

1.1 moves to amend H.F. No. 2050 as follows:

1.2 Delete everything after the enacting clause and insert:

1.3 "Section 1. Minnesota Statutes 2022, section 144.1481, subdivision 1, is amended to read:

1.4 Subdivision 1. **Establishment; membership.** The commissioner of health shall establish
1.5 a ~~16-member~~ 21-member Rural Health Advisory Committee. The committee shall consist
1.6 of the following members, all of whom must reside outside the seven-county metropolitan
1.7 area, as defined in section 473.121, subdivision 2:

1.8 (1) two members from the house of representatives of the state of Minnesota, one from
1.9 the majority party and one from the minority party;

1.10 (2) two members from the senate of the state of Minnesota, one from the majority party
1.11 and one from the minority party;

1.12 (3) a volunteer member of an ambulance service based outside the seven-county
1.13 metropolitan area;

1.14 (4) a representative of a hospital located outside the seven-county metropolitan area;

1.15 (5) a representative of a nursing home located outside the seven-county metropolitan
1.16 area;

1.17 (6) a medical doctor or doctor of osteopathic medicine licensed under chapter 147;

1.18 (7) a dentist licensed under chapter 150A or other oral health professional if a dentist is
1.19 not available to participate;

1.20 (8) ~~a midlevel practitioner~~ an advanced practice professional;

1.21 (9) a registered nurse or licensed practical nurse;

2.1 (10) a licensed health care professional from an occupation not otherwise represented
2.2 on the committee;

2.3 (11) a representative of an institution of higher education located outside the seven-county
2.4 metropolitan area that provides training for rural health care providers; ~~and~~

2.5 (12) a member of a Tribal nation;

2.6 (13) a representative of a local public health agency or community health board;

2.7 (14) a health professional or advocate with experience working with people with mental
2.8 illness;

2.9 (15) a representative of a community organization that works with individuals
2.10 experiencing health disparities;

2.11 (16) an individual with expertise in economic development, or an employer working
2.12 outside the seven-county metropolitan area; and

2.13 ~~(12)~~ (17) three consumers, at least one of whom must be an advocate for persons who
2.14 ~~are mentally ill or developmentally disabled~~ from a community experiencing health
2.15 disparities.

2.16 The commissioner will make recommendations for committee membership. Committee
2.17 members will be appointed by the governor. In making appointments, the governor shall
2.18 ensure that appointments provide geographic balance among those areas of the state outside
2.19 the seven-county metropolitan area. The chair of the committee shall be elected by the
2.20 members. The advisory committee is governed by section 15.059, except that the members
2.21 do not receive per diem compensation.

2.22 Sec. 2. Minnesota Statutes 2022, section 144.2151, is amended to read:

2.23 **144.2151 FETAL DEATH RECORD AND CERTIFICATE OF BIRTH**
2.24 **RESULTING IN STILLBIRTH.**

2.25 Subdivision 1. **Filing Registration.** A fetal death record of birth for each birth resulting
2.26 in a stillbirth in this state, on or after August 1, 2005, must be established for which a each
2.27 fetal death report is required reported and registered under section 144.222, subdivision 1;
2.28 ~~shall be filed with the state registrar within five days after the birth if the parent or parents~~
2.29 ~~of the stillbirth request to have a record of birth resulting in stillbirth prepared.~~

2.30 Subd. 2. **Information to parents.** The party responsible for filing a fetal death report
2.31 under section 144.222, subdivision 1, shall advise the parent or parents of a stillbirth:

3.1 ~~(1) that they may request preparation of a record of birth resulting in stillbirth;~~

3.2 ~~(2) that preparation of the record is optional; and~~

3.3 ~~(3) how to obtain a certified copy of the record if one is requested and prepared.~~

3.4 (1) that the parent or parents may choose to provide a full name or provide only a last
3.5 name for the record;

3.6 (2) that the parent or parents may request a certificate of birth resulting in stillbirth after
3.7 the fetal death record is established;

3.8 (3) that the parent who gave birth may request an informational copy of the fetal death
3.9 record; and

3.10 (4) that the parent or parents named on the fetal death record and the party responsible
3.11 for reporting the fetal death may correct or amend the record to protect the integrity and
3.12 accuracy of vital records.

3.13 Subd. 3. **Preparation Responsibilities of the state registrar.** ~~(a) Within five days after~~
3.14 ~~delivery of a stillbirth, the parent or parents of the stillbirth may prepare and file the record~~
3.15 ~~with the state registrar if the parent or parents of the stillbirth, after being advised as provided~~
3.16 ~~in subdivision 2, request to have a record of birth resulting in stillbirth prepared.~~

3.17 ~~(b) If the parent or parents of the stillbirth do not choose to provide a full name for the~~
3.18 ~~stillbirth, the parent or parents may choose to file only a last name.~~

3.19 ~~(c) Either parent of the stillbirth or, if neither parent is available, another person with~~
3.20 ~~knowledge of the facts of the stillbirth shall attest to the accuracy of the personal data entered~~
3.21 ~~on the record in time to permit the filing of the record within five days after delivery.~~

3.22 The state registrar shall:

3.23 (1) prescribe the process to:

3.24 (i) register a fetal death;

3.25 (ii) request the certificate of birth resulting in stillbirth; and

3.26 (iii) request the informational copy of a fetal death record;

3.27 (2) prescribe a standardized format for the certificate of birth resulting in stillbirth, which
3.28 shall integrate security features and be as similar as possible to a birth certificate;

3.29 (3) issue a certificate of birth resulting in stillbirth or a statement of no vital record found
3.30 to the parent or parents named on the fetal death record upon the parent's proper completion
3.31 of an attestation provided by the commissioner and payment of the required fee;

4.1 (4) correct or amend the fetal death record upon a request from the parent who gave
 4.2 birth, parents, or the person who registered the fetal death or filed the report; and

4.3 (5) refuse to amend or correct the fetal death record when an applicant does not submit
 4.4 the minimum documentation required to amend the record or when the state registrar has
 4.5 cause to question the validity or completeness of the applicant's statements or any
 4.6 documentary evidence and the deficiencies are not corrected. The state registrar shall advise
 4.7 the applicant of the reason for this action and shall further advise the applicant of the right
 4.8 of appeal to a court with competent jurisdiction over the Department of Health.

4.9 Subd. 4. ~~**Retroactive application**~~ **Delayed registration.** Notwithstanding subdivisions
 4.10 ~~1 to 3,~~ If a ~~birth that~~ fetal death occurred in this state at any time ~~resulted in a stillbirth~~ for
 4.11 which a fetal death report was required under section 144.222, subdivision 1, but a ~~record~~
 4.12 ~~of birth resulting in stillbirth was not prepared under subdivision 3,~~ a parent of the stillbirth
 4.13 ~~may submit to the state registrar, on or after August 1, 2005, a written request for preparation~~
 4.14 ~~of a record of birth resulting in stillbirth and evidence of the facts of the stillbirth in the~~
 4.15 ~~form and manner specified by the state registrar. The state registrar shall prepare and file~~
 4.16 ~~the record of birth resulting in stillbirth within 30 days after receiving satisfactory evidence~~
 4.17 ~~of the facts of the stillbirth.~~ fetal death was not registered and a record was not established,
 4.18 a person responsible for registering the fetal death, the medical examiner or coroner with
 4.19 jurisdiction, or a parent may submit to the state registrar a written request to register the
 4.20 fetal death and submit the evidence to support the request.

4.21 Subd. 5. ~~**Responsibilities of state registrar.**~~ The state registrar shall:

4.22 ~~(1) prescribe the form of and information to be included on a record of birth resulting~~
 4.23 ~~in stillbirth, which shall be as similar as possible to the form of and information included~~
 4.24 ~~on a record of birth;~~

4.25 ~~(2) prescribe the form of and information to be provided by the parent of a stillbirth~~
 4.26 ~~requesting a record of birth resulting in stillbirth under subdivisions 3 and 4 and make this~~
 4.27 ~~form available on the Department of Health's website;~~

4.28 ~~(3) issue a certified copy of a record of birth resulting in stillbirth to a parent of the~~
 4.29 ~~stillbirth that is the subject of the record if:~~

4.30 ~~(i) a record of birth resulting in stillbirth has been prepared and filed under subdivision~~
 4.31 ~~3 or 4; and~~

4.32 ~~(ii) the parent requesting a certified copy of the record submits the request in writing;~~
 4.33 ~~and~~

5.1 ~~(4) create and implement a process for entering, preparing, and handling stillbirth records~~
5.2 ~~identical or as close as possible to the processes for birth and fetal death records when~~
5.3 ~~feasible, but no later than the date on which the next reprogramming of the Department of~~
5.4 ~~Health's database for vital records is completed.~~

5.5 Sec. 3. Minnesota Statutes 2022, section 144.222, is amended to read:

5.6 **144.222 FETAL DEATH REPORTS OF FETAL OR INFANT DEATH AND**
5.7 **REGISTRATION.**

5.8 Subdivision 1. **Fetal death report required.** A fetal death report must be ~~filed~~ registered
5.9 or reported within five days of the death of a fetus for whom 20 or more weeks of gestation
5.10 have elapsed, except for abortions defined under section 145.4241. A fetal death report ~~must~~
5.11 ~~be prepared~~ must be registered or reported in a format prescribed by the state registrar and
5.12 filed in accordance with Minnesota Rules, parts 4601.0100 to 4601.2600 by:

5.13 (1) a person in charge of an institution or that person's authorized designee if a fetus is
5.14 delivered in the institution or en route to the institution;

5.15 (2) a physician, certified nurse midwife, or other licensed medical personnel in attendance
5.16 at or immediately after the delivery if a fetus is delivered outside an institution; or

5.17 (3) a parent or other person in charge of the disposition of the remains if a fetal death
5.18 occurred without medical attendance at or immediately after the delivery.

5.19 ~~Subd. 2. Sudden infant death.~~ Each infant death which is diagnosed as sudden infant
5.20 ~~death syndrome shall be reported within five days to the state registrar.~~

5.21 Sec. 4. Minnesota Statutes 2022, section 144.382, is amended by adding a subdivision to
5.22 read:

5.23 Subd. 2a. Connector. "Connector" means gooseneck, pigtail, and other service line
5.24 connectors. A connector is typically a short section of piping not exceeding two feet that
5.25 can be bent and used for connections between rigid service piping.

5.26 Sec. 5. Minnesota Statutes 2022, section 144.382, is amended by adding a subdivision to
5.27 read:

5.28 Subd. 3a. Galvanized requiring replacement. "Galvanized requiring replacement"
5.29 means a galvanized service line that is or was at any time connected to a lead service line
5.30 or lead status unknown service line, or is currently or was previously affixed to a lead
5.31 connector. The majority of galvanized service lines fall under this category.

6.1 Sec. 6. Minnesota Statutes 2022, section 144.382, is amended by adding a subdivision to
6.2 read:

6.3 Subd. 3b. **Galvanized service line.** "Galvanized service line" means a service line made
6.4 of iron or piping that has been dipped in zinc to prevent corrosion and rusting.

6.5 Sec. 7. Minnesota Statutes 2022, section 144.382, is amended by adding a subdivision to
6.6 read:

6.7 Subd. 3c. **Lead connector.** "Lead connector" means a connector made of lead.

6.8 Sec. 8. Minnesota Statutes 2022, section 144.382, is amended by adding a subdivision to
6.9 read:

6.10 Subd. 3d. **Lead service line.** "Lead service line" means a portion of pipe that is made
6.11 of lead, which connects the water main to the building inlet. A lead service line may be
6.12 owned by the water system, by the property owner, or both.

6.13 Sec. 9. Minnesota Statutes 2022, section 144.382, is amended by adding a subdivision to
6.14 read:

6.15 Subd. 3e. **Lead status unknown service line or unknown service line.** "Lead status
6.16 unknown service line" or "unknown service line" means a service line that has not been
6.17 demonstrated to meet or does not meet the definition of lead free in section 1417 of the Safe
6.18 Drinking Water Act.

6.19 Sec. 10. Minnesota Statutes 2022, section 144.382, is amended by adding a subdivision
6.20 to read:

6.21 Subd. 3f. **Nonlead service line.** "Nonlead service line" means a service line determined
6.22 through an evidence-based record, method, or technique not to be a lead service line or
6.23 galvanized service line requiring replacement. Most nonlead service lines are made of copper
6.24 or plastic.

6.25 Sec. 11. Minnesota Statutes 2022, section 144.382, is amended by adding a subdivision
6.26 to read:

6.27 Subd. 4a. **Service line.** "Service line" means a portion of pipe that connects the water
6.28 main to the building inlet. A service line may be owned by the water system, by the property
6.29 owner, or both. A service line may be made of many materials, such as lead, copper,
6.30 galvanized steel, or plastic.

7.1 Sec. 12. [144.3853] CLASSIFICATION OF SERVICE LINES.

7.2 Subdivision 1. Classification of lead status of service line. (a) A water system may
7.3 classify the actual material of a service line, such as copper or plastic, as an alternative to
7.4 classifying the service line as a nonlead service line, for the purpose of the lead service line
7.5 inventory.

7.6 (b) It is not necessary to physically verify the material composition, such as copper or
7.7 plastic, of a service line for its lead status to be identified. For example, if records demonstrate
7.8 the service line was installed after a municipal, state, or federal ban on the installation of
7.9 lead service lines, the service line may be classified as a nonlead service line.

7.10 Subd. 2. Lead connector. For the purposes of the lead service line inventory and lead
7.11 service line replacement plan, if a service line has a lead connector, the service line shall
7.12 be classified as a lead service line or a galvanized service line requiring replacement.

7.13 Subd. 3. Galvanized service line. A galvanized service line may only be classified as
7.14 a nonlead service line if there is documentation verifying it was never connected to a lead
7.15 service line or lead connector. Rarely will a galvanized service line be considered a nonlead
7.16 service line.

