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State of Minnesota

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HOUSE OF REPRESENTATIVES

Unofficial Engrossment

House Engrossment of a Senate File

NINETY-SECOND SESSION

S. F. No. 4410

04/26/2022 Companion to House File No. 4706. (Authors:Liebling)
Read First Time and Referred to the Committee on Ways and Means
04/28/2022 Adoption of Report: Placed on the General Register as Amended
Read for the Second Time
05/03/2022 Calendar for the Day, Amended
Read Third Time as Amended
Passed by the House as Amended and transmitted to the Senate to include Floor Amendments
05/04/2022 Refused to concur and a Conference Committee was appointed

1.1 A bill for an act

1.2 relating to state government; modifying provisions governing the Department of
1.3 Health, health care, health-related licensing boards, prescription drugs, health
1.4 insurance, community supports, behavioral health, continuing care for older adults,
1.5 child and vulnerable adult protection, economic assistance, direct care and
1.6 treatment, preventing homelessness, human services licensing and operations,
1.7 opioid litigation settlements, and child care assistance; making forecast adjustments;
1.8 providing for fees; providing civil penalties; requiring reports; appropriating money;
1.9 amending Minnesota Statutes 2020, sections 34A.01, subdivision 4; 62A.02,
1.10 subdivision 1; 62A.25, subdivision 2; 62A.28, subdivision 2; 62A.30, by adding
1.11 a subdivision; 62J.2930, subdivision 3; 62J.84, as amended; 62N.25, subdivision
1.12 5; 62Q.021, by adding a subdivision; 62Q.1055; 62Q.47; 62Q.55, subdivision 5;
1.13 62Q.556; 62Q.56, subdivision 2; 62Q.73, subdivision 7; 62U.04, subdivision 11,
1.14 by adding a subdivision; 62U.10, subdivision 7; 119B.011, subdivisions 2, 5, 13,
1.15 15; 119B.025, subdivision 4; 119B.19, subdivision 7; 137.68; 144.1201,
1.16 subdivisions 2, 4; 144.122; 144.1501, subdivisions 4, 5; 144.1503; 144.1505;
1.17 144.1911, subdivision 4; 144.292, subdivision 6; 144.383; 144.497; 144.554;
1.18 144.565, subdivision 4; 144.586, by adding a subdivision; 144.6502, subdivision
1.19 1; 144.651, by adding a subdivision; 144.69; 144.7055; 144.9501, subdivisions 9,
1.20 26a, 26b; 144.9505, subdivisions 1, 1h; 144A.01; 144A.03, subdivision 1; 144A.04,
1.21 subdivisions 4, 6; 144A.06; 144A.4799, subdivisions 1, 3; 144A.75, subdivision
1.22 12; 144G.08, by adding a subdivision; 144G.15; 144G.17; 144G.19, by adding a
1.23 subdivision; 144G.20, subdivisions 1, 4, 5, 8, 9, 12, 15; 144G.30, subdivision 5;
1.24 144G.31, subdivisions 4, 8; 144G.41, subdivisions 7, 8; 144G.42, subdivision 10;
1.25 144G.50, subdivision 2; 144G.52, subdivisions 2, 8, 9; 144G.53; 144G.55,
1.26 subdivisions 1, 3; 144G.56, subdivisions 3, 5; 144G.57, subdivisions 1, 3, 5;
1.27 144G.70, subdivisions 2, 4; 144G.80, subdivision 2; 144G.90, subdivision 1, by
1.28 adding a subdivision; 144G.91, subdivisions 13, 21; 144G.92, subdivision 1;
1.29 144G.93; 144G.95; 145.4716, by adding a subdivision; 145.56, by adding
1.30 subdivisions; 145.924; 145A.131, subdivisions 1, 5; 145A.14, by adding a
1.31 subdivision; 146B.04, subdivision 1; 148B.33, by adding a subdivision; 148E.100,
1.32 subdivision 3; 148E.105, subdivision 3; 148E.106, subdivision 3; 148E.110,
1.33 subdivision 7; 149A.01, subdivisions 2, 3; 149A.02, subdivision 13a, by adding
1.34 subdivisions; 149A.03; 149A.09; 149A.11; 149A.60; 149A.61, subdivisions 4, 5;
1.35 149A.62; 149A.63; 149A.65, subdivision 2; 149A.70, subdivisions 3, 4, 5, 7;
1.36 149A.90, subdivisions 2, 4, 5; 149A.94, subdivision 1; 150A.06, subdivisions 1c,
1.37 2c, 6, by adding a subdivision; 150A.09; 150A.091, subdivisions 2, 5, 8, 9, by
1.38 adding subdivisions; 151.01, subdivisions 23, 27, by adding subdivisions; 151.071,

2.1 subdivisions 1, 2; 151.37, by adding a subdivision; 151.555, as amended; 151.72,
2.2 subdivisions 1, 2, 3, 4, 6, by adding a subdivision; 152.01, subdivision 23; 152.02,
2.3 subdivisions 2, 3; 152.11, by adding a subdivision; 152.12, by adding a subdivision;
2.4 152.125; 152.22, subdivision 8, by adding subdivisions; 152.25, subdivision 1, by
2.5 adding a subdivision; 152.29, subdivisions 3a, 4, by adding a subdivision; 152.30;
2.6 152.32; 152.33, subdivision 1; 152.35; 152.36; 153.16, subdivision 1; 169A.70,
2.7 subdivisions 3, 4; 177.27, subdivisions 4, 7; 242.19, subdivision 2; 245.462,
2.8 subdivision 4; 245.4882, by adding subdivisions; 245.4889, by adding a
2.9 subdivision; 245.713, subdivision 2; 245A.02, subdivision 5a; 245A.04, subdivision
2.10 4, by adding a subdivision; 245A.07, subdivisions 2a, 3; 245A.14, subdivision 14;
2.11 245A.1435; 245A.1443; 245A.146, subdivision 3; 245A.16, subdivision 1;
2.12 245D.10, subdivision 3a; 245D.12; 245F.03; 245F.15, subdivision 1; 245F.16,
2.13 subdivision 1; 245G.01, subdivisions 4, 17; 245G.05, subdivision 2; 245G.06,
2.14 subdivision 3, by adding subdivisions; 245G.08, subdivision 5; 245G.09,
2.15 subdivision 3; 245G.11, subdivisions 1, 10; 245G.13, subdivision 1; 245G.20;
2.16 245G.22, subdivisions 2, 7, 15; 245H.05; 245H.08, by adding a subdivision;
2.17 253B.18, subdivision 6; 254A.19, subdivisions 1, 3, by adding subdivisions;
2.18 254B.01, subdivision 5, by adding subdivisions; 254B.03, subdivisions 1, 4, 5;
2.19 254B.04, subdivision 2a, by adding subdivisions; 256.01, by adding subdivisions;
2.20 256.042, subdivisions 1, 2, 5; 256.043, subdivision 1, by adding a subdivision;
2.21 256.045, subdivision 3; 256.969, by adding a subdivision; 256B.021, subdivision
2.22 4; 256B.055, subdivisions 2, 17; 256B.056, subdivisions 3, 3b, 3c, 4, 7, 11;
2.23 256B.0595, subdivision 1; 256B.0625, subdivisions 13f, 17a, 18h, 22, 28b, 64, by
2.24 adding subdivisions; 256B.0631, as amended; 256B.0651, subdivisions 1, 2;
2.25 256B.0652, subdivision 11; 256B.0653, subdivision 6; 256B.0659, subdivisions
2.26 1, 12, 19, 24; 256B.0757, subdivision 5; 256B.0913, subdivisions 4, 5; 256B.092,
2.27 by adding a subdivision; 256B.0941, subdivision 3, by adding subdivisions;
2.28 256B.0946, subdivision 7; 256B.0949, subdivision 15; 256B.49, by adding a
2.29 subdivision; 256B.4911, by adding a subdivision; 256B.4914, subdivisions 8, as
2.30 amended, 9, as amended; 256B.69, subdivisions 4, 5c, 28, 36; 256B.692,
2.31 subdivision 1; 256B.6925, subdivisions 1, 2; 256B.6928, subdivision 3; 256B.76,
2.32 subdivision 1; 256B.77, subdivision 13; 256B.85, by adding a subdivision; 256D.03,
2.33 by adding a subdivision; 256D.0515; 256D.0516, subdivision 2; 256D.06,
2.34 subdivisions 1, 2, 5; 256D.09, subdivision 2a; 256E.33, subdivisions 1, 2; 256E.36,
2.35 subdivision 1; 256I.03, subdivisions 7, 13; 256I.04, subdivision 3; 256I.06,
2.36 subdivision 6; 256I.09; 256J.08, subdivisions 71, 79; 256J.21, subdivision 4;
2.37 256J.33, subdivision 2; 256J.37, subdivisions 3, 3a; 256J.95, subdivision 19;
2.38 256K.26, subdivisions 2, 6, 7; 256K.45, subdivision 3, by adding a subdivision;
2.39 256L.03, subdivision 5; 256L.04, subdivisions 1c, 7a, by adding a subdivision;
2.40 256L.12, subdivision 8; 256P.01, by adding a subdivision; 256P.04, subdivision
2.41 11; 256P.07, subdivisions 1, 2, 3, 4, 6, 7, by adding subdivisions; 256Q.06, by
2.42 adding a subdivision; 256R.02, subdivisions 4, 17, 18, 19, 22, 29, 42a, 48a, by
2.43 adding subdivisions; 256R.07, subdivisions 1, 2, 3; 256R.08, subdivision 1;
2.44 256R.09, subdivisions 2, 5; 256R.13, subdivision 4; 256R.16, subdivision 1;
2.45 256R.17, subdivision 3; 256R.26, subdivision 1; 256R.261, subdivision 13;
2.46 256R.37; 256R.39; 256S.15, subdivision 2; 256S.16; 256S.18, subdivision 1, by
2.47 adding a subdivision; 256S.19, subdivision 3; 256S.211, by adding subdivisions;
2.48 256S.212; 256S.213; 256S.214; 256S.215; 260.012; 260.761, subdivision 2;
2.49 260B.157, subdivisions 1, 3; 260B.331, subdivision 1; 260C.001, subdivision 3;
2.50 260C.007, subdivision 27; 260C.151, subdivision 6; 260C.152, subdivision 5;
2.51 260C.175, subdivision 2; 260C.176, subdivision 2; 260C.178, subdivision 1;
2.52 260C.181, subdivision 2; 260C.193, subdivision 3; 260C.201, subdivisions 1, 2;
2.53 260C.202; 260C.203; 260C.204; 260C.221; 260C.331, subdivision 1; 260C.451,
2.54 subdivision 8, by adding subdivisions; 260C.513; 260C.607, subdivisions 2, 5;
2.55 260C.613, subdivisions 1, 5; 260E.01; 260E.02, subdivision 1; 260E.03, by adding
2.56 subdivisions; 260E.14, subdivisions 2, 5; 260E.17, subdivision 1; 260E.18; 260E.20,
2.57 subdivision 1; 260E.22, subdivision 2; 260E.24, subdivisions 2, 7; 260E.33,
2.58 subdivision 1; 260E.34; 260E.35, subdivision 6; 268.19, subdivision 1; 299A.299,

