

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

758.14 Sec. 4. Minnesota Statutes 2021 Supplement, section 256.042, subdivision 4, is amended
758.15 to read:

758.16 Subd. 4. **Grants.** (a) The commissioner of human services shall submit a report of the
758.17 grants proposed by the advisory council to be awarded for the upcoming calendar year to
758.18 the chairs and ranking minority members of the legislative committees with jurisdiction
758.19 over health and human services policy and finance, by December 1 of each year, beginning
758.20 March 1, 2020.

758.21 (b) The grants shall be awarded to proposals selected by the advisory council that address
758.22 the priorities in subdivision 1, paragraph (a), clauses (1) to (4), unless otherwise appropriated
758.23 by the legislature. The advisory council shall determine grant awards and funding amounts
758.24 based on the funds appropriated to the commissioner under section 256.043, subdivision 3,
758.25 paragraph ~~(e)~~ (h), and subdivision 3a, paragraph (d). The commissioner shall award the
758.26 grants from the opiate epidemic response fund and administer the grants in compliance with
758.27 section 16B.97. No more than ten percent of the grant amount may be used by a grantee for
758.28 administration.

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

758.30 Sec. 5. Minnesota Statutes 2020, section 256.043, subdivision 1, is amended to read:

758.31 Subdivision 1. **Establishment.** (a) The opiate epidemic response fund is established in
758.32 the state treasury. ~~The registration fees assessed by the Board of Pharmacy under section~~

759.1 ~~151.066 and the license fees identified in section 151.065, subdivision 7, paragraphs (b)~~
759.2 ~~and (e), shall be deposited into the fund.~~ The commissioner of management and budget
759.3 shall establish within the opiate epidemic response fund two accounts: (1) a registration and
759.4 license fee account; and (2) a settlement account. Beginning in fiscal year 2021, for each
759.5 fiscal year, the fund shall be administered according to this section.

759.6 (b) The commissioner of management and budget shall deposit into the registration and
759.7 license fee account the registration fee assessed by the Board of Pharmacy under section
759.8 151.066 and the license fees identified in section 151.065, subdivision 7, paragraphs (b)
759.9 and (c).

759.10 (c) The commissioner of management and budget shall deposit into the settlement account
759.11 any money received by the state resulting from a settlement agreement or an assurance of
759.12 discontinuance entered into by the attorney general of the state, or a court order in litigation
759.13 brought by the attorney general of the state, on behalf of the state or a state agency, related
759.14 to alleged violations of consumer fraud laws in the marketing, sale, or distribution of opioids
759.15 in this state or other alleged illegal actions that contributed to the excessive use of opioids,
759.16 pursuant to section 16A.151, subdivision 2, paragraph (f).

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

759.18 Sec. 6. Minnesota Statutes 2021 Supplement, section 256.043, subdivision 3, is amended
759.19 to read:

759.20 Subd. 3. **Appropriations from fund registration and license fee account.** (a) The
759.21 appropriations in paragraphs (b) to (h) shall be made from the registration and license fee
759.22 account on a fiscal year basis in the order specified.

759.23 ~~After (b) The appropriations specified in Laws 2019, chapter 63, article 3, section 1,~~
759.24 ~~paragraph (e), are made, \$249,000 is appropriated to the commissioner of human services~~
759.25 ~~for the provision of administrative services to the Opiate Epidemic Response Advisory~~
759.26 ~~Council and for the administration of the grants awarded under paragraph (e).~~ paragraphs
759.27 (b), (f), (g), and (h), as amended by Laws 2020, chapter 115, article 3, section 35, shall be
759.28 made accordingly.

759.29 (c) \$300,000 is appropriated to the commissioner of management and budget for
759.30 evaluation activities under section 256.042, subdivision 1, paragraph (c).

759.31 (d) \$249,000 is appropriated to the commissioner of human services for the provision
759.32 of administrative services to the Opiate Epidemic Response Advisory Council and for the
759.33 administration of the grants awarded under paragraph (h).

760.1 ~~(b)~~ (e) \$126,000 is appropriated to the Board of Pharmacy for the collection of the
760.2 registration fees under section 151.066.

760.3 ~~(e)~~ (f) \$672,000 is appropriated to the commissioner of public safety for the Bureau of
760.4 Criminal Apprehension. Of this amount, \$384,000 is for drug scientists and lab supplies
760.5 and \$288,000 is for special agent positions focused on drug interdiction and drug trafficking.

760.6 ~~(d)~~ (g) After the appropriations in paragraphs ~~(a)~~ (b) to ~~(e)~~ (f) are made, 50 percent of
760.7 the remaining amount is appropriated to the commissioner of human services for distribution
760.8 to county social service ~~and tribal social service agencies~~ and Tribal social service agency
760.9 initiative projects authorized under section 256.01, subdivision 14b, to provide child
760.10 protection services to children and families who are affected by addiction. The commissioner
760.11 shall distribute this money proportionally to counties and tribal county social service agencies
760.12 and Tribal social service agency initiative projects based on out-of-home placement episodes
760.13 where parental drug abuse is the primary reason for the out-of-home placement using data
760.14 from the previous calendar year. County ~~and tribal~~ social service agencies and Tribal social
760.15 service agency initiative projects receiving funds from the opiate epidemic response fund
760.16 must annually report to the commissioner on how the funds were used to provide child
760.17 protection services, including measurable outcomes, as determined by the commissioner.
760.18 County social service agencies and Tribal social service ~~agencies~~ agency initiative projects
760.19 must not use funds received under this paragraph to supplant current state or local funding
760.20 received for child protection services for children and families who are affected by addiction.

760.21 ~~(e)~~ (h) After ~~making~~ the appropriations in paragraphs ~~(a)~~ (b) to ~~(d)~~ (g) are made, the
760.22 remaining amount in the ~~fund~~ account is appropriated to the commissioner of human services
760.23 to award grants as specified by the Opiate Epidemic Response Advisory Council in
760.24 accordance with section 256.042, unless otherwise appropriated by the legislature.

760.25 ~~(f)~~ (i) Beginning in fiscal year 2022 and each year thereafter, funds for county social
760.26 service ~~and tribal social service agencies~~ and Tribal social service agency initiative projects
760.27 under paragraph ~~(d)~~ (g) and grant funds specified by the Opiate Epidemic Response Advisory
760.28 Council under paragraph ~~(e)~~ shall (h) may be distributed on a calendar year basis.

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

761.1 Sec. 7. Minnesota Statutes 2020, section 256.043, is amended by adding a subdivision to
761.2 read:

761.3 Subd. 3a. Appropriations from settlement account. (a) The appropriations in paragraphs
761.4 (b) to (e) shall be made from the settlement account on a fiscal year basis in the order
761.5 specified.

761.6 (b) If the balance in the registration and license fee account is not sufficient to fully fund
761.7 the appropriations specified in subdivision 3, paragraphs (b) to (f), an amount necessary to
761.8 meet any insufficiency shall be transferred from the settlement account to the registration
761.9 and license fee account to fully fund the required appropriations.

761.10 (c) \$209,000 in fiscal year 2023 and \$239,000 in fiscal year 2024 and subsequent fiscal
761.11 years are appropriated to the commissioner of human services for the administration of
761.12 grants awarded under paragraph (e). \$276,000 in fiscal year 2023 and \$246,000 in fiscal
761.13 year 2024 and subsequent fiscal years are appropriated to the commissioner of human
761.14 services for data collection and analysis of settlement funds as required under section
761.15 256.042, subdivision 5, paragraph (d).

761.16 (d) After any appropriations necessary under paragraphs (b) and (c) are made, an amount
761.17 equal to the calendar year allocation to Tribal social service agency initiative projects under
761.18 subdivision 3, paragraph (g), is appropriated from the settlement account to the commissioner
761.19 of human services for distribution to Tribal social service agency initiative projects to
761.20 provide child protection services to children and families who are affected by addiction.
761.21 The requirements related to proportional distribution, annual reporting, and maintenance
761.22 of effort specified in subdivision 3, paragraph (g), also apply to the appropriations made
761.23 under this paragraph.

761.24 (e) After making the appropriations in paragraphs (b) to (d), the remaining amount in
761.25 the account is appropriated to the commissioner of human services to award grants as
761.26 specified by the Opiate Epidemic Response Advisory Council in accordance with section
761.27 256.042.

761.28 (f) Funds for Tribal social service agency initiative projects under paragraph (d) and
761.29 grant funds specified by the Opiate Epidemic Response Advisory Council under paragraph
761.30 (e) may be distributed on a calendar year basis.

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

762.1 Sec. 8. Minnesota Statutes 2021 Supplement, section 256.043, subdivision 4, is amended
762.2 to read:

762.3 Subd. 4. **Settlement; sunset.** (a) If the state receives a total sum of \$250,000,000 either
762.4 as a result of a settlement agreement or an assurance of discontinuance entered into by the
762.5 attorney general of the state, or resulting from a court order in litigation brought by the
762.6 attorney general of the state on behalf of the state or a state agency related to alleged
762.7 violations of consumer fraud laws in the marketing, sale, or distribution of opioids in this
762.8 state, or other alleged illegal actions that contributed to the excessive use of opioids, or from
762.9 the fees collected under sections 151.065, subdivisions 1 and 3, and 151.066, that are
762.10 deposited into the opiate epidemic response fund established in this section, or from a
762.11 combination of both, the fees specified in section 151.065, subdivisions 1, clause (16), and
762.12 3, clause (14), shall be reduced to \$5,260, and the opiate registration fee in section 151.066,
762.13 subdivision 3, shall be repealed. For purposes of this paragraph, any money received as a
762.14 result of a settlement agreement specified in this paragraph and directly allocated or
762.15 distributed and received by either the state or a municipality as defined in section 466.01,
762.16 subdivision 1, shall be counted toward determining when the \$250,000,000 is reached.

762.17 (b) The commissioner of management and budget shall inform the Board of Pharmacy,
762.18 the governor, and the legislature when the amount specified in paragraph (a) has been
762.19 reached. The board shall apply the reduced license fee for the next licensure period.

762.20 (c) Notwithstanding paragraph (a), the reduction of the license fee in section 151.065,
762.21 subdivisions 1 and 3, and the repeal of the registration fee in section 151.066 shall not occur
762.22 before July 1, ~~2024~~ 2031.

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

762.24 Sec. 9. Laws 2019, chapter 63, article 3, section 1, as amended by Laws 2020, chapter
762.25 115, article 3, section 35, is amended to read:

762.26 Section 1. **APPROPRIATIONS.**

762.27 (a) **Board of Pharmacy; administration.** \$244,000 in fiscal year 2020 is appropriated
762.28 from the general fund to the Board of Pharmacy for onetime information technology and
762.29 operating costs for administration of licensing activities under Minnesota Statutes, section
762.30 151.066. This is a onetime appropriation.

762.31 (b) **Commissioner of human services; administration.** \$309,000 in fiscal year 2020
762.32 is appropriated from the general fund and \$60,000 in fiscal year 2021 is appropriated from

763.1 the opiate epidemic response fund to the commissioner of human services for the provision
763.2 of administrative services to the Opiate Epidemic Response Advisory Council and for the
763.3 administration of the grants awarded under paragraphs (f), (g), and (h). The opiate epidemic
763.4 response fund base for this appropriation is \$60,000 in fiscal year 2022, \$60,000 in fiscal
763.5 year 2023, \$60,000 in fiscal year 2024, and ~~\$0~~ \$60,000 in fiscal year 2025.

763.6 (c) **Board of Pharmacy; administration.** \$126,000 in fiscal year 2020 is appropriated
763.7 from the general fund to the Board of Pharmacy for the collection of the registration fees
763.8 under section 151.066.

763.9 (d) **Commissioner of public safety; enforcement activities.** \$672,000 in fiscal year
763.10 2020 is appropriated from the general fund to the commissioner of public safety for the
763.11 Bureau of Criminal Apprehension. Of this amount, \$384,000 is for drug scientists and lab
763.12 supplies and \$288,000 is for special agent positions focused on drug interdiction and drug
763.13 trafficking.

763.14 (e) **Commissioner of management and budget; evaluation activities.** \$300,000 in
763.15 fiscal year 2020 is appropriated from the general fund and \$300,000 in fiscal year 2021 is
763.16 appropriated from the opiate epidemic response fund to the commissioner of management
763.17 and budget for evaluation activities under Minnesota Statutes, section 256.042, subdivision
763.18 1, paragraph (c). ~~The opiate epidemic response fund base for this appropriation is \$300,000~~
763.19 ~~in fiscal year 2022, \$300,000 in fiscal year 2023, \$300,000 in fiscal year 2024, and \$0 in~~
763.20 ~~fiscal year 2025.~~

763.21 (f) **Commissioner of human services; grants for Project ECHO.** \$400,000 in fiscal
763.22 year 2020 is appropriated from the general fund and \$400,000 in fiscal year 2021 is
763.23 appropriated from the opiate epidemic response fund to the commissioner of human services
763.24 for grants of \$200,000 to CHI St. Gabriel's Health Family Medical Center for the
763.25 opioid-focused Project ECHO program and \$200,000 to Hennepin Health Care for the
763.26 opioid-focused Project ECHO program. The opiate epidemic response fund base for this
763.27 appropriation is \$400,000 in fiscal year 2022, \$400,000 in fiscal year 2023, \$400,000 in
763.28 fiscal year 2024, and \$0 in fiscal year 2025.

763.29 (g) **Commissioner of human services; opioid overdose prevention grant.** \$100,000
763.30 in fiscal year 2020 is appropriated from the general fund and \$100,000 in fiscal year 2021
763.31 is appropriated from the opiate epidemic response fund to the commissioner of human
763.32 services for a grant to a nonprofit organization that has provided overdose prevention
763.33 programs to the public in at least 60 counties within the state, for at least three years, has
763.34 received federal funding before January 1, 2019, and is dedicated to addressing the opioid

764.1 epidemic. The grant must be used for opioid overdose prevention, community asset mapping,
764.2 education, and overdose antagonist distribution. The opiate epidemic response fund base
764.3 for this appropriation is \$100,000 in fiscal year 2022, \$100,000 in fiscal year 2023, \$100,000
764.4 in fiscal year 2024, and \$~~0~~ \$100,000 in fiscal year 2025.

764.5 (h) **Commissioner of human services; traditional healing.** \$2,000,000 in fiscal year
764.6 2020 is appropriated from the general fund and \$2,000,000 in fiscal year 2021 is appropriated
764.7 from the opiate epidemic response fund to the commissioner of human services to award
764.8 grants to Tribal nations and five urban Indian communities for traditional healing practices
764.9 to American Indians and to increase the capacity of culturally specific providers in the
764.10 behavioral health workforce. The opiate epidemic response fund base for this appropriation
764.11 is \$2,000,000 in fiscal year 2022, \$2,000,000 in fiscal year 2023, \$2,000,000 in fiscal year
764.12 2024, and \$~~0~~ \$2,000,000 in fiscal year 2025.

764.13 (i) **Board of Dentistry; continuing education.** \$11,000 in fiscal year 2020 is
764.14 appropriated from the state government special revenue fund to the Board of Dentistry to
764.15 implement the continuing education requirements under Minnesota Statutes, section 214.12,
764.16 subdivision 6.

764.17 (j) **Board of Medical Practice; continuing education.** \$17,000 in fiscal year 2020 is
764.18 appropriated from the state government special revenue fund to the Board of Medical Practice
764.19 to implement the continuing education requirements under Minnesota Statutes, section
764.20 214.12, subdivision 6.

764.21 (k) **Board of Nursing; continuing education.** \$17,000 in fiscal year 2020 is appropriated
764.22 from the state government special revenue fund to the Board of Nursing to implement the
764.23 continuing education requirements under Minnesota Statutes, section 214.12, subdivision
764.24 6.

764.25 (l) **Board of Optometry; continuing education.** \$5,000 in fiscal year 2020 is
764.26 appropriated from the state government special revenue fund to the Board of Optometry to
764.27 implement the continuing education requirements under Minnesota Statutes, section 214.12,
764.28 subdivision 6.

764.29 (m) **Board of Podiatric Medicine; continuing education.** \$5,000 in fiscal year 2020
764.30 is appropriated from the state government special revenue fund to the Board of Podiatric
764.31 Medicine to implement the continuing education requirements under Minnesota Statutes,
764.32 section 214.12, subdivision 6.

765.1 (n) **Commissioner of health; nonnarcotic pain management and wellness.** \$1,250,000
 765.2 is appropriated in fiscal year 2020 from the general fund to the commissioner of health, to
 765.3 provide funding for:

765.4 (1) statewide mapping and assessment of community-based nonnarcotic pain management
 765.5 and wellness resources; and

765.6 (2) up to five demonstration projects in different geographic areas of the state to provide
 765.7 community-based nonnarcotic pain management and wellness resources to patients and
 765.8 consumers.

765.9 The demonstration projects must include an evaluation component and scalability analysis.
 765.10 The commissioner shall award the grant for the statewide mapping and assessment, and the
 765.11 demonstration project grants, through a competitive request for proposal process. Grants
 765.12 for statewide mapping and assessment and demonstration projects may be awarded
 765.13 simultaneously. In awarding demonstration project grants, the commissioner shall give
 765.14 preference to proposals that incorporate innovative community partnerships, are informed
 765.15 and led by people in the community where the project is taking place, and are culturally
 765.16 relevant and delivered by culturally competent providers. This is a onetime appropriation.

765.17 (o) **Commissioner of health; administration.** \$38,000 in fiscal year 2020 is appropriated
 765.18 from the general fund to the commissioner of health for the administration of the grants
 765.19 awarded in paragraph (n).

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

765.21 Sec. 10. Laws 2021, First Special Session chapter 7, article 16, section 12, is amended to
 765.22 read:

765.23 Sec. 12. **COMMISSIONER OF**
 765.24 **MANAGEMENT AND BUDGET** \$ 300,000 \$ 300,000 0

765.25 (a) This appropriation is from the opiate
 765.26 epidemic response fund.

765.27 (b) **Evaluation.** \$300,000 in fiscal year 2022
 765.28 ~~and \$300,000 in fiscal year 2023~~ is for
 765.29 evaluation activities under Minnesota Statutes,
 765.30 section 256.042, subdivision 1, paragraph (c).

765.31 ~~(e) **Base Level Adjustment.** The opiate~~
 765.32 ~~epidemic response fund base is \$300,000 in~~

766.1 ~~fiscal year 2024 and \$300,000 in fiscal year~~
766.2 ~~2025.~~

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

766.4 Sec. 11. **TRANSFER; ELIMINATION OF ACCOUNT.**

766.5 (a) The commissioner of management and budget shall transfer any money in the separate
766.6 account established in the state treasury under Minnesota Statutes, section 16A.151,
766.7 subdivision 2, paragraph (f), to the settlement account in the opiate epidemic response fund
766.8 established under Minnesota Statutes, section 256.043, subdivision 1. Notwithstanding
766.9 section 256.043, subdivision 3a, paragraph (a), money transferred into the account under
766.10 this paragraph shall be appropriated to the commissioner of human services to award as
766.11 grants as specified by the Opiate Epidemic Response Advisory Council in accordance with
766.12 Minnesota Statutes, section 256.043, subdivision 3a, paragraph (d).

766.13 (b) Once the money is transferred as required in paragraph (a), the commissioner of
766.14 management and budget shall eliminate the separate account established under Minnesota
766.15 Statutes, section 16A.151, subdivision 2, paragraph (f).

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

766.17

ARTICLE 21

766.18

CHILD CARE POLICY

766.19 Section 1. Minnesota Statutes 2020, section 119B.011, subdivision 2, is amended to read:

766.20 Subd. 2. **Applicant.** "Child care fund applicants" means all parents;₂ stepparents;₂ legal
766.21 guardians;~~or~~; eligible relative caregivers ~~who are~~; relative custodians who accepted a transfer
766.22 of permanent legal and physical custody of a child under section 260C.515, subdivision 4,
766.23 or similar permanency disposition in Tribal code; successor custodians or guardians as
766.24 established by section 256N.22, subdivision 10; or foster parents providing care to a child
766.25 placed in a family foster home under section 260C.007, subdivision 16b. Applicants must
766.26 be members of the family and reside in the household that applies for child care assistance
766.27 under the child care fund.

766.28 **EFFECTIVE DATE.** This section is effective August 7, 2023.

766.29 Sec. 2. Minnesota Statutes 2020, section 119B.011, subdivision 5, is amended to read:

766.30 Subd. 5. **Child care.** "Child care" means the care of a child by someone other than a
766.31 parent;₂ stepparent;₂ legal guardian;₂ eligible relative caregiver;₂ relative custodian who

767.1 accepted a transfer of permanent legal and physical custody of a child under section
767.2 260C.515, subdivision 4, or similar permanency disposition in Tribal code; successor
767.3 custodian or guardian as established according to section 256N.22, subdivision 10; foster
767.4 parent providing care to a child placed in a family foster home under section 260C.007,
767.5 subdivision 16b; or ~~the spouses~~ spouse of any of the foregoing in or outside the child's own
767.6 home for gain or otherwise, on a regular basis, for any part of a 24-hour day.

767.7 **EFFECTIVE DATE.** This section is effective August 7, 2023.

767.8 Sec. 3. Minnesota Statutes 2020, section 119B.011, subdivision 13, is amended to read:

767.9 Subd. 13. **Family.** "Family" means parents;₂ stepparents;₂ guardians and their spouses;
767.10 ~~or~~₂ other eligible relative caregivers and their spouses;₂ relative custodians who accepted a
767.11 transfer of permanent legal and physical custody of a child under section 260C.515,
767.12 subdivision 4, or similar permanency disposition in Tribal code, and their spouses; successor
767.13 custodians or guardians as established according to section 256N.22, subdivision 10, and
767.14 their spouses; or foster parents providing care to a child placed in a family foster home
767.15 under section 260C.007, subdivision 16b, and their spouses; and ~~their blood-related~~ the
767.16 blood-related dependent children and adoptive siblings under the age of 18 years living in
767.17 the same home ~~including~~ of the above. This definition includes children temporarily absent
767.18 from the household in settings such as schools, foster care, and residential treatment facilities
767.19 ~~or parents, stepparents, guardians and their spouses, or other relative caregivers and their~~
767.20 spouses and adults temporarily absent from the household in settings such as schools, military
767.21 service, or rehabilitation programs. An adult family member who is not in an authorized
767.22 activity under this chapter may be temporarily absent for up to 60 days. When a minor
767.23 parent or parents and his, her, or their child or children are living with other relatives, and
767.24 the minor parent or parents apply for a child care subsidy, "family" means only the minor
767.25 parent or parents and their child or children. An adult age 18 or older who meets this
767.26 definition of family and is a full-time high school or postsecondary student may be considered
767.27 a dependent member of the family unit if 50 percent or more of the adult's support is provided
767.28 by the parents;₂ stepparents;₂ guardians;₂ and their spouses; relative custodians who accepted
767.29 a transfer of permanent legal and physical custody of a child under section 260C.515,
767.30 subdivision 4, or similar permanency disposition in Tribal code, and their spouses; successor
767.31 custodians or guardians as established according to section 256N.22, subdivision 10, and
767.32 their spouses; foster parents providing care to a child placed in a family foster home under
767.33 section 260C.007, subdivision 16b, and their spouses; or eligible relative caregivers and
767.34 their spouses residing in the same household.

768.1 **EFFECTIVE DATE.** This section is effective August 7, 2023.

768.2 Sec. 4. Minnesota Statutes 2021 Supplement, section 119B.03, subdivision 4a, is amended
768.3 to read:

768.4 Subd. 4a. **Temporary reprioritization Funding priorities.** (a) ~~Notwithstanding~~
768.5 ~~subdivision 4~~ In the event that inadequate funding necessitates the use of waiting lists,
768.6 priority for child care assistance under the basic sliding fee assistance program shall be
768.7 determined according to this subdivision ~~beginning July 1, 2021, through May 31, 2024.~~

768.8 (b) First priority must be given to eligible non-MFIP families who do not have a high
768.9 school diploma or commissioner of education-selected high school equivalency certification
768.10 or who need remedial and basic skill courses in order to pursue employment or to pursue
768.11 education leading to employment and who need child care assistance to participate in the
768.12 education program. This includes student parents as defined under section 119B.011,
768.13 subdivision 19b. Within this priority, the following subpriorities must be used:

768.14 (1) child care needs of minor parents;

768.15 (2) child care needs of parents under 21 years of age; and

768.16 (3) child care needs of other parents within the priority group described in this paragraph.

768.17 (c) Second priority must be given to families in which at least one parent is a veteran,
768.18 as defined under section 197.447.

768.19 (d) Third priority must be given to eligible families who do not meet the specifications
768.20 of paragraph (b), (c), (e), or (f).

768.21 (e) Fourth priority must be given to families who are eligible for portable basic sliding
768.22 fee assistance through the portability pool under subdivision 9.

768.23 (f) Fifth priority must be given to eligible families receiving services under section
768.24 119B.011, subdivision 20a, if the parents have completed their MFIP or DWP transition
768.25 year, or if the parents are no longer receiving or eligible for DWP supports.

768.26 (g) Families under paragraph (f) must be added to the basic sliding fee waiting list on
768.27 the date they complete their transition year under section 119B.011, subdivision 20.

768.28 **EFFECTIVE DATE.** This section is effective July 1, 2022.

769.1 Sec. 5. Minnesota Statutes 2021 Supplement, section 119B.13, subdivision 1, is amended
769.2 to read:

769.3 Subdivision 1. **Subsidy restrictions.** (a) Beginning ~~November 15, 2021~~ October 3, 2022,
769.4 the maximum rate paid for child care assistance in any county or county price cluster under
769.5 the child care fund shall be:

769.6 ~~(1) for all infants and toddlers, the greater of the 40th~~ 75th percentile of the 2021 child
769.7 care provider rate survey or the rates in effect at the time of the update; ~~and~~.

769.8 ~~(2) for all preschool and school-age children, the greater of the 30th percentile of the~~
769.9 ~~2021 child care provider rate survey or the rates in effect at the time of the update.~~

769.10 (b) Beginning the first full service period on or after January 1, 2025, and every three
769.11 years thereafter, the maximum rate paid for child care assistance in a county or county price
769.12 cluster under the child care fund shall be:

769.13 ~~(1) for all infants and toddlers, the greater of the 40th~~ 75th percentile of the ~~2024~~ most
769.14 recent child care provider rate survey or the rates in effect at the time of the update; ~~and~~.

769.15 ~~(2) for all preschool and school-age children, the greater of the 30th percentile of the~~
769.16 ~~2024 child care provider rate survey or the rates in effect at the time of the update.~~

769.17 The rates under paragraph (a) continue until the rates under this paragraph go into effect.

769.18 (c) For a child care provider located within the boundaries of a city located in two or
769.19 more of the counties of Benton, Sherburne, and Stearns, the maximum rate paid for child
769.20 care assistance shall be equal to the maximum rate paid in the county with the highest
769.21 maximum reimbursement rates or the provider's charge, whichever is less. The commissioner
769.22 may: (1) assign a county with no reported provider prices to a similar price cluster; and (2)
769.23 consider county level access when determining final price clusters.

769.24 (d) A rate which includes a special needs rate paid under subdivision 3 may be in excess
769.25 of the maximum rate allowed under this subdivision.

769.26 (e) The department shall monitor the effect of this paragraph on provider rates. The
769.27 county shall pay the provider's full charges for every child in care up to the maximum
769.28 established. The commissioner shall determine the maximum rate for each type of care on
769.29 an hourly, full-day, and weekly basis, including special needs and disability care.

769.30 (f) If a child uses one provider, the maximum payment for one day of care must not
769.31 exceed the daily rate. The maximum payment for one week of care must not exceed the
769.32 weekly rate.

770.1 (g) If a child uses two providers under section 119B.097, the maximum payment must
770.2 not exceed:

770.3 (1) the daily rate for one day of care;

770.4 (2) the weekly rate for one week of care by the child's primary provider; and

770.5 (3) two daily rates during two weeks of care by a child's secondary provider.