7.17 Sec. 13. Minnesota Statutes 2022, section 144.55, subdivision 3, is amended to read:

7.18 Subd. 3. Standards for licensure. (a) Notwithstanding the provisions of section 144.56,
7.19 for the purpose of hospital licensure, the commissioner of health shall use as minimum
7.20 standards the hospital certification regulations promulgated pursuant to title XVIII of the
7.21 Social Security Act, United States Code, title 42, section 1395, et seq. The commissioner
7.22 may use as minimum standards changes in the federal hospital certification regulations
7.23 promulgated after May 7, 1981, if the commissioner finds that such changes are reasonably
7.24 necessary to protect public health and safety. ~~The commissioner shall also promulgate in~~
7.25 ~~rules additional minimum standards for new construction.~~

7.26 (b) Hospitals must meet the applicable provisions of the 2022 edition of the Facility
7.27 Guidelines Institute *Guidelines for Design and Construction of Hospitals*. This minimum
7.28 design standard must be met for all new licenses, new construction, change of use, or change
7.29 of occupancy for which plan review packages are received on or after January 1, 2024.

7.30 (c) If the commissioner decides to update the edition of the guidelines specified in
7.31 paragraph (b) for purposes of this subdivision, the commissioner must notify the chairs and
7.32 ranking minority members of the legislative committees and divisions with jurisdiction over
7.33 health care and public safety of the planned update by January 15 of the year in which the

8.1 new edition will become effective. Following notice from the commissioner, the new edition
8.2 shall become effective for hospitals beginning August 1 of that year, unless otherwise
8.3 provided in law. The commissioner shall, by publication in the State Register, specify a
8.4 date by which hospitals must comply with the updated edition. The date by which hospitals
8.5 must comply shall not be sooner than 12 months after publication of the commissioner's
8.6 notice in the State Register and shall apply only to plan review packages received on or
8.7 after that date.

8.8 (d) Hospitals shall be in compliance with all applicable state and local governing laws,
8.9 regulations, standards, ordinances, and codes for fire safety, building, and zoning
8.10 requirements.

8.11 ~~(b)~~ (e) Each hospital and outpatient surgical center shall establish policies and procedures
8.12 to prevent the transmission of human immunodeficiency virus and hepatitis B virus to
8.13 patients and within the health care setting. The policies and procedures shall be developed
8.14 in conformance with the most recent recommendations issued by the United States
8.15 Department of Health and Human Services, Public Health Service, Centers for Disease
8.16 Control. The commissioner of health shall evaluate a hospital's compliance with the policies
8.17 and procedures according to subdivision 4.

8.18 ~~(e)~~ (f) An outpatient surgical center must establish and maintain a comprehensive
8.19 tuberculosis infection control program according to the most current tuberculosis infection
8.20 control guidelines issued by the United States Centers for Disease Control and Prevention
8.21 (CDC), Division of Tuberculosis Elimination, as published in CDC's Morbidity and Mortality
8.22 Weekly Report (MMWR). This program must include a tuberculosis infection control plan
8.23 that covers all paid and unpaid employees, contractors, students, and volunteers. The
8.24 Department of Health shall provide technical assistance regarding implementation of the
8.25 guidelines.

8.26 ~~(d)~~ (g) Written compliance with this subdivision must be maintained by the outpatient
8.27 surgical center.

8.28 **EFFECTIVE DATE.** This section is effective January 1, 2024.

8.29 Sec. 14. Minnesota Statutes 2022, section 144.6535, subdivision 1, is amended to read:

8.30 Subdivision 1. **Request for variance or waiver.** A hospital may request that the
8.31 commissioner grant a variance or waiver from the provisions of ~~Minnesota Rules, chapter~~
8.32 ~~4640 or 4645~~ section 144.55, subdivision 3, paragraph (b). A request for a variance or waiver
8.33 must be submitted to the commissioner in writing. Each request must contain:

- 9.1 (1) the specific ~~rule or rules~~ requirement for which the variance or waiver is requested;
- 9.2 (2) the reasons for the request;
- 9.3 (3) the alternative measures that will be taken if a variance or waiver is granted;
- 9.4 (4) the length of time for which the variance or waiver is requested; and
- 9.5 (5) other relevant information deemed necessary by the commissioner to properly evaluate
- 9.6 the request for the variance or waiver.

9.7 **EFFECTIVE DATE.** This section is effective January 1, 2024.

9.8 Sec. 15. Minnesota Statutes 2022, section 144.6535, subdivision 2, is amended to read:

9.9 Subd. 2. **Criteria for evaluation.** The decision to grant or deny a variance or waiver

9.10 must be based on the commissioner's evaluation of the following criteria:

9.11 (1) whether the variance or waiver will adversely affect the health, treatment, comfort,

9.12 safety, or well-being of a patient;

9.13 (2) whether the alternative measures to be taken, if any, are equivalent to or superior to

9.14 those prescribed in ~~Minnesota Rules, chapter 4640 or 4645~~ section 144.55, subdivision 3,

9.15 paragraph (b); and

9.16 (3) whether compliance with the ~~rule or rules~~ requirements would impose an undue

9.17 burden upon the applicant.

9.18 **EFFECTIVE DATE.** This section is effective January 1, 2024.

9.19 Sec. 16. Minnesota Statutes 2022, section 144.6535, subdivision 4, is amended to read:

9.20 Subd. 4. **Effect of alternative measures or conditions.** (a) Alternative measures or

9.21 conditions attached to a variance or waiver have the same force and effect as the ~~rules~~

9.22 requirement under ~~Minnesota Rules, chapter 4640 or 4645~~ section 144.55, subdivision 3,

9.23 paragraph (b), and are subject to the issuance of correction orders and penalty assessments

9.24 in accordance with section 144.55.

9.25 (b) Fines for a violation of this section shall be in the same amount as that specified for

9.26 the particular ~~rule~~ requirement for which the variance or waiver was requested.

9.27 **EFFECTIVE DATE.** This section is effective January 1, 2024.

10.1 Sec. 17. Minnesota Statutes 2022, section 144.69, is amended to read:

10.2 **144.69 CLASSIFICATION OF DATA ON INDIVIDUALS.**

10.3 Subdivision 1. Data collected by the cancer reporting system. Notwithstanding any
10.4 law to the contrary, including section 13.05, subdivision 9, data collected on individuals by
10.5 the cancer ~~surveillance~~ reporting system, including the names and personal identifiers of
10.6 persons required in section 144.68 to report, shall be private and may only be used for the
10.7 purposes set forth in this section and sections 144.671, 144.672, and 144.68. Any disclosure
10.8 other than is provided for in this section and sections 144.671, 144.672, and 144.68, is
10.9 declared to be a misdemeanor and punishable as such. Except as provided by rule, and as
10.10 part of an epidemiologic investigation, an officer or employee of the commissioner of health
10.11 may interview patients named in any such report, or relatives of any such patient, only after
10.12 ~~the consent of~~ notifying the attending physician, advanced practice registered nurse, physician
10.13 assistant, or surgeon ~~is obtained~~. Research protections for patients must be consistent with
10.14 section 13.04, subdivision 2, and Code of Federal Regulations, title 45, part 46.

10.15 Subd. 2. Transfers of information to state cancer registries and federal government
10.16 agencies. (a) Information containing personal identifiers of a non-Minnesota resident
10.17 collected by the cancer reporting system may be provided to the statewide cancer registry
10.18 of the nonresident's home state solely for the purposes consistent with this section and
10.19 sections 144.671, 144.672, and 144.68, provided that the other state agrees to maintain the
10.20 classification of the information as provided under subdivision 1.

10.21 (b) Information, excluding direct identifiers such as name, Social Security number,
10.22 telephone number, and street address, collected by the cancer reporting system may be
10.23 provided to the Centers for Disease Control and Prevention's National Program of Cancer
10.24 Registries and the National Cancer Institute's Surveillance, Epidemiology, and End Results
10.25 Program registry.

10.26 Sec. 18. Minnesota Statutes 2022, section 144.9501, subdivision 17, is amended to read:

10.27 Subd. 17. **Lead hazard reduction.** (a) "Lead hazard reduction" means abatement, swab
10.28 team services, or interim controls undertaken to make a residence, child care facility, school,
10.29 playground, or other location where lead hazards are identified lead-safe by complying with
10.30 the lead standards and methods adopted under section 144.9508.

10.31 (b) Lead hazard reduction does not include renovation activity that is primarily intended
10.32 to remodel, repair, or restore a given structure or dwelling rather than abate or control
10.33 lead-based paint hazards.

11.1 (c) Lead hazard reduction does not include activities that disturb painted surfaces that
 11.2 total:

11.3 (1) less than 20 square feet (two square meters) on exterior surfaces; or

11.4 (2) less than two square feet (0.2 square meters) in an interior room.

11.5 Sec. 19. Minnesota Statutes 2022, section 144.9501, subdivision 26a, is amended to read:

11.6 Subd. 26a. **Regulated lead work.** (a) "Regulated lead work" means:

11.7 (1) abatement;

11.8 (2) interim controls;

11.9 (3) a clearance inspection;

11.10 (4) a lead hazard screen;

11.11 (5) a lead inspection;

11.12 (6) a lead risk assessment;

11.13 (7) lead project designer services;

11.14 (8) lead sampling technician services;

11.15 (9) swab team services;

11.16 (10) renovation activities; ~~or~~

11.17 (11) lead hazard reduction; or

11.18 ~~(11) (12) activities performed to comply with lead orders issued by a community health~~
 11.19 ~~board~~ an assessing agency.

11.20 ~~(b) Regulated lead work does not include abatement, interim controls, swab team services,~~
 11.21 ~~or renovation activities that disturb painted surfaces that total no more than:~~

11.22 ~~(1) 20 square feet (two square meters) on exterior surfaces; or~~

11.23 ~~(2) six square feet (0.6 square meters) in an interior room.~~

11.24 Sec. 20. Minnesota Statutes 2022, section 144.9501, subdivision 26b, is amended to read:

11.25 Subd. 26b. **Renovation.** (a) "Renovation" means the modification of any pre-1978

11.26 affected property for compensation that results in the disturbance of known or presumed

11.27 lead-containing painted surfaces defined under section 144.9508, unless that activity is

11.28 performed as lead hazard reduction. A renovation performed for the purpose of converting

12.1 a building or part of a building into an affected property is a renovation under this
12.2 subdivision.

12.3 (b) Renovation does not include minor repair and maintenance activities described in
12.4 this paragraph. All activities that disturb painted surfaces and are performed within 30 days
12.5 of other activities that disturb painted surfaces in the same room must be considered a single
12.6 project when applying the criteria below. Unless the activity involves window replacement
12.7 or demolition of a painted surface, building component, or portion of a structure, for purposes
12.8 of this paragraph, "minor repair and maintenance" means activities that disturb painted
12.9 surfaces totaling:

12.10 (1) less than 20 square feet (two square meters) on exterior surfaces; or

12.11 (2) less than six square feet (0.6 square meters) in an interior room.

12.12 (c) Renovation does not include total demolition of a freestanding structure. For purposes
12.13 of this paragraph, "total demolition" means demolition and disposal of all interior and
12.14 exterior painted surfaces, including windows. Unpainted foundation building components
12.15 remaining after total demolition may be reused.

12.16 Sec. 21. Minnesota Statutes 2022, section 144.9501, is amended by adding a subdivision
12.17 to read:

12.18 Subd. 33. **Compensation.** "Compensation" means money or other mutually agreed upon
12.19 form of payment given or received for regulated lead work, including rental payments,
12.20 rental income, or salaries derived from rental payments.

12.21 Sec. 22. Minnesota Statutes 2022, section 144.9501, is amended by adding a subdivision
12.22 to read:

12.23 Subd. 34. **Individual.** "Individual" means a natural person.

12.24 Sec. 23. Minnesota Statutes 2022, section 144.9505, subdivision 1, is amended to read:

12.25 Subdivision 1. **Licensing, certification, and permitting.** (a) Fees collected under this
12.26 section shall be deposited into the state treasury and credited to the state government special
12.27 revenue fund.

12.28 (b) Persons shall not advertise or otherwise present themselves as lead supervisors, lead
12.29 workers, lead inspectors, lead risk assessors, lead sampling technicians, lead project designers,
12.30 renovation firms, or lead firms unless they have licenses or certificates issued by the
12.31 commissioner under this section.

13.1 (c) The fees required in this section for inspectors, risk assessors, and certified lead firms
13.2 are waived for state or local government employees performing services for or as an assessing
13.3 agency.

13.4 ~~(d) An individual who is the owner of property on which regulated lead work is to be~~
13.5 ~~performed or an adult individual who is related to the property owner, as defined under~~
13.6 ~~section 245A.02, subdivision 13, is exempt from the requirements to obtain a license and~~
13.7 ~~pay a fee according to this section. Individual residential property owners who perform~~
13.8 ~~regulated lead work on their own residence are exempt from the licensure and firm~~
13.9 ~~certification requirements of this section. Notwithstanding the provisions of paragraphs (a)~~
13.10 ~~to (c), this exemption does not apply when the regulated lead work is a renovation performed~~
13.11 ~~for compensation, when a child with an elevated blood level has been identified in the~~
13.12 ~~residence or the building in which the residence is located, or when the residence is occupied~~
13.13 ~~by one or more individuals who are not related to the property owner, as defined under~~
13.14 ~~section 245A.02, subdivision 13.~~

13.15 ~~(e) A person that employs individuals to perform regulated lead work outside of the~~
13.16 ~~person's property must obtain certification as a certified lead firm. An individual who~~
13.17 ~~performs lead hazard reduction, lead hazard screens, lead inspections, lead risk assessments,~~
13.18 ~~clearance inspections, lead project designer services, lead sampling technician services,~~
13.19 ~~swab team services, and activities performed to comply with lead orders must be employed~~
13.20 ~~by a certified lead firm, unless the individual is a sole proprietor and does not employ any~~
13.21 ~~other individuals, the individual is employed by a person that does not perform regulated~~
13.22 ~~lead work outside of the person's property, or the individual is employed by an assessing~~
13.23 ~~agency.~~

13.24 Sec. 24. Minnesota Statutes 2022, section 144.9505, subdivision 1g, is amended to read:

13.25 Subd. 1g. **Certified lead firm.** A person who performs or employs individuals to perform
13.26 regulated lead work, with the exception of renovation, ~~outside of the person's property~~ must
13.27 obtain certification as a lead firm. The certificate must be in writing, contain an expiration
13.28 date, be signed by the commissioner, and give the name and address of the person to whom
13.29 it is issued. A lead firm certificate is valid for one year. The certification fee is \$100, is
13.30 nonrefundable, and must be submitted with each application. The lead firm certificate or a
13.31 copy of the certificate must be readily available at the worksite for review by the contracting
13.32 entity, the commissioner, and other public health officials charged with the health, safety,
13.33 and welfare of the state's citizens.