3.1 subdivision 1; 518A.43, subdivision 1; 626.557, subdivisions 4, 9, 9b, 9c, 9d, 10,
3.2 10b, 12b; 626.5571, subdivisions 1, 2; 626.5572, subdivisions 2, 4, 17; Minnesota
3.3 Statutes 2021 Supplement, sections 16A.151, subdivision 2; 62A.673, subdivision
3.4 2; 62J.497, subdivisions 1, 3; 62J.84, subdivisions 6, 9; 119B.03, subdivision 4a;
3.5 119B.13, subdivision 1; 144.0724, subdivision 4; 144.1481, subdivision 1;
3.6 144.1501, subdivisions 1, 2, 3; 144.551, subdivision 1; 144.9501, subdivision 17;
3.7 148B.5301, subdivision 2; 148F.11, subdivision 1; 151.066, subdivision 3; 151.335;
3.8 151.72, subdivision 5; 152.27, subdivision 2; 152.29, subdivisions 1, 3; 245.467,
3.9 subdivisions 2, 3; 245.4871, subdivision 21; 245.4876, subdivisions 2, 3; 245.4885,
3.10 subdivision 1; 245.4889, subdivision 1; 245.735, subdivision 3; 245A.03,
3.11 subdivision 7; 245A.043, subdivision 3; 245A.14, subdivision 4; 245I.02,
3.12 subdivisions 19, 36; 245I.03, subdivision 9; 245I.04, subdivision 4; 245I.05,
3.13 subdivision 3; 245I.08, subdivision 4; 245I.09, subdivision 2; 245I.10, subdivisions
3.14 2, 6; 245I.20, subdivision 5; 245I.23, subdivision 22, by adding a subdivision;
3.15 254A.03, subdivision 3; 254A.19, subdivision 4; 254B.03, subdivision 2; 254B.04,
3.16 subdivision 1; 254B.05, subdivisions 1a, 4, 5; 256.01, subdivision 42; 256.042,
3.17 subdivision 4; 256.043, subdivisions 3, 4; 256B.0371, subdivision 4; 256B.04,
3.18 subdivision 14; 256B.0622, subdivision 2; 256B.0625, subdivisions 3b, 5m, 9, as
3.19 amended, 13, 17, 30, 31; 256B.0671, subdivision 6; 256B.0759, subdivision 4;
3.20 256B.0911, subdivision 3a; 256B.0946, subdivisions 1, 1a, 2, 3, 4, 6; 256B.0947,
3.21 subdivisions 2, 3, 5, 6; 256B.0949, subdivisions 2, 13; 256B.85, subdivisions 7,
3.22 8; 256B.851, subdivision 5; 256I.06, subdivision 8; 256J.21, subdivision 3; 256J.33,
3.23 subdivision 1; 256L.03, subdivision 2; 256L.07, subdivision 1; 256L.15, subdivision
3.24 2; 256P.01, subdivision 6a; 256P.04, subdivisions 4, 8; 256P.06, subdivision 3;
3.25 256S.21; 256S.2101, subdivision 2, by adding a subdivision; 260C.007, subdivision
3.26 14; 260C.157, subdivision 3; 260C.212, subdivisions 1, 2; 260C.605, subdivision
3.27 1; 260C.607, subdivision 6; 260E.03, subdivision 22; 260E.20, subdivision 2;
3.28 363A.50; Laws 2009, chapter 79, article 13, section 3, subdivision 10, as amended;
3.29 Laws 2015, chapter 71, article 14, section 2, subdivision 5, as amended; Laws
3.30 2019, chapter 63, article 3, section 1, as amended; Laws 2020, First Special Session
3.31 chapter 7, section 1, subdivisions 1, as amended, 5, as amended; Laws 2021, First
3.32 Special Session chapter 2, article 1, section 4, subdivision 2; Laws 2021, First
3.33 Special Session chapter 7, article 1, section 36; article 3, section 44; article 14,
3.34 section 21, subdivision 4; article 16, sections 2, subdivisions 29, 31, 33; 12; article
3.35 17, sections 1, subdivision 2; 3; 6; 10; 11; 12; 14, subdivision 3; 17, subdivision
3.36 3; 19; Laws 2021, First Special Session chapter 8, article 6, section 1, subdivision
3.37 7; Laws 2022, chapter 33, section 1, subdivisions 5a, 9a; Laws 2022, chapter 40,
3.38 section 7; proposing coding for new law in Minnesota Statutes, chapters 3; 62A;
3.39 62J; 62Q; 62W; 115; 119B; 144; 144A; 145; 149A; 152; 181; 245; 245A; 256B;
3.40 256E; 256P; repealing Minnesota Statutes 2020, sections 119B.03, subdivision 4;
3.41 150A.091, subdivisions 3, 15, 17; 169A.70, subdivision 6; 245A.03, subdivision
3.42 5; 245F.15, subdivision 2; 245G.11, subdivision 2; 245G.22, subdivision 19;
3.43 246.0136; 252.025, subdivision 7; 252.035; 254A.02, subdivision 8a; 254A.04;
3.44 254A.16, subdivision 6; 254A.19, subdivisions 1a, 2; 254B.04, subdivisions 2b,
3.45 2c; 254B.041, subdivision 2; 254B.14, subdivisions 1, 2, 3, 4, 6; 256B.057,
3.46 subdivision 7; 256B.063; 256B.69, subdivision 20; 256D.055; 256J.08, subdivisions
3.47 10, 61, 62, 81, 83; 256J.30, subdivisions 5, 7; 256J.33, subdivisions 3, 5; 256J.34,
3.48 subdivisions 1, 2, 3, 4; 256J.37, subdivision 10; 256R.08, subdivision 2; 256R.49;
3.49 256S.19, subdivision 4; 501C.0408, subdivision 4; 501C.1206; Minnesota Statutes
3.50 2021 Supplement, sections 144G.07, subdivision 6; 254A.19, subdivision 5;
3.51 254B.14, subdivision 5; 256J.08, subdivision 53; 256J.30, subdivision 8; 256J.33,
3.52 subdivision 4; Minnesota Rules, parts 2960.0460, subpart 2; 9530.6565, subpart
3.53 2; 9530.7000, subparts 1, 2, 5, 6, 7, 8, 9, 10, 11, 13, 14, 15, 17a, 19, 20, 21;
3.54 9530.7005; 9530.7010; 9530.7012; 9530.7015, subparts 1, 2a, 4, 5, 6; 9530.7020,
3.55 subparts 1, 1a, 2; 9530.7021; 9530.7022, subpart 1; 9530.7025; 9530.7030, subpart
3.56 1; 9555.6255.

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

4.2 **ARTICLE 1**

4.3 **DEPARTMENT OF HEALTH FINANCE**

4.4 Section 1. **[62J.811] PROVIDER BALANCE BILLING REQUIREMENTS.**

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

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

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

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

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

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

4.29 (e) The commissioner shall inform the health care provider or facility of the complaint
4.30 or findings of a compliance review and shall provide an opportunity for the health care
4.31 provider or facility to submit information the health care provider or facility considers
4.32 relevant to further review and investigation of the complaint or the findings of the compliance

5.1 review. The health care provider or facility must submit any such information to the
5.2 commissioner within 30 days of receipt of notification of a complaint or compliance review
5.3 under this section.

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

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

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

5.15 (2) if, after taking the action in clause (1) compliance has not been achieved, the
5.16 commissioner of health shall notify the provider or facility that the provider or facility is in
5.17 violation of this section and that the commissioner is imposing a civil monetary penalty. If
5.18 the commissioner determines that more than one health care provider or facility was
5.19 responsible for a violation, the commissioner may impose a civil money penalty against
5.20 each health care provider or facility. The amount of a civil money penalty shall be up to
5.21 $100 for each violation, but shall not exceed $25,000 for identical violations during a
5.22 calendar year; and

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

5.27 (h) A health care provider or facility may contest whether the finding of facts constitute
5.28 a violation of this section according to the contested case proceeding in sections 14.57 to
5.29 14.62, subject to appeal according to sections 14.63 to 14.68.

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

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

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

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

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

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

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

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

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

6.27 **62Q.556 ~~UNAUTHORIZED PROVIDER SERVICES~~ CONSUMER**
6.28 **PROTECTIONS AGAINST BALANCE BILLING.**

6.29 Subdivision 1. **~~Unauthorized provider services~~ Nonparticipating provider balance**
6.30 **billing prohibition.** (a) Except as provided in paragraph ~~(c)~~ (b), ~~unauthorized provider~~
6.31 ~~services occur~~ balance billing is prohibited when an enrollee receives services:

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

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

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

7.7 (iii) due to the need for unforeseen services arising at the time the services are being
7.8 rendered; or

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

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

7.14 (3) from a nonparticipating provider or facility providing emergency services as defined
7.15 in section 62Q.55, subdivision 3, and other services as described in the requirements of
7.16 Division BB, Title I of the Consolidated Appropriations Act, 2021, including any federal
7.17 regulations adopted under that act.

7.18 (c) (b) The services described in paragraph (a), clause clauses (1) and (2), as defined in
7.19 Division BB, Title I of the Consolidated Appropriations Act, 2021, and any federal
7.20 regulations adopted under that act, are not unauthorized provider services subject to balance
7.21 billing if the enrollee gives advance written informed consent to the prior to receiving
7.22 services from the nonparticipating provider acknowledging that the use of a provider, or
7.23 the services to be rendered, may result in costs not covered by the health plan. The informed
7.24 consent must comply with all requirements of Division BB, Title I of the Consolidated
7.25 Appropriations Act, 2021, including any federal regulations adopted under that act.

7.26 Subd. 2. **Prohibition Cost-sharing requirements and independent dispute**
7.27 **resolution.** (a) An enrollee's financial responsibility for the unauthorized nonparticipating
7.28 provider services described in subdivision 1, paragraph (a), shall be the same cost-sharing
7.29 requirements, including co-payments, deductibles, coinsurance, coverage restrictions, and
7.30 coverage limitations, as those applicable to services received by the enrollee from a
7.31 participating provider. A health plan company must apply any enrollee cost sharing
7.32 requirements, including co-payments, deductibles, and coinsurance, for unauthorized provider

8.1 services to the enrollee's annual out-of-pocket limit to the same extent payments to a
8.2 participating provider would be applied.

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

8.15 ~~(c) The commissioner of health, in consultation with the commissioner of the Bureau~~
8.16 ~~of Mediation Services, must develop a list of professionals qualified in arbitration, for the~~
8.17 ~~purpose of resolving disputes between a health plan company and nonparticipating provider~~
8.18 ~~arising from the payment for unauthorized provider services. The commissioner of health~~
8.19 ~~shall publish the list on the Department of Health website, and update the list as appropriate.~~

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

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

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

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

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

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

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

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

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

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

Subd. 2. **Change in health plans.** (a) If an enrollee is subject to a change in health plans, the enrollee's new health plan company must provide, upon request, authorization to receive services that are otherwise covered under the terms of the new health plan through the enrollee's current provider:

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

(i) an acute condition;

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

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

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

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

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

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

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

10.7 (1) is receiving culturally appropriate services and the health plan company does not
10.8 have a provider in its preferred provider network with special expertise in the delivery of
10.9 those culturally appropriate services within the time and distance requirements of section
10.10 62D.124, subdivision 1; or

10.11 (2) does not speak English and the health plan company does not have a provider in its
10.12 preferred provider network who can communicate with the enrollee, either directly or through
10.13 an interpreter, within the time and distance requirements of section 62D.124, subdivision
10.14 1.