770.6 (h) Child care providers receiving reimbursement under this chapter must not be paid
770.7 activity fees or an additional amount above the maximum rates for care provided during
770.8 nonstandard hours for families receiving assistance.

770.9 (i) If the provider charge is greater than the maximum provider rate allowed, the parent
770.10 is responsible for payment of the difference in the rates in addition to any family co-payment
770.11 fee.

770.12 (j) Beginning October 3, 2022, the maximum registration fee paid for child care assistance
770.13 in any county or county price cluster under the child care fund shall be ~~set as follows: (1)~~
770.14 ~~beginning November 15, 2021~~, the greater of the ~~40th~~ 75th percentile of the ~~2021~~ most
770.15 recent child care provider rate survey or the registration fee in effect at the time of the
770.16 update; and ~~(2) beginning the first full service period on or after January 1, 2025, the~~
770.17 ~~maximum registration fee shall be the greater of the 40th percentile of the 2024 child care~~
770.18 ~~provider rate survey or the registration fee in effect at the time of the update. The registration~~
770.19 ~~fees under clause (1) continue until the registration fees under clause (2) go into effect.~~

770.20 (k) Maximum registration fees must be set for licensed family child care and for child
770.21 care centers. For a child care provider located in the boundaries of a city located in two or
770.22 more of the counties of Benton, Sherburne, and Stearns, the maximum registration fee paid
770.23 for child care assistance shall be equal to the maximum registration fee paid in the county
770.24 with the highest maximum registration fee or the provider's charge, whichever is less.

770.25 Sec. 6. Minnesota Statutes 2020, section 119B.19, subdivision 7, is amended to read:

770.26 Subd. 7. **Child care resource and referral programs.** Within each region, a child care
770.27 resource and referral program must:

770.28 (1) maintain one database of all existing child care resources and services and one
770.29 database of family referrals;

770.30 (2) provide a child care referral service for families;

770.31 (3) develop resources to meet the child care service needs of families;

- 771.1 (4) increase the capacity to provide culturally responsive child care services;
- 771.2 (5) coordinate professional development opportunities for child care and school-age
771.3 care providers;
- 771.4 (6) administer and award child care services grants;
- 771.5 (7) cooperate with the Minnesota Child Care Resource and Referral Network and its
771.6 member programs to develop effective child care services and child care resources; ~~and~~
- 771.7 (8) assist in fostering coordination, collaboration, and planning among child care programs
771.8 and community programs such as school readiness, Head Start, early childhood family
771.9 education, local interagency early intervention committees, early childhood screening,
771.10 special education services, and other early childhood care and education services and
771.11 programs that provide flexible, family-focused services to families with young children to
771.12 the extent possible;
- 771.13 (9) administer the child care one-stop regional assistance network to assist child care
771.14 providers and individuals interested in becoming child care providers with establishing and
771.15 sustaining a licensed family child care or group family child care program or a child care
771.16 center; and
- 771.17 (10) provide supports that enable economically challenged individuals to obtain the job
771.18 skills training, career counseling, and job placement assistance necessary to begin a career
771.19 path in child care.

771.20 **Sec. 7. [119B.27] SHARED SERVICES GRANTS.**

771.21 The commissioner of human services shall establish a grant program to enable family
771.22 child care providers to implement shared services alliances.

771.23 **EFFECTIVE DATE.** This section is effective July 1, 2023.

771.24 **Sec. 8. [119B.28] CHILD CARE PROVIDER ACCESS TO TECHNOLOGY**
771.25 **GRANTS.**

771.26 The commissioner of human services shall distribute money through grants to one or
771.27 more organizations to offer grants or other supports to child care providers to improve their
771.28 access to computers, the Internet, subscriptions to online child care management applications,
771.29 and other technologies intended to improve business practices. Up to ten percent of the
771.30 grant funds may be used to administer the program.

772.1 Sec. 9. Laws 2021, First Special Session chapter 7, article 14, section 21, subdivision 4,
772.2 is amended to read:

772.3 Subd. 4. **Grant awards.** (a) The commissioner shall award transition grants to all eligible
772.4 programs on a noncompetitive basis through August 31, 2021.

772.5 (b) The commissioner shall award base grant amounts to all eligible programs on a
772.6 noncompetitive basis beginning September 1, 2021, ~~through June 30, 2023~~. The base grant
772.7 amounts shall be:

772.8 (1) based on the full-time equivalent number of staff who regularly care for children in
772.9 the program, including any employees, sole proprietors, or independent contractors; and

772.10 ~~(2) reduced between July 1, 2022, and June 30, 2023, with amounts for the final month~~
772.11 ~~being no more than 50 percent of the amounts awarded in September 2021; and~~

772.12 ~~(3)~~ (2) enhanced in amounts determined by the commissioner for any providers receiving
772.13 payments through the child care assistance program under sections 119B.03 and 119B.05
772.14 or early learning scholarships under section 124D.165.

772.15 (c) The commissioner may provide grant amounts in addition to any base grants received
772.16 to eligible programs in extreme financial hardship until all money set aside for that purpose
772.17 is awarded.

772.18 (d) The commissioner may pay any grants awarded to eligible programs under this
772.19 section in the form and manner established by the commissioner, except that such payments
772.20 must occur on a monthly basis.

772.21 Sec. 10. **DIRECTION TO COMMISSIONER OF HUMAN SERVICES;**
772.22 **ALLOCATING BASIC SLIDING FEE FUNDS.**

772.23 Notwithstanding Minnesota Statutes, section 119B.03, subdivisions 6, 6a, and 6b, the
772.24 commissioner of human services must allocate additional basic sliding fee child care money
772.25 for calendar year 2024 to counties and Tribes to account for the change in the definition of
772.26 family. In allocating the additional money, the commissioner shall consider:

772.27 (1) the number of children in the county or Tribe who receive care from a relative
772.28 custodian who accepted a transfer of permanent legal and physical custody of a child under
772.29 section 260C.515, subdivision 4, or similar permanency disposition in Tribal code; successor
772.30 custodian or guardian as established according to section 256N.22, subdivision 10; or foster
772.31 parents in a family foster home under section 260C.007, subdivision 16b; and

772.32 (2) the average basic sliding fee cost of care in the county or Tribe.

773.1 **Sec. 11. DIRECTION TO COMMISSIONER OF HUMAN SERVICES; INCREASE**
773.2 **FOR MAXIMUM RATES.**

773.3 Notwithstanding Minnesota Statutes, section 119B.03, subdivisions 6, 6a, and 6b, the
773.4 commissioner of human services shall allocate additional basic sliding fee child care funds
773.5 for calendar year 2023 to counties and Tribes for updated maximum rates based on relative
773.6 need to cover maximum rate increases. In distributing the additional funds, the commissioner
773.7 shall consider the following factors by county and Tribe:

773.8 (1) number of children covered by the county or Tribe;

773.9 (2) provider types that care for covered children;

773.10 (3) age of covered children; and

773.11 (4) amount of the increase in maximum rates.

773.12 **Sec. 12. DIRECTION TO COMMISSIONER OF HUMAN SERVICES; CHILD**
773.13 **CARE AND DEVELOPMENT FUND ALLOCATION.**

773.14 The commissioner of human services shall allocate \$75,364,000 in fiscal year 2023 from
773.15 the child care and development fund for rate and registration fee increases under Minnesota
773.16 Statutes, section 119B.13, subdivision 1, paragraphs (a) and (j). This is a onetime allocation.

773.17 **Sec. 13. DIRECTION TO COMMISSIONER OF HUMAN SERVICES; COST**
773.18 **ESTIMATION MODEL FOR EARLY CARE AND LEARNING PROGRAMS.**

773.19 (a) The commissioner of human services shall develop a cost estimation model for
773.20 providing early care and learning in the state. In developing the model, the commissioner
773.21 shall consult with relevant entities and stakeholders, including but not limited to the State
773.22 Advisory Council on Early Childhood Education and Care under Minnesota Statutes, section
773.23 124D.141; county administrators; child care resource and referral organizations under
773.24 Minnesota Statutes, section 119B.19, subdivision 1; and organizations representing
773.25 caregivers, teachers, and directors.

773.26 (b) The commissioner shall contract with an organization with experience and expertise
773.27 in early care and learning cost estimation modeling to conduct the work outlined in this
773.28 section. If practicable, the commissioner shall contract with First Children's Finance.

773.29 (c) The commissioner shall ensure that the model can estimate variation in the cost of
773.30 early care and learning by:

773.31 (1) quality of care;

- 774.1 (2) geographic area;
- 774.2 (3) type of child care provider and associated licensing standards;
- 774.3 (4) age of child;
- 774.4 (5) whether the early care and learning is inclusive, caring for children with disabilities
774.5 alongside children without disabilities;
- 774.6 (6) provider and staff compensation, including benefits such as professional development
774.7 stipends, health benefits, and retirement benefits;
- 774.8 (7) a provider's fixed costs, including rent and mortgage payments, property taxes, and
774.9 business-related insurance payments;
- 774.10 (8) a provider's operating expenses, including expenses for training and substitutes; and
- 774.11 (9) a provider's hours of operation.
- 774.12 (d) By January 30, 2024, the commissioner shall report to the legislative committees
774.13 with jurisdiction over early childhood programs on the development of the cost estimation
774.14 model. The report shall include:
- 774.15 (1) recommendations for how the model could be used in conjunction with a child care
774.16 provider wage scale to set provider payment rates for child care assistance under Minnesota
774.17 Statutes, chapter 119B; and
- 774.18 (2) the department's plan to seek federal approval to use the model for provider payment
774.19 rates for child care assistance.
- 774.20 **Sec. 14. DIRECTION TO COMMISSIONER OF HUMAN SERVICES; CHILD**
774.21 **CARE PROVIDER WAGE SCALE.**
- 774.22 (a) The commissioner of human services shall develop, in consultation with the
774.23 commissioner of employment and economic development, the commissioner of education,
774.24 and relevant stakeholders, a child care provider wage scale that:
- 774.25 (1) provides for wages that are equivalent to elementary school educators with similar
774.26 credentials and experience;
- 774.27 (2) incentivizes child care providers and staff to increase child care-related qualifications;
- 774.28 (3) incorporates payments toward compensation benefits, including professional
774.29 development stipends, health benefits, and retirement benefits; and

775.1 (4) accounts for the business structures of different types of child care providers, including
775.2 licensed family child care providers and legal, nonlicensed child care providers.

775.3 (b) By January 30, 2024, the commissioner shall report to the legislative committees
775.4 with jurisdiction over early childhood programs on the development of the wage scale and
775.5 make recommendations for how the wage scale could be used to inform payment rates for
775.6 child care assistance under Minnesota Statutes, chapter 119B.

775.7 **Sec. 15. DIRECTION TO COMMISSIONER OF HUMAN SERVICES; BRAIN**
775.8 **BUILDERS BONUS PILOT PROGRAM.**

775.9 (a) The commissioner of human services shall develop and implement a brain builders
775.10 bonus pilot program to provide incentives or other supports to eligible child care providers
775.11 who provide consistent care for infants and toddlers, as defined in Minnesota Statutes,
775.12 section 245A.02, subdivision 19, who receive child care assistance under Minnesota Statutes,
775.13 chapter 119B, or an early learning scholarships under Minnesota Statutes, section 124D.165.

775.14 (b) "Eligible child care providers" for purposes of the pilot program are family child
775.15 care providers and group family child care providers licensed under Minnesota Statutes,
775.16 chapter 245A, and legally nonlicensed child care providers, as defined in Minnesota Statutes,
775.17 section 119B.011, subdivision 16.

775.18 (c) The commissioner may administer the pilot program and measure the program's
775.19 outcomes through a grant to a public or private nonprofit organization with the demonstrated
775.20 ability to manage benefit programs for child care professionals.

775.21 (d) By January 31, 2024, the commissioner shall report to the legislative committees
775.22 with jurisdiction over early childhood on implementation of the pilot program, including:
775.23 a description of the incentives and supports provided; the number of the providers who
775.24 received the incentives and supports, disaggregated by provider type; the average length of
775.25 time a provider who received incentives or supports cared for an infant or toddler; and other
775.26 outcomes of the program. The report shall also include the commissioner's recommendations
775.27 on the utility and feasibility of making the pilot program permanent.

775.28 **Sec. 16. DIRECTION TO COMMISSIONER OF INFORMATION TECHNOLOGY**
775.29 **SERVICES; INFORMATION TECHNOLOGY SYSTEMS FOR EARLY**
775.30 **CHILDHOOD PROGRAMS.**

775.31 (a) The commissioner of information technology services shall develop and implement,
775.32 to the extent practicable with the available appropriation, a plan to modernize the information

776.1 technology systems that support the programs impacting early childhood, including child
776.2 care and early learning programs and those serving young children administered by the
776.3 Departments of Education and Human Services and other departments with programs
776.4 impacting early childhood as identified by the Children's Cabinet. The commissioner may
776.5 contract for the services contained in this section.

776.6 (b) The plan must support the goal of creating information technology systems for early
776.7 childhood programs that collect, analyze, share, and report data on program participation,
776.8 school readiness, early screening, and other childhood indicators. The plan must include
776.9 strategies to:

776.10 (1) increase the efficiency and effectiveness with which early childhood programs serve
776.11 children and families;

776.12 (2) improve coordination among early childhood programs for families; and

776.13 (3) assess the impact of early childhood programs on children's outcomes, including
776.14 school readiness.

776.15 (c) In developing and implementing the plan required under this section, the commissioner
776.16 or the contractor must consult with the commissioners of education and human services,
776.17 and other departments with programs impacting early childhood as identified by the
776.18 Children's Cabinet; the Children's Cabinet; and other stakeholders.

776.19 (d) By February 1, 2023, the commissioner must provide a preliminary report on the
776.20 status of the plan's development and implementation to the chairs and ranking minority
776.21 members of the committees of the legislature with jurisdiction over early childhood programs.

776.22 Sec. 17. **REPEALER.**

776.23 Minnesota Statutes 2020, section 119B.03, subdivision 4, is repealed effective July 1,
776.24 2022.

776.25

ARTICLE 22

776.26

MISCELLANEOUS

776.27 Section 1. Minnesota Statutes 2020, section 34A.01, subdivision 4, is amended to read:

776.28 Subd. 4. **Food.** "Food" means every ingredient used for, entering into the consumption
776.29 of, or used or intended for use in the preparation of food, drink, confectionery, or condiment
776.30 for humans or other animals, whether simple, mixed, or compound; and articles used as

777.1 components of these ingredients, except that edible cannabinoid products, as defined in
777.2 section 151.72, subdivision 1, paragraph (c), are not food.

777.3 Sec. 2. Minnesota Statutes 2020, section 137.68, is amended to read:

777.4 **137.68 MINNESOTA RARE DISEASE ADVISORY COUNCIL ON RARE**
777.5 **DISEASES.**

777.6 Subdivision 1. **Establishment.** ~~The University of Minnesota is requested to establish~~
777.7 There is established an advisory council on rare diseases to provide advice on policies,
777.8 access, equity, research, diagnosis, treatment, and education related to rare diseases. The
777.9 advisory council is established in honor of Chloe Barnes and her experiences in the health
777.10 care system. For purposes of this section, "rare disease" has the meaning given in United
777.11 States Code, title 21, section 360bb. The council shall be called the ~~Chloe Barnes Advisory~~
777.12 ~~Council on Rare Diseases~~ Minnesota Rare Disease Advisory Council. The Council on
777.13 Disability shall house the advisory council.

777.14 Subd. 2. **Membership.** (a) The advisory council ~~may~~ shall consist of at least 17 public
777.15 members who reflect statewide representation and are appointed by ~~the Board of Regents~~
777.16 ~~or a designee~~ the governor according to paragraph (b) and four members of the legislature
777.17 appointed according to paragraph (c).

777.18 (b) ~~The Board of Regents or a designee is requested to~~ The governor shall appoint at
777.19 least the following public members according to section 15.059:

777.20 (1) three physicians licensed and practicing in the state with experience researching,
777.21 diagnosing, or treating rare diseases, including one specializing in pediatrics;

777.22 (2) one registered nurse or advanced practice registered nurse licensed and practicing
777.23 in the state with experience treating rare diseases;

777.24 (3) at least two hospital administrators, or their designees, from hospitals in the state
777.25 that provide care to persons diagnosed with a rare disease. One administrator or designee
777.26 appointed under this clause must represent a hospital in which the scope of service focuses
777.27 on rare diseases of pediatric patients;

777.28 (4) three persons age 18 or older who either have a rare disease or are a caregiver of a
777.29 person with a rare disease. One person appointed under this clause must reside in rural
777.30 Minnesota;

777.31 (5) a representative of a rare disease patient organization that operates in the state;

778.1 (6) a social worker with experience providing services to persons diagnosed with a rare
778.2 disease;

778.3 (7) a pharmacist with experience with drugs used to treat rare diseases;

778.4 (8) a dentist licensed and practicing in the state with experience treating rare diseases;

778.5 (9) a representative of the biotechnology industry;

778.6 (10) a representative of health plan companies;

778.7 (11) a medical researcher with experience conducting research on rare diseases; ~~and~~

778.8 (12) a genetic counselor with experience providing services to persons diagnosed with
778.9 a rare disease or caregivers of those persons; and

778.10 (13) representatives with other areas of expertise as identified by the advisory council.

778.11 (c) The advisory council shall include two members of the senate, one appointed by the
778.12 majority leader and one appointed by the minority leader; and two members of the house
778.13 of representatives, one appointed by the speaker of the house and one appointed by the
778.14 minority leader.

778.15 (d) The commissioner of health or a designee, a representative of Mayo Medical School,
778.16 and a representative of the University of Minnesota Medical School shall serve as ex officio,
778.17 nonvoting members of the advisory council.

778.18 (e) ~~Initial appointments to the advisory council shall be made no later than September~~
778.19 ~~1, 2019.~~ Notwithstanding section 15.059, members appointed according to paragraph (b)
778.20 shall serve for a term of three years, except that the initial members appointed according to
778.21 paragraph (b) shall have an initial term of two, three, or four years determined by lot by the
778.22 chairperson. Members appointed according to paragraph (b) shall serve until their successors
778.23 have been appointed.

778.24 (f) Members may be reappointed for additional terms according to the advisory council's
778.25 operating procedures.

778.26 Subd. 3. **Meetings.** ~~The Board of Regents or a designee is requested to convene the first~~
778.27 ~~meeting of the advisory council no later than October 1, 2019.~~ The advisory council shall
778.28 meet at the call of the chairperson or at the request of a majority of advisory council members.
778.29 Meetings of the advisory council are subject to section 13D.01, and notice of its meetings
778.30 is governed by section 13D.04.

779.1 Subd. 3a. Chairperson; executive director; staff; executive committee. (a) The
779.2 advisory council shall elect a chairperson and other officers as it deems necessary and in
779.3 accordance with the advisory council's operating procedures.

779.4 (b) The advisory council shall be governed by an executive committee elected by the
779.5 members of the advisory council. One member of the executive committee must be the
779.6 advisory council chairperson.

779.7 (c) The advisory council shall appoint an executive director. The executive director
779.8 serves as an ex officio nonvoting member of the executive committee. The advisory council
779.9 may delegate to the executive director any powers and duties under this section that do not
779.10 require advisory council approval. The executive director serves in the unclassified service
779.11 and may be removed at any time by a majority vote of the advisory council. The executive
779.12 director may employ and direct staff necessary to carry out advisory council mandates,
779.13 policies, activities, and objectives.

779.14 (d) The executive committee may appoint additional subcommittees and work groups
779.15 as necessary to fulfill the duties of the advisory council.

779.16 Subd. 4. **Duties.** (a) The advisory council's duties may include, but are not limited to:

779.17 (1) in conjunction with the state's medical schools, the state's schools of public health,
779.18 and hospitals in the state that provide care to persons diagnosed with a rare disease,
779.19 developing resources or recommendations relating to quality of and access to treatment and
779.20 services in the state for persons with a rare disease, including but not limited to:

779.21 (i) a list of existing, publicly accessible resources on research, diagnosis, treatment, and
779.22 education relating to rare diseases;

779.23 (ii) identifying best practices for rare disease care implemented in other states, at the
779.24 national level, and at the international level that will improve rare disease care in the state
779.25 and seeking opportunities to partner with similar organizations in other states and countries;

779.26 (iii) identifying and addressing problems faced by patients with a rare disease when
779.27 changing health plans, including recommendations on how to remove obstacles faced by
779.28 these patients to finding a new health plan and how to improve the ease and speed of finding
779.29 a new health plan that meets the needs of patients with a rare disease; ~~and~~

779.30 (iv) identifying and addressing barriers faced by patients with a rare disease to obtaining
779.31 care, caused by prior authorization requirements in private and public health plans; and

780.1 ~~(iv)~~ (v) identifying, recommending, and implementing best practices to ensure health
780.2 care providers are adequately informed of the most effective strategies for recognizing and
780.3 treating rare diseases; ~~and~~

780.4 (2) advising, consulting, and cooperating with the Department of Health, including the
780.5 Advisory Committee on Heritable and Congenital Disorders; the Department of Human
780.6 Services, including the Drug Utilization Review Board and the Drug Formulary Committee;
780.7 and other agencies of state government in developing recommendations, information, and
780.8 programs for the public and the health care community relating to diagnosis, treatment, and
780.9 awareness of rare diseases;

780.10 (3) advising on policy issues and advancing policy initiatives at the state and federal
780.11 levels; and

780.12 (4) receiving funds and issuing grants.

780.13 (b) The advisory council shall collect additional topic areas for study and evaluation
780.14 from the general public. In order for the advisory council to study and evaluate a topic, the
780.15 topic must be approved for study and evaluation by the advisory council.

780.16 Subd. 5. **Conflict of interest.** Advisory council members are subject to the ~~Board of~~
780.17 ~~Regents policy on conflicts~~ advisory council's conflict of interest policy as outlined in the
780.18 advisory council's operating procedures.

780.19 Subd. 6. **Annual report.** By January 1 of each year, beginning January 1, 2020, the
780.20 advisory council shall report to the chairs and ranking minority members of the legislative
780.21 committees with jurisdiction over higher education and health care policy on the advisory
780.22 council's activities under subdivision 4 and other issues on which the advisory council may
780.23 choose to report.

780.24 Sec. 3. Minnesota Statutes 2020, section 151.72, subdivision 1, is amended to read:

780.25 Subdivision 1. **Definitions.** (a) For the purposes of this section, the following terms have
780.26 the meanings given.

780.27 (b) "Certified hemp" means hemp plants that have been tested and found to meet the
780.28 requirements of chapter 18K and the rules adopted thereunder.

780.29 (c) "Edible cannabinoid product" means any product that is intended to be eaten or
780.30 consumed as a beverage by humans, contains a cannabinoid in combination with food
780.31 ingredients, and is not a drug.

781.1 ~~(b)~~ (d) "Hemp" has the meaning given to "industrial hemp" in section 18K.02, subdivision
781.2 3.

781.3 (e) "Label" has the meaning given in section 151.01, subdivision 18.

781.4 ~~(e)~~ (f) "Labeling" means all labels and other written, printed, or graphic matter that are:

781.5 (1) affixed to the immediate container in which a product regulated under this section
781.6 is sold; ~~or~~

781.7 (2) provided, in any manner, with the immediate container, including but not limited to
781.8 outer containers, wrappers, package inserts, brochures, or pamphlets; or

781.9 (3) provided on that portion of a manufacturer's website that is linked by a scannable
781.10 barcode or matrix barcode.

781.11 (g) "Matrix barcode" means a code that stores data in a two-dimensional array of
781.12 geometrically shaped dark and light cells capable of being read by the camera on a
781.13 smartphone or other mobile device.

781.14 (h) "Nonintoxicating cannabinoid" means substances extracted from certified hemp
781.15 plants that do not produce intoxicating effects when consumed by any route of administration.

781.16 Sec. 4. Minnesota Statutes 2020, section 151.72, subdivision 2, is amended to read:

781.17 Subd. 2. **Scope.** (a) This section applies to the sale of any product that contains
781.18 ~~nonintoxicating~~ cannabinoids extracted from hemp ~~other than food~~ and that is an edible
781.19 cannabinoid product or is intended for human or animal consumption by any route of
781.20 administration.

781.21 (b) This section does not apply to any product dispensed by a registered medical cannabis
781.22 manufacturer pursuant to sections 152.22 to 152.37.

781.23 (c) The board must have no authority over food products, as defined in section 34A.01,
781.24 subdivision 4, that do not contain cannabinoids extracted or derived from hemp.

781.25 Sec. 5. Minnesota Statutes 2020, section 151.72, subdivision 3, is amended to read:

781.26 Subd. 3. **Sale of cannabinoids derived from hemp.** (a) Notwithstanding any other
781.27 section of this chapter, a product containing nonintoxicating cannabinoids, including an
781.28 edible cannabinoid product, may be sold for human or animal consumption only if all of
781.29 the requirements of this section are met, provided that a product sold for human or animal
781.30 consumption does not contain more than 0.3 percent of any tetrahydrocannabinol and an

782.1 edible cannabinoid product does not contain an amount of any tetrahydrocannabinol that
782.2 exceeds the limits established in subdivision 5a, paragraph (f).

782.3 (b) No other substance extracted or otherwise derived from hemp may be sold for human
782.4 consumption if the substance is intended:

782.5 (1) for external or internal use in the diagnosis, cure, mitigation, treatment, or prevention
782.6 of disease in humans or other animals; or

782.7 (2) to affect the structure or any function of the bodies of humans or other animals.

782.8 (c) No product containing any cannabinoid or tetrahydrocannabinol extracted or otherwise
782.9 derived from hemp may be sold to any individual who is under the age of 21.

782.10 (d) Products that meet the requirements of this section are not controlled substances
782.11 under section 152.02.

782.12 Sec. 6. Minnesota Statutes 2020, section 151.72, subdivision 4, is amended to read:

782.13 Subd. 4. **Testing requirements.** (a) A manufacturer of a product regulated under this
782.14 section must submit representative samples of the product to an independent, accredited
782.15 laboratory in order to certify that the product complies with the standards adopted by the
782.16 board. Testing must be consistent with generally accepted industry standards for herbal and
782.17 botanical substances, and, at a minimum, the testing must confirm that the product:

782.18 (1) contains the amount or percentage of cannabinoids that is stated on the label of the
782.19 product;

782.20 (2) does not contain more than trace amounts of any mold, residual solvents, pesticides,
782.21 fertilizers, or heavy metals; and

782.22 (3) does not contain a ~~delta-9 tetrahydrocannabinol concentration that exceeds the~~
782.23 ~~concentration permitted for industrial hemp as defined in section 18K.02, subdivision 3~~
782.24 more than 0.3 percent of any tetrahydrocannabinol.

782.25 (b) Upon the request of the board, the manufacturer of the product must provide the
782.26 board with the results of the testing required in this section.

782.27 (c) Testing of the hemp from which the nonintoxicating cannabinoid was derived, or
782.28 possession of a certificate of analysis for such hemp, does not meet the testing requirements
782.29 of this section.

783.1 Sec. 7. Minnesota Statutes 2021 Supplement, section 151.72, subdivision 5, is amended
783.2 to read:

783.3 Subd. 5. **Labeling requirements.** (a) A product regulated under this section must bear
783.4 a label that contains, at a minimum:

783.5 (1) the name, location, contact phone number, and website of the manufacturer of the
783.6 product;

783.7 (2) the name and address of the independent, accredited laboratory used by the
783.8 manufacturer to test the product; and

783.9 (3) an accurate statement of the amount or percentage of cannabinoids found in each
783.10 unit of the product meant to be consumed; ~~or.~~

783.11 ~~(4) instead of the information required in clauses (1) to (3), a scannable bar code or QR~~
783.12 ~~code that links to the manufacturer's website.~~

783.13 (b) The information in paragraph (a) may be provided on an outer package if the
783.14 immediate container that holds the product is too small to contain all of the information.

783.15 (c) The information required in paragraph (a) may be provided through the use of a
783.16 scannable barcode or matrix barcode that links to a page on the manufacturer's website if
783.17 that page contains all of the information required by this subdivision.