14.1 Sec. 25. Minnesota Statutes 2022, section 144.9505, subdivision 1h, is amended to read:

14.2 Subd. 1h. **Certified renovation firm.** A person who performs or employs individuals
14.3 to perform renovation activities outside of the person's property for compensation must
14.4 obtain certification as a renovation firm. The certificate must be in writing, contain an
14.5 expiration date, be signed by the commissioner, and give the name and address of the person
14.6 to whom it is issued. A renovation firm certificate is valid for two years. The certification
14.7 fee is \$100, is nonrefundable, and must be submitted with each application. The renovation
14.8 firm certificate or a copy of the certificate must be readily available at the worksite for
14.9 review by the contracting entity, the commissioner, and other public health officials charged
14.10 with the health, safety, and welfare of the state's citizens.

14.11 Sec. 26. Minnesota Statutes 2022, section 144.9508, subdivision 2, is amended to read:

14.12 Subd. 2. **Regulated lead work standards and methods.** (a) The commissioner shall
14.13 adopt rules establishing regulated lead work standards and methods in accordance with the
14.14 provisions of this section, for lead in paint, dust, drinking water, and soil in a manner that
14.15 protects public health and the environment for all residences, including residences also used
14.16 for a commercial purpose, child care facilities, playgrounds, and schools.

14.17 (b) In the rules required by this section, the commissioner shall require lead hazard
14.18 reduction of intact paint only if the commissioner finds that the intact paint is on a chewable
14.19 or lead-dust producing surface that is a known source of actual lead exposure to a specific
14.20 individual. The commissioner shall prohibit methods that disperse lead dust into the air that
14.21 could accumulate to a level that would exceed the lead dust standard specified under this
14.22 section. The commissioner shall work cooperatively with the commissioner of administration
14.23 to determine which lead hazard reduction methods adopted under this section may be used
14.24 for lead-safe practices including prohibited practices, preparation, disposal, and cleanup.
14.25 The commissioner shall work cooperatively with the commissioner of the Pollution Control
14.26 Agency to develop disposal procedures. In adopting rules under this section, the
14.27 commissioner shall require the best available technology for regulated lead work methods,
14.28 paint stabilization, and repainting.

14.29 (c) The commissioner of health shall adopt regulated lead work standards and methods
14.30 for lead in bare soil in a manner to protect public health and the environment. The
14.31 commissioner shall adopt a maximum standard of 100 parts of lead per million in bare soil.
14.32 The commissioner shall set a soil replacement standard not to exceed 25 parts of lead per
14.33 million. Soil lead hazard reduction methods shall focus on erosion control and covering of
14.34 bare soil.

15.1 (d) The commissioner shall adopt regulated lead work standards and methods for lead
15.2 in dust in a manner to protect the public health and environment. Dust standards shall use
15.3 a weight of lead per area measure and include dust on the floor, on the window sills, and
15.4 on window wells. Lead hazard reduction methods for dust shall focus on dust removal and
15.5 other practices which minimize the formation of lead dust from paint, soil, or other sources.

15.6 (e) The commissioner shall adopt lead hazard reduction standards and methods for lead
15.7 in drinking water both at the tap and public water supply system or private well in a manner
15.8 to protect the public health and the environment. The commissioner may adopt the rules
15.9 for controlling lead in drinking water as contained in Code of Federal Regulations, title 40,
15.10 part 141. Drinking water lead hazard reduction methods may include an educational approach
15.11 of minimizing lead exposure from lead in drinking water.

15.12 (f) The commissioner of the Pollution Control Agency shall adopt rules to ensure that
15.13 removal of exterior lead-based coatings from residences and steel structures by abrasive
15.14 blasting methods is conducted in a manner that protects health and the environment.

15.15 (g) All regulated lead work standards shall provide reasonable margins of safety that
15.16 are consistent with more than a summary review of scientific evidence and an emphasis on
15.17 overprotection rather than underprotection when the scientific evidence is ambiguous.

15.18 (h) No unit of local government shall have an ordinance or regulation governing regulated
15.19 lead work standards or methods for lead in paint, dust, drinking water, or soil that require
15.20 a different regulated lead work standard or method than the standards or methods established
15.21 under this section.

15.22 (i) Notwithstanding paragraph (h), the commissioner may approve the use by a unit of
15.23 local government of an innovative lead hazard reduction method which is consistent in
15.24 approach with methods established under this section.

15.25 (j) The commissioner shall adopt rules for issuing lead orders required under section
15.26 144.9504, rules for notification of abatement or interim control activities requirements, and
15.27 other rules necessary to implement sections 144.9501 to 144.9512.

15.28 (k) The commissioner shall adopt rules consistent with section 402(c)(3) of the Toxic
15.29 Substances Control Act and all regulations adopted thereunder to ensure that renovation in
15.30 a pre-1978 affected property ~~where a child or pregnant female resides~~ is conducted in a
15.31 manner that protects health and the environment. Notwithstanding sections 14.125 and
15.32 14.128, the authority to adopt these rules does not expire.

16.1 (l) The commissioner shall adopt rules consistent with sections 406(a) and 406(b) of the
16.2 Toxic Substances Control Act. Notwithstanding sections 14.125 and 14.128, the authority
16.3 to adopt these rules does not expire.

16.4 Sec. 27. Minnesota Statutes 2022, section 144A.06, subdivision 2, is amended to read:

16.5 Subd. 2. **New license required; change of ownership.** (a) The commissioner of health
16.6 by rule shall prescribe procedures for licensure under this section.

16.7 (b) A new license is required and the prospective licensee must apply for a license prior
16.8 to operating a currently licensed nursing home. The licensee must change whenever one of
16.9 the following events occur:

16.10 (1) the form of the licensee's legal entity structure is converted or changed to a different
16.11 type of legal entity structure;

16.12 (2) the licensee dissolves, consolidates, or merges with another legal organization and
16.13 the licensee's legal organization does not survive;

16.14 (3) within the previous 24 months, 50 percent or more of the licensee's ownership interest
16.15 is transferred, whether by a single transaction or multiple transactions to:

16.16 (i) a different person or multiple persons; or

16.17 (ii) a person or multiple different persons who had less than a five percent ownership
16.18 interest in the facility at the time of the first transaction; or

16.19 (4) any other event or combination of events that results in a substitution, elimination,
16.20 or withdrawal of the licensee's responsibility for the facility.

16.21 Sec. 28. Minnesota Statutes 2022, section 144A.071, subdivision 2, is amended to read:

16.22 Subd. 2. **Moratorium.** (a) The commissioner of health, in coordination with the
16.23 commissioner of human services, shall deny each request for new licensed or certified
16.24 nursing home or certified boarding care beds except as provided in subdivision 3 or 4a, or
16.25 section 144A.073. "Certified bed" means a nursing home bed or a boarding care bed certified
16.26 by the commissioner of health for the purposes of the medical assistance program, under
16.27 United States Code, title 42, sections 1396 et seq. Certified beds in facilities which do not
16.28 allow medical assistance intake shall be deemed to be decertified for purposes of this section
16.29 only.

16.30 (b) The commissioner of human services, in coordination with the commissioner of
16.31 health, shall deny any request to issue a license under section 252.28 and chapter 245A to

17.1 a nursing home or boarding care home, if that license would result in an increase in the
17.2 medical assistance reimbursement amount.

17.3 (c) In addition, the commissioner of health must not approve any construction project
17.4 whose cost exceeds \$1,000,000, unless:

17.5 ~~(a)~~ (1) any construction costs exceeding \$1,000,000 are not added to the facility's
17.6 appraised value and are not included in the facility's payment rate for reimbursement under
17.7 the medical assistance program; or

17.8 ~~(b)~~ (2) the project:

17.9 ~~(1)~~ (i) has been approved through the process described in section 144A.073;

17.10 ~~(2)~~ (ii) meets an exception in subdivision 3 or 4a;

17.11 ~~(3)~~ (iii) is necessary to correct violations of state or federal law issued by the
17.12 commissioner of health;

17.13 ~~(4)~~ (iv) is necessary to repair or replace a portion of the facility that was damaged by
17.14 fire, lightning, ground shifts, or other such hazards, including environmental hazards,
17.15 provided that the provisions of subdivision 4a, clause (a), are met; or

17.16 ~~(5)~~ (v) is being proposed by a licensed nursing facility that is not certified to participate
17.17 in the medical assistance program and will not result in new licensed or certified beds.

17.18 (d) Prior to the final plan approval of any construction project, the commissioners of
17.19 health and human services shall be provided with an itemized cost estimate for the project
17.20 construction costs. If a construction project is anticipated to be completed in phases, the
17.21 total estimated cost of all phases of the project shall be submitted to the commissioners and
17.22 shall be considered as one construction project. Once the construction project is completed
17.23 and prior to the final clearance by the commissioners, the total project construction costs
17.24 for the construction project shall be submitted to the commissioners. If the final project
17.25 construction cost exceeds the dollar threshold in this subdivision, the commissioner of
17.26 human services shall not recognize any of the project construction costs or the related
17.27 financing costs in excess of this threshold in establishing the facility's property-related
17.28 payment rate.

17.29 (e) The dollar thresholds for construction projects are as follows: for construction projects
17.30 other than those authorized in ~~clauses (1) to (6)~~ paragraph (c), clause (2), items (i) to (v),
17.31 the dollar threshold is \$1,000,000. For projects authorized after July 1, 1993, under ~~clause~~
17.32 ~~(1)~~ paragraph (c), clause (2), item (i), the dollar threshold is the cost estimate submitted
17.33 with a proposal for an exception under section 144A.073, plus inflation as calculated

18.1 according to section 256B.431, subdivision 3f, paragraph (a). For projects authorized under
 18.2 ~~clauses (2) to (4)~~ paragraph (c), clause (2), items (ii) to (iv), the dollar threshold is the
 18.3 itemized estimate project construction costs submitted to the commissioner of health at the
 18.4 time of final plan approval, plus inflation as calculated according to section 256B.431,
 18.5 subdivision 3f, paragraph (a).

18.6 (f) The commissioner of health shall adopt rules to implement this section or to amend
 18.7 the emergency rules for granting exceptions to the moratorium on nursing homes under
 18.8 section 144A.073.

18.9 (g) All construction projects approved through section 144A.073, subdivision 3, after
 18.10 March 1, 2020, are subject to the fair rental value property rate as described in section
 18.11 256R.26.

18.12 **EFFECTIVE DATE.** This section is effective retroactively from March 1, 2020.

18.13 Sec. 29. Minnesota Statutes 2022, section 144A.073, subdivision 3b, is amended to read:

18.14 Subd. 3b. **Amendments to approved projects.** (a) Nursing facilities that have received
 18.15 approval ~~on or after July 1, 1993,~~ for exceptions to the moratorium on nursing homes through
 18.16 the process described in this section may request amendments to the designs of the projects
 18.17 by writing the commissioner within 15 months of receiving approval. Applicants shall
 18.18 submit supporting materials that demonstrate how the amended projects meet the criteria
 18.19 described in paragraph (b).

18.20 (b) The commissioner shall approve requests for amendments for projects approved ~~on~~
 18.21 ~~or after July 1, 1993,~~ according to the following criteria:

18.22 (1) the amended project designs must provide solutions to all of the problems addressed
 18.23 by the original application that are at least as effective as the original solutions;

18.24 (2) the amended project designs may not reduce the space in each resident's living area
 18.25 or in the total amount of common space devoted to resident and family uses by more than
 18.26 five percent;

18.27 (3) the costs ~~recognized for reimbursement~~ of amended project designs shall be ~~the~~
 18.28 ~~threshold amount of the original proposal as identified according to section 144A.071,~~
 18.29 ~~subdivision 2~~ the cost estimate associated with the project as originally approved, except
 18.30 under conditions described in clause (4); and

18.31 (4) total costs ~~up to ten percent greater than the cost identified in clause (3) may be~~
 18.32 ~~recognized for reimbursement if~~ of the amendment are no greater than ten percent of the

19.1 cost estimate associated with the project as initially approved if the proposer can document
19.2 that one of the following circumstances is true:

19.3 (i) changes are needed due to a natural disaster;

19.4 (ii) conditions that affect the safety or durability of the project that could not have
19.5 reasonably been known prior to approval are discovered;

19.6 (iii) state or federal law require changes in project design; or

19.7 (iv) documentable circumstances occur that are beyond the control of the owner and
19.8 require changes in the design.

19.9 (c) Approval of a request for an amendment does not alter the expiration of approval of
19.10 the project according to subdivision 3.

19.11 (d) Reimbursement for amendments to approved projects is independent of the actual
19.12 construction costs and based on the allowable appraised value of the completed project. An
19.13 approved project may not be amended to reduce the scope of an approved project.

19.14 **EFFECTIVE DATE.** This section is effective retroactively from March 1, 2020.

19.15 Sec. 30. Minnesota Statutes 2022, section 144A.474, subdivision 3, is amended to read:

19.16 Subd. 3. **Survey process.** The survey process for core surveys shall include the following
19.17 as applicable to the particular licensee and setting surveyed:

19.18 (1) presurvey review of pertinent documents and notification to the ombudsman for
19.19 long-term care;

19.20 (2) an entrance conference with available staff;

19.21 (3) communication with managerial officials or the registered nurse in charge, if available,
19.22 and ongoing communication with key staff throughout the survey regarding information
19.23 needed by the surveyor, clarifications regarding home care requirements, and applicable
19.24 standards of practice;

19.25 (4) presentation of written contact information to the provider about the survey staff
19.26 conducting the survey, the supervisor, and the process for requesting a reconsideration of
19.27 the survey results;

19.28 (5) a brief tour of ~~a sample of the housing with services establishments~~ establishment
19.29 in which the provider is providing home care services;

19.30 (6) a sample selection of home care clients;

20.1 (7) information-gathering through client and staff observations, client and staff interviews,
20.2 and reviews of records, policies, procedures, practices, and other agency information;

20.3 (8) interviews of clients' family members, if available, with clients' consent when the
20.4 client can legally give consent;

20.5 (9) except for complaint surveys conducted by the Office of Health Facilities Complaints,
20.6 an ~~on-site~~ exit conference, with preliminary findings ~~shared and~~ discussed with the provider
20.7 within one business day after completion of survey activities, ~~documentation that an exit~~
20.8 ~~conference occurred~~, and with written information provided on the process for requesting
20.9 a reconsideration of the survey results; and

20.10 (10) postsurvey analysis of findings and formulation of survey results, including
20.11 correction orders when applicable.