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

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

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

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

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

10.28 (c) For an external review of any issue in an adverse determination by a health plan
10.29 company, other than a health plan company licensed under chapter 62D, that requires a
10.30 medical necessity determination, the external review must determine whether the adverse
10.31 determination was consistent with the definition of medically necessary care in section
10.32 62Q.53, subdivision 2.

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

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

11.10 Subd. 5b. **Non-claims-based payments.** (a) Beginning in 2024, all health plan companies
11.11 and third-party administrators shall submit to a private entity designated by the commissioner
11.12 of health all non-claims-based payments made to health care providers. The data shall be
11.13 submitted in a form, manner, and frequency specified by the commissioner. Non-claims-based
11.14 payments are payments to health care providers designed to pay for value of health care
11.15 services over volume of health care services and include alternative payment models or
11.16 incentives, payments for infrastructure expenditures or investments, and payments for
11.17 workforce expenditures or investments. Non-claims-based payments submitted under this
11.18 subdivision must, to the extent possible, be attributed to a health care provider in the same
11.19 manner in which claims-based data are attributed to a health care provider and, where
11.20 appropriate, must be combined with data collected under subdivisions 4 and 5 in analyses
11.21 of health care spending.

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

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

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

11.31 Subd. 11. **Restricted uses of the all-payer claims data.** (a) Notwithstanding subdivision
11.32 4, paragraph (b), and subdivision 5, paragraph (b), the commissioner or the commissioner's

12.1 designee shall only use the data submitted under subdivisions 4 ~~and~~, 5, and 5b for the
12.2 following purposes:

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

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

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

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

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

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

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

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

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

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

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

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

12.29 ~~(d) The commissioner or the commissioner's designee may use the data submitted under~~
12.30 ~~subdivisions 4 and 5 for the purpose described in paragraph (a), clause (3), until July 1,~~
12.31 ~~2023.~~

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

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

13.5 Subd. 7. **Outcomes reporting; savings determination.** (a) ~~Beginning November 1,~~
13.6 ~~2016, and~~ Each November 1 ~~thereafter~~, the commissioner of health shall determine the
13.7 actual total private and public health care and long-term care spending for Minnesota
13.8 residents related to each health indicator projected in subdivision 6 for the most recent
13.9 calendar year available. The commissioner shall determine the difference between the
13.10 projected and actual spending for each health indicator and for each year, and determine
13.11 the savings attributable to changes in these health indicators. The assumptions and research
13.12 methods used to calculate actual spending must be determined to be appropriate by an
13.13 independent actuarial consultant. If the actual spending is less than the projected spending,
13.14 the commissioner, in consultation with the commissioners of human services and management
13.15 and budget, shall use the proportion of spending for state-administered health care programs
13.16 to total private and public health care spending for each health indicator for the calendar
13.17 year two years before the current calendar year to determine the percentage of the calculated
13.18 aggregate savings amount accruing to state-administered health care programs.

13.19 (b) The commissioner may use the data submitted under section 62U.04, subdivisions
13.20 4 ~~and~~, 5, and 5b, to complete the activities required under this section, but may only report
13.21 publicly on regional data aggregated to granularity of 25,000 lives or greater for this purpose.

13.22 Sec. 10. **[115.7411] ADVISORY COUNCIL ON WATER SUPPLY SYSTEMS AND**
13.23 **WASTEWATER TREATMENT FACILITIES.**

13.24 Subdivision 1. **Purpose; membership.** The advisory council on water supply systems
13.25 and wastewater treatment facilities shall advise the commissioners of health and the Pollution
13.26 Control Agency regarding classification of water supply systems and wastewater treatment
13.27 facilities, qualifications and competency evaluation of water supply system operators and
13.28 wastewater treatment facility operators, and additional laws, rules, and procedures that may
13.29 be desirable for regulating the operation of water supply systems and of wastewater treatment
13.30 facilities. The advisory council is composed of 11 voting members, of whom:

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

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

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

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

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

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

14.16 Subd. 2. **Geographic representation.** At least one of the water supply system operators
14.17 and at least one of the wastewater treatment facility operators must be from outside the
14.18 seven-county metropolitan area, and one wastewater treatment facility operator must be
14.19 from the Metropolitan Council.

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

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

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

14.26 **144.122 LICENSE, PERMIT, AND SURVEY FEES.**

14.27 (a) The state commissioner of health, by rule, may prescribe procedures and fees for
14.28 filing with the commissioner as prescribed by statute and for the issuance of original and
14.29 renewal permits, licenses, registrations, and certifications issued under authority of the
14.30 commissioner. The expiration dates of the various licenses, permits, registrations, and
14.31 certifications as prescribed by the rules shall be plainly marked thereon. Fees may include
14.32 application and examination fees and a penalty fee for renewal applications submitted after

15.1 the expiration date of the previously issued permit, license, registration, and certification.
15.2 The commissioner may also prescribe, by rule, reduced fees for permits, licenses,
15.3 registrations, and certifications when the application therefor is submitted during the last
15.4 three months of the permit, license, registration, or certification period. Fees proposed to
15.5 be prescribed in the rules shall be first approved by the Department of Management and
15.6 Budget. All fees proposed to be prescribed in rules shall be reasonable. The fees shall be
15.7 in an amount so that the total fees collected by the commissioner will, where practical,
15.8 approximate the cost to the commissioner in administering the program. All fees collected
15.9 shall be deposited in the state treasury and credited to the state government special revenue
15.10 fund unless otherwise specifically appropriated by law for specific purposes.

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

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

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

15.22 15.23 15.24 15.25	Joint Commission on Accreditation of Healthcare Organizations (JCAHO) and American Osteopathic Association (AOA) hospitals	$7,655 plus $16 per bed
15.26	Non-JCAHO and non-AOA hospitals	$5,280 plus $250 per bed
15.27 15.28 15.29 15.30	Nursing home	$183 plus $91 per bed until June 30, 2018. $183 plus $100 per bed between July 1, 2018, and June 30, 2020. $183 plus $105 per bed beginning July 1, 2020.

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

15.34	Outpatient surgical centers	$3,712
15.35	Boarding care homes	$183 plus $91 per bed
15.36	Supervised living facilities	$183 plus $91 per bed.

16.1 Assisted living facilities with dementia care $3,000 plus $100 per resident.
16.2 Assisted living facilities $2,000 plus $75 per resident.

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

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

Line	Provider		Fee
16.9	Prospective payment surveys for hospitals	$	900
16.10	Swing bed surveys for nursing homes	$	1,200
16.11	Psychiatric hospitals	$	1,400
16.12	Rural health facilities	$	1,100
16.13	Portable x-ray providers	$	500
16.14	Home health agencies	$	1,800
16.15	Outpatient therapy agencies	$	800
16.16	End stage renal dialysis providers	$	2,100
16.17	Independent therapists	$	800
16.18	Comprehensive rehabilitation outpatient facilities	$	1,200
16.19	Hospice providers	$	1,700
16.20	Ambulatory surgical providers	$	1,800
16.21	Hospitals	$	4,200
16.22 16.23 16.24	Other provider categories or additional resurveys required to complete initial certification	Actual surveyor costs: average surveyor cost x number of hours for the survey process.	

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

19.19 (2) for midlevel practitioners advanced practice providers agreeing to practice in
19.20 designated rural areas or to teach at least 12 credit hours, or 720 hours per year in the nursing
19.21 field in a postsecondary program at the undergraduate level or the equivalent at the graduate
19.22 level;

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

19.31 (4) for other health care technicians agreeing to teach at least 12 credit hours, or 720
19.32 hours per year in their designated field in a postsecondary program at the undergraduate
19.33 level or the equivalent at the graduate level. The commissioner, in consultation with the

20.1 Healthcare Education-Industry Partnership, shall determine the health care fields where the
20.2 need is the greatest, including, but not limited to, respiratory therapy, clinical laboratory
20.3 technology, radiologic technology, and surgical technology;

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

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

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

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

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

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

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

20.23 (1) be a medical or dental resident; a licensed pharmacist; or be enrolled in a training or
20.24 education program to become a dentist, dental therapist, advanced dental therapist, mental
20.25 health professional, alcohol and drug counselor, pharmacist, public health employee, public
20.26 health nurse, ~~midlevel practitioner~~ advanced practice provider, acupuncture practitioner,
20.27 registered nurse, or a licensed practical nurse. The commissioner may also consider
20.28 applications submitted by graduates in eligible professions who are licensed and in practice;
20.29 and

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

20.31 (b) Except as provided in paragraph (c), an applicant selected to participate must sign a
20.32 contract to agree to serve a minimum three-year full-time service obligation according to

21.1 subdivision 2, which shall begin no later than March 31 following completion of required
21.2 training, with the exception of a nurse, who must agree to serve a minimum two-year
21.3 full-time service obligation according to subdivision 2, which shall begin no later than
21.4 March 31 following completion of required training.

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

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

21.10 Subd. 4. **Loan forgiveness.** (a) The commissioner of health may select applicants each
21.11 year for participation in the loan forgiveness program, within the limits of available funding.
21.12 In considering applications from applicants who are mental health professionals, the
21.13 commissioner shall give preference to applicants who work in rural or culturally specific
21.14 organizations. In considering applications from all other applicants, the commissioner shall
21.15 give preference to applicants who document diverse cultural competencies. Except as
21.16 provided in paragraph (b), the commissioner shall distribute available funds for loan
21.17 forgiveness proportionally among the eligible professions according to the vacancy rate for
21.18 each profession in the required geographic area, facility type, teaching area, patient group,
21.19 or specialty type specified in subdivision 2. The commissioner shall allocate funds for
21.20 physician loan forgiveness so that 75 percent of the funds available are used for rural
21.21 physician loan forgiveness and 25 percent of the funds available are used for underserved
21.22 urban communities, physicians agreeing to provide at least 25 percent of the physician's
21.23 yearly patient encounters to patients in an underserved patient population, and pediatric
21.24 psychiatry loan forgiveness. If the commissioner does not receive enough qualified applicants
21.25 each year to use the entire allocation of funds for any eligible profession, the remaining
21.26 funds may be allocated proportionally among the other eligible professions according to
21.27 the vacancy rate for each profession in the required geographic area, patient group, or facility
21.28 type specified in subdivision 2. Applicants are responsible for securing their own qualified
21.29 educational loans. The commissioner shall select participants based on their suitability for
21.30 practice serving the required geographic area or facility type specified in subdivision 2, as
21.31 indicated by experience or training. The commissioner shall give preference to applicants
21.32 closest to completing their training. Except as specified in paragraph (c), for each year that
21.33 a participant meets the service obligation required under subdivision 3, up to a maximum
21.34 of four years, the commissioner shall make annual disbursements directly to the participant
21.35 equivalent to 15 percent of the average educational debt for indebted graduates in their

22.1 profession in the year closest to the applicant's selection for which information is available,
22.2 not to exceed the balance of the participant's qualifying educational loans. Before receiving
22.3 loan repayment disbursements and as requested, the participant must complete and return
22.4 to the commissioner a confirmation of practice form provided by the commissioner verifying
22.5 that the participant is practicing as required under subdivisions 2 and 3. The participant
22.6 must provide the commissioner with verification that the full amount of loan repayment
22.7 disbursement received by the participant has been applied toward the designated loans.
22.8 After each disbursement, verification must be received by the commissioner and approved
22.9 before the next loan repayment disbursement is made. Participants who move their practice
22.10 remain eligible for loan repayment as long as they practice as required under subdivision
22.11 2.