783.18 (d) The label must also include a statement stating that ~~this~~ the product does not claim
783.19 to diagnose, treat, cure, or prevent any disease and has not been evaluated or approved by
783.20 the United States Food and Drug Administration (FDA) unless the product has been so
783.21 approved.

783.22 ~~(b)~~ (e) The information required to be on the label by this subdivision must be prominently
783.23 and conspicuously placed ~~and~~ on the label or displayed on the website in terms that can be
783.24 easily read and understood by the consumer.

783.25 ~~(e)~~ (f) The ~~label~~ labeling must not contain any claim that the product may be used or is
783.26 effective for the prevention, treatment, or cure of a disease or that it may be used to alter
783.27 the structure or function of human or animal bodies, unless the claim has been approved by
783.28 the FDA.

784.1 Sec. 8. Minnesota Statutes 2020, section 151.72, is amended by adding a subdivision to
784.2 read:

784.3 Subd. 5a. **Additional requirements for edible cannabinoid products.** (a) In addition
784.4 to the testing and labeling requirements under subdivisions 4 and 5, an edible cannabinoid
784.5 must meet the requirements of this subdivision.

784.6 (b) An edible cannabinoid product must not:

784.7 (1) bear the likeness or contain cartoon-like characteristics of a real or fictional person,
784.8 animal, or fruit that appeals to children;

784.9 (2) be modeled after a brand of products primarily consumed by or marketed to children;

784.10 (3) be made by applying an extracted or concentrated hemp-derived cannabinoid to a
784.11 commercially available candy or snack food item;

784.12 (4) contain an ingredient, other than a hemp-derived cannabinoid, that is not approved
784.13 by the United States Food and Drug Administration for use in food;

784.14 (5) be packaged in a way that resembles the trademarked, characteristic, or
784.15 product-specialized packaging of any commercially available food product; or

784.16 (6) be packaged in a container that includes a statement, artwork, or design that could
784.17 reasonably mislead any person to believe that the package contains anything other than an
784.18 edible cannabinoid product.

784.19 (c) An edible cannabinoid product must be prepackaged in packaging or a container that
784.20 is child-resistant, tamper-evident, and opaque or placed in packaging or a container that is
784.21 child-resistant, tamper-evident, and opaque at the final point of sale to a customer. The
784.22 requirement that packaging be child-resistant does not apply to an edible cannabinoid product
784.23 that is intended to be consumed as a beverage and which contains no more than a trace
784.24 amount of any tetrahydrocannabinol.

784.25 (d) If an edible cannabinoid product is intended for more than a single use or contains
784.26 multiple servings, each serving must be indicated by scoring, wrapping, or other indicators
784.27 designating the individual serving size.

784.28 (e) A label containing at least the following information must be affixed to the packaging
784.29 or container of all edible cannabinoid products sold to consumers:

784.30 (1) the serving size;

784.31 (2) the cannabinoid profile per serving and in total;

785.1 (3) a list of ingredients, including identification of any major food allergens declared
785.2 by name; and

785.3 (4) the following statement: "Keep this product out of reach of children."

785.4 (f) An edible cannabinoid product must not contain more than five milligrams of any
785.5 tetrahydrocannabinol in a single serving, or more than a total of 50 milligrams of any
785.6 tetrahydrocannabinol per package.

785.7 Sec. 9. Minnesota Statutes 2020, section 151.72, subdivision 6, is amended to read:

785.8 Subd. 6. **Enforcement.** (a) A product ~~sold~~ regulated under this section, including an
785.9 edible cannabinoid product, shall be considered an adulterated drug if:

785.10 (1) it consists, in whole or in part, of any filthy, putrid, or decomposed substance;

785.11 (2) it has been produced, prepared, packed, or held under unsanitary conditions where
785.12 it may have been rendered injurious to health, or where it may have been contaminated with
785.13 filth;

785.14 (3) its container is composed, in whole or in part, of any poisonous or deleterious
785.15 substance that may render the contents injurious to health;

785.16 (4) it contains any food additives, color additives, or excipients that have been found by
785.17 the FDA to be unsafe for human or animal consumption; ~~or~~

785.18 (5) it contains an amount or percentage of nonintoxicating cannabinoids that is different
785.19 than the amount or percentage stated on the label;

785.20 (6) it contains more than 0.3 percent of any tetrahydrocannabinol or, if the product is
785.21 an edible cannabinoid product, an amount of tetrahydrocannabinol that exceeds the limits
785.22 established in subdivision 5a, paragraph (f); or

785.23 (7) it contains more than trace amounts of mold, residual solvents, pesticides, fertilizers,
785.24 or heavy metals.

785.25 (b) A product ~~sold~~ regulated under this section shall be considered a misbranded drug
785.26 if the product's labeling is false or misleading in any manner or in violation of the
785.27 requirements of this section.

785.28 (c) The board's authority to issue cease and desist orders under section 151.06; to embargo
785.29 adulterated and misbranded drugs under section 151.38; and to seek injunctive relief under
785.30 section 214.11, extends to any violation of this section.

786.1 Sec. 10. Minnesota Statutes 2020, section 152.01, subdivision 23, is amended to read:

786.2 Subd. 23. **Analog.** (a) Except as provided in paragraph (b), "analog" means a substance,
786.3 the chemical structure of which is substantially similar to the chemical structure of a
786.4 controlled substance in Schedule I or II:

786.5 (1) that has a stimulant, depressant, or hallucinogenic effect on the central nervous system
786.6 that is substantially similar to or greater than the stimulant, depressant, or hallucinogenic
786.7 effect on the central nervous system of a controlled substance in Schedule I or II; or

786.8 (2) with respect to a particular person, if the person represents or intends that the substance
786.9 have a stimulant, depressant, or hallucinogenic effect on the central nervous system that is
786.10 substantially similar to or greater than the stimulant, depressant, or hallucinogenic effect
786.11 on the central nervous system of a controlled substance in Schedule I or II.

786.12 (b) "Analog" does not include:

786.13 (1) a controlled substance;

786.14 (2) any substance for which there is an approved new drug application under the Federal
786.15 Food, Drug, and Cosmetic Act; or

786.16 (3) with respect to a particular person, any substance, if an exemption is in effect for
786.17 investigational use, for that person, as provided by United States Code, title 21, section 355,
786.18 and the person is registered as a controlled substance researcher as required under section
786.19 152.12, subdivision 3, to the extent conduct with respect to the substance is pursuant to the
786.20 exemption and registration; or

786.21 (4) marijuana or tetrahydrocannabinols naturally contained in a plant of the genus
786.22 cannabis or in the resinous extractives of the plant.

786.23 **EFFECTIVE DATE.** This section is effective August 1, 2022, and applies to crimes
786.24 committed on or after that date.

786.25 Sec. 11. Minnesota Statutes 2020, section 152.02, subdivision 2, is amended to read:

786.26 Subd. 2. **Schedule I.** (a) Schedule I consists of the substances listed in this subdivision.

786.27 (b) Opiates. Unless specifically excepted or unless listed in another schedule, any of the
786.28 following substances, including their analogs, isomers, esters, ethers, salts, and salts of
786.29 isomers, esters, and ethers, whenever the existence of the analogs, isomers, esters, ethers,
786.30 and salts is possible:

786.31 (1) acetylmethadol;

- 787.1 (2) allylprodine;
- 787.2 (3) alphacetylmethadol (except levo-alphacetylmethadol, also known as levomethadyl
- 787.3 acetate);
- 787.4 (4) alphameprodine;
- 787.5 (5) alphamethadol;
- 787.6 (6) alpha-methylfentanyl benzethidine;
- 787.7 (7) betacetylmethadol;
- 787.8 (8) betameprodine;
- 787.9 (9) betamethadol;
- 787.10 (10) betaprodine;
- 787.11 (11) clonitazene;
- 787.12 (12) dextromoramide;
- 787.13 (13) diampromide;
- 787.14 (14) diethylambutene;
- 787.15 (15) difenoxin;
- 787.16 (16) dimenoxadol;
- 787.17 (17) dimepheptanol;
- 787.18 (18) dimethylambutene;
- 787.19 (19) dioxaphetyl butyrate;
- 787.20 (20) dipipanone;
- 787.21 (21) ethylmethylthiambutene;
- 787.22 (22) etonitazene;
- 787.23 (23) etoxeridine;
- 787.24 (24) furethidine;
- 787.25 (25) hydroxypethidine;
- 787.26 (26) ketobemidone;
- 787.27 (27) levomoramide;

- 788.1 (28) levophenacymorphan;
- 788.2 (29) 3-methylfentanyl;
- 788.3 (30) acetyl-alpha-methylfentanyl;
- 788.4 (31) alpha-methylthiofentanyl;
- 788.5 (32) benzylfentanyl beta-hydroxyfentanyl;
- 788.6 (33) beta-hydroxy-3-methylfentanyl;
- 788.7 (34) 3-methylthiofentanyl;
- 788.8 (35) thenylfentanyl;
- 788.9 (36) thiofentanyl;
- 788.10 (37) para-fluorofentanyl;
- 788.11 (38) morpheridine;
- 788.12 (39) 1-methyl-4-phenyl-4-propionoxypiperidine;
- 788.13 (40) noracymethadol;
- 788.14 (41) norlevorphanol;
- 788.15 (42) normethadone;
- 788.16 (43) norpipanone;
- 788.17 (44) 1-(2-phenylethyl)-4-phenyl-4-acetoxypiperidine (PEPAP);
- 788.18 (45) phenadoxone;
- 788.19 (46) phenampromide;
- 788.20 (47) phenomorphan;
- 788.21 (48) phenoperidine;
- 788.22 (49) piritramide;
- 788.23 (50) proheptazine;
- 788.24 (51) properidine;
- 788.25 (52) propiram;
- 788.26 (53) racemoramide;
- 788.27 (54) tilidine;

- 789.1 (55) trimeperidine;
- 789.2 (56) N-(1-Phenethylpiperidin-4-yl)-N-phenylacetamide (acetyl fentanyl);
- 789.3 (57) 3,4-dichloro-N-[(1R,2R)-2-(dimethylamino)cyclohexyl]-N-
- 789.4 methylbenzamide(U47700);
- 789.5 (58) N-phenyl-N-[1-(2-phenylethyl)piperidin-4-yl]furan-2-carboxamide(furanylfentanyl);
- 789.6 (59) 4-(4-bromophenyl)-4-dimethylamino-1-phenethylcyclohexanol (bromadol);
- 789.7 (60) N-(1-phenethylpiperidin-4-yl)-N-phenylcyclopropanecarboxamide (Cyclopropyl
- 789.8 fentanyl);
- 789.9 (61) N-(1-phenethylpiperidin-4-yl)-N-phenylbutanamide) (butyryl fentanyl);
- 789.10 (62) 1-cyclohexyl-4-(1,2-diphenylethyl)piperazine) (MT-45);
- 789.11 (63) N-(1-phenethylpiperidin-4-yl)-N-phenylcyclopentanecarboxamide (cyclopentyl
- 789.12 fentanyl);
- 789.13 (64) N-(1-phenethylpiperidin-4-yl)-N-phenylisobutyramide (isobutyryl fentanyl);
- 789.14 (65) N-(1-phenethylpiperidin-4-yl)-N-phenylpentanamide (valeryl fentanyl);
- 789.15 (66) N-(4-chlorophenyl)-N-(1-phenethylpiperidin-4-yl)isobutyramide
- 789.16 (para-chloroisobutyryl fentanyl);
- 789.17 (67) N-(4-fluorophenyl)-N-(1-phenethylpiperidin-4-yl)butyramide (para-fluorobutyryl
- 789.18 fentanyl);
- 789.19 (68) N-(4-methoxyphenyl)-N-(1-phenethylpiperidin-4-yl)butyramide
- 789.20 (para-methoxybutyryl fentanyl);
- 789.21 (69) N-(2-fluorophenyl)-2-methoxy-N-(1-phenethylpiperidin-4-yl)acetamide (ocfentanil);
- 789.22 (70) N-(4-fluorophenyl)-N-(1-phenethylpiperidin-4-yl)isobutyramide (4-fluoroisobutyryl
- 789.23 fentanyl or para-fluoroisobutyryl fentanyl);
- 789.24 (71) N-(1-phenethylpiperidin-4-yl)-N-phenylacrylamide (acryl fentanyl or
- 789.25 acryloylfentanyl);
- 789.26 (72) 2-methoxy-N-(1-phenethylpiperidin-4-yl)-N-phenylacetamide (methoxyacetyl
- 789.27 fentanyl);
- 789.28 (73) N-(2-fluorophenyl)-N-(1-phenethylpiperidin-4-yl)propionamide (ortho-fluorofentanyl
- 789.29 or 2-fluorofentanyl);

790.1 (74) N-(1-phenethylpiperidin-4-yl)-N-phenyltetrahydrofuran-2-carboxamide
790.2 (tetrahydrofuranyl fentanyl); and

790.3 (75) Fentanyl-related substances, their isomers, esters, ethers, salts and salts of isomers,
790.4 esters and ethers, meaning any substance not otherwise listed under another federal
790.5 Administration Controlled Substance Code Number or not otherwise listed in this section,
790.6 and for which no exemption or approval is in effect under section 505 of the Federal Food,
790.7 Drug, and Cosmetic Act, United States Code , title 21, section 355, that is structurally related
790.8 to fentanyl by one or more of the following modifications:

790.9 (i) replacement of the phenyl portion of the phenethyl group by any monocycle, whether
790.10 or not further substituted in or on the monocycle;

790.11 (ii) substitution in or on the phenethyl group with alkyl, alkenyl, alkoxy, hydroxyl, halo,
790.12 haloalkyl, amino, or nitro groups;

790.13 (iii) substitution in or on the piperidine ring with alkyl, alkenyl, alkoxy, ester, ether,
790.14 hydroxyl, halo, haloalkyl, amino, or nitro groups;

790.15 (iv) replacement of the aniline ring with any aromatic monocycle whether or not further
790.16 substituted in or on the aromatic monocycle; or

790.17 (v) replacement of the N-propionyl group by another acyl group.

790.18 (c) Opium derivatives. Any of the following substances, their analogs, salts, isomers,
790.19 and salts of isomers, unless specifically excepted or unless listed in another schedule,
790.20 whenever the existence of the analogs, salts, isomers, and salts of isomers is possible:

790.21 (1) acetorphine;

790.22 (2) acetyldihydrocodeine;

790.23 (3) benzylmorphine;

790.24 (4) codeine methylbromide;

790.25 (5) codeine-n-oxide;

790.26 (6) cyprenorphine;

790.27 (7) desomorphine;

790.28 (8) dihydromorphine;

790.29 (9) drotebanol;

790.30 (10) etorphine;

- 791.1 (11) heroin;
- 791.2 (12) hydromorphenol;
- 791.3 (13) methylodesorphine;
- 791.4 (14) methyldihydromorphine;
- 791.5 (15) morphine methylbromide;
- 791.6 (16) morphine methylsulfonate;
- 791.7 (17) morphine-n-oxide;
- 791.8 (18) myrophine;
- 791.9 (19) nicocodeine;
- 791.10 (20) nicomorphine;
- 791.11 (21) normorphine;
- 791.12 (22) pholcodine; and
- 791.13 (23) thebacon.
- 791.14 (d) Hallucinogens. Any material, compound, mixture or preparation which contains any
- 791.15 quantity of the following substances, their analogs, salts, isomers (whether optical, positional,
- 791.16 or geometric), and salts of isomers, unless specifically excepted or unless listed in another
- 791.17 schedule, whenever the existence of the analogs, salts, isomers, and salts of isomers is
- 791.18 possible:
- 791.19 (1) methylenedioxy amphetamine;
- 791.20 (2) methylenedioxymethamphetamine;
- 791.21 (3) methylenedioxy-N-ethylamphetamine (MDEA);
- 791.22 (4) n-hydroxy-methylenedioxyamphetamine;
- 791.23 (5) 4-bromo-2,5-dimethoxyamphetamine (DOB);
- 791.24 (6) 2,5-dimethoxyamphetamine (2,5-DMA);
- 791.25 (7) 4-methoxyamphetamine;
- 791.26 (8) 5-methoxy-3, 4-methylenedioxyamphetamine;
- 791.27 (9) alpha-ethyltryptamine;
- 791.28 (10) bufotenine;

- 792.1 (11) diethyltryptamine;
- 792.2 (12) dimethyltryptamine;
- 792.3 (13) 3,4,5-trimethoxyamphetamine;
- 792.4 (14) 4-methyl-2, 5-dimethoxyamphetamine (DOM);
- 792.5 (15) ibogaine;
- 792.6 (16) lysergic acid diethylamide (LSD);
- 792.7 (17) mescaline;
- 792.8 (18) parahexyl;
- 792.9 (19) N-ethyl-3-piperidyl benzilate;
- 792.10 (20) N-methyl-3-piperidyl benzilate;
- 792.11 (21) psilocybin;
- 792.12 (22) psilocyn;
- 792.13 (23) tenocyclidine (TPCP or TCP);
- 792.14 (24) N-ethyl-1-phenyl-cyclohexylamine (PCE);
- 792.15 (25) 1-(1-phenylcyclohexyl) pyrrolidine (PCPy);
- 792.16 (26) 1-[1-(2-thienyl)cyclohexyl]-pyrrolidine (TCPy);
- 792.17 (27) 4-chloro-2,5-dimethoxyamphetamine (DOC);
- 792.18 (28) 4-ethyl-2,5-dimethoxyamphetamine (DOET);
- 792.19 (29) 4-iodo-2,5-dimethoxyamphetamine (DOI);
- 792.20 (30) 4-bromo-2,5-dimethoxyphenethylamine (2C-B);
- 792.21 (31) 4-chloro-2,5-dimethoxyphenethylamine (2C-C);
- 792.22 (32) 4-methyl-2,5-dimethoxyphenethylamine (2C-D);
- 792.23 (33) 4-ethyl-2,5-dimethoxyphenethylamine (2C-E);
- 792.24 (34) 4-iodo-2,5-dimethoxyphenethylamine (2C-I);
- 792.25 (35) 4-propyl-2,5-dimethoxyphenethylamine (2C-P);
- 792.26 (36) 4-isopropylthio-2,5-dimethoxyphenethylamine (2C-T-4);
- 792.27 (37) 4-propylthio-2,5-dimethoxyphenethylamine (2C-T-7);

- 793.1 (38) 2-(8-bromo-2,3,6,7-tetrahydrofuro [2,3-f][1]benzofuran-4-yl)ethanamine
793.2 (2-CB-FLY);
- 793.3 (39) bromo-benzodifuranyl-isopropylamine (Bromo-DragonFLY);
- 793.4 (40) alpha-methyltryptamine (AMT);
- 793.5 (41) N,N-diisopropyltryptamine (DiPT);
- 793.6 (42) 4-acetoxy-N,N-dimethyltryptamine (4-AcO-DMT);
- 793.7 (43) 4-acetoxy-N,N-diethyltryptamine (4-AcO-DET);
- 793.8 (44) 4-hydroxy-N-methyl-N-propyltryptamine (4-HO-MPT);
- 793.9 (45) 4-hydroxy-N,N-dipropyltryptamine (4-HO-DPT);
- 793.10 (46) 4-hydroxy-N,N-diallyltryptamine (4-HO-DALT);
- 793.11 (47) 4-hydroxy-N,N-diisopropyltryptamine (4-HO-DiPT);
- 793.12 (48) 5-methoxy-N,N-diisopropyltryptamine (5-MeO-DiPT);
- 793.13 (49) 5-methoxy- α -methyltryptamine (5-MeO-AMT);
- 793.14 (50) 5-methoxy-N,N-dimethyltryptamine (5-MeO-DMT);
- 793.15 (51) 5-methylthio-N,N-dimethyltryptamine (5-MeS-DMT);
- 793.16 (52) 5-methoxy-N-methyl-N-isopropyltryptamine (5-MeO-MiPT);
- 793.17 (53) 5-methoxy- α -ethyltryptamine (5-MeO-AET);
- 793.18 (54) 5-methoxy-N,N-dipropyltryptamine (5-MeO-DPT);
- 793.19 (55) 5-methoxy-N,N-diethyltryptamine (5-MeO-DET);
- 793.20 (56) 5-methoxy-N,N-diallyltryptamine (5-MeO-DALT);
- 793.21 (57) methoxetamine (MXE);
- 793.22 (58) 5-iodo-2-aminoindane (5-IAI);
- 793.23 (59) 5,6-methylenedioxy-2-aminoindane (MDAI);
- 793.24 (60) 2-(4-bromo-2,5-dimethoxyphenyl)-N-(2-methoxybenzyl)ethanamine (25B-NBOMe);
- 793.25 (61) 2-(4-chloro-2,5-dimethoxyphenyl)-N-(2-methoxybenzyl)ethanamine (25C-NBOMe);
- 793.26 (62) 2-(4-iodo-2,5-dimethoxyphenyl)-N-(2-methoxybenzyl)ethanamine (25I-NBOMe);
- 793.27 (63) 2-(2,5-Dimethoxyphenyl)ethanamine (2C-H);

- 794.1 (64) 2-(4-Ethylthio-2,5-dimethoxyphenyl)ethanamine (2C-T-2);
- 794.2 (65) N,N-Dipropyltryptamine (DPT);
- 794.3 (66) 3-[1-(Piperidin-1-yl)cyclohexyl]phenol (3-HO-PCP);
- 794.4 (67) N-ethyl-1-(3-methoxyphenyl)cyclohexanamine (3-MeO-PCE);
- 794.5 (68) 4-[1-(3-methoxyphenyl)cyclohexyl]morpholine (3-MeO-PCMo);
- 794.6 (69) 1-[1-(4-methoxyphenyl)cyclohexyl]-piperidine (methoxydine, 4-MeO-PCP);
- 794.7 (70) 2-(2-Chlorophenyl)-2-(ethylamino)cyclohexan-1-one (N-Ethylorketamine,
- 794.8 ethketamine, NENK);
- 794.9 (71) methylenedioxy-N,N-dimethylamphetamine (MDDMA);
- 794.10 (72) 3-(2-Ethyl(methyl)aminoethyl)-1H-indol-4-yl (4-AcO-MET); and
- 794.11 (73) 2-Phenyl-2-(methylamino)cyclohexanone (deschloroketamine).
- 794.12 (e) Peyote. All parts of the plant presently classified botanically as *Lophophora williamsii*
- 794.13 Lemaire, whether growing or not, the seeds thereof, any extract from any part of the plant,
- 794.14 and every compound, manufacture, salts, derivative, mixture, or preparation of the plant,
- 794.15 its seeds or extracts. The listing of peyote as a controlled substance in Schedule I does not
- 794.16 apply to the nondrug use of peyote in bona fide religious ceremonies of the American Indian
- 794.17 Church, and members of the American Indian Church are exempt from registration. Any
- 794.18 person who manufactures peyote for or distributes peyote to the American Indian Church,
- 794.19 however, is required to obtain federal registration annually and to comply with all other
- 794.20 requirements of law.
- 794.21 (f) Central nervous system depressants. Unless specifically excepted or unless listed in
- 794.22 another schedule, any material compound, mixture, or preparation which contains any
- 794.23 quantity of the following substances, their analogs, salts, isomers, and salts of isomers
- 794.24 whenever the existence of the analogs, salts, isomers, and salts of isomers is possible:
- 794.25 (1) mecloqualone;
- 794.26 (2) methaqualone;
- 794.27 (3) gamma-hydroxybutyric acid (GHB), including its esters and ethers;
- 794.28 (4) flunitrazepam;
- 794.29 (5) 2-(2-Methoxyphenyl)-2-(methylamino)cyclohexanone (2-MeO-2-deschloroketamine,
- 794.30 methoxyketamine);

- 795.1 (6) tianeptine;
- 795.2 (7) clonazolam;
- 795.3 (8) etizolam;
- 795.4 (9) flubromazolam; and
- 795.5 (10) flubromazepam.
- 795.6 (g) Stimulants. Unless specifically excepted or unless listed in another schedule, any
- 795.7 material compound, mixture, or preparation which contains any quantity of the following
- 795.8 substances, their analogs, salts, isomers, and salts of isomers whenever the existence of the
- 795.9 analogs, salts, isomers, and salts of isomers is possible:
- 795.10 (1) aminorex;
- 795.11 (2) cathinone;
- 795.12 (3) fenethylamine;
- 795.13 (4) methcathinone;
- 795.14 (5) methylaminorex;
- 795.15 (6) N,N-dimethylamphetamine;
- 795.16 (7) N-benzylpiperazine (BZP);
- 795.17 (8) methylmethcathinone (mephedrone);
- 795.18 (9) 3,4-methylenedioxy-N-methylcathinone (methyldone);
- 795.19 (10) methoxymethcathinone (methedrone);
- 795.20 (11) methylenedioxypyrovalerone (MDPV);
- 795.21 (12) 3-fluoro-N-methylcathinone (3-FMC);
- 795.22 (13) methylethcathinone (MEC);
- 795.23 (14) 1-benzofuran-6-ylpropan-2-amine (6-APB);
- 795.24 (15) dimethylmethcathinone (DMMC);
- 795.25 (16) fluoroamphetamine;
- 795.26 (17) fluoromethamphetamine;
- 795.27 (18) α -methylaminobutyrophenone (MABP or buphedrone);
- 795.28 (19) 1-(1,3-benzodioxol-5-yl)-2-(methylamino)butan-1-one (butylone);

- 796.1 (20) 2-(methylamino)-1-(4-methylphenyl)butan-1-one (4-MEMABP or BZ-6378);
- 796.2 (21) 1-(naphthalen-2-yl)-2-(pyrrolidin-1-yl) pentan-1-one (naphthylpyrovalerone or
- 796.3 naphyrone);
- 796.4 (22) (alpha-pyrrolidinopentiophenone (alpha-PVP);
- 796.5 (23) (RS)-1-(4-methylphenyl)-2-(1-pyrrolidinyl)-1-hexanone (4-Me-PHP or MPHP);
- 796.6 (24) 2-(1-pyrrolidinyl)-hexanophenone (Alpha-PHP);
- 796.7 (25) 4-methyl-N-ethylcathinone (4-MEC);
- 796.8 (26) 4-methyl-alpha-pyrrolidinopropiophenone (4-MePPP);
- 796.9 (27) 2-(methylamino)-1-phenylpentan-1-one (pentedrone);
- 796.10 (28) 1-(1,3-benzodioxol-5-yl)-2-(methylamino)pentan-1-one (pentylone);
- 796.11 (29) 4-fluoro-N-methylcathinone (4-FMC);
- 796.12 (30) 3,4-methylenedioxy-N-ethylcathinone (ethylone);
- 796.13 (31) alpha-pyrrolidinobutiophenone (α -PBP);
- 796.14 (32) 5-(2-Aminopropyl)-2,3-dihydrobenzofuran (5-APDB);
- 796.15 (33) 1-phenyl-2-(1-pyrrolidinyl)-1-heptanone (PV8);
- 796.16 (34) 6-(2-Aminopropyl)-2,3-dihydrobenzofuran (6-APDB);
- 796.17 (35) 4-methyl-alpha-ethylaminopentiophenone (4-MEAPP);
- 796.18 (36) 4'-chloro-alpha-pyrrolidinopropiophenone (4'-chloro-PPP);
- 796.19 (37) 1-(1,3-Benzodioxol-5-yl)-2-(dimethylamino)butan-1-one (dibutylone, bk-DMBDB);
- 796.20 (38) 1-(3-chlorophenyl) piperazine (meta-chlorophenylpiperazine or mCPP);
- 796.21 (39) 1-(1,3-benzodioxol-5-yl)-2-(ethylamino)-pentan-1-one (N-ethylpentylone, ephylone);
- 796.22 and
- 796.23 (40) any other substance, except bupropion or compounds listed under a different
- 796.24 schedule, that is structurally derived from 2-aminopropan-1-one by substitution at the
- 796.25 1-position with either phenyl, naphthyl, or thiophene ring systems, whether or not the
- 796.26 compound is further modified in any of the following ways:
- 796.27 (i) by substitution in the ring system to any extent with alkyl, alkylenedioxy, alkoxy,
- 796.28 haloalkyl, hydroxyl, or halide substituents, whether or not further substituted in the ring
- 796.29 system by one or more other univalent substituents;