20.12 Sec. 31. Minnesota Statutes 2022, section 144A.474, subdivision 9, is amended to read:

20.13 Subd. 9. **Follow-up surveys.** For providers that have Level 3 or Level 4 violations under
20.14 subdivision 11, ~~or any violations determined to be widespread~~, the department shall conduct
20.15 a follow-up survey within 90 calendar days of the survey. When conducting a follow-up
20.16 survey, the surveyor will focus on whether the previous violations have been corrected and
20.17 may also address any new violations that are observed while evaluating the corrections that
20.18 have been made.

20.19 Sec. 32. Minnesota Statutes 2022, section 144A.474, subdivision 12, is amended to read:

20.20 Subd. 12. **Reconsideration.** (a) The commissioner shall make available to home care
20.21 providers a correction order reconsideration process. This process may be used to challenge
20.22 the correction order issued, including the level and scope described in subdivision 11, and
20.23 any fine assessed. During the correction order reconsideration request, the issuance for the
20.24 correction orders under reconsideration are not stayed, but the department shall post
20.25 information on the website with the correction order that the licensee has requested a
20.26 reconsideration and that the review is pending.

20.27 (b) A licensed home care provider may request from the commissioner, in writing, a
20.28 correction order reconsideration regarding any correction order issued to the provider. The
20.29 written request for reconsideration must be received by the commissioner within 15 ~~calendar~~
20.30 business days of the correction order receipt date. The correction order reconsideration shall
20.31 not be reviewed by any surveyor, investigator, or supervisor that participated in the writing
20.32 or reviewing of the correction order being disputed. The correction order reconsiderations

21.1 may be conducted in person, by telephone, by another electronic form, or in writing, as
21.2 determined by the commissioner. The commissioner shall respond in writing to the request
21.3 from a home care provider for a correction order reconsideration within 60 days of the date
21.4 the provider requests a reconsideration. The commissioner's response shall identify the
21.5 commissioner's decision regarding each citation challenged by the home care provider.

21.6 (c) The findings of a correction order reconsideration process shall be one or more of
21.7 the following:

21.8 (1) supported in full, the correction order is supported in full, with no deletion of findings
21.9 to the citation;

21.10 (2) supported in substance, the correction order is supported, but one or more findings
21.11 are deleted or modified without any change in the citation;

21.12 (3) correction order cited an incorrect home care licensing requirement, the correction
21.13 order is amended by changing the correction order to the appropriate statutory reference;

21.14 (4) correction order was issued under an incorrect citation, the correction order is amended
21.15 to be issued under the more appropriate correction order citation;

21.16 (5) the correction order is rescinded;

21.17 (6) fine is amended, it is determined that the fine assigned to the correction order was
21.18 applied incorrectly; or

21.19 (7) the level or scope of the citation is modified based on the reconsideration.

21.20 (d) If the correction order findings are changed by the commissioner, the commissioner
21.21 shall update the correction order website.

21.22 (e) This subdivision does not apply to temporary licensees.

21.23 Sec. 33. Minnesota Statutes 2022, section 144A.4791, subdivision 10, is amended to read:

21.24 Subd. 10. **Termination of service plan.** (a) If a home care provider terminates a service
21.25 plan with a client, and the client continues to need home care services, the home care provider
21.26 shall provide the client and the client's representative, if any, with a written notice of
21.27 termination which includes the following information:

21.28 (1) the effective date of termination;

21.29 (2) the reason for termination;

22.1 (3) a statement that the client may contact the Office of Ombudsman for Long-Term
 22.2 Care to request an advocate to assist regarding the termination and contact information for
 22.3 the office, including the office's central telephone number;

22.4 ~~(3)~~ (4) a list of known licensed home care providers in the client's immediate geographic
 22.5 area;

22.6 ~~(4)~~ (5) a statement that the home care provider will participate in a coordinated transfer
 22.7 of care of the client to another home care provider, health care provider, or caregiver, as
 22.8 required by the home care bill of rights, section 144A.44, subdivision 1, clause (17);

22.9 ~~(5)~~ (6) the name and contact information of a person employed by the home care provider
 22.10 with whom the client may discuss the notice of termination; and

22.11 ~~(6)~~ (7) if applicable, a statement that the notice of termination of home care services
 22.12 does not constitute notice of termination of ~~the housing with services contract with a housing~~
 22.13 ~~with services establishment~~ any housing contract.

22.14 (b) When the home care provider voluntarily discontinues services to all clients, the
 22.15 home care provider must notify the commissioner, lead agencies, and ombudsman for
 22.16 long-term care about its clients and comply with the requirements in this subdivision.

22.17 Sec. 34. Minnesota Statutes 2022, section 148.512, subdivision 10a, is amended to read:

22.18 Subd. 10a. **Hearing aid.** "Hearing aid" means ~~an instrument~~ a prescribed aid, or any of
 22.19 its parts, worn in the ear canal and designed to or represented as being able to aid ~~or enhance~~
 22.20 human hearing. "Hearing aid" includes the aid's parts, attachments, or accessories, including,
 22.21 but not limited to, ear molds and behind the ear (BTE) devices with or without an ear mold.
 22.22 Batteries and cords are not parts, attachments, or accessories of a hearing aid. Surgically
 22.23 implanted hearing aids, and assistive listening devices not worn within the ear canal, are
 22.24 not hearing aids.

22.25 Sec. 35. Minnesota Statutes 2022, section 148.512, subdivision 10b, is amended to read:

22.26 Subd. 10b. **Hearing aid dispensing.** "Hearing aid dispensing" means making ear mold
 22.27 impressions, prescribing, ~~or recommending~~ a hearing aid, assisting the consumer in
 22.28 prescription aid selection, ~~selling hearing aids at retail~~, or testing human hearing in connection
 22.29 with these activities regardless of whether the person conducting these activities has a
 22.30 monetary interest in the dispensing of prescription hearing aids to the consumer. Hearing
 22.31 aid dispensing does not include selling over-the-counter hearing aids.

23.1 Sec. 36. Minnesota Statutes 2022, section 148.512, is amended by adding a subdivision
23.2 to read:

23.3 Subd. 10c. **Over-the-counter hearing aid or OTC hearing aid.** "Over-the-counter
23.4 hearing aid" or "OTC hearing aid" has the meaning given to that term in Code of Federal
23.5 Regulations, title 21, section 800.30(b).

23.6 Sec. 37. Minnesota Statutes 2022, section 148.512, is amended by adding a subdivision
23.7 to read:

23.8 Subd. 13a. **Prescription hearing aid.** "Prescription hearing aid" means a hearing aid
23.9 requiring a prescription from a certified hearing aid dispenser or licensed audiologist that
23.10 is not an OTC hearing aid.

23.11 Sec. 38. Minnesota Statutes 2022, section 148.513, is amended by adding a subdivision
23.12 to read:

23.13 Subd. 4. **Over-the-counter hearing aids.** Nothing in sections 148.511 to 148.5198 shall
23.14 preclude licensed audiologists from dispensing or selling over-the-counter hearing aids.

23.15 Sec. 39. Minnesota Statutes 2022, section 148.515, subdivision 6, is amended to read:

23.16 **Subd. 6. Dispensing audiologist examination requirements.** (a) Audiologists are
23.17 exempt from the written examination requirement in section 153A.14, subdivision 2h,
23.18 paragraph (a), clause (1).

23.19 (b) After July 31, 2005, all applicants for audiologist licensure under sections 148.512
23.20 to 148.5198 must achieve a passing score on the practical tests of proficiency described in
23.21 section 153A.14, subdivision 2h, paragraph (a), clause (2), within the time period described
23.22 in section 153A.14, subdivision 2h, paragraph (c).

23.23 (c) In order to dispense prescription hearing aids as a sole proprietor, member of a
23.24 partnership, or for a limited liability company, corporation, or any other entity organized
23.25 for profit, a licensee who obtained audiologist licensure under sections 148.512 to 148.5198,
23.26 before August 1, 2005, and who is not certified to dispense prescription hearing aids under
23.27 chapter 153A, must achieve a passing score on the practical tests of proficiency described
23.28 in section 153A.14, subdivision 2h, paragraph (a), clause (2), within the time period described
23.29 in section 153A.14, subdivision 2h, paragraph (c). All other audiologist licensees who
23.30 obtained licensure before August 1, 2005, are exempt from the practical tests.

24.1 (d) An applicant for an audiology license who obtains a temporary license under section
24.2 148.5175 may dispense prescription hearing aids only under supervision of a licensed
24.3 audiologist who dispenses prescription hearing aids.

24.4 Sec. 40. Minnesota Statutes 2022, section 148.5175, is amended to read:

24.5 **148.5175 TEMPORARY LICENSURE.**

24.6 (a) The commissioner shall issue temporary licensure as a speech-language pathologist,
24.7 an audiologist, or both, to an applicant who:

24.8 (1) submits a signed and dated affidavit stating that the applicant is not the subject of a
24.9 disciplinary action or past disciplinary action in this or another jurisdiction and is not
24.10 disqualified on the basis of section 148.5195, subdivision 3; and

24.11 (2) either:

24.12 (i) provides a copy of a current credential as a speech-language pathologist, an audiologist,
24.13 or both, held in the District of Columbia or a state or territory of the United States; or

24.14 (ii) provides a copy of a current certificate of clinical competence issued by the American
24.15 Speech-Language-Hearing Association or board certification in audiology by the American
24.16 Board of Audiology.

24.17 (b) A temporary license issued to a person under this subdivision expires 90 days after
24.18 it is issued or on the date the commissioner grants or denies licensure, whichever occurs
24.19 first.

24.20 (c) Upon application, a temporary license shall be renewed twice to a person who is able
24.21 to demonstrate good cause for failure to meet the requirements for licensure within the
24.22 initial temporary licensure period and who is not the subject of a disciplinary action or
24.23 disqualified on the basis of section 148.5195, subdivision 3. Good cause includes but is not
24.24 limited to inability to take and complete the required practical exam for dispensing
24.25 prescription hearing instruments aids.

24.26 (d) Upon application, a temporary license shall be issued to a person who meets the
24.27 requirements of section 148.515, subdivisions 2a and 4, but has not completed the
24.28 requirement in section 148.515, subdivision 6.

24.29 Sec. 41. Minnesota Statutes 2022, section 148.5195, subdivision 3, is amended to read:

24.30 Subd. 3. **Grounds for disciplinary action by commissioner.** The commissioner may
24.31 take any of the disciplinary actions listed in subdivision 4 on proof that the individual has:

- 25.1 (1) intentionally submitted false or misleading information to the commissioner or the
25.2 advisory council;
- 25.3 (2) failed, within 30 days, to provide information in response to a written request by the
25.4 commissioner or advisory council;
- 25.5 (3) performed services of a speech-language pathologist or audiologist in an incompetent
25.6 or negligent manner;
- 25.7 (4) violated sections 148.511 to 148.5198;
- 25.8 (5) failed to perform services with reasonable judgment, skill, or safety due to the use
25.9 of alcohol or drugs, or other physical or mental impairment;
- 25.10 (6) violated any state or federal law, rule, or regulation, and the violation is a felony or
25.11 misdemeanor, an essential element of which is dishonesty, or which relates directly or
25.12 indirectly to the practice of speech-language pathology or audiology. Conviction for violating
25.13 any state or federal law which relates to speech-language pathology or audiology is
25.14 necessarily considered to constitute a violation, except as provided in chapter 364;
- 25.15 (7) aided or abetted another person in violating any provision of sections 148.511 to
25.16 148.5198;
- 25.17 (8) been or is being disciplined by another jurisdiction, if any of the grounds for the
25.18 discipline is the same or substantially equivalent to those under sections 148.511 to 148.5198;
- 25.19 (9) not cooperated with the commissioner or advisory council in an investigation
25.20 conducted according to subdivision 1;
- 25.21 (10) advertised in a manner that is false or misleading;
- 25.22 (11) engaged in conduct likely to deceive, defraud, or harm the public; or demonstrated
25.23 a willful or careless disregard for the health, welfare, or safety of a client;
- 25.24 (12) failed to disclose to the consumer any fee splitting or any promise to pay a portion
25.25 of a fee to any other professional other than a fee for services rendered by the other
25.26 professional to the client;
- 25.27 (13) engaged in abusive or fraudulent billing practices, including violations of federal
25.28 Medicare and Medicaid laws, Food and Drug Administration regulations, or state medical
25.29 assistance laws;
- 25.30 (14) obtained money, property, or services from a consumer through the use of undue
25.31 influence, high pressure sales tactics, harassment, duress, deception, or fraud;