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

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

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

22.21 Subd. 5. **Penalty for nonfulfillment.** If a participant does not fulfill the required
22.22 minimum commitment of service according to subdivision 3, the commissioner of health
22.23 shall collect from the participant the total amount paid to the participant under the loan
22.24 forgiveness program plus interest at a rate established according to section 270C.40. The
22.25 commissioner shall deposit the money collected in ~~the health care access fund to be credited~~
22.26 ~~to the health professional education loan forgiveness program account established in~~
22.27 ~~subdivision 2~~ an account in the special revenue fund. The balance of the account does not
22.28 expire and is appropriated to the commissioner of health for health professional education
22.29 loan forgiveness awards under this section. The commissioner shall allow waivers of all or
22.30 part of the money owed the commissioner as a result of a nonfulfillment penalty if emergency
22.31 circumstances prevented fulfillment of the minimum service commitment.

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

23.2 Subdivision 1. **Definition.** (a) For purposes of this section, the following definitions
23.3 apply.

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

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

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

23.10 (1) enrolled in the PSLF program;

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

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

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

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

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

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

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

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

23.26 (b) For each year that a participant meets the eligibility requirements described in
23.27 subdivision 2, the commissioner shall make an annual disbursement directly to the participant
23.28 in an amount equal to the minimum loan payments required to be paid by the participant
23.29 under the participant's repayment plan under the PSLF program for the previous loan year.
23.30 Before receiving the annual loan repayment disbursement, the participant must complete
23.31 and return to the commissioner a confirmation of practice form provided by the

24.1 commissioner, verifying that the participant continues to meet the eligibility requirements
24.2 under subdivision 2.

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

24.6 Subd. 4. **Penalty for nonfulfillment.** If a participant does not fulfill the required
24.7 minimum commitment of service as required under subdivision 2, or the secretary of
24.8 education determines that the participant does not meet eligibility requirements for the PSLF
24.9 program, the commissioner shall collect from the participant the total amount paid to the
24.10 participant under the hospital nursing loan forgiveness program plus interest at a rate
24.11 established according to section 270C.40. The commissioner shall deposit the money
24.12 collected in the health care access fund to be credited to the health professional education
24.13 loan forgiveness program account established in section 144.1501, subdivision 2. The
24.14 commissioner shall allow waivers of all or part of the money owed to the commissioner as
24.15 a result of a nonfulfillment penalty if emergency circumstances prevent fulfillment of the
24.16 service commitment or if the PSLF program is discontinued before the participant's service
24.17 commitment is fulfilled.

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

24.19 **144.1505 HEALTH PROFESSIONALS CLINICAL TRAINING EXPANSION**
24.20 **AND RURAL AND UNDERSERVED CLINICAL ROTATIONS GRANT ~~PROGRAM~~**
24.21 **PROGRAMS.**

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

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

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

24.31 ~~(2)~~ (3) "eligible dental therapy program" means a dental therapy education program or
24.32 advanced dental therapy education program that is located in Minnesota and is either:

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

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

25.2 ~~(3)~~ (4) "eligible mental health professional program" means a program that is located
25.3 in Minnesota and is listed as a mental health professional program by the appropriate
25.4 accrediting body for clinical social work, psychology, marriage and family therapy, or
25.5 licensed professional clinical counseling, or is a candidate for accreditation;

25.6 ~~(4)~~ (5) "eligible pharmacy program" means a program that is located in Minnesota and
25.7 is currently accredited as a doctor of pharmacy program by the Accreditation Council on
25.8 Pharmacy Education;

25.9 ~~(5)~~ (6) "eligible physician assistant program" means a program that is located in
25.10 Minnesota and is currently accredited as a physician assistant program by the Accreditation
25.11 Review Commission on Education for the Physician Assistant, or is a candidate for
25.12 accreditation;

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

25.16 ~~(6)~~ (8) "mental health professional" means an individual providing clinical services in
25.17 the treatment of mental illness who meets one of the qualifications under section 245.462,
25.18 subdivision 18; and

25.19 ~~(7)~~ (9) "project" means a project to establish or expand clinical training for physician
25.20 assistants, advanced practice registered nurses, pharmacists, physicians, dentists, dental
25.21 therapists, advanced dental therapists, or mental health professionals in Minnesota.

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

25.28 (b) Funds may be used for:

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

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

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

26.3 (4) travel and lodging for students;

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

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

26.6 (7) evaluations;

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

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

26.11 Subd. 2a. **Health professional rural and underserved clinical rotations grant**
26.12 **program.** (a) The commissioner of health shall award health professional training site grants
26.13 to eligible physician, physician assistant, advanced practice registered nurse, pharmacy,
26.14 dentistry, dental therapy, and mental health professional programs to augment existing
26.15 clinical training programs by adding rural and underserved rotations or clinical training
26.16 experiences, such as credential or certificate rural tracks or other specialized training. For
26.17 physician and dentist training, the expanded training must include rotations in primary care
26.18 settings such as community clinics, hospitals, health maintenance organizations, or practices
26.19 in rural communities.

26.20 (b) Funds may be used for:

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

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

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

26.25 (4) travel and lodging for students;

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

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

26.28 (7) evaluations;

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

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

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

27.15 Subd. 4. **Consideration of applications.** The commissioner shall review each application
27.16 to determine whether or not the application is complete and whether the program and the
27.17 project are eligible for a grant. In evaluating applications, the commissioner shall score each
27.18 application based on factors including, but not limited to, the applicant's clarity and
27.19 thoroughness in describing the project and the problems to be addressed, the extent to which
27.20 the applicant has demonstrated that the applicant has made adequate provisions to ensure
27.21 proper and efficient operation of the training program once the grant project is completed,
27.22 the extent to which the proposed project is consistent with the goal of increasing access to
27.23 primary care and mental health services for rural and underserved urban communities, the
27.24 extent to which the proposed project incorporates team-based primary care, and project
27.25 costs and use of funds.

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

28.1 Sec. 19. **[144.1507] PRIMARY CARE RURAL RESIDENCY TRAINING GRANT**
28.2 **PROGRAM.**

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

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

28.6 (1) is located in Minnesota;

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

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

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

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

28.17 Subd. 2. **Rural residency training program.** (a) The commissioner of health shall
28.18 award rural residency training program grants to eligible programs to plan and implement
28.19 rural residency training programs. A rural residency training program grant shall not exceed
28.20 $250,000 per resident per year for the first year of planning and development, and $225,000
28.21 for each of the following years.

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

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

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

28.26 (3) establishing new rural residency training programs;

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

28.28 (5) travel and lodging for new residents;

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

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

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

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

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

29.14 Subd. 4. **Consideration of grant applications.** The commissioner shall review each
29.15 application to determine if the residency program application is complete, if the proposed
29.16 rural residency program and residency slots are eligible for a grant, and if the program is
29.17 eligible for federal graduate medical education funding, and when funding becomes available.
29.18 The commissioner shall award grants to support training programs in family medicine,
29.19 general internal medicine, general pediatrics, psychiatry, geriatrics, and general surgery.

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

29.23 Sec. 20. **[144.1508] MENTAL HEALTH PROVIDER SUPERVISION GRANT**
29.24 **PROGRAM.**

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

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

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

29.31 Subd. 2. **Grant program established.** The commissioner of health shall award grants
29.32 to licensed or certified mental health providers who meet the criteria in subdivision 3 to

30.1 fund supervision of interns and clinical trainees who are working toward becoming a licensed
30.2 mental health professional and to subsidize the costs of mental health professional licensing
30.3 applications and examination fees for clinical trainees.

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

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

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

30.12 Subd. 4. **Application; grant award.** A mental health provider seeking a grant under
30.13 this section must apply to the commissioner at a time and in a manner specified by the
30.14 commissioner. The commissioner shall review each application to determine if the application
30.15 is complete, the mental health provider is eligible for a grant, and the proposed project is
30.16 an allowable use of grant funds. The commissioner shall give preference to grant applicants
30.17 who work in rural or culturally specific organizations. The commissioner must determine
30.18 the grant amount awarded to applicants that the commissioner determines will receive a
30.19 grant.

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

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

30.24 (2) to establish a program to provide supervision to multiple interns or clinical trainees;
30.25 or

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

30.28 Subd. 6. **Program oversight.** During the grant period, the commissioner may require
30.29 grant recipients to provide the commissioner with information necessary to evaluate the
30.30 program.

31.1 Sec. 21. **[144.1509] MENTAL HEALTH PROFESSIONAL SCHOLARSHIP GRANT**
31.2 **PROGRAM.**

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

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

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

31.9 Subd. 2. **Grant program established.** A mental health professional scholarship program
31.10 is established to assist mental health providers in funding employee scholarships for master's
31.11 level education programs in order to create a pathway to becoming a mental health
31.12 professional.

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

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

31.20 (2) a mental health certified family peer specialist who meets the qualifications in section
31.21 245I.04, subdivision 12;

31.22 (3) a mental health certified peer specialist who meets the qualifications in section
31.23 245I.04, subdivision 10;

31.24 (4) a mental health practitioner who meets a qualification in section 245I.04, subdivision
31.25 4;

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

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

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

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

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

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

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

32.15 Subd. 6. **Application requirements.** An eligible provider seeking a grant under this
32.16 section must submit an application to the commissioner. An application must contain a
32.17 complete description of the employee scholarship program being proposed by the applicant,
32.18 including the need for the mental health provider to enhance the education of its workforce,
32.19 the process the mental health provider will use to determine which employees will be eligible
32.20 for scholarships, any other funding sources for scholarships, the amount of funding sought
32.21 for the scholarship program, a proposed budget detailing how funds will be spent, and plans
32.22 to retain eligible employees after completion of the education program.

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

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

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

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

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

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

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

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

33.15 (b) "Accredited clinical training" means the clinical training provided by a medical
33.16 education program that is accredited through an organization recognized by the Department
33.17 of Education, the Centers for Medicare and Medicaid Services, or another national body
33.18 that reviews the accrediting organizations for multiple disciplines and whose standards for
33.19 recognizing accrediting organizations are reviewed and approved by the commissioner of
33.20 health.