- 797.1 (ii) by substitution at the 3-position with an acyclic alkyl substituent;
- 797.2 (iii) by substitution at the 2-amino nitrogen atom with alkyl, dialkyl, benzyl, or
797.3 methoxybenzyl groups; or
- 797.4 (iv) by inclusion of the 2-amino nitrogen atom in a cyclic structure.
- 797.5 (h) ~~Marijuana~~, Synthetic tetrahydrocannabinols, and synthetic cannabinoids. Unless
797.6 specifically excepted or unless listed in another schedule, any ~~natural~~ or synthetic material,
797.7 compound, mixture, or preparation that contains any quantity of the following substances,
797.8 their analogs, isomers, esters, ethers, salts, and salts of isomers, esters, and ethers, whenever
797.9 the existence of the isomers, esters, ethers, or salts is possible:
- 797.10 ~~(1) marijuana;~~
- 797.11 ~~(2) (1) synthetic~~ tetrahydrocannabinols ~~naturally contained in a plant of the genus~~
797.12 ~~Cannabis~~, that are the synthetic equivalents of the substances contained in the cannabis
797.13 plant or in the resinous extractives of the plant, or synthetic substances with similar chemical
797.14 structure and pharmacological activity to those substances contained in the plant or resinous
797.15 extract, including, but not limited to, 1 cis or trans tetrahydrocannabinol, 6 cis or trans
797.16 tetrahydrocannabinol, and 3,4 cis or trans tetrahydrocannabinol; and
- 797.17 ~~(3) (2)~~ synthetic cannabinoids, including the following substances:
- 797.18 (i) Naphthoylindoles, which are any compounds containing a 3-(1-naphthoyl)indole
797.19 structure with substitution at the nitrogen atom of the indole ring by an alkyl, haloalkyl,
797.20 alkenyl, cycloalkylmethyl, cycloalkylethyl, 1-(N-methyl-2-piperidinyl)methyl or
797.21 2-(4-morpholinyl)ethyl group, whether or not further substituted in the indole ring to any
797.22 extent and whether or not substituted in the naphthyl ring to any extent. Examples of
797.23 naphthoylindoles include, but are not limited to:
- 797.24 (A) 1-Pentyl-3-(1-naphthoyl)indole (JWH-018 and AM-678);
- 797.25 (B) 1-Butyl-3-(1-naphthoyl)indole (JWH-073);
- 797.26 (C) 1-Pentyl-3-(4-methoxy-1-naphthoyl)indole (JWH-081);
- 797.27 (D) 1-[2-(4-morpholinyl)ethyl]-3-(1-naphthoyl)indole (JWH-200);
- 797.28 (E) 1-Propyl-2-methyl-3-(1-naphthoyl)indole (JWH-015);
- 797.29 (F) 1-Hexyl-3-(1-naphthoyl)indole (JWH-019);
- 797.30 (G) 1-Pentyl-3-(4-methyl-1-naphthoyl)indole (JWH-122);
- 797.31 (H) 1-Pentyl-3-(4-ethyl-1-naphthoyl)indole (JWH-210);

- 798.1 (I) 1-Pentyl-3-(4-chloro-1-naphthoyl)indole (JWH-398);
- 798.2 (J) 1-(5-fluoropentyl)-3-(1-naphthoyl)indole (AM-2201).
- 798.3 (ii) Naphthylmethylindoles, which are any compounds containing a
- 798.4 1H-indol-3-yl-(1-naphthyl)methane structure with substitution at the nitrogen atom of the
- 798.5 indole ring by an alkyl, haloalkyl, alkenyl, cycloalkylmethyl, cycloalkylethyl,
- 798.6 1-(N-methyl-2-piperidinyl)methyl or 2-(4-morpholinyl)ethyl group, whether or not further
- 798.7 substituted in the indole ring to any extent and whether or not substituted in the naphthyl
- 798.8 ring to any extent. Examples of naphthylmethylindoles include, but are not limited to:
- 798.9 (A) 1-Pentyl-1H-indol-3-yl-(1-naphthyl)methane (JWH-175);
- 798.10 (B) 1-Pentyl-1H-indol-3-yl-(4-methyl-1-naphthyl)methane (JWH-184).
- 798.11 (iii) Naphthoylpyrroles, which are any compounds containing a 3-(1-naphthoyl)pyrrole
- 798.12 structure with substitution at the nitrogen atom of the pyrrole ring by an alkyl, haloalkyl,
- 798.13 alkenyl, cycloalkylmethyl, cycloalkylethyl, 1-(N-methyl-2-piperidinyl)methyl or
- 798.14 2-(4-morpholinyl)ethyl group whether or not further substituted in the pyrrole ring to any
- 798.15 extent, whether or not substituted in the naphthyl ring to any extent. Examples of
- 798.16 naphthoylpyrroles include, but are not limited to,
- 798.17 (5-(2-fluorophenyl)-1-pentylpyrrol-3-yl)-naphthalen-1-ylmethanone (JWH-307).
- 798.18 (iv) Naphthylmethylindenes, which are any compounds containing a naphthylideneindene
- 798.19 structure with substitution at the 3-position of the indene ring by an alkyl, haloalkyl, alkenyl,
- 798.20 cycloalkylmethyl, cycloalkylethyl, 1-(N-methyl-2-piperidinyl)methyl or
- 798.21 2-(4-morpholinyl)ethyl group whether or not further substituted in the indene ring to any
- 798.22 extent, whether or not substituted in the naphthyl ring to any extent. Examples of
- 798.23 naphthylmethylindenes include, but are not limited to,
- 798.24 E-1-[1-(1-naphthalenylmethylene)-1H-inden-3-yl]pentane (JWH-176).
- 798.25 (v) Phenylacetylindoles, which are any compounds containing a 3-phenylacetylindole
- 798.26 structure with substitution at the nitrogen atom of the indole ring by an alkyl, haloalkyl,
- 798.27 alkenyl, cycloalkylmethyl, cycloalkylethyl, 1-(N-methyl-2-piperidinyl)methyl or
- 798.28 2-(4-morpholinyl)ethyl group whether or not further substituted in the indole ring to any
- 798.29 extent, whether or not substituted in the phenyl ring to any extent. Examples of
- 798.30 phenylacetylindoles include, but are not limited to:
- 798.31 (A) 1-(2-cyclohexylethyl)-3-(2-methoxyphenylacetyl)indole (RCS-8);
- 798.32 (B) 1-pentyl-3-(2-methoxyphenylacetyl)indole (JWH-250);
- 798.33 (C) 1-pentyl-3-(2-methylphenylacetyl)indole (JWH-251);

- 799.1 (D) 1-pentyl-3-(2-chlorophenylacetyl)indole (JWH-203).
- 799.2 (vi) Cyclohexylphenols, which are compounds containing a
- 799.3 2-(3-hydroxycyclohexyl)phenol structure with substitution at the 5-position of the phenolic
- 799.4 ring by an alkyl, haloalkyl, alkenyl, cycloalkylmethyl, cycloalkylethyl,
- 799.5 1-(N-methyl-2-piperidinyl)methyl or 2-(4-morpholinyl)ethyl group whether or not substituted
- 799.6 in the cyclohexyl ring to any extent. Examples of cyclohexylphenols include, but are not
- 799.7 limited to:
- 799.8 (A) 5-(1,1-dimethylheptyl)-2-[(1R,3S)-3-hydroxycyclohexyl]-phenol (CP 47,497);
- 799.9 (B) 5-(1,1-dimethyloctyl)-2-[(1R,3S)-3-hydroxycyclohexyl]-phenol
- 799.10 (Cannabicyclohexanol or CP 47,497 C8 homologue);
- 799.11 (C) 5-(1,1-dimethylheptyl)-2-[(1R,2R)-5-hydroxy-2-(3-hydroxypropyl)cyclohexyl]
- 799.12 -phenol (CP 55,940).
- 799.13 (vii) Benzoylindoles, which are any compounds containing a 3-(benzoyl)indole structure
- 799.14 with substitution at the nitrogen atom of the indole ring by an alkyl, haloalkyl, alkenyl,
- 799.15 cycloalkylmethyl, cycloalkylethyl, 1-(N-methyl-2-piperidinyl)methyl or
- 799.16 2-(4-morpholinyl)ethyl group whether or not further substituted in the indole ring to any
- 799.17 extent and whether or not substituted in the phenyl ring to any extent. Examples of
- 799.18 benzoylindoles include, but are not limited to:
- 799.19 (A) 1-Pentyl-3-(4-methoxybenzoyl)indole (RCS-4);
- 799.20 (B) 1-(5-fluoropentyl)-3-(2-iodobenzoyl)indole (AM-694);
- 799.21 (C) (4-methoxyphenyl-[2-methyl-1-(2-(4-morpholinyl)ethyl)indol-3-yl]methanone (WIN
- 799.22 48,098 or Pravadoline).
- 799.23 (viii) Others specifically named:
- 799.24 (A) (6aR,10aR)-9-(hydroxymethyl)-6,6-dimethyl-3-(2-methyloctan-2-yl)
- 799.25 -6a,7,10,10a-tetrahydrobenzo[c]chromen-1-ol (HU-210);
- 799.26 (B) (6aS,10aS)-9-(hydroxymethyl)-6,6-dimethyl-3-(2-methyloctan-2-yl)
- 799.27 -6a,7,10,10a-tetrahydrobenzo[c]chromen-1-ol (Dexanabinol or HU-211);
- 799.28 (C) 2,3-dihydro-5-methyl-3-(4-morpholinylmethyl)pyrrolo[1,2,3-de]
- 799.29 -1,4-benzoxazin-6-yl-1-naphthalenylmethanone (WIN 55,212-2);
- 799.30 (D) (1-pentylindol-3-yl)-(2,2,3,3-tetramethylcyclopropyl)methanone (UR-144);

- 800.1 (E) (1-(5-fluoropentyl)-1H-indol-3-yl)(2,2,3,3-tetramethylcyclopropyl)methanone
800.2 (XLR-11);
- 800.3 (F) 1-pentyl-N-tricyclo[3.3.1.1^{3,7}]dec-1-yl-1H-indazole-3-carboxamide
800.4 (AKB-48(APINACA));
- 800.5 (G) N-((3s,5s,7s)-adamantan-1-yl)-1-(5-fluoropentyl)-1H-indazole-3-carboxamide
800.6 (5-Fluoro-AKB-48);
- 800.7 (H) 1-pentyl-8-quinolinyl ester-1H-indole-3-carboxylic acid (PB-22);
- 800.8 (I) 8-quinolinyl ester-1-(5-fluoropentyl)-1H-indole-3-carboxylic acid (5-Fluoro PB-22);
- 800.9 (J) N-[(1S)-1-(aminocarbonyl)-2-methylpropyl]-1-pentyl-1H-indazole-3-carboxamide
800.10 (AB-PINACA);
- 800.11 (K) N-[(1S)-1-(aminocarbonyl)-2-methylpropyl]-1-[(4-fluorophenyl)methyl]-
800.12 1H-indazole-3-carboxamide (AB-FUBINACA);
- 800.13 (L) N-[(1S)-1-(aminocarbonyl)-2-methylpropyl]-1-(cyclohexylmethyl)-1H-
800.14 indazole-3-carboxamide(AB-CHMINACA);
- 800.15 (M) (S)-methyl 2-(1-(5-fluoropentyl)-1H-indazole-3-carboxamido)-3-methylbutanoate
800.16 (5-fluoro-AMB);
- 800.17 (N) [1-(5-fluoropentyl)-1H-indazol-3-yl](naphthalen-1-yl) methanone (THJ-2201);
- 800.18 (O) (1-(5-fluoropentyl)-1H-benzo[d]imidazol-2-yl)(naphthalen-1-yl)methanone
800.19 (FUBIMINA);
- 800.20 (P) (7-methoxy-1-(2-morpholinoethyl)-N-((1S,2S,4R)-1,3,3-trimethylbicyclo
800.21 [2.2.1]heptan-2-yl)-1H-indole-3-carboxamide (MN-25 or UR-12);
- 800.22 (Q) (S)-N-(1-amino-3-methyl-1-oxobutan-2-yl)-1-(5-fluoropentyl)
800.23 -1H-indole-3-carboxamide (5-fluoro-ABICA);
- 800.24 (R) N-(1-amino-3-phenyl-1-oxopropan-2-yl)-1-(5-fluoropentyl)
800.25 -1H-indole-3-carboxamide;
- 800.26 (S) N-(1-amino-3-phenyl-1-oxopropan-2-yl)-1-(5-fluoropentyl)
800.27 -1H-indazole-3-carboxamide;
- 800.28 (T) methyl 2-(1-(cyclohexylmethyl)-1H-indole-3-carboxamido)-3,3-dimethylbutanoate;
- 800.29 (U) N-(1-amino-3,3-dimethyl-1-oxobutan-2-yl)-1(cyclohexylmethyl)-1
800.30 H-indazole-3-carboxamide (MAB-CHMINACA);

- 801.1 (V) N-(1-Amino-3,3-dimethyl-1-oxo-2-butanyl)-1-pentyl-1H-indazole-3-carboxamide
801.2 (ADB-PINACA);
- 801.3 (W) methyl (1-(4-fluorobenzyl)-1H-indazole-3-carbonyl)-L-valinate (FUB-AMB);
- 801.4 (X) N-[(1S)-2-amino-2-oxo-1-(phenylmethyl)ethyl]-1-(cyclohexylmethyl)-1H-Indazole-
801.5 3-carboxamide. (APP-CHMINACA);
- 801.6 (Y) quinolin-8-yl 1-(4-fluorobenzyl)-1H-indole-3-carboxylate (FUB-PB-22); and
- 801.7 (Z) methyl N-[1-(cyclohexylmethyl)-1H-indole-3-carbonyl]valinate (MMB-CHMICA).
- 801.8 (ix) Additional substances specifically named:
- 801.9 (A) 1-(5-fluoropentyl)-N-(2-phenylpropan-2-yl)-1
801.10 H-pyrrolo[2,3-B]pyridine-3-carboxamide (5F-CUMYL-P7AICA);
- 801.11 (B) 1-(4-cyanobutyl)-N-(2- phenylpropan-2-yl)-1 H-indazole-3-carboxamide
801.12 (4-CN-Cumyl-Butinaca);
- 801.13 (C) naphthalen-1-yl-1-(5-fluoropentyl)-1-H-indole-3-carboxylate (NM2201; CBL2201);
- 801.14 (D) N-(1-amino-3-methyl-1-oxobutan-2-yl)-1-(5-fluoropentyl)-1
801.15 H-indazole-3-carboxamide (5F-ABPINACA);
- 801.16 (E) methyl-2-(1-(cyclohexylmethyl)-1H-indole-3-carboxamido)-3,3-dimethylbutanoate
801.17 (MDMB CHMICA);
- 801.18 (F) methyl 2-(1-(5-fluoropentyl)-1H-indazole-3-carboxamido)-3,3-dimethylbutanoate
801.19 (5F-ADB; 5F-MDMB-PINACA); and
- 801.20 (G) N-(1-amino-3,3-dimethyl-1-oxobutan-2-yl)-1-(4-fluorobenzyl)
801.21 1H-indazole-3-carboxamide (ADB-FUBINACA).
- 801.22 (i) A controlled substance analog, to the extent that it is implicitly or explicitly intended
801.23 for human consumption.
- 801.24 **EFFECTIVE DATE.** This section is effective August 1, 2022, and applies to crimes
801.25 committed on or after that date.

801.26 Sec. 12. Minnesota Statutes 2020, section 152.02, subdivision 3, is amended to read:

801.27 Subd. 3. **Schedule II.** (a) Schedule II consists of the substances listed in this subdivision.

801.28 (b) Unless specifically excepted or unless listed in another schedule, any of the following
801.29 substances whether produced directly or indirectly by extraction from substances of vegetable

- 802.1 origin or independently by means of chemical synthesis, or by a combination of extraction
802.2 and chemical synthesis:
- 802.3 (1) Opium and opiate, and any salt, compound, derivative, or preparation of opium or
802.4 opiate.
- 802.5 (i) Excluding:
- 802.6 (A) apomorphine;
- 802.7 (B) thebaine-derived butorphanol;
- 802.8 (C) dextrophan;
- 802.9 (D) nalbuphine;
- 802.10 (E) nalmefene;
- 802.11 (F) naloxegol;
- 802.12 (G) naloxone;
- 802.13 (H) naltrexone; and
- 802.14 (I) their respective salts;
- 802.15 (ii) but including the following:
- 802.16 (A) opium, in all forms and extracts;
- 802.17 (B) codeine;
- 802.18 (C) dihydroetorphine;
- 802.19 (D) ethylmorphine;
- 802.20 (E) etorphine hydrochloride;
- 802.21 (F) hydrocodone;
- 802.22 (G) hydromorphone;
- 802.23 (H) metopon;
- 802.24 (I) morphine;
- 802.25 (J) oxycodone;
- 802.26 (K) oxymorphone;
- 802.27 (L) thebaine;
- 802.28 (M) oripavine;

803.1 (2) any salt, compound, derivative, or preparation thereof which is chemically equivalent
803.2 or identical with any of the substances referred to in clause (1), except that these substances
803.3 shall not include the isoquinoline alkaloids of opium;

803.4 (3) opium poppy and poppy straw;

803.5 (4) coca leaves and any salt, cocaine compound, derivative, or preparation of coca leaves
803.6 (including cocaine and ecgonine and their salts, isomers, derivatives, and salts of isomers
803.7 and derivatives), and any salt, compound, derivative, or preparation thereof which is
803.8 chemically equivalent or identical with any of these substances, except that the substances
803.9 shall not include decocainized coca leaves or extraction of coca leaves, which extractions
803.10 do not contain cocaine or ecgonine;

803.11 (5) concentrate of poppy straw (the crude extract of poppy straw in either liquid, solid,
803.12 or powder form which contains the phenanthrene alkaloids of the opium poppy).

803.13 (c) Any of the following opiates, including their isomers, esters, ethers, salts, and salts
803.14 of isomers, esters and ethers, unless specifically excepted, or unless listed in another schedule,
803.15 whenever the existence of such isomers, esters, ethers and salts is possible within the specific
803.16 chemical designation:

803.17 (1) alfentanil;

803.18 (2) alphaprodine;

803.19 (3) anileridine;

803.20 (4) bezitramide;

803.21 (5) bulk dextropropoxyphene (nondosage forms);

803.22 (6) carfentanil;

803.23 (7) dihydrocodeine;

803.24 (8) dihydromorphinone;

803.25 (9) diphenoxylate;

803.26 (10) fentanyl;

803.27 (11) isomethadone;

803.28 (12) levo-alpha-acetylmethadol (LAAM);

803.29 (13) levomethorphan;

803.30 (14) levorphanol;

- 804.1 (15) metazocine;
- 804.2 (16) methadone;
- 804.3 (17) methadone - intermediate, 4-cyano-2-dimethylamino-4, 4-diphenylbutane;
- 804.4 (18) moramide - intermediate, 2-methyl-3-morpholino-1, 1-diphenyl-propane-carboxylic
- 804.5 acid;
- 804.6 (19) pethidine;
- 804.7 (20) pethidine - intermediate - a, 4-cyano-1-methyl-4-phenylpiperidine;
- 804.8 (21) pethidine - intermediate - b, ethyl-4-phenylpiperidine-4-carboxylate;
- 804.9 (22) pethidine - intermediate - c, 1-methyl-4-phenylpiperidine-4-carboxylic acid;
- 804.10 (23) phenazocine;
- 804.11 (24) piminodine;
- 804.12 (25) racemethorphan;
- 804.13 (26) racemorphan;
- 804.14 (27) remifentanil;
- 804.15 (28) sufentanil;
- 804.16 (29) tapentadol;
- 804.17 (30) 4-Anilino-N-phenethylpiperidine.
- 804.18 (d) Unless specifically excepted or unless listed in another schedule, any material,
- 804.19 compound, mixture, or preparation which contains any quantity of the following substances
- 804.20 having a stimulant effect on the central nervous system:
- 804.21 (1) amphetamine, its salts, optical isomers, and salts of its optical isomers;
- 804.22 (2) methamphetamine, its salts, isomers, and salts of its isomers;
- 804.23 (3) phenmetrazine and its salts;
- 804.24 (4) methylphenidate;
- 804.25 (5) lisdexamfetamine.
- 804.26 (e) Unless specifically excepted or unless listed in another schedule, any material,
- 804.27 compound, mixture, or preparation which contains any quantity of the following substances
- 804.28 having a depressant effect on the central nervous system, including its salts, isomers, and

- 805.1 salts of isomers whenever the existence of such salts, isomers, and salts of isomers is possible
805.2 within the specific chemical designation:
- 805.3 (1) amobarbital;
- 805.4 (2) glutethimide;
- 805.5 (3) secobarbital;
- 805.6 (4) pentobarbital;
- 805.7 (5) phencyclidine;
- 805.8 (6) phencyclidine immediate precursors:
- 805.9 (i) 1-phenylcyclohexylamine;
- 805.10 (ii) 1-piperidinocyclohexanecarbonitrile;
- 805.11 (7) phenylacetone.
- 805.12 (f) Cannabis and cannabinoids:
- 805.13 (1) nabilone;
- 805.14 (2) unless specifically excepted or unless listed in another schedule, any natural material,
805.15 compound, mixture, or preparation that contains any quantity of the following substances,
805.16 their analogs, isomers, esters, ethers, salts, and salts of isomers, esters, and ethers, whenever
805.17 the existence of the isomers, esters, ethers, or salts is possible:
- 805.18 (i) marijuana; and
- 805.19 (ii) tetrahydrocannabinols naturally contained in a plant of the genus cannabis or in the
805.20 resinous extractives of the plant, except that tetrahydrocannabinols does not include any
805.21 material, compound, mixture, or preparation that qualifies as industrial hemp as defined in
805.22 section 18K.02, subdivision 3; and
- 805.23 ~~(2)~~ (3) dronabinol [(-)-delta-9-trans-tetrahydrocannabinol (delta-9-THC)] in an oral
805.24 solution in a drug product approved for marketing by the United States Food and Drug
805.25 Administration.
- 805.26 **EFFECTIVE DATE.** This section is effective August 1, 2022, and applies to crimes
805.27 committed on or after that date.

806.1 Sec. 13. Minnesota Statutes 2020, section 152.11, is amended by adding a subdivision to
806.2 read:

806.3 Subd. 5. **Exception.** References in this section to Schedule II controlled substances do
806.4 not extend to marijuana or tetrahydrocannabinols.

806.5 Sec. 14. Minnesota Statutes 2020, section 152.12, is amended by adding a subdivision to
806.6 read:

806.7 Subd. 6. **Exception.** References in this section to Schedule II controlled substances do
806.8 not extend to marijuana or tetrahydrocannabinols.

806.9 Sec. 15. Minnesota Statutes 2020, section 152.125, subdivision 3, is amended to read:

806.10 Subd. 3. **Limits on applicability.** This section does not apply to:

806.11 (1) a physician's treatment of an individual for chemical dependency resulting from the
806.12 use of controlled substances in Schedules II to V of section 152.02;

806.13 (2) the prescription or administration of controlled substances in Schedules II to V of
806.14 section 152.02 to an individual whom the physician knows to be using the controlled
806.15 substances for nontherapeutic purposes;

806.16 (3) the prescription or administration of controlled substances in Schedules II to V of
806.17 section 152.02 for the purpose of terminating the life of an individual having intractable
806.18 pain; ~~or~~

806.19 (4) the prescription or administration of a controlled substance in Schedules II to V of
806.20 section 152.02 that is not a controlled substance approved by the United States Food and
806.21 Drug Administration for pain relief; or

806.22 (5) the administration of medical cannabis under sections 152.22 to 152.37.

806.23 Sec. 16. Minnesota Statutes 2020, section 152.32, subdivision 1, is amended to read:

806.24 Subdivision 1. ~~**Presumption**~~ **Presumptions.** (a) There is a presumption that a patient
806.25 enrolled in the registry program under sections 152.22 to 152.37 is engaged in the authorized
806.26 use of medical cannabis.

806.27 (b) The presumption in paragraph (a) may be rebutted by evidence that conduct related
806.28 to use of medical cannabis was not for the purpose of treating or alleviating the patient's
806.29 qualifying medical condition or symptoms associated with the patient's qualifying medical
806.30 condition.

807.1 (c) Sections 152.22 to 152.37 do not create any positive conflict with federal drug laws
807.2 or regulations and are consistent with United States Code, title 21, section 903.

807.3 Sec. 17. Minnesota Statutes 2020, section 152.32, subdivision 2, is amended to read:

807.4 Subd. 2. **Criminal and civil protections.** (a) Subject to section 152.23, the following
807.5 are not violations under this chapter:

807.6 (1) use or possession of medical cannabis or medical cannabis products by a patient
807.7 enrolled in the registry program, or possession by a registered designated caregiver or the
807.8 parent, legal guardian, or spouse of a patient if the parent, legal guardian, or spouse is listed
807.9 on the registry verification;

807.10 (2) possession, dosage determination, or sale of medical cannabis or medical cannabis
807.11 products by a medical cannabis manufacturer, employees of a manufacturer, a laboratory
807.12 conducting testing on medical cannabis, or employees of the laboratory; and

807.13 (3) possession of medical cannabis or medical cannabis products by any person while
807.14 carrying out the duties required under sections 152.22 to 152.37.

807.15 (b) Medical cannabis obtained and distributed pursuant to sections 152.22 to 152.37 and
807.16 associated property is not subject to forfeiture under sections 609.531 to 609.5316.

807.17 (c) The commissioner, the commissioner's staff, the commissioner's agents or contractors,
807.18 and any health care practitioner are not subject to any civil or disciplinary penalties by the
807.19 Board of Medical Practice, the Board of Nursing, or by any business, occupational, or
807.20 professional licensing board or entity, solely for the participation in the registry program
807.21 under sections 152.22 to 152.37. A pharmacist licensed under chapter 151 is not subject to
807.22 any civil or disciplinary penalties by the Board of Pharmacy when acting in accordance
807.23 with the provisions of sections 152.22 to 152.37. Nothing in this section affects a professional
807.24 licensing board from taking action in response to violations of any other section of law.

807.25 (d) Notwithstanding any law to the contrary, the commissioner, the governor of
807.26 Minnesota, or an employee of any state agency may not be held civilly or criminally liable
807.27 for any injury, loss of property, personal injury, or death caused by any act or omission
807.28 while acting within the scope of office or employment under sections 152.22 to 152.37.

807.29 (e) Federal, state, and local law enforcement authorities are prohibited from accessing
807.30 the patient registry under sections 152.22 to 152.37 except when acting pursuant to a valid
807.31 search warrant.

808.1 (f) Notwithstanding any law to the contrary, neither the commissioner nor a public
808.2 employee may release data or information about an individual contained in any report,
808.3 document, or registry created under sections 152.22 to 152.37 or any information obtained
808.4 about a patient participating in the program, except as provided in sections 152.22 to 152.37.

808.5 (g) No information contained in a report, document, or registry or obtained from a patient
808.6 under sections 152.22 to 152.37 may be admitted as evidence in a criminal proceeding
808.7 unless independently obtained or in connection with a proceeding involving a violation of
808.8 sections 152.22 to 152.37.

808.9 (h) Notwithstanding section 13.09, any person who violates paragraph (e) or (f) is guilty
808.10 of a gross misdemeanor.

808.11 (i) An attorney may not be subject to disciplinary action by the Minnesota Supreme
808.12 Court or professional responsibility board for providing legal assistance to prospective or
808.13 registered manufacturers or others related to activity that is no longer subject to criminal
808.14 penalties under state law pursuant to sections 152.22 to 152.37.