- 26.1 (15) performed services for a client who had no possibility of benefiting from the services;
- 26.2 (16) failed to refer a client for medical evaluation or to other health care professionals
26.3 when appropriate or when a client indicated symptoms associated with diseases that could
26.4 be medically or surgically treated;
- 26.5 (17) had the certification required by chapter 153A denied, suspended, or revoked
26.6 according to chapter 153A;
- 26.7 (18) used the term doctor of audiology, doctor of speech-language pathology, AuD, or
26.8 SLPD without having obtained the degree from an institution accredited by the North Central
26.9 Association of Colleges and Secondary Schools, the Council on Academic Accreditation
26.10 in Audiology and Speech-Language Pathology, the United States Department of Education,
26.11 or an equivalent;
- 26.12 (19) failed to comply with the requirements of section 148.5192 regarding supervision
26.13 of speech-language pathology assistants; or
- 26.14 (20) if the individual is an audiologist or certified hearing ~~instrument~~ aid dispenser:
- 26.15 (i) prescribed ~~or otherwise recommended~~ to a consumer or potential consumer the use
26.16 of a prescription hearing instrument aid, unless the prescription from a physician ~~or~~
26.17 ~~recommendation from~~, an audiologist, or a certified dispenser is in writing, is based on an
26.18 audiogram that is delivered to the consumer or potential consumer when the prescription
26.19 ~~or recommendation~~ is made, and bears the following information in all capital letters of
26.20 12-point or larger boldface type: "THIS PRESCRIPTION ~~OR RECOMMENDATION~~
26.21 MAY BE FILLED BY, AND PRESCRIPTION HEARING INSTRUMENTS AIDS MAY
26.22 BE PURCHASED FROM, THE LICENSED AUDIOLOGIST OR CERTIFIED DISPENSER
26.23 OF YOUR CHOICE";
- 26.24 (ii) failed to give a copy of the audiogram, upon which the prescription ~~or~~
26.25 ~~recommendation~~ is based, to the consumer when the consumer requests a copy;
- 26.26 (iii) failed to provide the consumer rights brochure required by section 148.5197,
26.27 subdivision 3;
- 26.28 (iv) failed to comply with restrictions on sales of prescription hearing instruments aids
26.29 in sections 148.5197, subdivision 3, and 148.5198;
- 26.30 (v) failed to return a consumer's prescription hearing instrument aid used as a trade-in
26.31 or for a discount in the price of a new prescription hearing instrument aid when requested
26.32 by the consumer upon cancellation of the purchase agreement;

27.1 (vi) failed to follow Food and Drug Administration or Federal Trade Commission
27.2 regulations relating to dispensing prescription hearing instrument aids;

27.3 (vii) failed to dispense a prescription hearing instrument aid in a competent manner or
27.4 without appropriate training;

27.5 (viii) delegated prescription hearing instrument aid dispensing authority to a person not
27.6 authorized to dispense a prescription hearing instrument aid under this chapter or chapter
27.7 153A;

27.8 (ix) failed to comply with the requirements of an employer or supervisor of a hearing
27.9 instrument aid dispenser trainee;

27.10 (x) violated a state or federal court order or judgment, including a conciliation court
27.11 judgment, relating to the activities of the individual's prescription hearing instrument aid
27.12 dispensing; or

27.13 (xi) failed to include on the audiogram the practitioner's printed name, credential type,
27.14 credential number, signature, and date.

27.15 Sec. 42. Minnesota Statutes 2022, section 148.5196, subdivision 1, is amended to read:

27.16 Subdivision 1. **Membership.** The commissioner shall appoint 12 persons to a
27.17 Speech-Language Pathologist and Audiologist Advisory Council. The 12 persons must
27.18 include:

27.19 (1) three public members, as defined in section 214.02. Two of the public members shall
27.20 be either persons receiving services of a speech-language pathologist or audiologist, or
27.21 family members of or caregivers to such persons, and at least one of the public members
27.22 shall be either a hearing instrument aid user or an advocate of one;

27.23 (2) three speech-language pathologists licensed under sections 148.511 to 148.5198,
27.24 one of whom is currently and has been, for the five years immediately preceding the
27.25 appointment, engaged in the practice of speech-language pathology in Minnesota and each
27.26 of whom is employed in a different employment setting including, but not limited to, private
27.27 practice, hospitals, rehabilitation settings, educational settings, and government agencies;

27.28 (3) one speech-language pathologist licensed under sections 148.511 to 148.5198, who
27.29 is currently and has been, for the five years immediately preceding the appointment,
27.30 employed by a Minnesota public school district or a Minnesota public school district
27.31 consortium that is authorized by Minnesota Statutes and who is licensed in speech-language
27.32 pathology by the Professional Educator Licensing and Standards Board;

28.1 (4) three audiologists licensed under sections 148.511 to 148.5198, two of whom are
28.2 currently and have been, for the five years immediately preceding the appointment, engaged
28.3 in the practice of audiology and the dispensing of prescription hearing instruments aids in
28.4 Minnesota and each of whom is employed in a different employment setting including, but
28.5 not limited to, private practice, hospitals, rehabilitation settings, educational settings, industry,
28.6 and government agencies;

28.7 (5) one nonaudiologist hearing instrument aid dispenser recommended by a professional
28.8 association representing hearing instrument aid dispensers; and

28.9 (6) one physician licensed under chapter 147 and certified by the American Board of
28.10 Otolaryngology, Head and Neck Surgery.

28.11 Sec. 43. Minnesota Statutes 2022, section 148.5197, is amended to read:

28.12 **148.5197 HEARING AID DISPENSING.**

28.13 Subdivision 1. **Content of contracts.** Oral statements made by an audiologist or certified
28.14 dispenser regarding the provision of warranties, refunds, and service on the prescription
28.15 hearing aid or aids dispensed must be written on, and become part of, the contract of sale,
28.16 specify the item or items covered, and indicate the person or business entity obligated to
28.17 provide the warranty, refund, or service.

28.18 Subd. 2. **Required use of license number.** The audiologist's license number or certified
28.19 dispenser's certificate number must appear on all contracts, bills of sale, and receipts used
28.20 in the sale of prescription hearing aids.

28.21 Subd. 3. **Consumer rights information.** An audiologist or certified dispenser shall, at
28.22 the time of the ~~recommendation~~ or prescription, give a consumer rights brochure, prepared
28.23 by the commissioner and containing information about legal requirements pertaining to
28.24 dispensing of prescription hearing aids, to each potential consumer of a prescription hearing
28.25 aid. The brochure must contain information about the consumer information center described
28.26 in section 153A.18. A contract for a prescription hearing aid must note the receipt of the
28.27 brochure by the consumer, along with the consumer's signature or initials.

28.28 Subd. 4. **Liability for contracts.** Owners of entities in the business of dispensing
28.29 prescription hearing aids, employers of audiologists or persons who dispense prescription
28.30 hearing aids, supervisors of trainees or audiology students, and hearing aid dispensers
28.31 conducting the transaction at issue are liable for satisfying all terms of contracts, written or
28.32 oral, made by their agents, employees, assignees, affiliates, or trainees, including terms
28.33 relating to products, repairs, warranties, service, and refunds. The commissioner may enforce

29.1 the terms of prescription hearing aid contracts against the principal, employer, supervisor,
29.2 or dispenser who conducted the transaction and may impose any remedy provided for in
29.3 this chapter.

29.4 Sec. 44. Minnesota Statutes 2022, section 148.5198, is amended to read:

29.5 **148.5198 RESTRICTION ON SALE OF PRESCRIPTION HEARING AIDS.**

29.6 Subdivision 1. **45-calendar-day guarantee and buyer right to cancel.** (a) An audiologist
29.7 or certified dispenser dispensing a prescription hearing aid in this state must comply with
29.8 paragraphs (b) and (c).

29.9 (b) The audiologist or certified dispenser must provide the buyer with a 45-calendar-day
29.10 written money-back guarantee. The guarantee must permit the buyer to cancel the purchase
29.11 for any reason within 45 calendar days after receiving the prescription hearing aid by giving
29.12 or mailing written notice of cancellation to the audiologist or certified dispenser. If the buyer
29.13 mails the notice of cancellation, the 45-calendar-day period is counted using the postmark
29.14 date, to the date of receipt by the audiologist or certified dispenser. If the prescription hearing
29.15 aid must be repaired, remade, or adjusted during the 45-calendar-day money-back guarantee
29.16 period, the running of the 45-calendar-day period is suspended one day for each 24-hour
29.17 period that the prescription hearing aid is not in the buyer's possession. A repaired, remade,
29.18 or adjusted prescription hearing aid must be claimed by the buyer within three business
29.19 days after notification of availability, after which time the running of the 45-calendar-day
29.20 period resumes. The guarantee must entitle the buyer, upon cancellation, to receive a refund
29.21 of payment within 30 days of return of the prescription hearing aid to the audiologist or
29.22 certified dispenser. The audiologist or certified dispenser may retain as a cancellation fee
29.23 no more than \$250 of the buyer's total purchase price of the prescription hearing aid.

29.24 (c) The audiologist or certified dispenser shall provide the buyer with a contract written
29.25 in plain English, that contains uniform language and provisions that meet the requirements
29.26 under the Plain Language Contract Act, sections 325G.29 to 325G.36. The contract must
29.27 include, but is not limited to, the following: in immediate proximity to the space reserved
29.28 for the signature of the buyer, or on the first page if there is no space reserved for the
29.29 signature of the buyer, a clear and conspicuous disclosure of the following specific statement
29.30 in all capital letters of no less than 12-point boldface type: "MINNESOTA STATE LAW
29.31 GIVES THE BUYER THE RIGHT TO CANCEL THIS PURCHASE FOR ANY REASON
29.32 AT ANY TIME PRIOR TO MIDNIGHT OF THE 45TH CALENDAR DAY AFTER
29.33 RECEIPT OF THE PRESCRIPTION HEARING AID(S). THIS CANCELLATION MUST
29.34 BE IN WRITING AND MUST BE GIVEN OR MAILED TO THE AUDIOLOGIST OR

30.1 CERTIFIED DISPENSER. IF THE BUYER DECIDES TO RETURN THE PRESCRIPTION
30.2 HEARING AID(S) WITHIN THIS 45-CALENDAR-DAY PERIOD, THE BUYER WILL
30.3 RECEIVE A REFUND OF THE TOTAL PURCHASE PRICE OF THE AID(S) FROM
30.4 WHICH THE AUDIOLOGIST OR CERTIFIED DISPENSER MAY RETAIN AS A
30.5 CANCELLATION FEE NO MORE THAN \$250."

30.6 Subd. 2. **Itemized repair bill.** Any audiologist, certified dispenser, or company who
30.7 agrees to repair a prescription hearing aid must provide the owner of the prescription hearing
30.8 aid, or the owner's representative, with a bill that describes the repair and services rendered.
30.9 The bill must also include the repairing audiologist's, certified dispenser's, or company's
30.10 name, address, and telephone number.

30.11 This subdivision does not apply to an audiologist, certified dispenser, or company that
30.12 repairs a prescription hearing aid pursuant to an express warranty covering the entire
30.13 prescription hearing aid and the warranty covers the entire cost, both parts and labor, of the
30.14 repair.

30.15 Subd. 3. **Repair warranty.** Any guarantee of prescription hearing aid repairs must be
30.16 in writing and delivered to the owner of the prescription hearing aid, or the owner's
30.17 representative, stating the repairing audiologist's, certified dispenser's, or company's name,
30.18 address, telephone number, length of guarantee, model, and serial number of the prescription
30.19 hearing aid and all other terms and conditions of the guarantee.

30.20 Subd. 4. **Misdemeanor.** A person found to have violated this section is guilty of a
30.21 misdemeanor.

30.22 Subd. 5. **Additional.** In addition to the penalty provided in subdivision 4, a person found
30.23 to have violated this section is subject to the penalties and remedies provided in section
30.24 325F.69, subdivision 1.

30.25 Subd. 6. **Estimates.** Upon the request of the owner of a prescription hearing aid or the
30.26 owner's representative for a written estimate and prior to the commencement of repairs, a
30.27 repairing audiologist, certified dispenser, or company shall provide the customer with a
30.28 written estimate of the price of repairs. If a repairing audiologist, certified dispenser, or
30.29 company provides a written estimate of the price of repairs, it must not charge more than
30.30 the total price stated in the estimate for the repairs. If the repairing audiologist, certified
30.31 dispenser, or company after commencing repairs determines that additional work is necessary
30.32 to accomplish repairs that are the subject of a written estimate and if the repairing audiologist,
30.33 certified dispenser, or company did not unreasonably fail to disclose the possible need for
30.34 the additional work when the estimate was made, the repairing audiologist, certified

31.1 dispenser, or company may charge more than the estimate for the repairs if the repairing
 31.2 audiologist, certified dispenser, or company immediately provides the owner or owner's
 31.3 representative a revised written estimate pursuant to this section and receives authorization
 31.4 to continue with the repairs. If continuation of the repairs is not authorized, the repairing
 31.5 audiologist, certified dispenser, or company shall return the prescription hearing aid as close
 31.6 as possible to its former condition and shall release the prescription hearing aid to the owner
 31.7 or owner's representative upon payment of charges for repairs actually performed and not
 31.8 in excess of the original estimate.

31.9 Sec. 45. Minnesota Statutes 2022, section 151.37, subdivision 12, is amended to read:

31.10 Subd. 12. **Administration of opiate antagonists for drug overdose.** (a) A licensed
 31.11 physician, a licensed advanced practice registered nurse authorized to prescribe drugs
 31.12 pursuant to section 148.235, or a licensed physician assistant may authorize the following
 31.13 individuals to administer opiate antagonists, as defined in section 604A.04, subdivision 1:

- 31.14 (1) an emergency medical responder registered pursuant to section 144E.27;
- 31.15 (2) a peace officer as defined in section 626.84, subdivision 1, paragraphs (c) and (d);
- 31.16 (3) correctional employees of a state or local political subdivision;
- 31.17 (4) staff of community-based health disease prevention or social service programs;
- 31.18 (5) a volunteer firefighter; and
- 31.19 (6) a ~~licensed school nurse or certified public health nurse~~ any other personnel employed
 31.20 ~~by, or under contract with, a school board under section 121A.21~~ charter, public, or private
 31.21 school.

31.22 (b) For the purposes of this subdivision, opiate antagonists may be administered by one
 31.23 of these individuals only if:

- 31.24 (1) the licensed physician, licensed physician assistant, or licensed advanced practice
 31.25 registered nurse has issued a standing order to, or entered into a protocol with, the individual;
 31.26 and

31.27 (2) the individual has training in the recognition of signs of opiate overdose and the use
 31.28 of opiate antagonists as part of the emergency response to opiate overdose.

31.29 (c) Nothing in this section prohibits the possession and administration of naloxone
 31.30 pursuant to section 604A.04.