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

33.22 (d) "Clinical medical education program" means the accredited clinical training of
33.23 physicians, medical students and residents, doctor of pharmacy practitioners, doctors of
33.24 chiropractic, dentists, advanced practice registered nurses, clinical nurse specialists, certified
33.25 registered nurse anesthetists, nurse practitioners, certified nurse midwives, physician
33.26 assistants, dental therapists and advanced dental therapists, psychologists, clinical social
33.27 workers, community paramedics, community health workers, and other medical professions
33.28 as determined by the commissioner.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

35.19 Subd. 4. **Report.** (a) Teaching institutions receiving funds under this section must sign
35.20 and submit a medical education grant verification report (GVR) to verify that the correct
35.21 grant amount was forwarded to each eligible entity. If the teaching institution fails to submit
35.22 the GVR by the stated deadline, or to request and meet the deadline for an extension, the
35.23 sponsoring institution is required to return the full amount of funds received to the
35.24 commissioner within 30 days of receiving notice from the commissioner. The commissioner
35.25 shall distribute returned funds to the appropriate training sites in accordance with the
35.26 commissioner's approval letter.

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

35.30 Sec. 23. Minnesota Statutes 2020, section 144.383, is amended to read:

35.31 **144.383 AUTHORITY OF COMMISSIONER; SAFE DRINKING WATER.**

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

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

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

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

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

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

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

36.20 Sec. 24. Minnesota Statutes 2020, section 144.554, is amended to read:

36.21 **144.554 HEALTH FACILITIES CONSTRUCTION PLAN SUBMITTAL AND**
36.22 **FEES.**

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

	Construction project total estimated cost	Fee
36.32		
36.33	$0 - $10,000	~~$30~~ $45

$10,001 - $50,000	~~$150~~ $225
$50,001 - $100,000	~~$300~~ $450
$100,001 - $150,000	~~$450~~ $675
$150,001 - $200,000	~~$600~~ $900
$200,001 - $250,000	~~$750~~ $1,125
$250,001 - $300,000	~~$900~~ $1,350
$300,001 - $350,000	~~$1,050~~ $1,575
$350,001 - $400,000	~~$1,200~~ $1,800
$400,001 - $450,000	~~$1,350~~ $2,025
$450,001 - $500,000	~~$1,500~~ $2,250
$500,001 - $550,000	~~$1,650~~ $2,475
$550,001 - $600,000	~~$1,800~~ $2,700
$600,001 - $650,000	~~$1,950~~ $2,925
$650,001 - $700,000	~~$2,100~~ $3,150
$700,001 - $750,000	~~$2,250~~ $3,375
$750,001 - $800,000	~~$2,400~~ $3,600
$800,001 - $850,000	~~$2,550~~ $3,825
$850,001 - $900,000	~~$2,700~~ $4,050
$900,001 - $950,000	~~$2,850~~ $4,275
$950,001 - $1,000,000	~~$3,000~~ $4,500
$1,000,001 - $1,050,000	~~$3,150~~ $4,725
$1,050,001 - $1,100,000	~~$3,300~~ $4,950
$1,100,001 - $1,150,000	~~$3,450~~ $5,175
$1,150,001 - $1,200,000	~~$3,600~~ $5,400
$1,200,001 - $1,250,000	~~$3,750~~ $5,625
$1,250,001 - $1,300,000	~~$3,900~~ $5,850
$1,300,001 - $1,350,000	~~$4,050~~ $6,075
$1,350,001 - $1,400,000	~~$4,200~~ $6,300
$1,400,001 - $1,450,000	~~$4,350~~ $6,525
$1,450,001 - $1,500,000	~~$4,500~~ $6,750
$1,500,001 and over	~~$4,800~~ $7,200

Sec. 25. **[144.7051] DEFINITIONS.**

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

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

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

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

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

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

38.12 Sec. 26. **[144.7053] HOSPITAL NURSE STAFFING COMMITTEES.**

38.13 Subdivision 1. **Hospital nurse staffing committee required.** Each hospital must establish
38.14 and maintain a functioning hospital nurse staffing committee. A hospital may assign the
38.15 functions and duties of a hospital nurse staffing committee to an existing committee, provided
38.16 the existing committee meets the membership requirements applicable to a hospital nurse
38.17 staffing committee.

38.18 Subd. 2. **Committee membership.** (a) At least 35 percent of the committee's membership
38.19 must be direct care registered nurses typically assigned to a specific unit for an entire shift,
38.20 and at least 15 percent of the committee's membership must be other direct care workers
38.21 typically assigned to a specific unit for an entire shift. Direct care registered nurses and
38.22 other direct care workers who are members of a collective bargaining unit shall be appointed
38.23 or elected to the committee according to the guidelines of the applicable collective bargaining
38.24 agreement. If there is no collective bargaining agreement, direct care registered nurses shall
38.25 be elected to the committee by direct care registered nurses employed by the hospital, and
38.26 other direct care workers shall be elected to the committee by other direct care workers
38.27 employed by the hospital.

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

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

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

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

39.7 (b) Each hospital nurse staffing committee must:

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

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

39.11 (3) review the documentation of compliance maintained by the hospital under section
39.12 144.7056, subdivision 5;

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

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

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

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

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

39.21 Sec. 27. Minnesota Statutes 2020, section 144.7055, is amended to read:

39.22 **144.7055 HOSPITAL CORE STAFFING PLAN ~~REPORTS~~.**

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

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

39.28 ~~(c)~~ (b) "Nonmanagerial care staff" means registered nurses, licensed practical nurses,
39.29 and other health care workers, which may include but is not limited to nursing assistants,
39.30 nursing aides, patient care technicians, and patient care assistants, who perform

nonmanagerial direct patient care functions for more than 50 percent of their scheduled hours on a given patient care unit.

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

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

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

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

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

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

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

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

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

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

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

41.3 (c) Core staffing plans must ensure that:

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

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

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

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

41.12 (5) daily staffing schedules do not interfere with applicable collective bargaining
41.13 agreements.

41.14 Subd. 2a. **Development of hospital core staffing plans.** (a) Prior to ~~submitting~~
41.15 completing or updating the core staffing plan, ~~as required in subdivision 3, hospitals shall~~
41.16 a hospital nurse staffing committee must consult with representatives of the hospital medical
41.17 staff, managerial and nonmanagerial care staff, and other relevant hospital personnel about
41.18 the core staffing plan and the expected average number of patients upon which the core
41.19 staffing plan is based.

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

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

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

41.25 (3) unit-specific demands on direct care registered nurses' time, including: frequency of
41.26 admissions, discharges, and transfers; frequency and complexity of patient evaluations and
41.27 assessments; frequency and complexity of nursing care planning; planning for patient
41.28 discharge; assessing for patient referral; patient education; and implementing infectious
41.29 disease protocols;

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

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

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

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

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

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

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

42.15 (11) demands on direct care registered nurses' time not directly related to providing
42.16 direct care on a unit, such as involvement in quality improvement activities, professional
42.17 development, service to the hospital, including serving on the hospital nurse staffing
42.18 committee, and service to the profession.

42.19 Subd. 3. **Standard electronic reporting ~~developed~~ of core staffing plans.** ~~(a) Hospitals~~
42.20 Each hospital must submit the core staffing plans approved by the hospital's nurse staffing
42.21 committee to the Minnesota Hospital Association ~~by January 1, 2014~~. The Minnesota
42.22 Hospital Association shall include each ~~reporting~~ hospital's core staffing ~~plan~~ plans on the
42.23 Minnesota Hospital Association's Minnesota Hospital Quality Report website ~~by April 1,~~
42.24 ~~2014~~ by June 1, 2024. Hospitals shall submit to the Minnesota Hospital Association any
42.25 substantial ~~changes~~ updates to ~~the~~ a core staffing plan ~~shall be updated~~ within 30 days of
42.26 the approval of the updates by the hospital's nurse staffing committee or of amendment
42.27 through arbitration. The Minnesota Hospital Association shall update the Minnesota Hospital
42.28 Quality Report website with the updated core staffing plans within 30 days of receipt of the
42.29 updated plan.

42.30 Subd. 4. **Standard electronic reporting of direct patient care report.** ~~(b)~~ The Minnesota
42.31 Hospital Association shall include on its website for each reporting hospital on a quarterly
42.32 basis the actual direct patient care hours per patient and per unit. Hospitals must submit the

43.1 direct patient care report to the Minnesota Hospital Association ~~by July 1, 2014, and~~ quarterly
43.2 ~~thereafter~~.

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

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

43.7 Sec. 28. **[144.7056] IMPLEMENTATION OF HOSPITAL CORE STAFFING PLANS.**

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

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

43.12 Subd. 3. **Public posting of compliance with plan.** For each publicly posted core staffing
43.13 plan, a hospital must post a notice stating whether the current staffing on the unit complies
43.14 with the hospital's core staffing plan for that unit. The public notice of compliance must
43.15 include a list of the number of nonmanagerial care staff working on the unit during the
43.16 current shift and the number of patients assigned to each direct care registered nurse working
43.17 on the unit during the current shift. The list must enumerate the nonmanagerial care staff
43.18 by health care worker type. The public notice of compliance must be posted immediately
43.19 adjacent to the publicly posted core staffing plan.

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

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

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

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

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

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

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

44.9 Sec. 29. **[144.7059] RETALIATION PROHIBITED.**

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

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

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

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

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

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

44.21 Sec. 30. **[144.8611] DRUG OVERDOSE AND SUBSTANCE ABUSE PREVENTION.**

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

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

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

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

45.19 Subd. 5. **Eligible grantees.** (a) Organizations eligible to receive grant funding under
45.20 subdivision 4 include not-for-profit agencies or organizations with existing organizational
45.21 structure, capacity, trainers, facilities, and infrastructure designed to deliver model workplace
45.22 policies and practices; that have training and education for employees, supervisors, and
45.23 executive leadership of companies, businesses, and industry; and that have the ability to
45.24 evaluate the three goals of the workplace initiative specified in subdivision 4.

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

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

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

Sec. 31. Minnesota Statutes 2020, section 144.9501, subdivision 9, is amended to read:

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

Sec. 32. **[144.9981] CLIMATE RESILIENCY.**

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

(1) increase awareness of climate change;

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

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

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

Subd. 2. **Grants authorized; allocation.** (a) The commissioner of health shall manage a grant program for the purpose of climate resiliency planning. The commissioner shall award grants through a request for proposals process to local public health organizations, Tribal health organizations, soil and water conservation districts, or other local organizations for planning for the health impacts of extreme weather events and developing adaptation actions. Priority shall be given to small rural water systems and organizations incorporating the needs of private water supplies into their planning. Priority shall also be given to organizations that serve communities that are disproportionately impacted by climate change.

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

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

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

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

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

47.1 Sec. 33. **[145.361] LONG COVID; SUPPORTING SURVIVORS AND MONITORING**
47.2 **IMPACT.**

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

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

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

47.14 (2) more accurately target intervention resources for communities and patients and their
47.15 families;

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

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

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

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

47.29 Subd. 5. **Grant recipient and contractor eligibility.** The commissioner of health shall
47.30 award contracts and competitive grants to organizations that serve communities
47.31 disproportionately impacted by COVID-19 and long COVID including but not limited to
47.32 rural and low-income areas, Black and African Americans, African immigrants, American

48.1 Indians, Asian American-Pacific Islanders, Latino, LGBTQ+, and persons with disabilities.
48.2 Organizations may also address intersectionality within such groups.

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

48.8 Sec. 34. Minnesota Statutes 2020, section 145.56, is amended by adding a subdivision to
48.9 read:

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

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

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

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

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

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

48.23 (e) "988 administrator" means the administrator of the 988 National Suicide Prevention
48.24 Lifeline.