808.15 (j) Possession of a registry verification or application for enrollment in the program by
808.16 a person entitled to possess or apply for enrollment in the registry program does not constitute
808.17 probable cause or reasonable suspicion, nor shall it be used to support a search of the person
808.18 or property of the person possessing or applying for the registry verification, or otherwise
808.19 subject the person or property of the person to inspection by any governmental agency.

808.20 (k) Subject to section 152.23, the listing of tetrahydrocannabinols as a Schedule I
808.21 controlled substance under this chapter does not apply to protected activities specified in
808.22 this subdivision.

808.23 Sec. 18. Minnesota Statutes 2021 Supplement, section 363A.50, is amended to read:

808.24 **363A.50 NONDISCRIMINATION IN ACCESS TO TRANSPLANTS.**

808.25 Subdivision 1. **Definitions.** (a) For purposes of this section, the following terms have
808.26 the meanings given unless the context clearly requires otherwise.

808.27 (b) "Anatomical gift" has the meaning given in section 525A.02, subdivision 4.

808.28 (c) "Auxiliary aids and services" include, but are not limited to:

808.29 (1) qualified interpreters or other effective methods of making aurally delivered materials
808.30 available to individuals with hearing impairments and to non-English-speaking individuals;

809.1 (2) qualified readers, taped texts, texts in accessible electronic format, or other effective
809.2 methods of making visually delivered materials available to individuals with visual
809.3 impairments;

809.4 (3) the provision of information in a format that is accessible for individuals with
809.5 cognitive, neurological, developmental, intellectual, or physical disabilities;

809.6 (4) the provision of supported decision-making services; and

809.7 (5) the acquisition or modification of equipment or devices.

809.8 (d) "Covered entity" means:

809.9 (1) any licensed provider of health care services, including licensed health care
809.10 practitioners, hospitals, nursing facilities, laboratories, intermediate care facilities, psychiatric
809.11 residential treatment facilities, institutions for individuals with intellectual or developmental
809.12 disabilities, and prison health centers; or

809.13 (2) any entity responsible for matching anatomical gift donors to potential recipients.

809.14 (e) "Disability" has the meaning given in section 363A.03, subdivision 12.

809.15 (f) "Organ transplant" means the transplantation or infusion of a part of a human body
809.16 into the body of another for the purpose of treating or curing a medical condition.

809.17 (g) "Qualified individual" means an individual who, with or without available support
809.18 networks, the provision of auxiliary aids and services, or reasonable modifications to policies
809.19 or practices, meets the essential eligibility requirements for the receipt of an anatomical
809.20 gift.

809.21 (h) "Reasonable modifications" include, but are not limited to:

809.22 (1) communication with individuals responsible for supporting an individual with
809.23 postsurgical and post-transplantation care, including medication; and

809.24 (2) consideration of support networks available to the individual, including family,
809.25 friends, and home and community-based services, including home and community-based
809.26 services funded through Medicaid, Medicare, another health plan in which the individual
809.27 is enrolled, or any program or source of funding available to the individual, in determining
809.28 whether the individual is able to comply with post-transplant medical requirements.

809.29 (i) "Supported decision making" has the meaning given in section 524.5-102, subdivision
809.30 16a.

810.1 Subd. 2. **Prohibition of discrimination.** (a) A covered entity may not, on the basis of
810.2 a qualified individual's race, ethnicity, mental disability, or physical disability:

810.3 (1) deem an individual ineligible to receive an anatomical gift or organ transplant;

810.4 (2) deny medical or related organ transplantation services, including evaluation, surgery,
810.5 counseling, and postoperative treatment and care;

810.6 (3) refuse to refer the individual to a transplant center or other related specialist for the
810.7 purpose of evaluation or receipt of an anatomical gift or organ transplant;

810.8 (4) refuse to place an individual on an organ transplant waiting list or place the individual
810.9 at a lower-priority position on the list than the position at which the individual would have
810.10 been placed if not for the individual's race, ethnicity, or disability; or

810.11 (5) decline insurance coverage for any procedure associated with the receipt of the
810.12 anatomical gift or organ transplant, including post-transplantation and postinfusion care.

810.13 (b) Notwithstanding paragraph (a), a covered entity may take an individual's disability
810.14 into account when making treatment or coverage recommendations or decisions, solely to
810.15 the extent that the physical or mental disability has been found by a physician, following
810.16 an individualized evaluation of the potential recipient to be medically significant to the
810.17 provision of the anatomical gift or organ transplant. The provisions of this section may not
810.18 be deemed to require referrals or recommendations for, or the performance of, organ
810.19 transplants that are not medically appropriate given the individual's overall health condition.

810.20 (c) If an individual has the necessary support system to assist the individual in complying
810.21 with post-transplant medical requirements, an individual's inability to independently comply
810.22 with those requirements may not be deemed to be medically significant for the purposes of
810.23 paragraph (b).

810.24 (d) A covered entity must make reasonable modifications to policies, practices, or
810.25 procedures, when such modifications are necessary to make services such as
810.26 transplantation-related counseling, information, coverage, or treatment available to qualified
810.27 individuals with disabilities, unless the entity can demonstrate that making such modifications
810.28 would fundamentally alter the nature of such services.

810.29 (e) A covered entity must take such steps as may be necessary to ensure that no qualified
810.30 individual with a disability is denied services such as transplantation-related counseling,
810.31 information, coverage, or treatment because of the absence of auxiliary aids and services,
810.32 unless the entity can demonstrate that taking such steps would fundamentally alter the nature

811.1 of the services being offered or result in an undue burden. A covered entity is not required
811.2 to provide supported decision-making services.

811.3 (f) A covered entity must otherwise comply with the requirements of Titles II and III of
811.4 the Americans with Disabilities Act of 1990, the Americans with Disabilities Act
811.5 Amendments Act of 2008, and the Minnesota Human Rights Act.

811.6 (g) The provisions of this section apply to each part of the organ transplant process.

811.7 Subd. 3. **Remedies.** In addition to all other remedies available under this chapter, any
811.8 individual who has been subjected to discrimination in violation of this section may initiate
811.9 a civil action in a court of competent jurisdiction to enjoin violations of this section.

811.10 Sec. 19. **FEDERAL SCHEDULE I EXEMPTION APPLICATION FOR MEDICAL**
811.11 **USE OF CANNABIS.**

811.12 By September 1, 2022, the commissioner of health shall apply to the Drug Enforcement
811.13 Administration's Office of Diversion Control for an exception under Code of Federal
811.14 Regulations, title 21, section 1307.03, and request formal written acknowledgment that the
811.15 listing of marijuana, marijuana extract, and tetrahydrocannabinols as controlled substances
811.16 in federal Schedule I does not apply to the protected activities in Minnesota Statutes, section
811.17 152.32, subdivision 2, pursuant to the medical cannabis program established under Minnesota
811.18 Statutes, sections 152.22 to 152.37. The application must include the list of presumptions
811.19 in Minnesota Statutes, section 152.32, subdivision 1.

811.20 Sec. 20. **REVISOR INSTRUCTION.**

811.21 The revisor of statutes shall renumber as Minnesota Statutes, section 256.4835, the
811.22 Minnesota Rare Disease Advisory Council that is currently coded as Minnesota Statutes,
811.23 section 137.68. The revisor shall also make necessary cross-reference changes consistent
811.24 with the renumbering.

811.25 **ARTICLE 23**

811.26 **FORECAST ADJUSTMENTS AND CARRYFORWARD AUTHORITY**

811.27 Section 1. **HUMAN SERVICES APPROPRIATION.**

811.28 The dollar amounts shown in the columns marked "Appropriations" are added to or, if
811.29 shown in parentheses, are subtracted from the appropriations in Laws 2021, First Special
811.30 Session chapter 7, article 16, from the general fund or any fund named to the Department
811.31 of Human Services for the purposes specified in this article, to be available for the fiscal
811.32 year indicated for each purpose. The figures "2022" and "2023" used in this article mean

812.1 that the appropriations listed under them are available for the fiscal years ending June 30,
 812.2 2022, or June 30, 2023, respectively. "The first year" is fiscal year 2022. "The second year"
 812.3 is fiscal year 2023. "The biennium" is fiscal years 2022 and 2023.

		<u>APPROPRIATIONS</u>	
		<u>Available for the Year</u>	
		<u>Ending June 30</u>	
		<u>2022</u>	<u>2023</u>
812.8	<u>Sec. 2. COMMISSIONER OF HUMAN</u>		
812.9	<u>SERVICES</u>		
812.10	<u>Subdivision 1. Total Appropriation</u>	<u>\$ (585,901,000)</u>	<u>\$ 182,791,000</u>
812.11	<u>Appropriations by Fund</u>		
812.12	<u>General Fund</u>	<u>(406,629,000)</u>	<u>185,395,000</u>
812.13	<u>Health Care Access</u>		
812.14	<u>Fund</u>	<u>(86,146,000)</u>	<u>(11,799,000)</u>
812.15	<u>Federal TANF</u>	<u>(93,126,000)</u>	<u>9,195,000</u>
812.16	<u>Subd. 2. Forecasted Programs</u>		
812.17	<u>(a) MFIP/DWP</u>		
812.18	<u>Appropriations by Fund</u>		
812.19	<u>General Fund</u>	<u>72,106,000</u>	<u>(14,397,000)</u>
812.20	<u>Federal TANF</u>	<u>(93,126,000)</u>	<u>9,195,000</u>
812.21	<u>(b) MFIP Child Care Assistance</u>	<u>(103,347,000)</u>	<u>(73,738,000)</u>
812.22	<u>(c) General Assistance</u>	<u>(4,175,000)</u>	<u>(1,488,000)</u>
812.23	<u>(d) Minnesota Supplemental Aid</u>	<u>318,000</u>	<u>1,613,000</u>
812.24	<u>(e) Housing Support</u>	<u>(1,994,000)</u>	<u>9,257,000</u>
812.25	<u>(f) Northstar Care for Children</u>	<u>(9,613,000)</u>	<u>(4,865,000)</u>
812.26	<u>(g) MinnesotaCare</u>	<u>(86,146,000)</u>	<u>(11,799,000)</u>
812.27	<u>These appropriations are from the health care</u>		
812.28	<u>access fund.</u>		
812.29	<u>(h) Medical Assistance</u>		
812.30	<u>Appropriations by Fund</u>		
812.31	<u>General Fund</u>	<u>(348,364,000)</u>	<u>292,880,000</u>
812.32	<u>Health Care Access</u>		
812.33	<u>Fund</u>	<u>-0-</u>	<u>-0-</u>

813.1	<u>(i) Alternative Care Program</u>	<u>-0-</u>	<u>-0-</u>
813.2	<u>(j) Behavioral Health Fund</u>	<u>(11,560,000)</u>	<u>(23,867,000)</u>
813.3	<u>Subd. 3. Technical Activities</u>	<u>-0-</u>	<u>-0-</u>
813.4	<u>These appropriations are from the federal</u>		
813.5	<u>TANF fund.</u>		
813.6	<u>EFFECTIVE DATE.</u> <u>This section is effective the day following final enactment.</u>		
813.7	Sec. 3. Laws 2021, First Special Session chapter 7, article 16, section 2, subdivision 29,		
813.8	is amended to read:		
813.9	Subd. 29. Grant Programs; Disabilities Grants	31,398,000	31,010,000
813.10	(a) Training Stipends for Direct Support		
813.11	Services Providers. \$1,000,000 in fiscal year		
813.12	2022 is from the general fund for stipends for		
813.13	individual providers of direct support services		
813.14	as defined in Minnesota Statutes, section		
813.15	256B.0711, subdivision 1. These stipends are		
813.16	available to individual providers who have		
813.17	completed designated voluntary trainings		
813.18	made available through the State-Provider		
813.19	Cooperation Committee formed by the State		
813.20	of Minnesota and the Service Employees		
813.21	International Union Healthcare Minnesota.		
813.22	Any unspent appropriation in fiscal year 2022		
813.23	is available in fiscal year 2023. This is a		
813.24	onetime appropriation. This appropriation is		
813.25	available only if the labor agreement between		
813.26	the state of Minnesota and the Service		
813.27	Employees International Union Healthcare		
813.28	Minnesota under Minnesota Statutes, section		
813.29	179A.54, is approved under Minnesota		
813.30	Statutes, section 3.855.		
813.31	(b) Parent-to-Parent Peer Support. \$125,000		
813.32	in fiscal year 2022 and \$125,000 in fiscal year		
813.33	2023 are from the general fund for a grant to		

814.1 an alliance member of Parent to Parent USA
814.2 to support the alliance member's
814.3 parent-to-parent peer support program for
814.4 families of children with a disability or special
814.5 health care need.

814.6 **(c) Self-Advocacy Grants.** (1) \$143,000 in
814.7 fiscal year 2022 and \$143,000 in fiscal year
814.8 2023 are from the general fund for a grant
814.9 under Minnesota Statutes, section 256.477,
814.10 subdivision 1.

814.11 (2) \$105,000 in fiscal year 2022 and \$105,000
814.12 in fiscal year 2023 are from the general fund
814.13 for subgrants under Minnesota Statutes,
814.14 section 256.477, subdivision 2.

814.15 **(d) Minnesota Inclusion Initiative Grants.**
814.16 \$150,000 in fiscal year 2022 and \$150,000 in
814.17 fiscal year 2023 are from the general fund for
814.18 grants under Minnesota Statutes, section
814.19 256.4772.

814.20 **(e) Grants to Expand Access to Child Care**
814.21 **for Children with Disabilities.** \$250,000 in
814.22 fiscal year 2022 and \$250,000 in fiscal year
814.23 2023 are from the general fund for grants to
814.24 expand access to child care for children with
814.25 disabilities. Any unspent amount in fiscal year
814.26 2022 is available through June 30, 2023. This
814.27 is a onetime appropriation.

814.28 **(f) Parenting with a Disability Pilot Project.**
814.29 The general fund base includes \$1,000,000 in
814.30 fiscal year 2024 and \$0 in fiscal year 2025 to
814.31 implement the parenting with a disability pilot
814.32 project.

815.1 (g) **Base Level Adjustment.** The general fund
 815.2 base is \$29,260,000 in fiscal year 2024 and
 815.3 \$22,260,000 in fiscal year 2025.

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

815.5 Sec. 4. Laws 2021, First Special Session chapter 7, article 16, section 2, subdivision 31,
 815.6 is amended to read:

815.7 Subd. 31. **Grant Programs; Adult Mental Health**
 815.8 **Grants**

Appropriations by Fund			
815.10	General	98,772,000	98,703,000
815.11	Opiate Epidemic		
815.12	Response	2,000,000	2,000,000

815.13 (a) **Culturally and Linguistically**

815.14 **Appropriate Services Implementation**

815.15 **Grants.** \$2,275,000 in fiscal year 2022 and
 815.16 \$2,206,000 in fiscal year 2023 are from the
 815.17 general fund for grants to disability services,
 815.18 mental health, and substance use disorder
 815.19 treatment providers to implement culturally
 815.20 and linguistically appropriate services
 815.21 standards, according to the implementation
 815.22 and transition plan developed by the
 815.23 commissioner. Any unspent amount in fiscal
 815.24 year 2022 is available through June 30, 2023.

815.25 The general fund base for this appropriation
 815.26 is \$1,655,000 in fiscal year 2024 and \$0 in
 815.27 fiscal year 2025.

815.28 (b) **Base Level Adjustment.** The general fund
 815.29 base is \$93,295,000 in fiscal year 2024 and
 815.30 \$83,324,000 in fiscal year 2025. The opiate
 815.31 epidemic response fund base is \$2,000,000 in
 815.32 fiscal year 2024 and \$0 in fiscal year 2025.

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

816.1 Sec. 5. Laws 2021, First Special Session chapter 7, article 16, section 2, subdivision 33,
816.2 is amended to read:

816.3 **Subd. 33. Grant Programs; Chemical**
816.4 **Dependency Treatment Support Grants**

816.5 Appropriations by Fund

816.6	General	4,273,000	4,274,000
816.7	Lottery Prize	1,733,000	1,733,000
816.8	Opiate Epidemic		
816.9	Response	500,000	500,000

816.10 (a) **Problem Gambling.** \$225,000 in fiscal
816.11 year 2022 and \$225,000 in fiscal year 2023
816.12 are from the lottery prize fund for a grant to
816.13 the state affiliate recognized by the National
816.14 Council on Problem Gambling. The affiliate
816.15 must provide services to increase public
816.16 awareness of problem gambling, education,
816.17 training for individuals and organizations
816.18 providing effective treatment services to
816.19 problem gamblers and their families, and
816.20 research related to problem gambling.

816.21 (b) **Recovery Community Organization**
816.22 **Grants.** \$2,000,000 in fiscal year 2022 and
816.23 \$2,000,000 in fiscal year 2023 are from the
816.24 general fund for grants to recovery community
816.25 organizations, as defined in Minnesota
816.26 Statutes, section 254B.01, subdivision 8, to
816.27 provide for costs and community-based peer
816.28 recovery support services that are not
816.29 otherwise eligible for reimbursement under
816.30 Minnesota Statutes, section 254B.05, as part
816.31 of the continuum of care for substance use
816.32 disorders. Any unspent amount in fiscal year
816.33 2022 is available through June 30, 2023. The
816.34 general fund base for this appropriation is
816.35 \$2,000,000 in fiscal year 2024 and \$0 in fiscal
816.36 year 2025

817.1 (c) **Base Level Adjustment.** The general fund
817.2 base is \$4,636,000 in fiscal year 2024 and
817.3 \$2,636,000 in fiscal year 2025. The opiate
817.4 epidemic response fund base is \$500,000 in
817.5 fiscal year 2024 and \$0 in fiscal year 2025.

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

817.7 Sec. 6. Laws 2021, First Special Session chapter 7, article 17, section 3, is amended to
817.8 read:

817.9 Sec. 3. **GRANTS FOR TECHNOLOGY FOR HCBS RECIPIENTS.**

817.10 (a) This act includes \$500,000 in fiscal year 2022 and \$2,000,000 in fiscal year 2023
817.11 for the commissioner of human services to issue competitive grants to home and
817.12 community-based service providers. Grants must be used to provide technology assistance,
817.13 including but not limited to Internet services, to older adults and people with disabilities
817.14 who do not have access to technology resources necessary to use remote service delivery
817.15 and telehealth. Any unspent amount in fiscal year 2022 is available through June 30, 2023.
817.16 The general fund base included in this act for this purpose is \$1,500,000 in fiscal year 2024
817.17 and \$0 in fiscal year 2025.

817.18 (b) All grant activities must be completed by March 31, 2024.

817.19 (c) This section expires June 30, 2024.

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

817.21 Sec. 7. Laws 2021, First Special Session chapter 7, article 17, section 6, is amended to
817.22 read:

817.23 Sec. 6. **TRANSITION TO COMMUNITY INITIATIVE.**

817.24 (a) This act includes \$5,500,000 in fiscal year 2022 and \$5,500,000 in fiscal year 2023
817.25 for additional funding for grants awarded under the transition to community initiative
817.26 described in Minnesota Statutes, section 256.478. Any unspent amount in fiscal year 2022
817.27 is available through June 30, 2023. The general fund base in this act for this purpose is
817.28 \$4,125,000 in fiscal year 2024 and \$0 in fiscal year 2025.

817.29 (b) All grant activities must be completed by March 31, 2024.

817.30 (c) This section expires June 30, 2024.

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

818.2 Sec. 8. Laws 2021, First Special Session chapter 7, article 17, section 10, is amended to
818.3 read:

818.4 Sec. 10. **PROVIDER CAPACITY GRANTS FOR RURAL AND UNDERSERVED**
818.5 **COMMUNITIES.**

818.6 (a) This act includes \$6,000,000 in fiscal year 2022 and \$8,000,000 in fiscal year 2023
818.7 for the commissioner to establish a grant program for small provider organizations that
818.8 provide services to rural or underserved communities with limited home and
818.9 community-based services provider capacity. The grants are available to build organizational
818.10 capacity to provide home and community-based services in Minnesota and to build new or
818.11 expanded infrastructure to access medical assistance reimbursement. Any unspent amount
818.12 in fiscal year 2022 is available through June 30, 2023. The general fund base in this act for
818.13 this purpose is \$8,000,000 in fiscal year 2024 and \$0 in fiscal year 2025.

818.14 (b) The commissioner shall conduct community engagement, provide technical assistance,
818.15 and establish a collaborative learning community related to the grants available under this
818.16 section and work with the commissioner of management and budget and the commissioner
818.17 of the Department of Administration to mitigate barriers in accessing grant funds. Funding
818.18 awarded for the community engagement activities described in this paragraph is exempt
818.19 from state solicitation requirements under Minnesota Statutes, section 16B.97, for activities
818.20 that occur in fiscal year 2022.

818.21 (c) All grant activities must be completed by March 31, 2024.

818.22 (d) This section expires June 30, 2024.

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

818.24 Sec. 9. Laws 2021, First Special Session chapter 7, article 17, section 11, is amended to
818.25 read:

818.26 Sec. 11. **EXPAND MOBILE CRISIS.**

818.27 (a) This act includes \$8,000,000 in fiscal year 2022 and \$8,000,000 in fiscal year 2023
818.28 for additional funding for grants for adult mobile crisis services under Minnesota Statutes,
818.29 section 245.4661, subdivision 9, paragraph (b), clause (15). Any unspent amount in fiscal
818.30 year 2022 and fiscal year 2023 is available through June 30, 2024. The general fund base
818.31 in this act for this purpose is \$4,000,000 in fiscal year 2024 and \$0 in fiscal year 2025.

819.1 (b) Beginning April 1, 2024, counties may fund and continue conducting activities
819.2 funded under this section.

819.3 (c) All grant activities must be completed by March 31, 2024.

819.4 (d) This section expires June 30, 2024.

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

819.6 Sec. 10. Laws 2021, First Special Session chapter 7, article 17, section 12, is amended to
819.7 read:

819.8 Sec. 12. **PSYCHIATRIC RESIDENTIAL TREATMENT FACILITY AND CHILD**
819.9 **AND ADOLESCENT MOBILE TRANSITION UNIT.**

819.10 (a) This act includes \$2,500,000 in fiscal year 2022 and \$2,500,000 in fiscal year 2023
819.11 for the commissioner of human services to create children's mental health transition and
819.12 support teams to facilitate transition back to the community of children from psychiatric
819.13 residential treatment facilities, and child and adolescent behavioral health hospitals. Any
819.14 unspent amount in fiscal year 2022 is available through June 30, 2023. The general fund
819.15 base included in this act for this purpose is \$1,875,000 in fiscal year 2024 and \$0 in fiscal
819.16 year 2025.

819.17 (b) Beginning April 1, 2024, counties may fund and continue conducting activities
819.18 funded under this section.

819.19 (c) This section expires March 31, 2024.

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

819.21 Sec. 11. Laws 2021, First Special Session chapter 7, article 17, section 17, subdivision 3,
819.22 is amended to read:

819.23 Subd. 3. **Respite services for older adults grants.** (a) This act includes \$2,000,000 in
819.24 fiscal year 2022 and \$2,000,000 in fiscal year 2023 for the commissioner of human services
819.25 to establish a grant program for respite services for older adults. The commissioner must
819.26 award grants on a competitive basis to respite service providers. Any unspent amount in
819.27 fiscal year 2022 is available through June 30, 2023. The general fund base included in this
819.28 act for this purpose is \$2,000,000 in fiscal year 2024 and \$0 in fiscal year 2025.

819.29 (b) All grant activities must be completed by March 31, 2024.

819.30 (c) This subdivision expires June 30, 2024.

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

820.2 Sec. 12. Laws 2021, First Special Session chapter 7, article 17, section 19, is amended to
820.3 read:

820.4 Sec. 19. **CENTERS FOR INDEPENDENT LIVING HCBS ACCESS GRANT.**

820.5 (a) This act includes \$1,200,000 in fiscal year 2022 and \$1,200,000 in fiscal year 2023
820.6 for grants to expand services to support people with disabilities from underserved
820.7 communities who are ineligible for medical assistance to live in their own homes and
820.8 communities by providing accessibility modifications, independent living services, and
820.9 public health program facilitation. The commissioner of human services must award the
820.10 grants in equal amounts to ~~the eight organizations~~ eligible grantees. To be eligible, a grantee
820.11 must be an organization defined in Minnesota Statutes, section 268A.01, subdivision 8. Any
820.12 unspent amount in fiscal year 2022 is available through June 30, 2023. The general fund
820.13 base included in this act for this purpose is \$0 in fiscal year 2024 and \$0 in fiscal year 2025.

820.14 (b) All grant activities must be completed by March 31, 2024.

820.15 (c) This section expires June 30, 2024.

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

820.17 **ARTICLE 24**

820.18 **APPROPRIATIONS**

820.19 Section 1. **HEALTH AND HUMAN SERVICES APPROPRIATIONS.**

820.20 The sums shown in the columns marked "Appropriations" are added to or, if shown in
820.21 parentheses, subtracted from the appropriations in Laws 2021, First Special Session chapter
820.22 7, article 16, to the agencies and for the purposes specified in this article. The appropriations
820.23 are from the general fund or other named fund and are available for the fiscal years indicated
820.24 for each purpose. The figures "2022" and "2023" used in this article mean that the addition
820.25 to or subtraction from the appropriation listed under them is available for the fiscal year
820.26 ending June 30, 2022, or June 30, 2023, respectively. Base adjustments mean the addition
820.27 to or subtraction from the base level adjustment set in Laws 2021, First Special Session
820.28 chapter 7, article 16. Supplemental appropriations and reductions to appropriations for the
820.29 fiscal year ending June 30, 2022, are effective the day following final enactment unless a
820.30 different effective date is explicit.

821.1		<u>APPROPRIATIONS</u>	
821.2		<u>Available for the Year</u>	
821.3		<u>Ending June 30</u>	
821.4		<u>2022</u>	<u>2023</u>
821.5	<u>Sec. 2. COMMISSIONER OF HUMAN</u>		
821.6	<u>SERVICES</u>		
821.7	<u>Subdivision 1. Total Appropriation</u>	<u>\$</u>	<u>32,461,000</u> <u>\$</u> <u>458,374,000</u>
821.8	<u>Appropriations by Fund</u>		
821.9		<u>2022</u>	<u>2023</u>
821.10	<u>General</u>	<u>34,397,000</u>	<u>477,352,000</u>
821.11	<u>Health Care Access</u>	<u>(1,936,000)</u>	<u>(88,036,000)</u>
821.12	<u>Federal TANF</u>	<u>-0-</u>	<u>7,000</u>
821.13	<u>Opiate Epidemic</u>		
821.14	<u>Response</u>	<u>-0-</u>	<u>551,000</u>
821.15	<u>Subd. 2. Central Office; Operations</u>		
821.16	<u>Appropriations by Fund</u>		
821.17	<u>General</u>	<u>397,000</u>	<u>96,704,000</u>
821.18	<u>Health Care Access</u>	<u>-0-</u>	<u>12,183,000</u>
821.19	<u>(a) Background Studies. (1) \$1,779,000 in</u>		
821.20	<u>fiscal year 2023 is from the general fund to</u>		
821.21	<u>provide a credit to providers who paid for</u>		
821.22	<u>emergency background studies in NETStudy</u>		
821.23	<u>2.0. This is a onetime appropriation.</u>		
821.24	<u>(2) \$1,851,000 in fiscal year 2023 is from the</u>		
821.25	<u>general fund to fund the costs of reprocessing</u>		
821.26	<u>emergency studies conducted under</u>		
821.27	<u>interagency agreements. This is a onetime</u>		
821.28	<u>appropriation.</u>		
821.29	<u>(b) Supporting Drug Pricing Litigation</u>		
821.30	<u>Costs. \$270,000 in fiscal year 2022 is from</u>		
821.31	<u>the general fund for costs to comply with</u>		
821.32	<u>litigation requirements related to</u>		

822.1 pharmaceutical drug price litigation. This is a
 822.2 onetime appropriation.