32.1 (d) Notwithstanding section 148.235, subdivisions 8 and 9, a licensed practical nurse is
32.2 authorized to possess and administer according to this subdivision, an opiate antagonist in
32.3 a school setting.

32.4 Sec. 46. Minnesota Statutes 2022, section 153A.13, subdivision 3, is amended to read:

32.5 Subd. 3. **Hearing instrument aid.** "Hearing instrument aid" means an instrument, ~~or~~
32.6 ~~any of its parts, worn in the ear canal and designed to or represented as being able to aid or~~
32.7 ~~enhance human hearing. "Hearing instrument" includes the instrument's parts, attachments,~~
32.8 ~~or accessories, including, but not limited to, ear molds and behind the ear (BTE) devices~~
32.9 ~~with or without an ear mold. Batteries and cords are not parts, attachments, or accessories~~
32.10 ~~of a hearing instrument. Surgically implanted hearing instruments, and assistive listening~~
32.11 ~~devices not worn within the ear canal, are not hearing instruments.~~ as defined in section
32.12 148.512, subdivision 10a.

32.13 Sec. 47. Minnesota Statutes 2022, section 153A.13, subdivision 4, is amended to read:

32.14 Subd. 4. **Hearing instrument aid dispensing.** "Hearing instrument aid dispensing"
32.15 ~~means making ear mold impressions, prescribing, or recommending a hearing instrument,~~
32.16 ~~assisting the consumer in instrument selection, selling hearing instruments at retail, or testing~~
32.17 ~~human hearing in connection with these activities regardless of whether the person conducting~~
32.18 ~~these activities has a monetary interest in the sale of hearing instruments to the consumer.~~
32.19 has the meaning given in section 148.512, subdivision 10b.

32.20 Sec. 48. Minnesota Statutes 2022, section 153A.13, subdivision 5, is amended to read:

32.21 Subd. 5. **Dispenser of hearing instruments aids.** "Dispenser of hearing ~~instruments~~
32.22 aids" means a natural person who engages in prescription hearing instrument aid dispensing,
32.23 whether or not certified by the commissioner of health or licensed by an existing
32.24 health-related board, except that a person described as follows is not a dispenser of hearing
32.25 instruments aids:

32.26 (1) a student participating in supervised field work that is necessary to meet requirements
32.27 of an accredited educational program if the student is designated by a title which clearly
32.28 indicates the student's status as a student trainee; or

32.29 (2) a person who helps a dispenser of hearing ~~instruments aids~~
32.30 instruments aids in an administrative or clerical manner and does not engage in prescription hearing instrument aid dispensing.

32.31 A person who offers to dispense a prescription hearing instrument aid, or a person who
32.32 advertises, holds out to the public, or otherwise represents that the person is authorized to

33.1 dispense prescription hearing instruments aids, must be certified by the commissioner except
33.2 when the person is an audiologist as defined in section 148.512.

33.3 Sec. 49. Minnesota Statutes 2022, section 153A.13, subdivision 6, is amended to read:

33.4 Subd. 6. **Advisory council.** "Advisory council" means the Minnesota Hearing ~~Instrument~~
33.5 Aid Dispenser Advisory Council, or a committee of ~~it~~ the council, established under section
33.6 153A.20.

33.7 Sec. 50. Minnesota Statutes 2022, section 153A.13, subdivision 7, is amended to read:

33.8 Subd. 7. **ANSI.** "ANSI" means ~~ANSI S3.6-1989~~, American National Standard
33.9 Specification for Audiometers ~~from the American National Standards Institute. This~~
33.10 ~~document is available through the Minitex interlibrary loan system~~ as defined in the United
33.11 States Food and Drug Administration, Code of Federal Regulations, title 21, section
33.12 874.1050.

33.13 Sec. 51. Minnesota Statutes 2022, section 153A.13, subdivision 9, is amended to read:

33.14 Subd. 9. **Supervision.** "Supervision" means monitoring activities of, and accepting
33.15 responsibility for, the prescription hearing instrument aid dispensing activities of a trainee.

33.16 Sec. 52. Minnesota Statutes 2022, section 153A.13, subdivision 10, is amended to read:

33.17 Subd. 10. **Direct supervision or directly supervised.** "Direct supervision" or "directly
33.18 supervised" means the on-site and contemporaneous location of a supervisor and trainee,
33.19 when the supervisor observes the trainee engaging in prescription hearing instrument aid
33.20 dispensing with a consumer.

33.21 Sec. 53. Minnesota Statutes 2022, section 153A.13, subdivision 11, is amended to read:

33.22 Subd. 11. **Indirect supervision or indirectly supervised.** "Indirect supervision" or
33.23 "indirectly supervised" means the remote and independent performance of prescription
33.24 hearing instrument aid dispensing by a trainee when authorized under section 153A.14,
33.25 subdivision 4a, paragraph (b).

34.1 Sec. 54. Minnesota Statutes 2022, section 153A.13, is amended by adding a subdivision
34.2 to read:

34.3 Subd. 12. **Over-the-counter hearing aid or OTC hearing aid.** "Over-the-counter
34.4 hearing aid" or "OTC hearing aid" has the meaning given in section 148.512, subdivision
34.5 10c.

34.6 Sec. 55. Minnesota Statutes 2022, section 153A.13, is amended by adding a subdivision
34.7 to read:

34.8 Subd. 13. **Prescription hearing aid.** "Prescription hearing aid" has the meaning given
34.9 in section 148.512, subdivision 13a.

34.10 Sec. 56. Minnesota Statutes 2022, section 153A.14, subdivision 1, is amended to read:

34.11 Subdivision 1. **Application for certificate.** An applicant must:

34.12 (1) be 21 years of age or older;

34.13 (2) apply to the commissioner for a certificate to dispense prescription hearing instruments
34.14 aids on application forms provided by the commissioner;

34.15 (3) at a minimum, provide the applicant's name, Social Security number, business address
34.16 and phone number, employer, and information about the applicant's education, training,
34.17 and experience in testing human hearing and fitting prescription hearing instruments aids;

34.18 (4) include with the application a statement that the statements in the application are
34.19 true and correct to the best of the applicant's knowledge and belief;

34.20 (5) include with the application a written and signed authorization that authorizes the
34.21 commissioner to make inquiries to appropriate regulatory agencies in this or any other state
34.22 where the applicant has sold prescription hearing instruments aids;

34.23 (6) submit certification to the commissioner that the applicant's audiometric equipment
34.24 has been calibrated to meet current ANSI standards within 12 months of the date of the
34.25 application;

34.26 (7) submit evidence of continuing education credits, if required;

34.27 (8) submit all fees as required under section 153A.17; and

34.28 (9) consent to a fingerprint-based criminal history records check required under section
34.29 144.0572, pay all required fees, and cooperate with all requests for information. An applicant

35.1 must complete a new criminal background check if more than one year has elapsed since
35.2 the applicant last applied for a license.

35.3 Sec. 57. Minnesota Statutes 2022, section 153A.14, subdivision 2, is amended to read:

35.4 Subd. 2. **Issuance of certificate.** (a) The commissioner shall issue a certificate to each
35.5 dispenser of hearing ~~instruments~~ aids who applies under subdivision 1 if the commissioner
35.6 determines that the applicant is in compliance with this chapter, has passed an examination
35.7 administered by the commissioner, has met the continuing education requirements, if
35.8 required, and has paid the fee set by the commissioner. The commissioner may reject or
35.9 deny an application for a certificate if there is evidence of a violation or failure to comply
35.10 with this chapter.

35.11 (b) The commissioner shall not issue a certificate to an applicant who refuses to consent
35.12 to a criminal history background check as required by section 144.0572 within 90 days after
35.13 submission of an application or fails to submit fingerprints to the Department of Human
35.14 Services. Any fees paid by the applicant to the Department of Health shall be forfeited if
35.15 the applicant refuses to consent to the background study.

35.16 Sec. 58. Minnesota Statutes 2022, section 153A.14, subdivision 2h, is amended to read:

35.17 Subd. 2h. **Certification by examination.** An applicant must achieve a passing score,
35.18 as determined by the commissioner, on an examination according to paragraphs (a) to (c).

35.19 (a) The examination must include, but is not limited to:

35.20 (1) A written examination approved by the commissioner covering the following areas
35.21 as they pertain to prescription hearing ~~instrument~~ aid selling:

35.22 (i) basic physics of sound;

35.23 (ii) the anatomy and physiology of the ear;

35.24 (iii) the function of prescription hearing ~~instruments~~ aids; and

35.25 (iv) the principles of prescription hearing ~~instrument~~ aid selection.

35.26 (2) Practical tests of proficiency in the following techniques as they pertain to prescription
35.27 hearing ~~instrument~~ aid selling:

35.28 (i) pure tone audiometry, including air conduction testing and bone conduction testing;

36.1 (ii) live voice or recorded voice speech audiometry including speech recognition
36.2 (discrimination) testing, most comfortable loudness level, and uncomfortable loudness
36.3 measurements of tolerance thresholds;

36.4 (iii) masking when indicated;

36.5 (iv) recording and evaluation of audiograms and speech audiometry to determine proper
36.6 selection and fitting of a prescription hearing instrument aid;

36.7 (v) taking ear mold impressions;

36.8 (vi) using an otoscope for the visual observation of the entire ear canal; and

36.9 (vii) state and federal laws, rules, and regulations.

36.10 (b) The practical examination shall be administered by the commissioner at least twice
36.11 a year.

36.12 (c) An applicant must achieve a passing score on all portions of the examination within
36.13 a two-year period. An applicant who does not achieve a passing score on all portions of the
36.14 examination within a two-year period must retake the entire examination and achieve a
36.15 passing score on each portion of the examination. An applicant who does not apply for
36.16 certification within one year of successful completion of the examination must retake the
36.17 examination and achieve a passing score on each portion of the examination. An applicant
36.18 may not take any part of the practical examination more than three times in a two-year
36.19 period.

36.20 Sec. 59. Minnesota Statutes 2022, section 153A.14, subdivision 2i, is amended to read:

36.21 Subd. 2i. **Continuing education requirement.** On forms provided by the commissioner,
36.22 each certified dispenser must submit with the application for renewal of certification evidence
36.23 of completion of ten course hours of continuing education earned within the 12-month
36.24 period of November 1 to October 31, between the effective and expiration dates of
36.25 certification. Continuing education courses must be directly related to prescription hearing
36.26 instrument aid dispensing and approved by the International Hearing Society, the American
36.27 Speech-Language-Hearing Association, or the American Academy of Audiology. Evidence
36.28 of completion of the ten course hours of continuing education must be submitted by
36.29 December 1 of each year. This requirement does not apply to dispensers certified for less
36.30 than one year.

37.1 Sec. 60. Minnesota Statutes 2022, section 153A.14, subdivision 2j, is amended to read:

37.2 Subd. 2j. **Required use of certification number.** The certification holder must use the
37.3 certification number on all contracts, bills of sale, and receipts used in the sale of prescription
37.4 hearing ~~instruments~~ aids.

37.5 Sec. 61. Minnesota Statutes 2022, section 153A.14, subdivision 4, is amended to read:

37.6 Subd. 4. **Dispensing of prescription hearing instruments aids without**
37.7 **certificate.** Except as provided in subdivisions 4a and 4c, and in sections 148.512 to
37.8 148.5198, it is unlawful for any person not holding a valid certificate to dispense a
37.9 prescription hearing instrument aid as defined in section 153A.13, subdivision 3. A person
37.10 who dispenses a prescription hearing instrument aid without the certificate required by this
37.11 section is guilty of a gross misdemeanor.

37.12 Sec. 62. Minnesota Statutes 2022, section 153A.14, subdivision 4a, is amended to read:

37.13 Subd. 4a. **Trainees.** (a) A person who is not certified under this section may dispense
37.14 prescription hearing instruments aids as a trainee for a period not to exceed 12 months if
37.15 the person:

37.16 (1) submits an application on forms provided by the commissioner;

37.17 (2) is under the supervision of a certified dispenser meeting the requirements of this
37.18 subdivision;

37.19 (3) meets all requirements for certification except passage of the examination required
37.20 by this section; and

37.21 (4) uses the title "dispenser trainee" in contacts with the patients, clients, or consumers.

37.22 (b) A certified hearing instrument aid dispenser may not supervise more than two trainees
37.23 at the same time and may not directly supervise more than one trainee at a time. The certified
37.24 dispenser is responsible for all actions or omissions of a trainee in connection with the
37.25 dispensing of prescription hearing instruments aids. A certified dispenser may not supervise
37.26 a trainee if there are any commissioner, court, or other orders, currently in effect or issued
37.27 within the last five years, that were issued with respect to an action or omission of a certified
37.28 dispenser or a trainee under the certified dispenser's supervision.

37.29 Until taking and passing the practical examination testing the techniques described in
37.30 subdivision 2h, paragraph (a), clause (2), trainees must be directly supervised in all areas
37.31 described in subdivision 4b, and the activities tested by the practical examination. Thereafter,

38.1 trainees may dispense prescription hearing instruments aids under indirect supervision until
38.2 expiration of the trainee period. Under indirect supervision, the trainee must complete two
38.3 monitored activities a week. Monitored activities may be executed by correspondence,
38.4 telephone, or other telephonic devices, and include, but are not limited to, evaluation of
38.5 audiograms, written reports, and contracts. The time spent in supervision must be recorded
38.6 and the record retained by the supervisor.