48.25 (f) "988 Hotline" or "Lifeline Center" means a state-identified center that is a member
48.26 of the National Suicide Prevention Lifeline network that responds to statewide or regional
48.27 988 contacts.

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

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

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

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

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

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

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

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

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

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

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

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

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

49.28 Sec. 37. **[145.871] UNIVERSAL, VOLUNTARY HOME VISITING PROGRAM.**

49.29 Subdivision 1. **Grant program.** (a) The commissioner of health shall award grants to
49.30 eligible individuals and entities to establish voluntary home visiting services to families
49.31 expecting or caring for an infant, including families adopting an infant. The following

50.1 individuals and entities are eligible for a grant under this section: community health boards;
50.2 nonprofit organizations; Tribal Nations; and health care providers, including doulas,
50.3 community health workers, perinatal health educators, early childhood family education
50.4 home visiting providers, nurses, community health technicians, and local public health
50.5 nurses.

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

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

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

50.11 (i) maternal and newborn health;

50.12 (ii) school readiness and achievement;

50.13 (iii) family economic self-sufficiency;

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

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

50.16 (vi) reduction in crime or domestic violence.

50.17 (c) The commissioner shall ensure that the voluntary home visiting services established
50.18 under this section are available to all families residing in the state by June 30, 2025. In
50.19 awarding grants prior to the home visiting services being available statewide, the
50.20 commissioner shall prioritize applicants serving high-risk or high-need populations of
50.21 pregnant women and families with infants, including populations with insufficient access
50.22 to prenatal care, high incidence of mental illness or substance use disorder, low
50.23 socioeconomic status, and other factors as determined by the commissioner.

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

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

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

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

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

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

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

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

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

51.18 Sec. 38. Minnesota Statutes 2020, section 145.924, is amended to read:

51.19 **145.924 AIDS PREVENTION GRANTS.**

51.20 (a) The commissioner may award grants to community health boards as defined in section
51.21 145A.02, subdivision 5, state agencies, state councils, or nonprofit corporations to provide
51.22 evaluation and counseling services to populations at risk for acquiring human
51.23 immunodeficiency virus infection, including, but not limited to, minorities, adolescents,
51.24 intravenous drug users, and homosexual men.

51.25 (b) The commissioner may award grants to agencies experienced in providing services
51.26 to communities of color, for the design of innovative outreach and education programs for
51.27 targeted groups within the community who may be at risk of acquiring the human
51.28 immunodeficiency virus infection, including intravenous drug users and their partners,
51.29 adolescents, gay and bisexual individuals and women. Grants shall be awarded on a request
51.30 for proposal basis and shall include funds for administrative costs. Priority for grants shall
51.31 be given to agencies or organizations that have experience in providing service to the
51.32 particular community which the grantee proposes to serve; that have policy makers
51.33 representative of the targeted population; that have experience in dealing with issues relating

52.1 to HIV/AIDS; and that have the capacity to deal effectively with persons of differing sexual
52.2 orientations. For purposes of this paragraph, the "communities of color" are: the
52.3 American-Indian community; the Hispanic community; the African-American community;
52.4 and the Asian-Pacific community.

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

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

52.11 Sec. 39. **[145.9271] COMMUNITY SOLUTIONS FOR HEALTHY CHILD**
52.12 **DEVELOPMENT GRANT PROGRAM.**

52.13 Subdivision 1. **Establishment.** The commissioner of health shall establish the community
52.14 solutions for a healthy child development grant program. The purposes of the program are
52.15 to:

52.16 (1) improve child development outcomes related to the well-being of children of color
52.17 and American Indian children from prenatal to grade 3 and their families, including but not
52.18 limited to the goals outlined by the Department of Human Service's early childhood systems
52.19 reform effort that include: early learning; health and well-being; economic security; and
52.20 safe, stable, nurturing relationships and environments, by funding community-based solutions
52.21 for challenges that are identified by the affected communities;

52.22 (2) reduce racial disparities in children's health and development from prenatal to grade
52.23 3; and

52.24 (3) promote racial and geographic equity.

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

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

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

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

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

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

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

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

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

53.13 Subd. 3. **Community solutions advisory council; establishment; duties;**
53.14 **compensation.** (a) The commissioner of health shall establish a community solutions
53.15 advisory council. By October 1, 2022, the commissioner shall convene a 12-member
53.16 community solutions advisory council. Members of the advisory council are:

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

53.18 (2) two members representing the Latino community;

53.19 (3) two members representing the Asian-Pacific Islander community;

53.20 (4) two members representing the American Indian community;

53.21 (5) two parents who are Black, indigenous, or nonwhite people of color with children
53.22 under nine years of age;

53.23 (6) one member with research or academic expertise in racial equity and healthy child
53.24 development; and

53.25 (7) one member representing an organization that advocates on behalf of communities
53.26 of color or American Indians.

53.27 (b) At least three of the 12 members of the advisory council must come from outside
53.28 the seven-county metropolitan area.

53.29 (c) The community solutions advisory council shall:

53.30 (1) advise the commissioner on the development of the request for proposals for
53.31 community solutions healthy child development grants. In advising the commissioner, the

54.1 council must consider how to build on the capacity of communities to promote child and
54.2 family well-being and address social determinants of healthy child development;

54.3 (2) review responses to requests for proposals and advise the commissioner on the
54.4 selection of grantees and grant awards;

54.5 (3) advise the commissioner on the establishment of a transparent and objective
54.6 accountability process focused on outcomes the grantees agree to achieve;

54.7 (4) advise the commissioner on ongoing oversight and necessary support in the
54.8 implementation of the program; and

54.9 (5) support the commissioner on other racial equity and early childhood grant efforts.

54.10 (d) Each advisory council member shall be compensated as provided in section 15.059,
54.11 subdivision 3.

54.12 Subd. 4. **Eligible grantees.** Organizations eligible to receive grant funding under this
54.13 section include:

54.14 (1) organizations or entities that work with Black, indigenous, and non-Black people of
54.15 color communities;

54.16 (2) Tribal nations and Tribal organizations as defined in section 658P of the Child Care
54.17 and Development Block Grant Act of 1990; and

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

54.19 Subd. 5. **Strategic consideration and priority of proposals; eligible populations;**
54.20 **grant awards.** (a) The commissioner, in consultation with the community solutions advisory
54.21 council, shall develop a request for proposals for healthy child development grants. In
54.22 developing the proposals and awarding the grants, the commissioner shall consider building
54.23 on the capacity of communities to promote child and family well-being and address social
54.24 determinants of healthy child development. Proposals must focus on increasing racial equity
54.25 and healthy child development and reducing health disparities experienced by children of
54.26 Black, nonwhite people of color, and American Indian communities from prenatal to grade
54.27 3 and their families.

54.28 (b) In awarding the grants, the commissioner shall provide strategic consideration and
54.29 give priority to proposals from:

54.30 (1) organizations or entities led by Black and other nonwhite people of color and serving
54.31 Black and nonwhite communities of color;

55.1 (2) organizations or entities led by American Indians and serving American Indians,
55.2 including Tribal nations and Tribal organizations;

55.3 (3) organizations or entities with proposals focused on healthy development from prenatal
55.4 to age three;

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

55.6 (5) organizations or entities located in or with proposals to serve communities located
55.7 in counties that are moderate to high risk according to the Wilder Research Risk and Reach
55.8 Report; and

55.9 (6) community-based organizations that have historically served communities of color
55.10 and American Indians and have not traditionally had access to state grant funding.

55.11 (c) The advisory council may recommend additional strategic considerations and priorities
55.12 to the commissioner.

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

55.14 Subd. 6. **Geographic distribution of grants.** To the extent possible, the commissioner
55.15 and the advisory council shall ensure that grant funds are prioritized and awarded to
55.16 organizations and entities that are within counties that have a higher proportion of Black,
55.17 nonwhite people of color, and American Indians than the state average.

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

55.20 Sec. 40. **[145.9272] LEAD TESTING AND REMEDIATION GRANT PROGRAM;**
55.21 **SCHOOLS, CHILD CARE CENTERS, FAMILY CHILD CARE PROVIDERS.**

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

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

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

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

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

56.6 Subd. 3. **Uses of grant funds.** Licensed child care centers and licensed family child care
56.7 providers must use grant funds under this section to test their drinking water for lead;
56.8 remediate sources of lead contamination within the building, including lead service lines
56.9 and premises plumbing; and implement best practices for water management within the
56.10 building. Schools must use grant funds under this section to remediate sources of lead
56.11 contamination within the building and implement best practices for water management
56.12 within the building.

56.13 Sec. 41. **[145.9274] REPORTS; SCHOOL TEST RESULTS AND REMEDIATION**
56.14 **EFFORTS FOR LEAD IN DRINKING WATER.**

56.15 (a) School districts and charter schools must report to the commissioner of health in a
56.16 form and manner determined by the commissioner:

56.17 (1) test results regarding the presence of lead in drinking water in the school district's
56.18 or charter school's buildings; and

56.19 (2) information on remediation efforts to address lead in drinking water, if a test reveals
56.20 lead in drinking water in an amount above 15 parts per billion.

56.21 (b) The commissioner must post on the department website and annually update the test
56.22 results and information on remediation efforts reported under paragraph (a). The
56.23 commissioner must post test results and remediation efforts by school site.

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

56.26 Subdivision 1. **Grant program.** The commissioner of health shall award grants through
56.27 a request for proposal process to community-based organizations that serve ethnic
56.28 communities and focus on public health outreach to Black and people of color communities
56.29 on the issues of colorism, skin-lightening products, and chemical exposures from these
56.30 products. Priority in awarding grants shall be given to organizations that have historically
56.31 provided services to ethnic communities on the skin-lightening and chemical exposure issue
56.32 for the past four years.

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

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

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

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

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

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

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

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

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

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

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

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

58.12 Subdivision 1. **Goal and establishment.** The commissioner of health shall support
58.13 collaboration and coordination between state and community partners to address equity
58.14 barriers to health care and preventative services for chronic diseases among people with
58.15 disabilities. The commissioner of health, in consultation with the Olmstead Implementation
58.16 Office, Department of Human Services, Board on Aging, health care professionals, local
58.17 public health organizations, and other community organizations that serve people with
58.18 disabilities, shall routinely identify priorities and action steps to address identified gaps in
58.19 services, resources, and tools.

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

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

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

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

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

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

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

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

59.14 Subd. 2. **Minnesota collaborative to prevent infant mortality.** (a) The Minnesota
59.15 collaborative to prevent infant mortality is established. The goals of the Minnesota
59.16 collaborative to prevent infant mortality program are to:

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

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

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

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

59.30 Subd. 3. **Grants authorized.** (a) The commissioner of health shall award grants to
59.31 eligible applicants to convene, coordinate, and implement data-driven strategies and culturally
59.32 relevant activities to improve infant health by reducing preterm births, sleep-related infant
59.33 deaths, and congenital malformations and by addressing social and environmental

60.1 determinants of health. Grants shall be awarded to support community nonprofit
60.2 organizations, Tribal governments, and community health boards. Grants shall be awarded
60.3 to all federally recognized Tribal governments whose proposals demonstrate the ability to
60.4 implement programs designed to achieve the purposes in subdivision 2 and other requirements
60.5 of this section. An eligible applicant must submit an application to the commissioner of
60.6 health on a form designated by the commissioner and by the deadline established by the
60.7 commissioner. The commissioner shall award grants to eligible applicants in metropolitan
60.8 and rural areas of the state and may consider geographic representation in grant awards.