822.3 **(c) Information Technology and Data**

822.4 **Sharing Projects.** \$113,000 in fiscal year
 822.5 2023 is from the general fund for staff and
 822.6 costs related to the information technology
 822.7 and data sharing projects for programs
 822.8 impacting early childhood.

822.9 **(d) Base Level Adjustment.** The general fund
 822.10 base is increased \$12,787,000 in fiscal year
 822.11 2024 and \$9,679,000 in fiscal year 2025. The
 822.12 health care access fund base is increased
 822.13 \$1,233,000 in fiscal year 2024 and \$2,612,000
 822.14 in fiscal year 2025.

822.15 **Subd. 3. Central Office; Children and Families** -0- 23,398,000

822.16 **(a) Foster Care Federal Cash Assistance**

822.17 **Benefits Plan.** \$373,000 in fiscal year 2023
 822.18 is for the commissioner to develop the foster
 822.19 care federal cash assistance benefits plan. The
 822.20 base for this appropriation is \$342,000 in fiscal
 822.21 year 2024 and \$127,000 in fiscal year 2025.

822.22 **(b) Pregnant and Parenting Homeless**

822.23 **Youth Study.** \$108,000 in fiscal year 2023 is
 822.24 to fund a study of the prevalence of pregnancy
 822.25 and parenting among homeless youths and
 822.26 youths who are at risk of homelessness. This
 822.27 is a onetime appropriation and is available
 822.28 until June 30, 2024.

822.29 **(c) Chosen Family Hosting to Prevent**

822.30 **Youth Homelessness Pilot Program.**
 822.31 \$218,000 in fiscal year 2023 is for the chosen
 822.32 family hosting to prevent youth homelessness
 822.33 pilot program for a contract with a technical
 822.34 assistance provider to: (1) provide technical

823.1 assistance to funding recipients; (2) facilitate
 823.2 a monthly learning cohort for funding
 823.3 recipients; (3) evaluate the efficacy and
 823.4 cost-effectiveness of the pilot program; and
 823.5 (4) submit annual updates and a final report
 823.6 to the commissioner. This is a onetime
 823.7 appropriation and is available until June 30,
 823.8 2027.

823.9 **(d) Ombudsperson for Family Child Care**
 823.10 **Providers.** The base shall include \$125,000
 823.11 in fiscal year 2025 for the ombudsperson for
 823.12 family child care providers under Minnesota
 823.13 Statutes, section 245.975.

823.14 **(e) Information Technology and Data**
 823.15 **Sharing Projects.** \$563,000 in fiscal year
 823.16 2023 is for staff and costs related to the
 823.17 information technology and data sharing
 823.18 projects for programs impacting early
 823.19 childhood.

823.20 **(f) Base Level Adjustment.** The general fund
 823.21 base is increased \$8,995,000 in fiscal year
 823.22 2024 and \$8,748,000 in fiscal year 2025.

823.23 **Subd. 4. Central Office; Health Care**

823.24	<u>Appropriations by Fund</u>		
823.25	<u>General</u>	<u>-0-</u>	<u>4,762,000</u>
823.26	<u>Health Care Access</u>	<u>-0-</u>	<u>2,475,000</u>

823.27 **(a) Interactive Voice Response and**
 823.28 **Improving Access for Applications and**
 823.29 **Forms.** \$1,350,000 in fiscal year 2023 is from
 823.30 the health care access fund for the
 823.31 improvement of accessibility to Minnesota
 823.32 health care programs applications, forms, and
 823.33 other consumer support resources and services
 823.34 to enrollees with limited English proficiency.

- 824.1 This is a onetime appropriation and is
824.2 available until June 30, 2025.
- 824.3 **(b) Community-Driven Improvements.**
824.4 \$680,000 in fiscal year 2023 is from the health
824.5 care access fund for Minnesota health care
824.6 program enrollee engagement activities.
- 824.7 **(c) Responding to COVID-19 in Minnesota**
824.8 **Health Care Programs.** \$1,000,000 in fiscal
824.9 year 2023 is from the general fund for contract
824.10 assistance relating to the resumption of
824.11 eligibility and redetermination processes in
824.12 Minnesota health care programs after the
824.13 expiration of the federal public health
824.14 emergency. Contracts entered into under this
824.15 section are for emergency acquisition and are
824.16 not subject to solicitation requirements under
824.17 Minnesota Statutes, section 16C.10,
824.18 subdivision 2. This is a onetime appropriation
824.19 and is available until June 30, 2025.
- 824.20 **(d) Initial PACE Implementation Funding.**
824.21 \$270,000 in fiscal year 2023 is from the
824.22 general fund to complete the initial actuarial
824.23 and administrative work necessary to
824.24 recommend a financing mechanism for the
824.25 operation of PACE under Minnesota Statutes,
824.26 section 256B.69, subdivision 23, paragraph
824.27 (e). This is a onetime appropriation.
- 824.28 **(e) Base Level Adjustment.** The general fund
824.29 base is increased \$3,698,000 in fiscal year
824.30 2024 and \$5,214,000 in fiscal year 2025. The
824.31 health care access fund base is increased
824.32 \$3,197,000 in fiscal year 2024 and \$6,458,000
824.33 in fiscal year 2025.

- 825.1 **Subd. 5. Central Office; Continuing Care** -0- 3,478,000
- 825.2 **(a) Lifesharing Services. \$57,000 in fiscal**
- 825.3 **year 2023 is for engaging stakeholders and**
- 825.4 **developing recommendations regarding**
- 825.5 **establishing a lifesharing service under the**
- 825.6 **state's medical assistance disability waivers**
- 825.7 **and elderly waiver. The base for this**
- 825.8 **appropriation is \$43,000 in fiscal year 2024**
- 825.9 **and \$0 in fiscal year 2025.**
- 825.10 **(b) Initial PACE Implementation Funding.**
- 825.11 **\$120,000 in fiscal year 2023 is to complete**
- 825.12 **the initial actuarial and administrative work**
- 825.13 **necessary to recommend a financing**
- 825.14 **mechanism for the operation of PACE under**
- 825.15 **Minnesota Statutes, section 256B.69,**
- 825.16 **subdivision 23, paragraph (e). This is a**
- 825.17 **onetime appropriation.**
- 825.18 **(c) Base Level Adjustment. The general fund**
- 825.19 **base is increased \$168,000 in fiscal year 2024**
- 825.20 **and \$125,000 in fiscal year 2025.**
- 825.21 **Subd. 6. Central Office; Community Supports**
- 825.22 **Appropriations by Fund**
- | | | | |
|--------|-------------------------------|-------------------|-------------------------|
| 825.23 | <u>General</u> | <u>-0-</u> | <u>7,370,000</u> |
| 825.24 | <u>Opioid Epidemic</u> | | |
| 825.25 | <u>Response</u> | <u>-0-</u> | <u>551,000</u> |
- 825.26 **(a) SEIU Health Care Arbitration Award.**
- 825.27 **\$5,444 in fiscal year 2023 is from the general**
- 825.28 **fund for arbitration awards resulting from a**
- 825.29 **SEIU grievance. This is a onetime**
- 825.30 **appropriation.**
- 825.31 **(b) Lifesharing Services. \$57,000 in fiscal**
- 825.32 **year 2023 is from the general fund for**
- 825.33 **engaging stakeholders and developing**
- 825.34 **recommendations regarding establishing a**

826.1 lifesharing service under the state's medical
826.2 assistance disability waivers and elderly
826.3 waiver. The general fund base for this
826.4 appropriation is \$43,000 in fiscal year 2024
826.5 and \$0 in fiscal year 2025.

826.6 **(c) Intermediate Care Facilities for Persons**
826.7 **with Developmental Disabilities; Rate**
826.8 **Study.** \$250,000 in fiscal year 2023 is from
826.9 the general fund for a study of medical
826.10 assistance rates for intermediate care facilities
826.11 for persons with developmental disabilities
826.12 under Minnesota Statutes, sections 256B.5011
826.13 to 256B.5015. This is a onetime appropriation.

826.14 **(d) Online tool accessibility and capacity**
826.15 **expansion.** \$150,000 in fiscal year 2023 is
826.16 from the general fund to expand the
826.17 accessibility and capacity of online tools for
826.18 people receiving services and direct support
826.19 workers. The general fund base for this
826.20 appropriation is \$305,000 in fiscal year 2024
826.21 and \$420,000 in fiscal year 2025.

826.22 **(e) Systemic critical incident review team.**
826.23 \$80,000 in fiscal year 2023 is from the general
826.24 fund to implement the systemic critical
826.25 incident review process in Minnesota Statutes,
826.26 section 256.01, subdivision 12b.

826.27 **(f) Base Level Adjustment.** The general fund
826.28 base is increased \$8,739,000 in fiscal year
826.29 2024 and \$9,011,000 in fiscal year 2025. The
826.30 opiate epidemic response base is increased
826.31 \$511,000 in fiscal year 2024 and \$611,000 in
826.32 fiscal year 2025.

826.33 **Subd. 7. Forecasted Programs; MFIP/DWP**

827.1	<u>Appropriations by Fund</u>		
827.2	<u>General</u>	<u>-0-</u>	<u>5,000</u>
827.3	<u>Federal TANF</u>	<u>-0-</u>	<u>7,000</u>
827.4	<u>Subd. 8. Forecasted Programs; MFIP Child Care</u>		
827.5	<u>Assistance</u>	<u>-0-</u>	<u>(23,000)</u>
827.6	<u>Subd. 9. Forecasted Programs; Minnesota</u>		
827.7	<u>Supplemental Aid</u>	<u>-0-</u>	<u>1,000</u>
827.8	<u>Subd. 10. Forecasted Programs; Housing</u>		
827.9	<u>Supports</u>	<u>-0-</u>	<u>4,304,000</u>
827.10	<u>Subd. 11. Forecasted Programs; MinnesotaCare</u>		
827.11	<u>This appropriation is from the health care</u>		
827.12	<u>access fund.</u>		
827.13	<u>Subd. 12. Forecasted Programs; Medical</u>		
827.14	<u>Assistance</u>		
827.15	<u>Appropriations by Fund</u>		
827.16	<u>General</u>	<u>-0-</u>	<u>(74,981,000)</u>
827.17	<u>Health Care Access</u>	<u>-0-</u>	<u>(135,354,000)</u>
827.18	<u>Subd. 13. Forecasted Programs; Alternative</u>		
827.19	<u>Care</u>	<u>-0-</u>	<u>530,000</u>
827.20	<u>Subd. 14. CD Treatment Fund</u>		
827.21	<u>Subd. 15. Grant Programs; BSF Child Care</u>		
827.22	<u>Grants</u>	<u>-0-</u>	<u>6,000</u>
827.23	<u>Base Level Adjustment.</u> <u>The general fund</u>		
827.24	<u>base is increased \$29,620,000 in fiscal year</u>		
827.25	<u>2024 and \$69,470,000 in fiscal year 2025. The</u>		
827.26	<u>TANF base is increased \$23,500,000 in fiscal</u>		
827.27	<u>year 2024 and \$23,500,000 in fiscal year 2025.</u>		
827.28	<u>Subd. 16. Grant Programs; Child Care</u>		
827.29	<u>Development Grants</u>	<u>-0-</u>	<u>67,205,000</u>
827.30	<u>(a) Child Care Provider Access to</u>		
827.31	<u>Technology Grants.</u> <u>\$300,000 in fiscal year</u>		
827.32	<u>2023 is for child care provider access to</u>		
827.33	<u>technology grants pursuant to Minnesota</u>		
827.34	<u>Statutes, section 119B.28.</u>		

828.1 **(b) One-Stop Regional Assistance Network.**

828.2 The base shall include \$1,200,000 in fiscal
828.3 year 2025 for a grant to the statewide child
828.4 care resource and referral network to
828.5 administer the child care one-stop shop
828.6 regional assistance network in accordance with
828.7 Minnesota Statutes, section 119B.19,
828.8 subdivision 7, clause (9).

828.9 **(c) Child Care Workforce Development**

828.10 **Grants.** The base shall include \$1,300,000 in
828.11 fiscal year 2025 for a grant to the statewide
828.12 child care resource and referral network to
828.13 administer the child care workforce
828.14 development grants in accordance with
828.15 Minnesota Statutes, section 119B.19,
828.16 subdivision 7, clause (10).

828.17 **(d) Shared Services Innovation Grants.** The

828.18 base shall include \$500,000 in fiscal year 2024
828.19 and \$500,000 in fiscal year 2025 for shared
828.20 services innovation grants pursuant to
828.21 Minnesota Statutes, section 119B.27.

828.22 **(e) Stabilization Grants for Child Care**

828.23 **Providers Experiencing Financial Hardship.**

828.24 \$31,476,000 in fiscal year 2023 is for child
828.25 care stabilization grants for child care
828.26 programs in extreme financial hardship. This
828.27 is a onetime appropriation and is available
828.28 until June 30, 2025. Use of grant money must
828.29 be made in accordance with eligibility and
828.30 compliance requirements established by the
828.31 commissioner.

828.32 **(f) Contract for Cost Estimation Model for**

828.33 **Early Care and Learning Programs.**

828.34 \$400,000 in fiscal year 2023 is for a
828.35 professional technical contract related to

829.1 developing a cost estimation model for early
829.2 care and learning programs.

829.3 **(g) Staff for Cost Estimation Model for**
829.4 **Early Care and Learning Programs.**

829.5 \$111,000 in fiscal year 2023 is for staff related
829.6 to developing a cost estimation model for early
829.7 care and learning programs.

829.8 **(h) Brain Builders Bonus Program.**

829.9 \$2,500,000 in fiscal year 2023 is for brain
829.10 builders bonus grants. The commissioner may
829.11 use up to ten percent of the appropriation for
829.12 administration.

829.13 **(i) Child Care Stabilization Base Grants.**

829.14 \$29,929,000 in fiscal year 2023 is for child
829.15 care stabilization base grants under Laws
829.16 2021, First Special Session chapter 7, article
829.17 14, section 21, subdivision 4, paragraph (b).

829.18 The base for this appropriation is \$78,254,000
829.19 in fiscal year 2024 and \$80,421,000 in fiscal
829.20 year 2025.

829.21 **(j) Grants for Family, Friend, and Neighbor**
829.22 **Caregivers.** \$3,167,000 in fiscal year 2023 is
829.23 for grants to community-based organizations
829.24 working with family, friend, and neighbor
829.25 caregivers. In awarding the grants, the
829.26 commissioner shall prioritize
829.27 community-based organizations working with
829.28 family, friend, and neighbor caregivers who
829.29 serve children from low-income families,
829.30 families of color, Tribal communities, or
829.31 families with limited English language
829.32 proficiency. The commissioner may use up to
829.33 ten percent of the appropriation for statewide
829.34 outreach, training initiatives, research, and
829.35 data collection. The base for this appropriation

830.1 is \$3,383,000 in fiscal year 2024 and

830.2 \$3,383,000 in fiscal year 2025.

830.3 **(k) Base Level Adjustment.** The general fund

830.4 base is increased \$82,183,000 in fiscal year

830.5 2024 and \$86,850,000 in fiscal year 2025.

830.6 **Subd. 17. Grant Programs; Children's Services**

830.7 **Grants**

-0-

8,984,000

830.8 **(a) American Indian Child Welfare**

830.9 **Initiative; Mille Lacs Band of Ojibwe**

830.10 **Planning.** \$1,263,000 in fiscal year 2023 is

830.11 to support planning activities necessary for

830.12 the Mille Lacs Band of Ojibwe to join the

830.13 American Indian child welfare initiative. The

830.14 base for this appropriation is \$2,671,000 in

830.15 fiscal year 2024 and \$0 in fiscal year 2025.

830.16 **(b) Expand Parent Support Outreach**

830.17 **Program.** The base shall include \$7,000,000

830.18 in fiscal year 2024 and \$7,000,000 in fiscal

830.19 year 2025 to expand the parent support

830.20 outreach program.

830.21 **(c) Thriving Families Safer Children.** The

830.22 base shall include \$30,000 in fiscal year 2024

830.23 to plan for an education attendance support

830.24 diversionary program to prevent entry into the

830.25 child welfare system. The commissioner shall

830.26 report back to the chairs and ranking minority

830.27 members of the legislative committees that

830.28 oversee child welfare by January 1, 2025, on

830.29 the plan for this program. This is a onetime

830.30 appropriation.

830.31 **(d) Family Group Decision Making.** The

830.32 base shall include \$5,000,000 in fiscal year

830.33 2024 and \$5,000,000 in fiscal year 2025 to

830.34 expand the use of family group decision

831.1 making to provide opportunity for family
831.2 voices concerning critical decisions in child
831.3 safety and prevent entry into the child welfare
831.4 system.

831.5 **(e) Child Welfare Promising Practices.** The
831.6 base shall include \$5,000,000 in fiscal year
831.7 2024 and \$5,000,000 in fiscal year 2025 to
831.8 develop promising practices for prevention of
831.9 out-of-home placement of children and youth.

831.10 **(f) Family Assessment Response.** The base
831.11 shall include \$23,550,000 in fiscal year 2024
831.12 and \$23,550,000 in fiscal year 2025 to support
831.13 counties and Tribes that are members of the
831.14 American Indian child welfare initiative in
831.15 providing case management services and
831.16 support for families being served under family
831.17 assessment response and to prevent entry into
831.18 the child welfare system.

831.19 **(g) Extend Support for Youth Leaving**
831.20 **Foster Care.** \$600,000 in fiscal year 2023 is
831.21 to extend financial supports for young adults
831.22 aging out of foster care to age 22. The base
831.23 for this appropriation is \$1,200,000 in fiscal
831.24 year 2024 and \$1,200,000 in fiscal year 2025.

831.25 **(h) Grants to Counties for Child Protection**
831.26 **Staff.** \$1,000,000 in fiscal year 2023 is to
831.27 provide grants to counties and American
831.28 Indian child welfare initiative Tribes to be
831.29 used to reduce extended foster care caseload
831.30 sizes to ten cases per worker. The base for this
831.31 appropriation is \$2,000,000 in fiscal year 2024
831.32 and \$2,000,000 in fiscal year 2025.

831.33 **(i) Statewide Pool of Qualified Individuals.**
831.34 \$1,177,400 in fiscal year 2023 is for grants to

832.1 one or more grantees to establish and manage
832.2 a pool of state-funded qualified individuals to
832.3 assess potential out-of-home placement of a
832.4 child in a qualified residential treatment
832.5 program. Up to \$200,000 of the grants each
832.6 fiscal year is available for grantee contracts to
832.7 manage the state-funded pool of qualified
832.8 individuals. This amount shall also pay for
832.9 qualified individual training, certification, and
832.10 background studies. Remaining grant money
832.11 shall be available until expended to provide
832.12 qualified individual services to counties and
832.13 Tribes that have joined the American Indian
832.14 child welfare initiative pursuant to Minnesota
832.15 Statutes, section 256.01, subdivision 14b, to
832.16 provide qualified residential treatment
832.17 program assessments at no cost to the county
832.18 or Tribal agency.

832.19 **(j) Quality Parenting Initiative Grant.**
832.20 \$100,000 in fiscal year 2023 is for a grant to
832.21 the Quality Parenting Initiative Minnesota, to
832.22 implement Quality Parenting Initiative
832.23 principles and practices and support children
832.24 and families experiencing foster care
832.25 placements. The grantee shall use grant funds
832.26 to provide training and technical assistance to
832.27 county and Tribal agencies, community-based
832.28 agencies, and other stakeholders on conducting
832.29 initial foster care phone calls under Minnesota
832.30 Statutes, section 260C.219, subdivision 6;
832.31 supporting practices that create partnerships
832.32 between birth and foster families; and
832.33 informing child welfare practices by
832.34 supporting youth leadership and the
832.35 participation of individuals with experience
832.36 in the foster care system. Upon request, the

833.1 commissioner shall make information
833.2 regarding the use of this grant funding
833.3 available to the chairs and ranking minority
833.4 members of the legislative committees with
833.5 jurisdiction over human services. This is a
833.6 onetime appropriation.

833.7 **(k) Costs of Foster Care or Care,**
833.8 **Examination, or Treatment. \$5,000,000 in**
833.9 **fiscal year 2023 is for grants to counties and**
833.10 **Tribes, to reimburse counties and Tribes for**
833.11 **the costs of foster care or care, examination,**
833.12 **or treatment that would previously have been**
833.13 **paid by the parents or custodians of a child in**
833.14 **foster care using parental income and**
833.15 **resources, child support payments, or income**
833.16 **and resources attributable to a child under**
833.17 **Minnesota Statutes, sections 242.19, 256N.26,**
833.18 **260B.331, and 260C.331. Counties and Tribes**
833.19 **must apply for grant funds in a form**
833.20 **prescribed by the commissioner, and must**
833.21 **provide the information and data necessary to**
833.22 **calculate grant fund allocations accurately and**
833.23 **equitably, as determined by the commissioner.**

833.24 **(l) Grants to Counties; Foster Care Federal**
833.25 **Cash Assistance Benefits Plan. \$50,000 in**
833.26 **fiscal year 2023 is for the commissioner to**
833.27 **provide grants to counties to assist counties**
833.28 **with gathering and reporting the county data**
833.29 **required for the commissioner to develop the**
833.30 **foster care federal cash assistance benefits**
833.31 **plan. This is a onetime appropriation.**

833.32 **(m) Base Level Adjustment. The general fund**
833.33 **base is increased \$52,386,000 in fiscal year**
833.34 **2024 and \$49,715,000 in fiscal year 2025.**

834.1	<u>Subd. 18. Grant Programs; Children and</u>		
834.2	<u>Economic Support Grants</u>	<u>14,000,000</u>	<u>147,100,000</u>
834.3	<u>(a) Family and Community Resource Hubs.</u>		
834.4	<u>\$2,550,000 in fiscal year 2023 is to implement</u>		
834.5	<u>a sustainable family and community resource</u>		
834.6	<u>hub model through the community action</u>		
834.7	<u>agencies under Minnesota Statutes, section</u>		
834.8	<u>256E.31, and federally recognized Tribes. The</u>		
834.9	<u>community resource hubs must offer</u>		
834.10	<u>navigation to several supports and services,</u>		
834.11	<u>including but not limited to basic needs and</u>		
834.12	<u>economic assistance, disability services,</u>		
834.13	<u>healthy development and screening,</u>		
834.14	<u>developmental and behavioral concerns,</u>		
834.15	<u>family well-being and mental health, early</u>		
834.16	<u>learning and child care, dental care, legal</u>		
834.17	<u>services, and culturally specific services for</u>		
834.18	<u>American Indian families. The base for this</u>		
834.19	<u>appropriation is \$12,750,000 in fiscal year</u>		
834.20	<u>2024 and \$20,400,000 in fiscal year 2025.</u>		
834.21	<u>(b) Tribal Food Sovereignty Infrastructure</u>		
834.22	<u>Grants.</u> <u>\$4,000,000 in fiscal year 2023 is for</u>		
834.23	<u>capital and infrastructure development to</u>		
834.24	<u>support food system changes and provide</u>		
834.25	<u>equitable access to existing and new methods</u>		
834.26	<u>of food support for American Indian</u>		
834.27	<u>communities, including federally recognized</u>		
834.28	<u>Tribes and American Indian nonprofit</u>		
834.29	<u>organizations. This is a onetime appropriation</u>		
834.30	<u>and is available until June 30, 2025.</u>		
834.31	<u>(c) Tribal Food Security.</u> <u>\$2,836,000 in fiscal</u>		
834.32	<u>year 2023 is to promote food security for</u>		
834.33	<u>American Indian communities, including</u>		
834.34	<u>federally recognized Tribes and American</u>		
834.35	<u>Indian nonprofit organizations. This includes</u>		

835.1 hiring staff, providing culturally relevant
835.2 training for building food access, purchasing
835.3 technical assistance materials and supplies,
835.4 and planning for sustainable food systems.
835.5 The base for this appropriation is \$2,809,000
835.6 in fiscal year 2024 and \$1,809,000 in fiscal
835.7 year 2025.

835.8 **(d) Capital for Emergency Food**
835.9 **Distribution Facilities. \$14,931,000 in fiscal**
835.10 **year 2023 is for improving and expanding the**
835.11 **infrastructure of food shelf facilities across**
835.12 **the state, including adding freezer or cooler**
835.13 **space and dry storage space, improving the**
835.14 **safety and sanitation of existing food shelves,**
835.15 **and addressing deferred maintenance or other**
835.16 **facility needs of existing food shelves. Grant**
835.17 **money shall be made available to nonprofit**
835.18 **organizations, federally recognized Tribes,**
835.19 **and local units of government. This is a**
835.20 **onetime appropriation and is available until**
835.21 **June 30, 2025.**

835.22 **(e) Food Support Grants. \$5,000,000 in**
835.23 **fiscal year 2023 is to provide additional**
835.24 **resources to a diverse food support network**
835.25 **that includes food shelves, food banks, and**
835.26 **meal and food outreach programs. Grant**
835.27 **money shall be made available to nonprofit**
835.28 **organizations, federally recognized Tribes,**
835.29 **and local units of government. The base for**
835.30 **this appropriation is \$3,000,000 in fiscal year**
835.31 **2024 and \$0 in fiscal year 2025.**

835.32 **(f) Transitional Housing. \$2,500,000 in fiscal**
835.33 **year 2023 is for transitional housing programs**
835.34 **under Minnesota Statutes, section 256E.33.**

- 836.1 **(g) Shelter-Linked Youth Mental Health**
836.2 **Grants.** \$1,650,000 in fiscal year 2023 is for
836.3 shelter-linked youth mental health grants under
836.4 Minnesota Statutes, section 256K.46.
- 836.5 **(h) Emergency Services Grants.** \$31,124,000
836.6 in fiscal year 2023 is for emergency services
836.7 under Minnesota Statutes, section 256E.36.
836.8 This appropriation is available until June 30,
836.9 2025. The base for this appropriation is
836.10 \$25,000,000 in fiscal year 2024 and
836.11 \$25,000,000 in fiscal year 2025.
- 836.12 **(i) Homeless Youth Act.** \$10,000,000 in fiscal
836.13 year 2023 is for homeless youth act grants
836.14 under Minnesota Statutes, section 256K.45,
836.15 subdivision 1. This appropriation is available
836.16 until June 30, 2025.
- 836.17 **(j) Safe Harbor Grants.** \$5,500,000 in fiscal
836.18 year 2023 is for safe harbor grants to fund
836.19 street outreach, emergency shelter, and
836.20 transitional and long-term housing beds for
836.21 sexually exploited youth and youth at risk of
836.22 exploitation.
- 836.23 **(k) Emergency Shelter Facilities.**
836.24 \$75,000,000 in fiscal year 2023 is for grants
836.25 to eligible applicants for the acquisition of
836.26 property; site preparation, including
836.27 demolition; predesign; design; construction;
836.28 renovation; furnishing; and equipping of
836.29 emergency shelter facilities in accordance with
836.30 emergency shelter facilities project criteria in
836.31 this act. This is a onetime appropriation and
836.32 is available until June 30, 2025.
- 836.33 **(l) Heading Home Ramsey Continuum of**
836.34 **Care.** (1) \$8,000,000 in fiscal year 2022 is for

837.1 a grant to fund and support Heading Home
837.2 Ramsey Continuum of Care. This is a onetime
837.3 appropriation. The grant shall be used for:
837.4 (i) maintaining funding for a 100-bed family
837.5 shelter that had been funded by CARES Act
837.6 money;
837.7 (ii) maintaining funding for an existing
837.8 100-bed single room occupancy shelter and
837.9 developing a replacement single-room
837.10 occupancy shelter for housing up to 100 single
837.11 adults; and
837.12 (iii) maintaining current day shelter
837.13 programming that had been funded with
837.14 CARES Act money and developing a
837.15 replacement for current day shelter facilities.
837.16 (2) Ramsey County may use up to ten percent
837.17 of this appropriation for administrative
837.18 expenses. This appropriation is available until
837.19 June 30, 2025.
837.20 **(m) Hennepin County Funding for Serving**
837.21 **Homeless Persons. (1) \$6,000,000 in fiscal**
837.22 **year 2022 is for a grant to fund and support**
837.23 **Hennepin County shelters and services for**
837.24 **persons experiencing homelessness. This is a**
837.25 **onetime appropriation. Of this appropriation:**
837.26 **(i) up to \$4,000,000 in matching grant funding**
837.27 **is to design, construct, equip, and furnish the**
837.28 **Simpson Housing Services shelter facility in**
837.29 **the city of Minneapolis; and**
837.30 **(ii) up to \$2,000,000 is to maintain current**
837.31 **shelter and homeless response programming**
837.32 **that had been funded with federal funding**
837.33 **from the CARES Act of the American Rescue**
837.34 **Plan Act, including:**

838.1 (A) shelter operations and services to maintain
838.2 services at Avivo Village, including a shelter
838.3 comprised of 100 private dwellings and the
838.4 American Indian Community Development
838.5 Corporation Homeward Bound 50-bed shelter;
838.6 (B) shelter operations and services to maintain
838.7 shelter services 24 hours per day, seven days
838.8 per week;
838.9 (C) housing-focused case management; and
838.10 (D) shelter diversion services.
838.11 (2) Hennepin County may contract with
838.12 eligible nonprofit organizations and local and
838.13 Tribal governmental units to provide services
838.14 under the grant program. This appropriation
838.15 is available until June 30, 2025.
838.16 **(n) Chosen Family Hosting to Prevent**
838.17 **Youth Homelessness Pilot Program.**
838.18 \$1,000,000 in fiscal year 2023 is for the
838.19 chosen family hosting to prevent youth
838.20 homelessness pilot program to provide funds
838.21 to providers serving homeless youth. This is
838.22 a onetime appropriation and is available until
838.23 June 30, 2027.
838.24 **(o) Minnesota Association for Volunteer**
838.25 **Administration. \$1,000,000 in fiscal year**
838.26 **2023 is for a grant to the Minnesota**
838.27 **Association for Volunteer Administration to**
838.28 **administer needs-based volunteerism subgrants**
838.29 **targeting underresourced nonprofit**
838.30 **organizations in greater Minnesota to support**
838.31 **selected organizations' ongoing efforts to**
838.32 **address and minimize disparities in access to**
838.33 **human services through increased**
838.34 **volunteerism. Successful subgrant applicants**

839.1 must demonstrate that the populations to be
 839.2 served by the subgrantee are considered
 839.3 underserved or suffer from or are at risk of
 839.4 homelessness, hunger, poverty, lack of access
 839.5 to health care, or deficits in education. The
 839.6 Minnesota Association for Volunteer
 839.7 Administration must give priority to
 839.8 organizations that are serving the needs of
 839.9 vulnerable populations. By December 15,
 839.10 2023, the Minnesota Association for Volunteer
 839.11 Administration must report data on outcomes
 839.12 from the subgrants and recommendations for
 839.13 improving and sustaining volunteer efforts
 839.14 statewide to the chairs and ranking minority
 839.15 members of the legislative committees and
 839.16 divisions with jurisdiction over human
 839.17 services. This is a onetime appropriation and
 839.18 is available until June 30, 2024.