38.7 Sec. 63. Minnesota Statutes 2022, section 153A.14, subdivision 4b, is amended to read:

38.8 Subd. 4b. **Prescription hearing testing protocol.** A dispenser when conducting a hearing
38.9 test for the purpose of prescription hearing instrument aid dispensing must:

38.10 (1) comply with the United States Food and Drug Administration warning regarding
38.11 potential medical conditions required by Code of Federal Regulations, title 21, section
38.12 ~~801.420~~ 801.422;

38.13 (2) complete a case history of the client's hearing;

38.14 (3) inspect the client's ears with an otoscope; and

38.15 (4) conduct the following tests on both ears of the client and document the results, and
38.16 if for any reason one of the following tests cannot be performed pursuant to the United
38.17 States Food and Drug Administration guidelines, an audiologist shall evaluate the hearing
38.18 and the need for a prescription hearing instrument aid:

38.19 (i) air conduction at 250, 500, 1,000, 2,000, 4,000, and 8,000 Hertz. When a difference
38.20 of 20 dB or more occurs between adjacent octave frequencies the interoctave frequency
38.21 must be tested;

38.22 (ii) bone conduction at 500, 1,000, 2,000, and 4,000 Hertz for any frequency where the
38.23 air conduction threshold is greater than 15 dB HL;

38.24 (iii) monaural word recognition (discrimination), with a minimum of 25 words presented
38.25 for each ear; and

38.26 (iv) loudness discomfort level, monaural, for setting a prescription hearing instrument's
38.27 aid's maximum power output; and

38.28 (5) include masking in all tests whenever necessary to ensure accurate results.

39.1 Sec. 64. Minnesota Statutes 2022, section 153A.14, subdivision 4c, is amended to read:

39.2 Subd. 4c. **Reciprocity.** (a) A person who has dispensed prescription hearing instruments
39.3 aids in another jurisdiction may dispense prescription hearing instruments aids as a trainee
39.4 under indirect supervision if the person:

39.5 (1) satisfies the provisions of subdivision 4a, paragraph (a);

39.6 (2) submits a signed and dated affidavit stating that the applicant is not the subject of a
39.7 disciplinary action or past disciplinary action in this or another jurisdiction and is not
39.8 disqualified on the basis of section 153A.15, subdivision 1; and

39.9 (3) provides a copy of a current credential as a hearing ~~instrument~~ aid dispenser held in
39.10 the District of Columbia or a state or territory of the United States.

39.11 (b) A person becoming a trainee under this subdivision who fails to take and pass the
39.12 practical examination described in subdivision 2h, paragraph (a), clause (2), when next
39.13 offered must cease dispensing prescription hearing instruments aids unless under direct
39.14 supervision.

39.15 Sec. 65. Minnesota Statutes 2022, section 153A.14, subdivision 4e, is amended to read:

39.16 Subd. 4e. **Prescription hearing aids; enforcement.** Costs incurred by the Minnesota
39.17 Department of Health for conducting investigations of unlicensed prescription hearing aid
39.18 ~~dispensers~~ dispensing shall be apportioned between all licensed or credentialed professions
39.19 that dispense prescription hearing aids.

39.20 Sec. 66. Minnesota Statutes 2022, section 153A.14, subdivision 6, is amended to read:

39.21 Subd. 6. **Prescription hearing instruments aids to comply with federal and state**
39.22 **requirements.** The commissioner shall ensure that prescription hearing instruments aids
39.23 are dispensed in compliance with state requirements and the requirements of the United
39.24 States Food and Drug Administration. Failure to comply with state or federal regulations
39.25 may be grounds for enforcement actions under section 153A.15, subdivision 2.

39.26 Sec. 67. Minnesota Statutes 2022, section 153A.14, subdivision 9, is amended to read:

39.27 Subd. 9. **Consumer rights.** A hearing ~~instrument~~ aid dispenser shall comply with the
39.28 requirements of sections 148.5195, subdivision 3, clause (20); 148.5197; and 148.5198.

40.1 Sec. 68. Minnesota Statutes 2022, section 153A.14, subdivision 11, is amended to read:

40.2 Subd. 11. **Requirement to maintain current information.** A dispenser must notify the
40.3 commissioner in writing within 30 days of the occurrence of any of the following:

40.4 (1) a change of name, address, home or business telephone number, or business name;

40.5 (2) the occurrence of conduct prohibited by section 153A.15;

40.6 (3) a settlement, conciliation court judgment, or award based on negligence, intentional
40.7 acts, or contractual violations committed in the dispensing of prescription hearing instruments
40.8 aids by the dispenser; and

40.9 (4) the cessation of prescription hearing instrument aid dispensing activities as an
40.10 individual or a business.

40.11 Sec. 69. Minnesota Statutes 2022, section 153A.14, is amended by adding a subdivision
40.12 to read:

40.13 Subd. 12. **Over-the-counter hearing aids.** Nothing in this chapter shall preclude certified
40.14 hearing aid dispensers from dispensing or selling over-the-counter hearing aids.

40.15 Sec. 70. Minnesota Statutes 2022, section 153A.15, subdivision 1, is amended to read:

40.16 Subdivision 1. **Prohibited acts.** The commissioner may take enforcement action as
40.17 provided under subdivision 2 against a dispenser of prescription hearing instruments aids
40.18 for the following acts and conduct:

40.19 (1) dispensing a prescription hearing instrument aid to a minor person 18 years or younger
40.20 unless evaluated by an audiologist for hearing evaluation and prescription hearing aid
40.21 evaluation;

40.22 (2) being disciplined through a revocation, suspension, restriction, or limitation by
40.23 another state for conduct subject to action under this chapter;

40.24 (3) presenting advertising that is false or misleading;

40.25 (4) providing the commissioner with false or misleading statements of credentials,
40.26 training, or experience;

40.27 (5) engaging in conduct likely to deceive, defraud, or harm the public; or demonstrating
40.28 a willful or careless disregard for the health, welfare, or safety of a consumer;

40.29 (6) splitting fees or promising to pay a portion of a fee to any other professional other
40.30 than a fee for services rendered by the other professional to the client;

- 41.1 (7) engaging in abusive or fraudulent billing practices, including violations of federal
41.2 Medicare and Medicaid laws, Food and Drug Administration regulations, or state medical
41.3 assistance laws;
- 41.4 (8) obtaining money, property, or services from a consumer through the use of undue
41.5 influence, high pressure sales tactics, harassment, duress, deception, or fraud;
- 41.6 (9) performing the services of a certified hearing ~~instrument~~ aid dispenser in an
41.7 incompetent or negligent manner;
- 41.8 (10) failing to comply with the requirements of this chapter as an employer, supervisor,
41.9 or trainee;
- 41.10 (11) failing to provide information in a timely manner in response to a request by the
41.11 commissioner, commissioner's designee, or the advisory council;
- 41.12 (12) being convicted within the past five years of violating any laws of the United States,
41.13 or any state or territory of the United States, and the violation is a felony, gross misdemeanor,
41.14 or misdemeanor, an essential element of which relates to prescription hearing ~~instrument~~
41.15 aid dispensing, except as provided in chapter 364;
- 41.16 (13) failing to cooperate with the commissioner, the commissioner's designee, or the
41.17 advisory council in any investigation;
- 41.18 (14) failing to perform prescription hearing ~~instrument~~ aid dispensing with reasonable
41.19 judgment, skill, or safety due to the use of alcohol or drugs, or other physical or mental
41.20 impairment;
- 41.21 (15) failing to fully disclose actions taken against the applicant or the applicant's legal
41.22 authorization to dispense prescription hearing ~~instruments~~ aids in this or another state;
- 41.23 (16) violating a state or federal court order or judgment, including a conciliation court
41.24 judgment, relating to the activities of the applicant in prescription hearing ~~instrument~~ aid
41.25 dispensing;
- 41.26 (17) having been or being disciplined by the commissioner of the Department of Health,
41.27 or other authority, in this or another jurisdiction, if any of the grounds for the discipline are
41.28 the same or substantially equivalent to those in sections 153A.13 to 153A.18;
- 41.29 (18) misrepresenting the purpose of hearing tests, or in any way communicating that the
41.30 hearing test or hearing test protocol required by section 153A.14, subdivision 4b, is a medical
41.31 evaluation, a diagnostic hearing evaluation conducted by an audiologist, or is other than a
41.32 test to select a prescription hearing ~~instrument~~ aid, except that the hearing ~~instrument~~ aid

42.1 dispenser can determine the need for or recommend the consumer obtain a medical evaluation
42.2 consistent with requirements of the United States Food and Drug Administration;

42.3 (19) violating any of the provisions of sections 148.5195, subdivision 3, clause (20);
42.4 148.5197; 148.5198; and 153A.13 to 153A.18; and

42.5 (20) aiding or abetting another person in violating any of the provisions of sections
42.6 148.5195, subdivision 3, clause (20); 148.5197; 148.5198; and 153A.13 to 153A.18.

42.7 Sec. 71. Minnesota Statutes 2022, section 153A.15, subdivision 2, is amended to read:

42.8 Subd. 2. **Enforcement actions.** When the commissioner finds that a dispenser of
42.9 prescription hearing instruments aids has violated one or more provisions of this chapter,
42.10 the commissioner may do one or more of the following:

42.11 (1) deny or reject the application for a certificate;

42.12 (2) revoke the certificate;

42.13 (3) suspend the certificate;

42.14 (4) impose, for each violation, a civil penalty that deprives the dispenser of any economic
42.15 advantage gained by the violation and that reimburses the Department of Health for costs
42.16 of the investigation and proceeding resulting in disciplinary action, including the amount
42.17 paid for services of the Office of Administrative Hearings, the amount paid for services of
42.18 the Office of the Attorney General, attorney fees, court reporters, witnesses, reproduction
42.19 of records, advisory council members' per diem compensation, department staff time, and
42.20 expenses incurred by advisory council members and department staff;

42.21 (5) censure or reprimand the dispenser;

42.22 (6) revoke or suspend the right to supervise trainees;

42.23 (7) revoke or suspend the right to be a trainee;

42.24 (8) impose a civil penalty not to exceed \$10,000 for each separate violation; or

42.25 (9) any other action reasonably justified by the individual case.

42.26 Sec. 72. Minnesota Statutes 2022, section 153A.15, subdivision 4, is amended to read:

42.27 Subd. 4. **Penalties.** Except as provided in section 153A.14, subdivision 4, a person
42.28 violating this chapter is guilty of a misdemeanor. The commissioner may impose an automatic
42.29 civil penalty equal to one-fourth the renewal fee on each hearing ~~instrument seller~~ aid

43.1 dispenser who fails to renew the certificate required in section 153A.14 by the renewal
43.2 deadline.

43.3 Sec. 73. Minnesota Statutes 2022, section 153A.17, is amended to read:

43.4 **153A.17 EXPENSES; FEES.**

43.5 (a) The expenses for administering the certification requirements, including the complaint
43.6 handling system for hearing aid dispensers in sections 153A.14 and 153A.15, and the
43.7 Consumer Information Center under section 153A.18, must be paid from initial application
43.8 and examination fees, renewal fees, penalties, and fines. The commissioner shall only use
43.9 fees collected under this section for the purposes of administering this chapter. The legislature
43.10 must not transfer money generated by these fees from the state government special revenue
43.11 fund to the general fund. ~~Surcharges collected by the commissioner of health under section~~
43.12 ~~16E.22 are not subject to this paragraph.~~

43.13 (b) The fees are as follows:

43.14 (1) the initial certification application fee is \$772.50;

43.15 (2) the annual renewal certification application fee is \$750;

43.16 (3) the initial examination fee for the practical portion is \$1,200, and \$600 for each time
43.17 it is taken, thereafter; for individuals meeting the requirements of section 148.515, subdivision
43.18 2, the fee for the practical portion of the prescription hearing ~~instrument~~ aid dispensing
43.19 examination is \$600 each time it is taken;

43.20 (4) the trainee application fee is \$230;

43.21 (5) the penalty fee for late submission of a renewal application is \$260; and

43.22 (6) the fee for verification of certification to other jurisdictions or entities is \$25.

43.23 (c) The commissioner may prorate the certification fee for new applicants based on the
43.24 number of quarters remaining in the annual certification period.

43.25 (d) All fees are nonrefundable. All fees, penalties, and fines received must be deposited
43.26 in the state government special revenue fund.

43.27 (e) Hearing instrument dispensers who were certified before January 1, 2018, shall pay
43.28 a onetime surcharge of \$22.50 to renew their certification when it expires after October 31,
43.29 2020. The surcharge shall cover the commissioner's costs associated with criminal
43.30 background checks.

44.1 Sec. 74. Minnesota Statutes 2022, section 153A.175, is amended to read:

44.2 **153A.175 PENALTY FEES.**

44.3 (a) The penalty fee for holding oneself out as a hearing ~~instrument~~ aid dispenser without
44.4 a current certificate after the credential has expired and before it is renewed is one-half the
44.5 amount of the certificate renewal fee for any part of the first day, plus one-half the certificate
44.6 renewal fee for any part of any subsequent days up to 30 days.

44.7 (b) The penalty fee for applicants who hold themselves out as hearing ~~instrument~~ aid
44.8 dispensers after expiration of the trainee period and before being issued a certificate is
44.9 one-half the amount of the certificate application fee for any part of the first day, plus
44.10 one-half the certificate application fee for any part of any subsequent days up to 30 days.
44.11 This paragraph does not apply to applicants not qualifying for a certificate who hold
44.12 themselves out as hearing ~~instrument~~ aid dispensers.

44.13 (c) The penalty fee for practicing prescription hearing ~~instrument~~ aid dispensing and
44.14 failing to submit a continuing education report by the due date with the correct number or
44.15 type of hours in the correct time period is \$200 plus \$200 for each missing clock hour.
44.16 "Missing" means not obtained between the effective and expiration dates of the certificate,
44.17 the one-month period following the certificate expiration date, or the 30 days following
44.18 notice of a penalty fee for failing to report all continuing education hours. The certificate
44.19 holder must obtain the missing number of continuing education hours by the next reporting
44.20 due date.

44.21 (d) Civil penalties and discipline incurred by certificate holders prior to August 1, 2005,
44.22 for conduct described in paragraph (a), (b), or (c) shall be recorded as nondisciplinary penalty
44.23 fees. Payment of a penalty fee does not preclude any disciplinary action reasonably justified
44.24 by the individual case.

44.25 Sec. 75. Minnesota Statutes 2022, section 153A.18, is amended to read:

44.26 **153A.18 CONSUMER INFORMATION CENTER.**

44.27 The commissioner shall establish a Consumer Information Center to assist actual and
44.28 potential purchasers of prescription hearing aids by providing them with information
44.29 regarding prescription hearing ~~instrument~~ aid sales. The Consumer Information Center shall
44.30 disseminate information about consumers' legal rights related to prescription hearing
44.31 ~~instrument~~ aid sales, provide information relating to complaints about dispensers of
44.32 prescription hearing ~~instruments~~ aids, and provide information about outreach and advocacy
44.33 services for consumers of prescription hearing ~~instruments~~ aids. In establishing the center

45.1 and developing the information, the commissioner shall consult with representatives of
45.2 hearing ~~instrument~~ aid dispensers, audiologists, physicians, and consumers.