60.9 (b) Grantee activities shall:

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

60.11 (2) be based on community input;

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

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

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

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

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

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

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

61.1 (1) partnership development and capacity building;

61.2 (2) Tribal support;

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

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

61.5 (5) health equity.

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

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

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

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

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

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

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

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

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

62.9 (b) The commissioner shall:

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

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

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

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

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

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

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

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

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

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

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

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

63.14 (1) parenting classes or groups;

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

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

63.17 (4) correctional staff training;

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

63.19 (6) family-focused reentry planning.

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

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

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

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

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

63.31 (2) partnership building and community engagement;

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

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

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

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

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

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

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

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

64.24 (1) health care providers;

64.25 (2) community clinics;

64.26 (3) hospitals;

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

64.28 (5) health care foundations or nonprofit organizations;

64.29 (6) higher education institutions; or

64.30 (7) local health departments.

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

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

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

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

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

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

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

65.17 (1) preventative health care;

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

65.19 (3) mental health care and crisis management;

65.20 (4) acute care for illness and injury;

65.21 (5) oral health care;

65.22 (6) vision care;

65.23 (7) nutritional counseling;

65.24 (8) substance abuse counseling;

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

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

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

65.28 Subd. 5. **Sponsoring organization.** A sponsoring organization that agrees to operate a
65.29 school-based health center must enter into a memorandum of agreement with the school or
65.30 district. The memorandum of agreement must require the sponsoring organization to be

66.1 financially responsible for the operation of school-based health centers in the school or
66.2 district and must identify the costs that are the responsibility of the school or district, such
66.3 as Internet access, custodial services, utilities, and facility maintenance. To the greatest
66.4 extent possible, a sponsoring organization must bill private insurers, medical assistance,
66.5 and other public programs for services provided in the school-based health center in order
66.6 to maintain the financial sustainability of the school-based health center.

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

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

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

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

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

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

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

66.21 Subd. 7. **Whole School, Whole Community, Whole Child grants.** (a) The commissioner
66.22 of health shall administer a program to provide competitive grants to local public health
66.23 organizations, schools, and community organizations using the evidence-based Whole
66.24 School, Whole Community, Whole Child (WSCC) model to increase alignment, integration,
66.25 and collaboration between public health and education sectors to improve each child's
66.26 cognitive, physical, oral, social, and emotional development.

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

66.29 (1) align health and learning strategies to improve health outcomes and academic
66.30 achievement;

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

67.1 (3) create collaborative approaches to engage schools, parents and guardians, and
67.2 communities; and

67.3 (4) promote and establish lifelong healthy behaviors.

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

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

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

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

67.14 (1) needs assessment;

67.15 (2) community engagement and capacity building;

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

67.17 (4) dental provider training in calibration;

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

67.19 (6) communications;

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

67.21 (8) health equity;

67.22 (9) data collection and analysis; and

67.23 (10) evaluation.

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

67.25 Subdivision 1. **Funding formula for community health boards.** (a) Base funding for
67.26 each community health board eligible for a local public health grant under section 145A.03,
67.27 subdivision 7, shall be determined by each community health board's fiscal year 2003
67.28 allocations, prior to unallotment, for the following grant programs: community health
67.29 services subsidy; state and federal maternal and child health special projects grants; family
67.30 home visiting grants; TANF MN ENABL grants; TANF youth risk behavior grants; and

68.1 available women, infants, and children grant funds in fiscal year 2003, prior to unallotment,
68.2 distributed based on the proportion of WIC participants served in fiscal year 2003 within
68.3 the CHS service area.

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

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

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

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

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

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

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

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

69.1 (c) Notwithstanding paragraph (b), if a community health board can demonstrate that
69.2 foundational public health responsibilities are fulfilled, the community health board may
69.3 use funding for foundational public health responsibilities for local priorities developed
69.4 through the community health assessment and community health improvement planning
69.5 process.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(f) An unlicensed person may arrange for and direct or supervise a memorial service if that person or that person's employer does not have charge of the dead human body. An unlicensed person may not take charge of the dead human body, unless that person has the right to control the dead human body under section 149A.80, subdivision 2, or is that person's noncompensated designee.

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

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

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

71.2 Subd. 13a. **Direct supervision.** "Direct supervision" means overseeing the performance
71.3 of an individual. For the purpose of a clinical, practicum, ~~or~~ internship, or registration, direct
71.4 supervision means that the supervisor is available to observe and correct, as needed, the
71.5 performance of the trainee or registrant. The mortician supervisor is accountable for the
71.6 actions of the clinical student, practicum student, ~~or~~ intern, or registrant throughout the
71.7 course of the training. The supervising mortician is accountable for any violations of law
71.8 or rule, in the performance of their duties, by the clinical student, practicum student, ~~or~~
71.9 intern, or registrant.

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

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

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

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

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

71.21 **149A.03 DUTIES OF COMMISSIONER.**

71.22 The commissioner shall:

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

71.24 (i) removal, preparation, transportation, arrangements for disposition, and final disposition
71.25 of dead human bodies;

71.26 (ii) licensure, registration, and professional conduct of funeral directors, morticians,
71.27 interns, transfer care specialists, practicum students, and clinical students;

71.28 (iii) licensing and operation of a funeral establishment;

71.29 (iv) licensing and operation of an alkaline hydrolysis facility; and

71.30 (v) licensing and operation of a crematory;

72.1 (2) provide copies of the requirements for licensure, registration, and permits to all
72.2 applicants;

72.3 (3) administer examinations and issue licenses, registrations, and permits to qualified
72.4 persons and other legal entities;

72.5 (4) maintain a record of the name and location of all current licensees, registrants, and
72.6 interns;

72.7 (5) perform periodic compliance reviews and premise inspections of licensees;

72.8 (6) accept and investigate complaints relating to conduct governed by this chapter;

72.9 (7) maintain a record of all current preneed arrangement trust accounts;

72.10 (8) maintain a schedule of application, examination, permit, registration, and licensure
72.11 fees, initial and renewal, sufficient to cover all necessary operating expenses;

72.12 (9) educate the public about the existence and content of the laws and rules for mortuary
72.13 science licensing and the removal, preparation, transportation, arrangements for disposition,
72.14 and final disposition of dead human bodies to enable consumers to file complaints against
72.15 licensees and others who may have violated those laws or rules;

72.16 (10) evaluate the laws, rules, and procedures regulating the practice of mortuary science
72.17 in order to refine the standards for licensing and to improve the regulatory and enforcement
72.18 methods used; and

72.19 (11) initiate proceedings to address and remedy deficiencies and inconsistencies in the
72.20 laws, rules, or procedures governing the practice of mortuary science and the removal,
72.21 preparation, transportation, arrangements for disposition, and final disposition of dead
72.22 human bodies.

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

72.24 **149A.09 DENIAL; REFUSAL TO REISSUE; REVOCATION; SUSPENSION;**
72.25 **LIMITATION OF LICENSE, REGISTRATION, OR PERMIT.**

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

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

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

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

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

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

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

73.21 (7) has a conservator or guardian appointed;

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

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

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

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

73.31 Subd. 2. **Hearings related to refusal to renew, suspension, or revocation of license,**
73.32 **registration, or permit.** If the regulatory agency proposes to deny renewal, suspend, or
73.33 revoke a license, registration, or permit issued under this chapter, the regulatory agency

74.1 must first notify, in writing, the person against whom the action is proposed to be taken and
74.2 provide an opportunity to request a hearing under the contested case provisions of sections
74.3 14.57 to 14.62. If the subject of the proposed action does not request a hearing by notifying
74.4 the regulatory agency, by mail, within 20 calendar days after the receipt of the notice of
74.5 proposed action, the regulatory agency may proceed with the action without a hearing and
74.6 the action will be the final order of the regulatory agency.

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

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

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

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

74.19 **149A.11 PUBLICATION OF DISCIPLINARY ACTIONS.**

74.20 The regulatory agencies shall report all disciplinary measures or actions taken to the
74.21 commissioner. At least annually, the commissioner shall publish and make available to the
74.22 public a description of all disciplinary measures or actions taken by the regulatory agencies.
74.23 The publication shall include, for each disciplinary measure or action taken, the name and
74.24 business address of the licensee, registrant, or intern~~,~~; the nature of the misconduct~~,~~; and
74.25 the measure or action taken by the regulatory agency.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

75.29 (b) To renew a registration, the transfer care specialist must submit a completed renewal
75.30 application as provided by the commissioner and the appropriate fees specified in section
75.31 149A.65. Every five years, the renewal application must include proof of completion of a
75.32 training program that meets the requirements in subdivision 4.

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

76.2 **149A.60 PROHIBITED CONDUCT.**

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

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

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

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

76.16 Subd. 5. **Courts.** The court administrator of district court or any court of competent
76.17 jurisdiction shall report to the commissioner any judgment or other determination of the
76.18 court that adjudges or includes a finding that a licensee, registrant, or intern is a person who
76.19 is mentally ill, mentally incompetent, guilty of a felony or gross misdemeanor, guilty of
76.20 violations of federal or state narcotics laws or controlled substances acts; appoints a guardian
76.21 or conservator for the licensee, registrant, or intern; or commits a licensee, registrant, or
76.22 intern.

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

76.24 **149A.62 IMMUNITY; REPORTING.**

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

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

77.2 **149A.63 PROFESSIONAL COOPERATION.**

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

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

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

77.10 (1) $75 for the initial and renewal registration of a mortuary science intern;

77.11 (2) $125 for the mortuary science examination;

77.12 (3) $200 for issuance of initial and renewal mortuary science licenses;

77.13 (4) $100 late fee charge for a license renewal; ~~and~~

77.14 (5) $250 for issuing a mortuary science license by endorsement; and

77.15 (6) $687 for the initial and renewal registration of a transfer care specialist.

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

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

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

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

77.25 (3) using a surname not directly, actively, or presently associated with a licensed funeral
77.26 establishment, alkaline hydrolysis facility, or crematory, unless the surname had been
77.27 previously and continuously used by the licensed funeral establishment, alkaline hydrolysis
77.28 facility, or crematory; and

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

79.19 Subd. 4. **Certificate of removal.** No dead human body shall be removed from the place
79.20 of death by a mortician ~~or~~, funeral director, or transfer care specialist or by a noncompensated
79.21 person with the right to control the dead human body without the completion of a certificate
79.22 of removal and, where possible, presentation of a copy of that certificate to the person or a
79.23 representative of the legal entity with physical or legal custody of the body at the death site.
79.24 The certificate of removal shall be in the format provided by the commissioner that contains,
79.25 at least, the following information:

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

79.27 (2) the date and time of removal;

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

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

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

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

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

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

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

Subdivision 1. **Generally.** (a) Every dead human body lying within the state, except unclaimed bodies delivered for dissection by the medical examiner, those delivered for anatomical study pursuant to section 149A.81, subdivision 2, or lawfully carried through the state for the purpose of disposition elsewhere; and the remains of any dead human body after dissection or anatomical study, shall be decently buried or entombed in a public or private cemetery, alkaline hydrolyzed, or cremated within a reasonable time after death. Where final disposition of a body will not be accomplished within 72 hours following death or release of the body by a competent authority with jurisdiction over the body, the body must be properly embalmed, refrigerated, or packed with dry ice. A body may not be ~~kept~~

81.1 ~~in refrigeration for a period exceeding six calendar days, or~~ packed in dry ice for a period
81.2 that exceeds four calendar days, from the time of death or release of the body from the
81.3 coroner or medical examiner. A body may be kept in refrigeration for up to 30 calendar
81.4 days from the time of death or release of the body from the coroner or medical examiner,
81.5 provided the dignity of the body is maintained and the funeral establishment complies with
81.6 paragraph (b) if applicable. A body may be kept in refrigeration for more than 30 calendar
81.7 days from the time of death or release of the body from the coroner or medical examiner in
81.8 accordance with paragraphs (c) and (d).