839.19 (p) **Base Level Adjustment.** The general fund
 839.20 base is increased \$63,209,000 in fiscal year
 839.21 2024 and \$66,859,000 in fiscal year 2025.

839.22 **Subd. 19. Grant Programs; Health Care Grants**

839.23	<u>Appropriations by Fund</u>	
839.24	<u>2022</u>	<u>2023</u>
839.25 <u>General Fund</u>	<u>-0-</u>	<u>3,500,000</u>
839.26 <u>Health Care Access</u>	<u>(1,936,000)</u>	<u>3,936,000</u>

839.27 (a) **Grant Funding to Support Urban**
 839.28 **American Indians in Minnesota Health**
 839.29 **Care Programs.** \$2,500,000 in fiscal year
 839.30 2023 is from the general fund for funding to
 839.31 the Indian Health Board of Minneapolis to
 839.32 support continued access to health care
 839.33 coverage through Minnesota health care
 839.34 programs and improve access to quality care.
 839.35 The general fund base for this appropriation

840.1 is \$3,750,000 in fiscal year 2024 and
840.2 \$1,260,000 in fiscal year 2025.

840.3 **(b) Grants for Navigator Organizations.**

840.4 (1) \$1,936,000 in fiscal year 2023 is from the
840.5 health care access fund for grants to
840.6 organizations with a MNsure grant services
840.7 navigator assister contract in good standing
840.8 as of July 1, 2022. The grants to each
840.9 organization must be in proportion to the
840.10 number of medical assistance and
840.11 MinnesotaCare enrollees each organization
840.12 assisted that resulted in a successful
840.13 enrollment in the second quarter of fiscal year
840.14 2022, as determined by MNsure's navigator
840.15 payment process. This is a onetime
840.16 appropriation and is available until June 30,
840.17 2025.

840.18 (2) \$2,000,000 in fiscal year 2023 is from the
840.19 health care access fund for incentive payments
840.20 as defined in Minnesota Statutes, section
840.21 256.962, subdivision 5. This appropriation is
840.22 available until June 30, 2025. The health care
840.23 access fund base for this appropriation is
840.24 \$1,000,000 in fiscal year 2024 and \$0 in fiscal
840.25 year 2025.

840.26 **(c) Dental Home Pilot Project. \$1,000,000**
840.27 in fiscal year 2023 is from the general fund
840.28 for grants to individual providers and provider
840.29 networks participating in the dental home pilot
840.30 project. This is a onetime appropriation.

840.31 **(d) Base Level Adjustment. The general fund**
840.32 base is increased \$3,750,000 in fiscal year
840.33 2024 and \$1,250,000 in fiscal year 2025. The
840.34 health care access fund base is increased

841.1 \$1,000,000 in fiscal year 2024, and \$0 in fiscal
 841.2 year 2025.

841.3 Subd. 20. **Grant Programs; Other Long-Term**
 841.4 **Care Grants**

-0-

119,336,000

841.5 (a) **Workforce Incentive Fund Grant**

841.6 **Program.** \$118,000,000 in fiscal year 2023

841.7 is to assist disability, housing, substance use,

841.8 and older adult service providers of public

841.9 programs to pay for incentive benefits to

841.10 current and new workers. This is a onetime

841.11 appropriation and is available until June 30,

841.12 2025. Three percent of the total amount of the

841.13 appropriation may be used to administer the

841.14 program, which may include contracting with

841.15 a third-party administrator.

841.16 (b) **Supported Decision Making.** \$600,000

841.17 in fiscal year 2023 is for a grant to Volunteers

841.18 for America for the Centers for Excellence in

841.19 Supported Decision Making to assist older

841.20 adults and people with disabilities in avoiding

841.21 unnecessary guardianships through using less

841.22 restrictive alternatives, such as supported

841.23 decision making. The base for this

841.24 appropriation is \$600,000 in fiscal year 2024,

841.25 \$600,000 in fiscal year 2025, and \$0 in fiscal

841.26 year 2026.

841.27 (c) **Support Coordination Training.**

841.28 \$736,000 in fiscal year 2023 is to develop and

841.29 implement a curriculum and training plan for

841.30 case managers to ensure all case managers

841.31 have the knowledge and skills necessary to

841.32 fulfill support planning and coordination

841.33 responsibilities for people who use home and

841.34 community-based disability services waivers

841.35 authorized under Minnesota Statutes, sections

842.1 256B.0913, 256B.092, and 256B.49, and
 842.2 chapter 256S, and live in own-home settings.
 842.3 Case manager support planning and
 842.4 coordination responsibilities to be addressed
 842.5 in the training include developing a plan with
 842.6 the participant and their family to address
 842.7 urgent staffing changes or unavailability and
 842.8 other support coordination issues that may
 842.9 arise for a participant. The commissioner shall
 842.10 work with lead agencies, advocacy
 842.11 organizations, and other stakeholders to
 842.12 develop the training. An initial support
 842.13 coordination training and competency
 842.14 evaluation must be completed by all staff
 842.15 responsible for case management, and the
 842.16 support coordination training and competency
 842.17 evaluation must be available to all staff
 842.18 responsible for case management following
 842.19 the initial training. The base for this
 842.20 appropriation is \$377,000 in fiscal year 2024,
 842.21 \$377,000 in fiscal year 2025, and \$0 in fiscal
 842.22 year 2026.

842.23 (d) **Base Level Adjustment.** The general fund
 842.24 base is increased \$977,000 in fiscal year 2024
 842.25 and \$977,000 in fiscal year 2025.

842.26 Subd. 21. **Grant Programs; Disabilities Grants** -0- 8,950,000

842.27 (a) **Electronic Visit Verification (EVV)**
 842.28 **Stipends.** \$6,440,000 in fiscal year 2023 is
 842.29 for onetime stipends of \$200 to bargaining
 842.30 members to offset the potential costs related
 842.31 to people using individual devices to access
 842.32 EVV. \$5,600,000 of the appropriation is for
 842.33 stipends and the remaining 15 percent is for
 842.34 administration of these stipends. This is a
 842.35 onetime appropriation.

- 843.1 **(b) Self-Directed Collective Bargaining**
843.2 **Agreement; Temporary Rate Increase**
843.3 **Memorandum of Understanding. \$1,610,000**
843.4 in fiscal year 2023 is for onetime stipends for
843.5 individual providers covered by the SEIU
843.6 collective bargaining agreement based on the
843.7 memorandum of understanding related to the
843.8 temporary rate increase in effect between
843.9 December 1, 2020, and February 7, 2021.
843.10 \$1,400,000 of the appropriation is for stipends
843.11 and the remaining 15 percent is for
843.12 administration of the stipends. This is a
843.13 onetime appropriation.
- 843.14 **(c) Service Employees International Union**
843.15 **Memorandums.** The memorandums of
843.16 understanding submitted by the commissioner
843.17 of management and budget to the Legislative
843.18 Coordinating Commission Subcommittee on
843.19 Employee Relations on March 17, 2022, are
843.20 ratified.
- 843.21 **(d) Direct Care Service Corps Pilot Project.**
843.22 \$500,000 in fiscal year 2023 is for a grant to
843.23 HealthForce Minnesota at Winona State
843.24 University for purposes of the direct care
843.25 service corps pilot project in this act. Up to
843.26 \$25,000 may be used by HealthForce
843.27 Minnesota for administrative costs. This is a
843.28 onetime appropriation.
- 843.29 **(e) Task Force on Disability Services**
843.30 **Accessibility.** \$300,000 in fiscal year 2023 is
843.31 for the Task Force on Disability Services
843.32 Accessibility. This is a onetime appropriation
843.33 and is available until March 31, 2026.

844.1 (f) Base Level Adjustment. The general fund
 844.2 base is increased \$805,000 in fiscal year 2024
 844.3 and \$2,420,000 in fiscal year 2025.

844.4 Subd. 22. Grant Programs; Adult Mental Health
 844.5 Grants

20,000,000

30,776,000

844.6 (a) Expanding Support for Psychiatric
 844.7 Residential Treatment Facilities. \$800,000
 844.8 in fiscal year 2023 is for start-up grants to
 844.9 psychiatric residential treatment facilities as
 844.10 described in Minnesota Statutes, section
 844.11 256B.0941. Grantees may use grant money
 844.12 for emergency workforce shortage uses.
 844.13 Allowable grant uses related to emergency
 844.14 workforce shortages may include but are not
 844.15 limited to hiring and retention bonuses,
 844.16 recruitment of a culturally responsive
 844.17 workforce, and allowing providers to increase
 844.18 the hourly rate in order to be competitive in
 844.19 the market.

844.20 (b) Workforce Incentive Fund Grant
 844.21 Program. \$20,000,000 in fiscal year 2022 is
 844.22 to provide mental health public program
 844.23 providers the ability to pay for incentive
 844.24 benefits to current and new workers. This is
 844.25 a onetime appropriation and is available until
 844.26 June 30, 2025. Three percent of the total
 844.27 amount of the appropriation may be used to
 844.28 administer the program, which may include
 844.29 contracting with a third-party administrator.

844.30 (c) Cultural and Ethnic Infrastructure
 844.31 Grant Funding. \$15,000,000 in fiscal year
 844.32 2023 is for increasing cultural and ethnic
 844.33 infrastructure grant funding under Minnesota
 844.34 Statutes, section 245.4903. The base for this

845.1 appropriation is \$10,000,000 in fiscal year
845.2 2024 and \$10,000,000 in fiscal year 2025.

845.3 **(d) Culturally Specific Grants. \$2,000,000**
845.4 in fiscal year 2023 is for grants for small to
845.5 midsize nonprofit organizations who represent
845.6 and support American Indian, Indigenous, and
845.7 other communities disproportionately affected
845.8 by the opiate crisis. These grants utilize
845.9 traditional healing practices and other
845.10 culturally congruent and relevant supports to
845.11 prevent and curb opiate use disorders through
845.12 housing, treatment, education, aftercare, and
845.13 other activities as determined by the
845.14 commissioner. The base for this appropriation
845.15 is \$2,000,000 in fiscal year 2024 and \$0 in
845.16 fiscal year 2025.

845.17 **(e) African American Community Mental**
845.18 **Health Center Grant. \$1,000,000 in fiscal**
845.19 year 2023 is for a grant to an African
845.20 American mental health service provider that
845.21 is a licensed community mental health center
845.22 specializing in services for African American
845.23 children and families. The center must offer
845.24 culturally specific, comprehensive,
845.25 trauma-informed, practice- and
845.26 evidence-based, person- and family-centered
845.27 mental health and substance use disorder
845.28 services; supervision and training; and care
845.29 coordination to all ages, regardless of ability
845.30 to pay or place of residence. Upon request, the
845.31 commissioner shall make information
845.32 regarding the use of this grant funding
845.33 available to the chairs and ranking minority
845.34 members of the legislative committees with
845.35 jurisdiction over human services. This is a

846.1 onetime appropriation and is available until
846.2 June 30, 2025.

846.3 **(f) Behavioral Health Peer Training.**
846.4 \$1,000,000 in fiscal year 2023 is for training
846.5 and development for mental health certified
846.6 peer specialists, mental health certified family
846.7 peer specialists, and recovery peer specialists.
846.8 Training and development may include but is
846.9 not limited to initial training and certification.

846.10 **(g) Intensive Residential Treatment Services**
846.11 **Locked Facilities.** \$2,796,000 in fiscal year
846.12 2023 is for start-up funds to intensive
846.13 residential treatment service providers to
846.14 provide treatment in locked facilities for
846.15 patients who have been transferred from a jail
846.16 or who have been deemed incompetent to
846.17 stand trial and a judge has determined that the
846.18 patient needs to be in a secure facility. This is
846.19 a onetime appropriation.

846.20 **(h) Base Level Adjustment.** The general fund
846.21 base is increased \$25,792,000 in fiscal year
846.22 2024 and \$30,916,000 in fiscal year 2025. The
846.23 opiate epidemic response base is increased
846.24 \$2,000,000 in fiscal year 2025.

846.25 **Subd. 23. Grant Programs; Child Mental Health**
846.26 **Grants**

-0-

17,359,000

846.27 **(a) First Episode of Psychosis Grants.**
846.28 \$300,000 in fiscal year 2023 is for first
846.29 episode of psychosis grants under Minnesota
846.30 Statutes, section 245.4905.

846.31 **(b) Children's Residential Treatment**
846.32 **Services Emergency Funding.** \$2,500,000
846.33 in fiscal year 2023 is to provide licensed
846.34 children's residential treatment facilities with

847.1 emergency funding for staff overtime,
847.2 one-to-one staffing as needed, staff
847.3 recruitment and retention, and training and
847.4 related costs to maintain quality staff. Up to
847.5 \$500,000 of this appropriation may be
847.6 allocated to support group home organizations
847.7 supporting children transitioning to lower
847.8 levels of care. This is a onetime appropriation.

847.9 **(c) Early Childhood Mental Health**
847.10 **Consultation.** \$3,759,000 in fiscal year 2023
847.11 is for grants to school districts and charter
847.12 schools for early childhood mental health
847.13 consultation under Minnesota Statutes, section
847.14 245.4889. The commissioner may use up to
847.15 \$409,000 for administration.

847.16 **(d) Inpatient Psychiatric and Psychiatric**
847.17 **Residential Treatment Facilities.**
847.18 \$10,000,000 in fiscal year 2023 is for
847.19 competitive grants to hospitals or mental
847.20 health providers to retain, build, or expand
847.21 children's inpatient psychiatric beds for
847.22 children in need of acute high-level psychiatric
847.23 care or psychiatric residential treatment facility
847.24 beds as described in Minnesota Statutes,
847.25 section 256B.0941. In order to be eligible for
847.26 a grant, a hospital or mental health provider
847.27 must serve individuals covered by medical
847.28 assistance under Minnesota Statutes, section
847.29 256B.0625. The base for this appropriation is
847.30 \$15,000,000 in fiscal year 2024 and \$0 in
847.31 fiscal year 2025.

847.32 **(e) Base Level Adjustment.** The general fund
847.33 base is increased \$19,859,000 in fiscal year
847.34 2024 and \$4,859,000 in fiscal year 2025.

848.1	<u>Subd. 24. Grant Programs; Chemical</u>		
848.2	<u>Dependency Treatment Support Grants</u>	<u>-0-</u>	<u>2,000,000</u>
848.3	<u>(a) Emerging Mood Disorder Grant</u>		
848.4	<u>Program.</u> \$1,000,000 in fiscal year 2023 is		
848.5	<u>for emerging mood disorder grants under</u>		
848.6	<u>Minnesota Statutes, section 245.4904.</u>		
848.7	<u>Grantees must use grant money as required in</u>		
848.8	<u>Minnesota Statutes, section 245.4904,</u>		
848.9	<u>subdivision 2.</u>		
848.10	<u>(b) Traditional Healing Grants.</u> The base		
848.11	<u>shall include \$2,000,000 in fiscal year 2025</u>		
848.12	<u>to extend the traditional healing grant funding</u>		
848.13	<u>appropriated in Laws 2019, chapter 63, article</u>		
848.14	<u>3, section 1, paragraph (h), from the opiate</u>		
848.15	<u>epidemic response account to the</u>		
848.16	<u>commissioner of human services. This funding</u>		
848.17	<u>is awarded to all Tribal nations and to five</u>		
848.18	<u>urban Indian communities for traditional</u>		
848.19	<u>healing practices to American Indians and to</u>		
848.20	<u>increase the capacity of culturally specific</u>		
848.21	<u>providers in the behavioral health workforce.</u>		
848.22	<u>(c) Base Level Adjustment.</u> The opiate		
848.23	<u>epidemic response base is increased \$100,000</u>		
848.24	<u>in fiscal year 2025.</u>		
848.25	<u>Subd. 25. Direct Care and Treatment -</u>		
848.26	<u>Operations</u>	<u>-0-</u>	<u>6,501,000</u>
848.27	<u>Base Level Adjustment.</u> The general fund		
848.28	<u>base is increased \$5,267,000 in fiscal year</u>		
848.29	<u>2024 and \$0 in fiscal year 2025.</u>		
848.30	<u>Subd. 26. Technical Activities</u>	<u>-0-</u>	<u>-0-</u>
848.31	<u>(a) Transfers; Child Care and Development</u>		
848.32	<u>Fund.</u> For fiscal years 2024 and 2025, the base		
848.33	<u>shall include a transfer of \$23,500,000 in fiscal</u>		
848.34	<u>year 2024 and \$23,500,000 in fiscal year 2025</u>		
848.35	<u>from the TANF fund to the child care and</u>		

850.1 **(c) Community Health Workers. \$1,462,000**
850.2 in fiscal year 2023 is from the general fund
850.3 for a public health approach to developing
850.4 community health workers across Minnesota
850.5 under Minnesota Statutes, section 145.9282.
850.6 Of this appropriation, \$462,000 is for
850.7 administration and \$1,000,000 is for grants.
850.8 The general fund base for this appropriation
850.9 is \$1,097,000 in fiscal year 2024, of which
850.10 \$337,000 is for administration and \$760,000
850.11 is for grants, and \$1,098,000 in fiscal year
850.12 2025, of which \$338,000 is for administration
850.13 and \$760,000 is for grants.

850.14 **(d) Community Solutions for Healthy Child**
850.15 **Development. \$10,000,000 in fiscal year 2023**
850.16 is from the general fund for the community
850.17 solutions for the healthy child development
850.18 grant program under Minnesota Statutes,
850.19 section 145.9271. Of this appropriation,
850.20 \$1,250,000 is for administration and
850.21 \$8,750,000 is for grants. The general fund base
850.22 appropriation is \$10,000,000 in fiscal year
850.23 2024 and \$10,000,000 in fiscal year 2025, of
850.24 which \$1,250,000 is for administration and
850.25 \$8,750,000 is for grants in each fiscal year.

850.26 **(e) Disability as a Health Equity Issue.**
850.27 \$1,575,000 in fiscal year 2023 is from the
850.28 general fund to reduce disability-related health
850.29 disparities through collaboration and
850.30 coordination between state and community
850.31 partners under Minnesota Statutes, section
850.32 145.9283. Of this appropriation, \$1,130,000
850.33 is for administration and \$445,000 is for
850.34 grants. The general fund base for this
850.35 appropriation is \$1,585,000 in fiscal year 2024

851.1 and \$1,585,000 in fiscal year 2025, of which
851.2 \$1,140,000 is for administration and \$445,000
851.3 is for grants.

851.4 **(f) Drug Overdose and Substance Abuse**
851.5 **Prevention.** \$5,042,000 in fiscal year 2023 is
851.6 from the general fund for a public health
851.7 prevention approach to drug overdose and
851.8 substance use disorder in Minnesota Statutes,
851.9 section 144.8611. Of this appropriation,
851.10 \$921,000 is for administration and \$4,121,000
851.11 is for grants.

851.12 **(g) Healthy Beginnings, Healthy Families.**
851.13 \$11,700,000 in fiscal year 2023 is from the
851.14 general fund for Healthy Beginnings, Healthy
851.15 Families services under Minnesota Statutes,
851.16 section 145.987. The general fund base for
851.17 this appropriation is \$11,818,000 in fiscal year
851.18 2024 and \$11,763,000 in fiscal year 2025. Of
851.19 this appropriation:

851.20 (1) \$7,510,000 in fiscal year 2023 is for the
851.21 Minnesota Collaborative to Prevent Infant
851.22 Mortality under Minnesota Statutes, section
851.23 145.987, subdivisions 2, 3, and 4, of which
851.24 \$1,535,000 is for administration and
851.25 \$5,975,000 is for grants. The general fund base
851.26 for this appropriation is \$7,501,000 in fiscal
851.27 year 2024, of which \$1,526,000 is for
851.28 administration and \$5,975,000 is for grants,
851.29 and \$7,501,000 in fiscal year 2025, of which
851.30 \$1,526,000 is for administration and
851.31 \$5,975,000 is for grants.

851.32 (2) \$340,000 in fiscal year 2023 is for Help
851.33 Me Connect under Minnesota Statutes, section
851.34 145.987, subdivisions 5 and 6. The general
851.35 fund base for this appropriation is \$663,000

852.1 in fiscal year 2024 and \$663,000 in fiscal year
852.2 2025.

852.3 (3) \$1,940,000 in fiscal year 2023 is for
852.4 voluntary developmental and social-emotional
852.5 screening and follow-up under Minnesota
852.6 Statutes, section 145.987, subdivisions 7 and
852.7 8, of which \$1,190,000 is for administration
852.8 and \$750,000 is for grants. The general fund
852.9 base for this appropriation is \$1,764,000 in
852.10 fiscal year 2024, of which \$1,014,000 is for
852.11 administration and \$750,000 is for grants, and
852.12 \$1,764,000 in fiscal year 2025, of which
852.13 \$1,014,000 is for administration and \$750,000
852.14 is for grants.

852.15 (4) \$1,910,000 in fiscal year 2023 is for model
852.16 jail practices for incarcerated parents under
852.17 Minnesota Statutes, section 145.987,
852.18 subdivisions 9, 10, and 11, of which \$485,000
852.19 is for administration and \$1,425,000 is for
852.20 grants. The general fund base for this
852.21 appropriation is \$1,890,000 in fiscal year
852.22 2024, of which \$465,000 is for administration
852.23 and \$1,425,000 is for grants, and \$1,835,000
852.24 in fiscal year 2025, of which \$410,000 is for
852.25 administration and \$1,425,000 is for grants.

852.26 (h) **Home Visiting.** \$62,386,000 in fiscal year
852.27 2023 is from the general fund for universal,
852.28 voluntary home visiting services under
852.29 Minnesota Statutes, section 145.871. Of this
852.30 appropriation, up to seven percent is for
852.31 administration and at least 93 percent is for
852.32 implementation grants of home visiting
852.33 services to families. The general fund base for
852.34 this appropriation is \$63,386,000 in fiscal year
852.35 2024 and \$63,386,000 in fiscal year 2025.

853.1 (i) **Long COVID.** \$2,669,000 in fiscal year
853.2 2023 is from the general fund for a public
853.3 health approach to supporting long COVID
853.4 survivors under Minnesota Statutes, section
853.5 145.361. Of this appropriation, \$2,119,000 is
853.6 for administration and \$550,000 is for grants.
853.7 The base for this appropriation is \$3,706,000
853.8 in fiscal year 2024 and \$3,706,000 in fiscal
853.9 year 2025, of which \$3,156,000 is for
853.10 administration and \$550,000 is for grants in
853.11 each fiscal year.

853.12 (j) **Medical Education Research Cost**
853.13 (MERC). Of the amount previously
853.14 appropriated in the general fund by Laws
853.15 2015, chapter 71, article 3, section 2, for the
853.16 MERC program, \$150,000 in fiscal year 2023
853.17 and each year thereafter is for the
853.18 administration of grants under Minnesota
853.19 Statutes, section 62J.692.

853.20 (k) **No Surprises Act Enforcement.** \$964,000
853.21 in fiscal year 2023 is from the general fund
853.22 for implementation of the federal No Surprises
853.23 Act portion of the Consolidated
853.24 Appropriations Act, 2021, under Minnesota
853.25 Statutes, section 62Q.021, subdivision 3. The
853.26 general fund base for this appropriation is
853.27 \$763,000 in fiscal year 2024 and \$757,000 in
853.28 fiscal year 2025.

853.29 (l) **Public Health System Transformation.**
853.30 \$23,531,000 in fiscal year 2023 is from the
853.31 general fund for public health system
853.32 transformation. Of this appropriation:

853.33 (1) \$20,000,000 is for grants to community
853.34 health boards under Minnesota Statutes,

854.1 section 145A.131, subdivision 1, paragraph
854.2 (f).

854.3 (2) \$1,000,000 is for grants to Tribal
854.4 governments under Minnesota Statutes, section
854.5 145A.14, subdivision 2b.

854.6 (3) \$1,000,000 is for a public health
854.7 AmeriCorps program grant under Minnesota
854.8 Statutes, section 145.9292.

854.9 (4) \$1,531,000 is for the commissioner to
854.10 oversee and administer activities under this
854.11 paragraph.

854.12 **(m) Revitalize Health Care Workforce.**
854.13 \$21,575,000 in fiscal year 2023 is from the
854.14 health care access fund to address challenges
854.15 of Minnesota's health care workforce. Of this
854.16 appropriation:

854.17 (1) \$2,073,000 in fiscal year 2023 is for the
854.18 health professionals clinical training expansion
854.19 and rural and underserved clinical rotations
854.20 grant programs under Minnesota Statutes,
854.21 section 144.1505, of which \$423,000 is for
854.22 administration and \$1,650,000 is for grants.
854.23 Grant appropriations are available until
854.24 expended under Minnesota Statutes, section
854.25 144.1505, subdivision 2.

854.26 (2) \$4,507,000 in fiscal year 2023 is for the
854.27 primary care rural residency training grant
854.28 program under Minnesota Statutes, section
854.29 144.1507, of which \$207,000 is for
854.30 administration and \$4,300,000 is for grants.
854.31 Grant appropriations are available until
854.32 expended under Minnesota Statutes, section
854.33 144.1507, subdivision 2.