45.3 Sec. 76. Minnesota Statutes 2022, section 153A.20, is amended to read:

45.4 **153A.20 HEARING ~~INSTRUMENT~~ AID DISPENSER ADVISORY COUNCIL.**

45.5 Subdivision 1. **Membership.** (a) The commissioner shall appoint seven persons to a
45.6 Hearing ~~Instrument~~ Aid Dispenser Advisory Council.

45.7 (b) The seven persons must include:

45.8 (1) three public members, as defined in section 214.02. At least one of the public members
45.9 shall be a prescription hearing ~~instrument~~ aid user and one of the public members shall be
45.10 either a prescription hearing ~~instrument~~ aid user or an advocate of one;

45.11 (2) three hearing ~~instrument~~ aid dispensers certified under sections 153A.14 to 153A.20,
45.12 each of whom is currently, and has been for the five years immediately preceding their
45.13 appointment, engaged in prescription hearing ~~instrument~~ aid dispensing in Minnesota and
45.14 who represent the occupation of prescription hearing ~~instrument~~ aid dispensing and who
45.15 are not audiologists; and

45.16 (3) one audiologist licensed as an audiologist under chapter 148 who dispenses
45.17 prescription hearing ~~instruments~~ aids, recommended by a professional association
45.18 representing audiologists and speech-language pathologists.

45.19 (c) The factors the commissioner may consider when appointing advisory council
45.20 members include, but are not limited to, professional affiliation, geographical location, and
45.21 type of practice.

45.22 (d) No two members of the advisory council shall be employees of, or have binding
45.23 contracts requiring sales exclusively for, the same prescription hearing ~~instrument~~ aid
45.24 manufacturer or the same employer.

45.25 Subd. 2. **Organization.** The advisory council shall be organized and administered
45.26 according to section 15.059. The council may form committees to carry out its duties.

45.27 Subd. 3. **Duties.** At the commissioner's request, the advisory council shall:

45.28 (1) advise the commissioner regarding hearing ~~instrument~~ aid dispenser certification
45.29 standards;

45.30 (2) provide for distribution of information regarding hearing ~~instrument~~ aid dispenser
45.31 certification standards;

- 46.1 (3) review investigation summaries of competency violations and make recommendations
46.2 to the commissioner as to whether the allegations of incompetency are substantiated; and
46.3 (4) perform other duties as directed by the commissioner.

46.4 Sec. 77. Minnesota Statutes 2022, section 256B.434, subdivision 4f, is amended to read:

46.5 Subd. 4f. **Construction project rate adjustments effective October 1, 2006.** (a)
46.6 Effective October 1, 2006, facilities reimbursed under this section may receive a property
46.7 rate adjustment for construction projects exceeding the threshold in section 256B.431,
46.8 subdivision 16, and below the threshold in section 144A.071, subdivision 2, ~~clause (a)~~
46.9 paragraph (c), clause (1). For these projects, capital assets purchased shall be counted as
46.10 construction project costs for a rate adjustment request made by a facility if they are: (1)
46.11 purchased within 24 months of the completion of the construction project; (2) purchased
46.12 after the completion date of any prior construction project; and (3) are not purchased prior
46.13 to July 14, 2005. Except as otherwise provided in this subdivision, the definitions, rate
46.14 calculation methods, and principles in sections 144A.071 and 256B.431 and Minnesota
46.15 Rules, parts 9549.0010 to 9549.0080, shall be used to calculate rate adjustments for allowable
46.16 construction projects under this subdivision and section 144A.073. Facilities completing
46.17 construction projects between October 1, 2005, and October 1, 2006, are eligible to have a
46.18 property rate adjustment effective October 1, 2006. Facilities completing projects after
46.19 October 1, 2006, are eligible for a property rate adjustment effective on the first day of the
46.20 month following the completion date. Facilities completing projects after January 1, 2018,
46.21 are eligible for a property rate adjustment effective on the first day of the month of January
46.22 or July, whichever occurs immediately following the completion date.

46.23 (b) Notwithstanding subdivision 18, as of July 14, 2005, facilities with rates set under
46.24 section 256B.431 and Minnesota Rules, parts 9549.0010 to 9549.0080, that commenced a
46.25 construction project on or after October 1, 2004, and do not have a contract under subdivision
46.26 3 by September 30, 2006, are eligible to request a rate adjustment under section 256B.431,
46.27 subdivision 10, through September 30, 2006. If the request results in the commissioner
46.28 determining a rate adjustment is allowable, the rate adjustment is effective on the first of
46.29 the month following project completion. These facilities shall be allowed to accumulate
46.30 construction project costs for the period October 1, 2004, to September 30, 2006.

46.31 (c) Facilities shall be allowed construction project rate adjustments no sooner than 12
46.32 months after completing a previous construction project. Facilities must request the rate
46.33 adjustment according to section 256B.431, subdivision 10.

47.1 (d) Capacity days shall be computed according to Minnesota Rules, part 9549.0060,
47.2 subpart 11. For rate calculations under this section, the number of licensed beds in the
47.3 nursing facility shall be the number existing after the construction project is completed and
47.4 the number of days in the nursing facility's reporting period shall be 365.

47.5 (e) The value of assets to be recognized for a total replacement project as defined in
47.6 section 256B.431, subdivision 17d, shall be computed as described in clause (1). The value
47.7 of assets to be recognized for all other projects shall be computed as described in clause
47.8 (2).

47.9 (1) Replacement-cost-new limits under section 256B.431, subdivision 17e, and the
47.10 number of beds allowed under subdivision 3a, paragraph (c), shall be used to compute the
47.11 maximum amount of assets allowable in a facility's property rate calculation. If a facility's
47.12 current request for a rate adjustment results from the completion of a construction project
47.13 that was previously approved under section 144A.073, the assets to be used in the rate
47.14 calculation cannot exceed the lesser of the amount determined under sections 144A.071,
47.15 subdivision 2, and 144A.073, subdivision 3b, or the actual allowable costs of the construction
47.16 project. A current request that is not the result of a project under section 144A.073 cannot
47.17 exceed the limit under section 144A.071, subdivision 2, paragraph ~~(a)~~ (c), clause (1).
47.18 Applicable credits must be deducted from the cost of the construction project.

47.19 (2)(i) Replacement-cost-new limits under section 256B.431, subdivision 17e, and the
47.20 number of beds allowed under section 256B.431, subdivision 3a, paragraph (c), shall be
47.21 used to compute the maximum amount of assets allowable in a facility's property rate
47.22 calculation.

47.23 (ii) The value of a facility's assets to be compared to the amount in item (i) begins with
47.24 the total appraised value from the last rate notice a facility received when its rates were set
47.25 under section 256B.431 and Minnesota Rules, parts 9549.0010 to 9549.0080. This value
47.26 shall be indexed by the factor in section 256B.431, subdivision 3f, paragraph (a), for each
47.27 rate year the facility received an inflation factor on its property-related rate when its rates
47.28 were set under this section. The value of assets listed as previous capital additions, capital
47.29 additions, and special projects on the facility's base year rate notice and the value of assets
47.30 related to a construction project for which the facility received a rate adjustment when its
47.31 rates were determined under this section shall be added to the indexed appraised value.

47.32 (iii) The maximum amount of assets to be recognized in computing a facility's rate
47.33 adjustment after a project is completed is the lesser of the aggregate replacement-cost-new

48.1 limit computed in (i) minus the assets recognized in (ii) or the actual allowable costs of the
48.2 construction project.

48.3 (iv) If a facility's current request for a rate adjustment results from the completion of a
48.4 construction project that was previously approved under section 144A.073, the assets to be
48.5 added to the rate calculation cannot exceed the lesser of the amount determined under
48.6 sections 144A.071, subdivision 2, and 144A.073, subdivision 3b, or the actual allowable
48.7 costs of the construction project. A current request that is not the result of a project under
48.8 section 144A.073 cannot exceed the limit stated in section 144A.071, subdivision 2,
48.9 paragraph ~~(a)~~ (c), clause (1). Assets disposed of as a result of a construction project and
48.10 applicable credits must be deducted from the cost of the construction project.

48.11 (f) For construction projects approved under section 144A.073, allowable debt may
48.12 never exceed the lesser of the cost of the assets purchased, the threshold limit in section
48.13 144A.071, subdivision 2, or the replacement-cost-new limit less previously existing capital
48.14 debt.

48.15 (g) For construction projects that were not approved under section 144A.073, allowable
48.16 debt is limited to the lesser of the threshold in section 144A.071, subdivision 2, for such
48.17 construction projects or the applicable limit in paragraph (e), clause (1) or (2), less previously
48.18 existing capital debt. Amounts of debt taken out that exceed the costs of a construction
48.19 project shall not be allowed regardless of the use of the funds.

48.20 For all construction projects being recognized, interest expense and average debt shall
48.21 be computed based on the first 12 months following project completion. "Previously existing
48.22 capital debt" means capital debt recognized on the last rate determined under section
48.23 256B.431 and Minnesota Rules, parts 9549.0010 to 9549.0080, and the amount of debt
48.24 recognized for a construction project for which the facility received a rate adjustment when
48.25 its rates were determined under this section.

48.26 For a total replacement project as defined in section 256B.431, subdivision 17d, the
48.27 value of previously existing capital debt shall be zero.

48.28 (h) In addition to the interest expense allowed from the application of paragraph (f), the
48.29 amounts allowed under section 256B.431, subdivision 17a, paragraph (a), clauses (2) and
48.30 (3), will be added to interest expense.

48.31 (i) The equity portion of the construction project shall be computed as the allowable
48.32 assets in paragraph (e), less the average debt in paragraph (f). The equity portion must be
48.33 multiplied by 5.66 percent and the allowable interest expense in paragraph (f) must be added.

49.1 This sum must be divided by 95 percent of capacity days to compute the construction project
49.2 rate adjustment.

49.3 (j) For projects that are not a total replacement of a nursing facility, the amount in
49.4 paragraph (i) is adjusted for nonreimbursable areas and then added to the current property
49.5 payment rate of the facility.

49.6 (k) For projects that are a total replacement of a nursing facility, the amount in paragraph
49.7 (i) becomes the new property payment rate after being adjusted for nonreimbursable areas.
49.8 Any amounts existing in a facility's rate before the effective date of the construction project
49.9 for equity incentives under section 256B.431, subdivision 16; capital repairs and replacements
49.10 under section 256B.431, subdivision 15; or refinancing incentives under section 256B.431,
49.11 subdivision 19, shall be removed from the facility's rates.

49.12 (l) No additional equipment allowance is allowed under Minnesota Rules, part 9549.0060,
49.13 subpart 10, as the result of construction projects under this section. Allowable equipment
49.14 shall be included in the construction project costs.

49.15 (m) Capital assets purchased after the completion date of a construction project shall be
49.16 counted as construction project costs for any future rate adjustment request made by a facility
49.17 under section 144A.071, subdivision 2, ~~clause (a)~~ paragraph (c), clause (1), if they are
49.18 purchased within 24 months of the completion of the future construction project.

49.19 (n) In subsequent rate years, the property payment rate for a facility that results from
49.20 the application of this subdivision shall be the amount inflated in subdivision 4.

49.21 (o) Construction projects are eligible for an equity incentive under section 256B.431,
49.22 subdivision 16. When computing the equity incentive for a construction project under this
49.23 subdivision, only the allowable costs and allowable debt related to the construction project
49.24 shall be used. The equity incentive shall not be a part of the property payment rate and not
49.25 inflated under subdivision 4. Effective October 1, 2006, all equity incentives for nursing
49.26 facilities reimbursed under this section shall be allowed for a duration determined under
49.27 section 256B.431, subdivision 16, paragraph (c).

49.28 Sec. 78. REVISOR INSTRUCTION.

49.29 The revisor of statutes shall change the term "cancer surveillance system" to "cancer
49.30 reporting system" wherever it appears in the next edition of Minnesota Statutes and Minnesota
49.31 Rules and in the online publication.

50.1 **Sec. 79. REPEALER.**

50.2 (a) Minnesota Rules, parts 4640.1500; 4640.1600; 4640.1700; 4640.1800; 4640.1900;
50.3 4640.2000; 4640.2100; 4640.2200; 4640.2300; 4640.2400; 4640.2500; 4640.2600;
50.4 4640.2700; 4640.2800; 4640.2900; 4640.3000; 4640.3100; 4640.3200; 4640.3300;
50.5 4640.3400; 4640.3500; 4640.3600; 4640.3700; 4640.3800; 4640.3900; 4640.4000;
50.6 4640.4100; 4640.4200; 4640.4300; 4640.6100; 4640.6200; 4640.6300; 4640.6400;
50.7 4645.0300; 4645.0400; 4645.0500; 4645.0600; 4645.0700; 4645.0800; 4645.0900;
50.8 4645.1000; 4645.1100; 4645.1200; 4645.1300; 4645.1400; 4645.1500; 4645.1600;
50.9 4645.1700; 4645.1800; 4645.1900; 4645.2000; 4645.2100; 4645.2200; 4645.2300;
50.10 4645.2400; 4645.2500; 4645.2600; 4645.2700; 4645.2800; 4645.2900; 4645.3000;
50.11 4645.3100; 4645.3200; 4645.3300; 4645.3400; 4645.3500; 4645.3600; 4645.3700;
50.12 4645.3800; 4645.3805; 4645.3900; 4645.4000; 4645.4100; 4645.4200; 4645.4300;
50.13 4645.4400; 4645.4500; 4645.4600; 4645.4700; 4645.4800; 4645.4900; 4645.5100; and
50.14 4645.5200, are repealed effective January 1, 2024.

50.15 (b) Minnesota Statutes 2022, sections 144.9505, subdivision 3; and 153A.14, subdivision
50.16 5, are repealed."

50.17 Amend the title accordingly