855.1 (3) \$430,000 in fiscal year 2023 is for the
855.2 international medical graduates assistance
855.3 program under Minnesota Statutes, section
855.4 144.1911, for international immigrant medical
855.5 graduates to fill a gap in their preparedness
855.6 for medical residencies or transition to a new
855.7 career making use of their medical degrees.
855.8 Of this appropriation, \$55,000 is for
855.9 administration and \$375,000 is for grants.

855.10 (4) \$12,565,000 in fiscal year 2023 is for a
855.11 grant program to health care systems,
855.12 hospitals, clinics, and other providers to ensure
855.13 the availability of clinical training for students,
855.14 residents, and graduate students to meet health
855.15 professions educational requirements under
855.16 Minnesota Statutes, section 144.1511, of
855.17 which \$565,000 is for administration and
855.18 \$12,000,000 is for grants.

855.19 (5) \$2,000,000 in fiscal year 2023 is for the
855.20 mental health cultural community continuing
855.21 education grant program, of which \$460,000
855.22 is for administration and \$1,540,000 is for
855.23 grants.

855.24 (n) **School Health.** \$837,000 in fiscal year
855.25 2023 is from the general fund for the School
855.26 Health Initiative under Minnesota Statutes,
855.27 section 145.988. The general fund base for
855.28 this appropriation is \$3,462,000 in fiscal year
855.29 2024, of which \$1,212,000 is for
855.30 administration and \$2,250,000 is for grants
855.31 and \$3,287,000 in fiscal year 2025, of which
855.32 \$1,037,000 is for administration and
855.33 \$2,250,000 is for grants.

855.34 (o) **Trauma System.** \$61,000 in fiscal year
855.35 2023 is from the general fund to administer

856.1 the trauma care system throughout the state
856.2 under Minnesota Statutes, sections 144.602,
856.3 144.603, 144.604, 144.606, and 144.608.
856.4 \$430,000 in fiscal year 2023 is from the state
856.5 government special revenue fund for trauma
856.6 designations according to Minnesota Statutes,
856.7 sections 144.122, paragraph (g), 144.605, and
856.8 144.6071.

856.9 **(p) Mental Health Providers; Loan**
856.10 **Forgiveness, Grants, Information**
856.11 **Clearinghouse.** \$4,275,000 in fiscal year 2023
856.12 is from the general fund for activities to
856.13 increase the number of mental health
856.14 professionals in the state. Of this
856.15 appropriation:

856.16 (1) \$1,000,000 is for loan forgiveness under
856.17 the health professional education loan
856.18 forgiveness program under Minnesota Statutes,
856.19 section 144.1501, notwithstanding the
856.20 priorities and distribution requirements in that
856.21 section, for eligible mental health
856.22 professionals who provide clinical supervision
856.23 in their designated field;

856.24 (2) \$3,000,000 is for the mental health
856.25 provider supervision grant program under
856.26 Minnesota Statutes, section 144.1508;

856.27 (3) \$250,000 is for the mental health
856.28 professional scholarship grant program under
856.29 Minnesota Statutes, section 144.1509; and

856.30 (4) \$25,000 is for the commissioner to
856.31 establish and maintain a website to serve as
856.32 an information clearinghouse for mental health
856.33 professionals and individuals seeking to
856.34 qualify as a mental health professional. The

857.1 website must contain information on the
857.2 various master's level programs to become a
857.3 mental health professional, requirements for
857.4 supervision, where to find supervision, how
857.5 to access tools to study for the applicable
857.6 licensing examination, links to loan
857.7 forgiveness programs and tuition
857.8 reimbursement programs, and other topics of
857.9 use to individuals seeking to become a mental
857.10 health professional. This is a onetime
857.11 appropriation.

857.12 **(q) Palliative Care Advisory Council.**
857.13 \$44,000 in fiscal year 2023 is from the general
857.14 fund for the Palliative Care Advisory Council
857.15 under Minnesota Statutes, section 144.059.

857.16 **(r) Emmett Louis Till Victims Recovery**
857.17 **Program.** \$500,000 in fiscal year 2023 is from
857.18 the general fund for the Emmett Louis Till
857.19 Victims Recovery Program. This is a onetime
857.20 appropriation and is available until June 30,
857.21 2024.

857.22 **(s) Study; POLST Forms.** \$292,000 in fiscal
857.23 year 2023 is from the general fund for the
857.24 commissioner to study the creation of a
857.25 statewide registry of provider orders for
857.26 life-sustaining treatment and issue a report and
857.27 recommendations.

857.28 **(t) Benefit and Cost Analysis of Universal**
857.29 **Health Reform Proposal.** \$461,000 in fiscal
857.30 year 2023 is from the general fund for an
857.31 analysis of the benefits and costs of a universal
857.32 health care financing system and a similar
857.33 analysis of the current health care financing
857.34 system. Of this appropriation, \$250,000 is for
857.35 a contract with the University of Minnesota

858.1 School of Public Health and the Carlson
858.2 School of Management. The general fund base
858.3 for this appropriation is \$288,000 in fiscal year
858.4 2024, of which \$250,000 is for a contract with
858.5 the University of Minnesota School of Public
858.6 Health and the Carlson School of
858.7 Management, and \$0 in fiscal year 2025.

858.8 **(u) Technical Assistance; Health Care**
858.9 **Trends and Costs.** \$2,506,000 in fiscal year
858.10 2023 is from the general fund for technical
858.11 assistance to the Health Care Affordability
858.12 Board in analyzing health care trends and costs
858.13 and setting health care spending growth
858.14 targets. The general fund base for this
858.15 appropriation is \$2,753,000 in fiscal year 2024
858.16 and \$2,694,000 in fiscal year 2025.

858.17 **(v) Sexual Exploitation and Trafficking**
858.18 **Study.** \$300,000 in fiscal year 2023 is to fund
858.19 a prevalence study on youth and adult victim
858.20 survivors of sexual exploitation and
858.21 trafficking. This is a onetime appropriation
858.22 and is available until June 30, 2024.

858.23 **(w) Local and Tribal Public Health**
858.24 **Emergency Preparedness and Response.**
858.25 \$9,000,000 in fiscal year 2023 is from the
858.26 general fund for distribution to local and Tribal
858.27 public health organizations for emergency
858.28 preparedness and response capabilities. At
858.29 least 90 percent of this appropriation must be
858.30 distributed to local and Tribal public health
858.31 organizations, and up to ten percent of this
858.32 appropriation may be used by the
858.33 commissioner for administrative costs. Use of
858.34 this appropriation must align with the Centers
858.35 for Disease Control and Prevention's issued

859.1 report: Public Health Emergency Preparedness
859.2 and Response Capabilities: National Standards
859.3 for State, Local, Tribal, and Territorial Public
859.4 Health.

859.5 **(x) Loan Forgiveness for Nursing**

859.6 **Instructors.** Notwithstanding the priorities
859.7 and distribution requirements in Minnesota
859.8 Statutes, section 144.1501, \$50,000 in fiscal
859.9 year 2023 is from the general fund for loan
859.10 forgiveness under the health professional
859.11 education loan forgiveness program under
859.12 Minnesota Statutes, section 144.1501, for
859.13 eligible nurses who agree to teach.

859.14 **(y) Mental Health of Health Care Workers.**

859.15 \$1,000,000 in fiscal year 2023 is from the
859.16 general fund for competitive grants to
859.17 hospitals, community health centers, rural
859.18 health clinics, and medical professional
859.19 associations to establish or enhance
859.20 evidence-based or evidence-informed
859.21 programs dedicated to improving the mental
859.22 health of health care professionals.

859.23 **(z) Prevention of Violence in Health Care.**

859.24 \$50,000 in fiscal year 2023 is from the general
859.25 fund to continue the prevention of violence in
859.26 health care programs and to create violence
859.27 prevention resources for hospitals and other
859.28 health care providers to use to train their staff
859.29 on violence prevention.

859.30 **(aa) Hospital Nursing Loan Forgiveness.**

859.31 \$5,000,000 in fiscal year 2023 is from the
859.32 general fund for the hospital nursing loan
859.33 forgiveness program under Minnesota Statutes,
859.34 section 144.1504.

860.1 (bb) Program to Distribute COVID-19
 860.2 Tests, Masks, and Respirators. \$15,000,000
 860.3 in fiscal year 2023 is from the general fund
 860.4 for a program to distribute COVID-19 tests,
 860.5 masks, and respirators to individuals in the
 860.6 state. This is a onetime appropriation.

860.7 (cc) Safe Harbor Grants. \$1,000,000 in fiscal
 860.8 year 2023 is for grants to fund supportive
 860.9 services, including but not limited to legal
 860.10 services, mental health therapy, substance use
 860.11 disorder counseling, and case management for
 860.12 sexually exploited youth or youth at risk of
 860.13 sexual exploitation under Minnesota Statutes,
 860.14 section 145.4716.

860.15 (dd) Dignity in Pregnancy and Childbirth
 860.16 Act. \$50,000 in fiscal year 2023 is from the
 860.17 general fund for hosting and maintaining a
 860.18 continuing education curriculum and course
 860.19 under Minnesota Statutes, section 144.1461.

860.20 (ee) Base Level Adjustments. The general
 860.21 fund base is increased \$189,352,000 in fiscal
 860.22 year 2024 and \$188,770,000 in fiscal year
 860.23 2025. The state government special revenue
 860.24 fund base is increased \$1,380,000 in fiscal
 860.25 year 2024 and \$1,380,000 in fiscal year 2025.

860.26 Subd. 3. Health Protection

860.27	<u>Appropriations by Fund</u>		
860.28	<u>General</u>	<u>-0-</u>	<u>57,303,000</u>
860.29	<u>State Government</u>		
860.30	<u>Special Revenue</u>	<u>-0-</u>	<u>4,386,000</u>

860.31 (a) Climate Resiliency. \$1,977,000 in fiscal
 860.32 year 2023 is from the general fund for climate
 860.33 resiliency actions under Minnesota Statutes,
 860.34 section 144.9981. Of this appropriation,
 860.35 \$977,000 is for administration and \$1,000,000

861.1 is for grants. The general fund base for this
861.2 appropriation is \$988,000 in fiscal year 2024,
861.3 of which \$888,000 is for administration and
861.4 \$100,000 is for grants, and \$989,000 in fiscal
861.5 year 2025, of which \$889,000 is for
861.6 administration and \$100,000 is for grants.

861.7 **(b) Lead Testing and Remediation Grant**
861.8 **Program; Schools, Child Care Centers,**
861.9 **Family Child Care Providers. \$3,054,000**
861.10 in fiscal year 2023 is from the general fund
861.11 for a lead testing and remediation grant
861.12 program for schools, licensed child care
861.13 centers, and licensed family child care
861.14 providers under Minnesota Statutes, section
861.15 145.9272. Of this appropriation, \$454,000 is
861.16 for administration and \$2,600,000 is for
861.17 grants. The general fund base for this
861.18 appropriation is \$2,540,000 in fiscal year
861.19 2024, of which \$370,000 is for administration
861.20 and \$2,170,000 is for grants, and \$2,540,000
861.21 in fiscal year 2025, of which \$371,000 is for
861.22 administration and \$2,710,000 is for grants.

861.23 **(c) Lead Service Line Inventory. \$4,029,000**
861.24 in fiscal year 2023 is from the general fund
861.25 for grants to public water suppliers to complete
861.26 a lead service line inventory of their
861.27 distribution systems under Minnesota Statutes,
861.28 section 144.383, clause (6). Of this
861.29 appropriation, \$279,000 is for administration
861.30 and \$3,750,000 is for grants. The general fund
861.31 base for this appropriation is \$4,029,000 in
861.32 fiscal year 2024, of which \$279,000 is for
861.33 administration and \$3,750,000 is for grants,
861.34 and \$140,000 in fiscal year 2025, which is for
861.35 administration.

862.1 **(d) Lead Service Line Replacement.**
862.2 \$5,000,000 in fiscal year 2023 is from the
862.3 general fund for administrative costs related
862.4 to the replacement of lead service lines in the
862.5 state.

862.6 **(e) Grants to Local Public Health**
862.7 **Departments.** \$16,172,000 in fiscal year 2023
862.8 is from the general fund for grants to local
862.9 public health departments for public health
862.10 response related to defining elevated blood
862.11 lead level as 3.5 micrograms of lead or greater
862.12 per deciliter of whole blood. Of this amount,
862.13 \$172,000 is available to the commissioner for
862.14 administrative costs. This appropriation is
862.15 available until June 30, 2025. The general fund
862.16 base for this appropriation is \$5,000,000 in
862.17 fiscal year 2024 and \$5,000,000 in fiscal year
862.18 2025.

862.19 **(f) Mercury in Skin-Lightening Products**
862.20 **Grants.** \$100,000 in fiscal year 2023 is from
862.21 the general fund for a skin-lightening products
862.22 public awareness and education grant program
862.23 under Minnesota Statutes, section 145.9275.

862.24 **(g) HIV Prevention for People Experiencing**
862.25 **Homelessness.** \$1,129,000 in fiscal year 2023
862.26 is from the general fund for expanding access
862.27 to harm reduction services and improving
862.28 linkages to care to prevent HIV/AIDS,
862.29 hepatitis, and other infectious diseases for
862.30 those experiencing homelessness or housing
862.31 instability under Minnesota Statutes, section
862.32 145.924, paragraph (d). Of this appropriation,
862.33 \$169,000 is for administration and \$960,000
862.34 is for grants.

863.1 (h) Safety Improvements for State-Licensed
863.2 Long-Term Care Facilities. \$5,500,000 in
863.3 fiscal year 2023 is from the general fund for
863.4 a temporary grant program for safety
863.5 improvements for state-licensed long-term
863.6 care facilities. Of this appropriation, \$500,000
863.7 is for administration and \$5,000,000 is for
863.8 grants. The general fund base for this
863.9 appropriation is \$8,200,000 in fiscal year 2024
863.10 and \$0 in fiscal year 2025. Of this
863.11 appropriation in fiscal year 2024, \$700,000 is
863.12 for administration and \$7,500,000 is for
863.13 grants. This appropriation is available until
863.14 June 30, 2025.

863.15 (i) Mortuary Science. \$219,000 in fiscal year
863.16 2023 is from the state government special
863.17 revenue fund for regulation of transfer care
863.18 specialists under Minnesota Statutes, chapter
863.19 149A, and for additional reporting
863.20 requirements under Minnesota Statutes,
863.21 section 149A.94. The state government special
863.22 revenue fund base for this appropriation is
863.23 \$132,000 in fiscal year 2024 and \$61,000 in
863.24 fiscal year 2025.

863.25 (j) Public Health Response Contingency
863.26 Account. \$20,000,000 in fiscal year 2023 is
863.27 from the general fund for transfer to the public
863.28 health response contingency account under
863.29 Minnesota Statutes, section 144.4199.

863.30 (k) Base Level Adjustments. The general
863.31 fund base is increased \$22,269,000 in fiscal
863.32 year 2024 and \$10,064,000 in fiscal year 2025.
863.33 The state government special revenue fund
863.34 base is increased \$4,299,000 in fiscal year
863.35 2024 and \$4,228,000 in fiscal year 2025.

864.1	Sec. 4. <u>HEALTH-RELATED BOARDS</u>			
864.2	<u>Subdivision 1. Total Appropriation</u>	\$	<u>-0-</u>	<u>\$ 203,000</u>
864.3	<u>Appropriations by Fund</u>			
864.4	<u>General Fund</u>	<u>-0-</u>		<u>175,000</u>
864.5	<u>State Government</u>			
864.6	<u>Special Revenue</u>	<u>-0-</u>		<u>28,000</u>
864.7	<u>This appropriation is from the state</u>			
864.8	<u>government special revenue fund unless</u>			
864.9	<u>specified otherwise. The amounts that may be</u>			
864.10	<u>spent for each purpose are specified in the</u>			
864.11	<u>following subdivisions.</u>			
864.12	<u>Subd. 2. Board of Dentistry</u>		<u>-0-</u>	<u>3,000</u>
864.13	<u>Subd. 3. Board of Dietetics and Nutrition</u>			
864.14	<u>Practice</u>		<u>-0-</u>	<u>25,000</u>
864.15	<u>Subd. 4. Board of Pharmacy</u>		<u>-0-</u>	<u>175,000</u>
864.16	<u>This appropriation is from the general fund.</u>			
864.17	<u>Medication repository program. \$175,000</u>			
864.18	<u>in fiscal year 2023 is for transfer by the Board</u>			
864.19	<u>of Pharmacy to the central repository to be</u>			
864.20	<u>used to administer the medication repository</u>			
864.21	<u>program according to the contract between the</u>			
864.22	<u>central repository and the Board of Pharmacy.</u>			
864.23	Sec. 5. <u>COUNCIL ON DISABILITY</u>	\$	<u>-0-</u>	<u>\$ 375,000</u>
864.24	Sec. 6. <u>EMERGENCY MEDICAL SERVICES</u>			
864.25	<u>REGULATORY BOARD</u>	\$	<u>-0-</u>	<u>\$ 200,000</u>
864.26	<u>This is a onetime appropriation.</u>			
864.27	Sec. 7. <u>BOARD OF DIRECTORS OF MNSURE</u>	\$	<u>-0-</u>	<u>\$ 7,775,000</u>
864.28	<u>This appropriation may be transferred to the</u>			
864.29	<u>MNsure account established in Minnesota</u>			
864.30	<u>Statutes, section 62V.07.</u>			
864.31	<u>Base Adjustment.</u> The general fund base for			
864.32	<u>this appropriation is \$10,982,000 in fiscal year</u>			

865.1 2024, \$6,450,000 in fiscal year 2025, and \$0
 865.2 in fiscal year 2026.

865.3 **Sec. 8. HEALTH CARE AFFORDABILITY**
 865.4 **BOARD.**

\$ **-0-** **\$** **1,070,000**

865.5 **(a) Health Care Affordability Board.**
 865.6 \$1,070,000 in fiscal year 2023 is for the Health
 865.7 Care Affordability Board to implement
 865.8 Minnesota Statutes, sections 62J.86 to 62J.72.

865.9 **(b) Base Level Adjustment.** The general fund
 865.10 base is increased \$1,417,000 in fiscal year
 865.11 2024 and \$1,485,000 in fiscal year 2025.

865.12 **Sec. 9. COMMISSIONER OF COMMERCE**

\$ **-0-** **\$** **251,000**

865.13 **(a) Prescription Drug Affordability Board.**

865.14 \$197,000 in fiscal year 2023 is for the
 865.15 commissioner of commerce to establish the
 865.16 Prescription Drug Affordability Board under
 865.17 Minnesota Statutes, section 62J.87, and for
 865.18 the Prescription Drug Affordability Board to
 865.19 implement the Prescription Drug Affordability
 865.20 Act. Following the first meeting of the board
 865.21 and prior to June 30, 2023, the commissioner
 865.22 of commerce shall transfer any funds
 865.23 remaining from this appropriation to the board.
 865.24 The base for this appropriation is \$357,000 in
 865.25 fiscal year 2024 and \$357,000 in fiscal year
 865.26 2025.

865.27 **(b) Ectodermal Dysplasias.** \$54,000 in fiscal
 865.28 year 2023 is for costs related to insurance
 865.29 coverage of ectodermal dysplasias. The base
 865.30 for this appropriation is \$58,000 in fiscal year
 865.31 2024 and \$62,000 in fiscal year 2025.

865.32 **Sec. 10. COMMISSIONER OF LABOR AND**
 865.33 **INDUSTRY**

\$ **-0-** **\$** **641,000**

866.1	<u>Nursing Home Workforce Standards</u>			
866.2	<u>Board. \$641,000 in fiscal year 2023 is for</u>			
866.3	<u>establishment and operation of the Nursing</u>			
866.4	<u>Home Workforce Standards Board in</u>			
866.5	<u>Minnesota Statutes, sections 181.211 to</u>			
866.6	<u>181.217. The base for this appropriation is</u>			
866.7	<u>\$322,000 in fiscal year 2024 and \$368,000 in</u>			
866.8	<u>fiscal year 2025.</u>			
866.9	Sec. 11. <u>ATTORNEY GENERAL</u>	<u>\$</u>	<u>-0-</u>	<u>\$ 456,000</u>
866.10	<u>(a) Expert Witnesses. \$200,000 in fiscal year</u>			
866.11	<u>2023 is for expert witnesses and investigations</u>			
866.12	<u>under Minnesota Statutes, section 62J.844.</u>			
866.13	<u>This is a onetime appropriation.</u>			
866.14	<u>(b) Prescription Drug Enforcement.</u>			
866.15	<u>\$256,000 in fiscal year 2023 is for prescription</u>			
866.16	<u>drug enforcement. This is a onetime</u>			
866.17	<u>appropriation.</u>			
866.18	Sec. 12. <u>COMMISSIONER OF EDUCATION</u>	<u>\$</u>	<u>-0-</u>	<u>\$ 264,000</u>
866.19	<u>Information Technology and Data Sharing</u>			
866.20	<u>Projects for Early Childhood Programs.</u>			
866.21	<u>\$264,000 in fiscal year 2023 is for staff and</u>			
866.22	<u>costs related to the information technology</u>			
866.23	<u>project and the data sharing project for</u>			
866.24	<u>programs impacting early childhood. The base</u>			
866.25	<u>for this appropriation is \$503,000 in fiscal year</u>			
866.26	<u>2024 and \$493,000 in fiscal year 2025 only.</u>			
866.27	Sec. 13. <u>COMMISSIONER OF INFORMATION</u>			
866.28	<u>TECHNOLOGY SERVICES</u>	<u>\$</u>	<u>-0-</u>	<u>\$ 6,441,000</u>
866.29	<u>Information Technology Project for Early</u>			
866.30	<u>Childhood Programs. \$6,441,000 in fiscal</u>			
866.31	<u>year 2023 is for staff and costs related to the</u>			
866.32	<u>information technology project for programs</u>			
866.33	<u>impacting early childhood. This is a onetime</u>			

867.1 appropriation and is available until June 30,
867.2 2027.

867.3 **Sec. 14. COMMISSIONER OF**
867.4 **MANAGEMENT AND BUDGET** **\$** **-0-** **\$** **492,000**

867.5 **Information Technology and Data Sharing**
867.6 **Projects for Early Childhood Programs.**

867.7 \$492,000 in fiscal year 2023 is for the
867.8 commissioner of management and budget to:
867.9 (1) identify any state or federal statutes or
867.10 administrative rules and practices that prevent
867.11 or complicate data sharing among child care
867.12 and early learning programs administered by
867.13 the Departments of Education and Human
867.14 Services and other departments with programs
867.15 impacting early childhood as identified by the
867.16 Children's Cabinet; (2) support ongoing efforts
867.17 to address any barriers to data sharing; and (3)
867.18 support work related to the information
867.19 technology modernization project for
867.20 programs impacting early childhood. The
867.21 commissioner of management and budget must
867.22 consult with the commissioners of education,
867.23 human services, and information technology
867.24 services; the Children's Cabinet; and other
867.25 stakeholders. The commissioner of
867.26 management and budget must report
867.27 preliminary findings to the legislative
867.28 committees with jurisdiction over early
867.29 childhood programs by February 1, 2023, and
867.30 make a final report by February 1, 2024. The
867.31 base for this appropriation is \$192,000 in fiscal
867.32 year 2024 and \$97,000 in fiscal year 2025
867.33 only.

867.34 **Sec. 15. COMMISSIONER OF EMPLOYMENT**
867.35 **AND ECONOMIC DEVELOPMENT** **\$** **-0-** **\$** **255,000**

868.1 **Early Childhood Education Workforce**
 868.2 **Study.** \$255,000 in fiscal year 2023 is for a
 868.3 study on the early childhood education
 868.4 workforce in Minnesota. The study must
 868.5 provide a consolidated report of current data
 868.6 on the makeup of the early childhood
 868.7 education workforce, including those working
 868.8 in certified and licensed child care centers and
 868.9 family child care homes, Early Head Start and
 868.10 Head Start programs, and school-based
 868.11 programs, including early childhood special
 868.12 education; wages, income, and benefits in the
 868.13 industry; and barriers to entering these careers
 868.14 or retaining workers in the field, along with
 868.15 information on any other relevant issues
 868.16 identified during the research process. At a
 868.17 minimum, the study must replicate the data
 868.18 points published in the study funded by the
 868.19 Department of Human Services titled Child
 868.20 Care Workforce in Minnesota: 2011 Statewide
 868.21 Study of Demographics, Training and
 868.22 Professional Development. The study must be
 868.23 completed within 18 months, and the
 868.24 commissioner may contract with another
 868.25 organization to complete the study. This is a
 868.26 onetime appropriation and is available until
 868.27 December 30, 2023.

868.28 Sec. 16. Laws 2021, First Special Session chapter 2, article 1, section 4, subdivision 2, is
 868.29 amended to read:

868.30	Subd. 2. Operations and Maintenance	621,968,000	621,968,000
868.31	(a) \$15,000,000 in fiscal year 2022 and		
868.32	\$15,000,000 in fiscal year 2023 are to: (1)		
868.33	increase the medical school's research		
868.34	capacity; (2) improve the medical school's		
868.35	ranking in National Institutes of Health		

869.1 funding; (3) ensure the medical school's
869.2 national prominence by attracting and
869.3 retaining world-class faculty, staff, and
869.4 students; (4) invest in physician training
869.5 programs in rural and underserved
869.6 communities; and (5) translate the medical
869.7 school's research discoveries into new
869.8 treatments and cures to improve the health of
869.9 Minnesotans.

869.10 (b) \$7,800,000 in fiscal year 2022 and
869.11 \$7,800,000 in fiscal year 2023 are for health
869.12 training restoration. This appropriation must
869.13 be used to support all of the following: (1)
869.14 faculty physicians who teach at eight residency
869.15 program sites, including medical resident and
869.16 student training programs in the Department
869.17 of Family Medicine; (2) the Mobile Dental
869.18 Clinic; and (3) expansion of geriatric
869.19 education and family programs.

869.20 (c) \$4,000,000 in fiscal year 2022 and
869.21 \$4,000,000 in fiscal year 2023 are for the
869.22 Minnesota Discovery, Research, and
869.23 InnoVation Economy funding program for
869.24 cancer care research.

869.25 (d) \$500,000 in fiscal year 2022 and \$500,000
869.26 in fiscal year 2023 are for the University of
869.27 Minnesota, Morris branch, to cover the costs
869.28 of tuition waivers under Minnesota Statutes,
869.29 section 137.16.

869.30 (e) \$150,000 in fiscal year 2022 and \$150,000
869.31 in fiscal year 2023 are for the Chloe Barnes
869.32 Advisory Council on Rare Diseases under
869.33 Minnesota Statutes, section 137.68. The fiscal
869.34 year 2023 appropriation shall be transferred
869.35 to the Council on Disability. The base for this

870.1 appropriation is \$0 in fiscal year 2024 and
870.2 later.

870.3 (f) The total operations and maintenance base
870.4 for fiscal year 2024 and later is \$620,818,000.

870.5 **Sec. 17. APPROPRIATIONS FOR ADVISORY COUNCIL ON RARE DISEASES.**

870.6 In accordance with Minnesota Statutes, section 15.039, subdivision 6, the unexpended
870.7 balance of money appropriated from the general fund to the Board of Regents of the
870.8 University of Minnesota for purposes of the advisory council on rare diseases under
870.9 Minnesota Statutes, section 137.68, shall be under control of the Minnesota Rare Disease
870.10 Advisory Council and the Council on Disability.

870.11 **Sec. 18. APPROPRIATION ENACTED MORE THAN ONCE.**

870.12 If an appropriation is enacted more than once in the 2022 legislative session, the
870.13 appropriation must be given effect only once.

870.14 **Sec. 19. SUNSET OF UNCODIFIED LANGUAGE.**

870.15 All uncodified language contained in this article expires on June 30, 2023, unless a
870.16 different effective date is explicit.

870.17 **Sec. 20. EFFECTIVE DATE.**

870.18 This article is effective the day following final enactment."

870.19 Amend the title accordingly