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

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

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

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

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

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

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

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

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

82.3 Subd. 5d. **Indian lands.** "Indian lands" means all lands within the limits of any Indian
82.4 reservation within the boundaries of Minnesota and any lands within the boundaries of
82.5 Minnesota title which are either held in trust by the United States or over which an Indian
82.6 Tribe exercises governmental power.

82.7 Sec. 77. Minnesota Statutes 2020, section 152.22, is amended by adding a subdivision to
82.8 read:

82.9 Subd. 5e. **Labor peace agreement.** "Labor peace agreement" means an agreement
82.10 between a medical cannabis manufacturer and a bona fide labor organization that protects
82.11 the state's interests by, at a minimum, prohibiting the labor organization from engaging in
82.12 picketing, work stoppages, or boycotts against the manufacturer. This type of agreement
82.13 shall not mandate a particular method of election or certification of the bona fide labor
82.14 organization.

82.15 Sec. 78. Minnesota Statutes 2020, section 152.22, is amended by adding a subdivision to
82.16 read:

82.17 Subd. 15. **Tribal medical cannabis board.** "Tribal medical cannabis board" means an
82.18 agency established by each federally recognized Tribal government and duly authorized by
82.19 each Tribe's governing body to perform regulatory oversight and monitor compliance with
82.20 a Tribal medical cannabis program and applicable regulations.

82.21 Sec. 79. Minnesota Statutes 2020, section 152.22, is amended by adding a subdivision to
82.22 read:

82.23 Subd. 16. **Tribal medical cannabis program.** "Tribal medical cannabis program" means
82.24 a program established by a federally recognized Tribal government within the boundaries
82.25 of Minnesota regarding the commercial production, processing, sale or distribution, and
82.26 possession of medical cannabis and medical cannabis products.

82.27 Sec. 80. Minnesota Statutes 2020, section 152.22, is amended by adding a subdivision to
82.28 read:

82.29 Subd. 17. **Tribal medical cannabis program patient.** "Tribal medical cannabis program
82.30 patient" means a person who possesses a valid registration verification card or equivalent
82.31 document that is issued under the laws or regulations of a Tribal Nation within the boundaries

83.1 of Minnesota and that verifies that the person is enrolled in or authorized to participate in
83.2 that Tribal Nation's Tribal medical cannabis program.

83.3 Sec. 81. Minnesota Statutes 2020, section 152.25, subdivision 1, is amended to read:

83.4 Subdivision 1. **Medical cannabis manufacturer registration and renewal.** (a) The
83.5 commissioner shall register two at least four and up to ten in-state manufacturers for the
83.6 production of all medical cannabis within the state. A The registration agreement between
83.7 the commissioner and a manufacturer is valid for two years, unless revoked under subdivision
83.8 1a, and is nontransferable. The commissioner shall register new manufacturers or reregister
83.9 the existing manufacturers by December 1 every two years, using the factors described in
83.10 this subdivision. The commissioner shall accept applications after December 1, 2014, if one
83.11 of the manufacturers registered before December 1, 2014, ceases to be registered as a
83.12 manufacturer. The commissioner's determination that no manufacturer exists to fulfill the
83.13 duties under sections 152.22 to 152.37 is subject to judicial review in Ramsey County
83.14 District Court. Once the commissioner has registered more than two manufacturers,
83.15 registration renewal for at least one manufacturer must occur each year. The commissioner
83.16 shall begin registering additional manufacturers by December 1, 2022. The commissioner
83.17 shall renew a registration if the manufacturer meets the factors described in this subdivision
83.18 and submits the registration renewal fee under section 152.35.

83.19 (b) An individual or entity seeking registration or registration renewal under this
83.20 subdivision must apply to the commissioner in a form and manner established by the
83.21 commissioner. As part of the application, the applicant must submit an attestation signed
83.22 by a bona fide labor organization stating that the applicant has entered into a labor peace
83.23 agreement. Before accepting applications for registration or registration renewal, the
83.24 commissioner must publish on the Office of Medical Cannabis website the application
83.25 scoring criteria established by the commissioner to determine whether the applicant meets
83.26 requirements for registration or registration renewal. Data submitted during the application
83.27 process are private data on individuals or nonpublic data as defined in section 13.02 until
83.28 the manufacturer is registered under this section. Data on a manufacturer that is registered
83.29 are public data, unless the data are trade secret or security information under section 13.37.

83.30 (b) (c) As a condition for registration, a manufacturer must agree to or registration
83.31 renewal:

83.32 (1) begin supplying medical cannabis to patients by July 1, 2015; and

83.33 (2) (1) a manufacturer must comply with all requirements under sections 152.22 to
83.34 152.37.;

84.1 (2) if the manufacturer is a business entity, the manufacturer must be incorporated in
84.2 the state or otherwise formed or organized under the laws of the state; and

84.3 (3) the manufacturer must fulfill commitments made in the application for registration
84.4 or registration renewal, including but not limited to maintenance of a labor peace agreement.

84.5 (c) (d) The commissioner shall consider the following factors when determining which
84.6 manufacturer to register or when determining whether to renew a registration:

84.7 (1) the technical expertise of the manufacturer in cultivating medical cannabis and
84.8 converting the medical cannabis into an acceptable delivery method under section 152.22,
84.9 subdivision 6;

84.10 (2) the qualifications of the manufacturer's employees;

84.11 (3) the long-term financial stability of the manufacturer;

84.12 (4) the ability to provide appropriate security measures on the premises of the
84.13 manufacturer;

84.14 (5) whether the manufacturer has demonstrated an ability to meet the medical cannabis
84.15 production needs required by sections 152.22 to 152.37; and

84.16 (6) the manufacturer's projection and ongoing assessment of fees on patients with a
84.17 qualifying medical condition.;

84.18 (7) the manufacturer's inclusion of leadership or beneficial ownership, as defined in
84.19 section 302A.011, subdivision 41, by:

84.20 (i) minority persons as defined in section 116M.14, subdivision 6;

84.21 (ii) women;

84.22 (iii) individuals with disabilities as defined in section 363A.03, subdivision 12; or

84.23 (iv) military veterans who satisfy the requirements of section 197.447;

84.24 (8) the extent to which registering the manufacturer or renewing the registration will
84.25 expand service to a currently underserved market;

84.26 (9) the extent to which registering the manufacturer or renewing the registration will
84.27 promote development in a low-income area as defined in section 116J.982, subdivision 1,
84.28 paragraph (e);

84.29 (10) beneficial ownership as defined in section 302A.011, subdivision 41, of the
84.30 manufacturer by Minnesota residents; and

85.1 (11) other factors the commissioner determines are necessary to protect patient health
85.2 and ensure public safety.

85.3 (e) Commitments made by an applicant in the application for registration or registration
85.4 renewal, including but not limited to maintenance of a labor peace agreement, shall be an
85.5 ongoing material condition of maintaining a manufacturer registration.

85.6 ~~(d)~~ (f) If an officer, director, or controlling person of the manufacturer pleads or is found
85.7 guilty of intentionally diverting medical cannabis to a person other than allowed by law
85.8 under section 152.33, subdivision 1, the commissioner may decide not to renew the
85.9 registration of the manufacturer, provided the violation occurred while the person was an
85.10 officer, director, or controlling person of the manufacturer.

85.11 ~~(e) The commissioner shall require each medical cannabis manufacturer to contract with~~
85.12 ~~an independent laboratory to test medical cannabis produced by the manufacturer. The~~
85.13 ~~commissioner shall approve the laboratory chosen by each manufacturer and require that~~
85.14 ~~the laboratory report testing results to the manufacturer in a manner determined by the~~
85.15 ~~commissioner.~~

85.16 Sec. 82. Minnesota Statutes 2020, section 152.25, is amended by adding a subdivision to
85.17 read:

85.18 Subd. 1d. **Background study.** (a) Before the commissioner registers a manufacturer or
85.19 renews a registration, each officer, director, and controlling person of the manufacturer
85.20 must consent to a background study and must submit to the commissioner a completed
85.21 criminal history records check consent form, a full set of classifiable fingerprints, and the
85.22 required fees. The commissioner must submit these materials to the Bureau of Criminal
85.23 Apprehension. The bureau must conduct a Minnesota criminal history records check, and
85.24 the superintendent is authorized to exchange fingerprints with the Federal Bureau of
85.25 Investigation to obtain national criminal history record information. The bureau must return
85.26 the results of the Minnesota and federal criminal history records checks to the commissioner.

85.27 (b) The commissioner must not register a manufacturer or renew a registration if an
85.28 officer, director, or controlling person of the manufacturer has been convicted of, pled guilty
85.29 to, or received a stay of adjudication for:

85.30 (1) a violation of state or federal law related to theft, fraud, embezzlement, breach of
85.31 fiduciary duty, or other financial misconduct that is a felony under Minnesota law or would
85.32 be a felony if committed in Minnesota; or

86.1 (2) a violation of state or federal law relating to unlawful manufacture, distribution,
86.2 prescription, or dispensing of a controlled substance that is a felony under Minnesota law
86.3 or would be a felony if committed in Minnesota.

86.4 Sec. 83. Minnesota Statutes 2020, section 152.29, subdivision 4, is amended to read:

86.5 Subd. 4. **Report.** (a) Each manufacturer shall report to the commissioner on a monthly
86.6 basis the following information on each individual patient for the month prior to the report:

86.7 (1) the amount and dosages of medical cannabis distributed;

86.8 (2) the chemical composition of the medical cannabis; and

86.9 (3) the tracking number assigned to any medical cannabis distributed.

86.10 (b) For transactions involving Tribal medical cannabis program patients, each
86.11 manufacturer shall report to the commissioner on a weekly basis the following information
86.12 on each individual Tribal medical cannabis program patient for the week prior to the report:

86.13 (1) the name of the Tribal medical cannabis program in which the Tribal medical cannabis
86.14 program patient is enrolled;

86.15 (2) the amount and dosages of medical cannabis distributed;

86.16 (3) the chemical composition of the medical cannabis; and

86.17 (4) the tracking number assigned to the medical cannabis distributed.

86.18 Sec. 84. Minnesota Statutes 2020, section 152.29, is amended by adding a subdivision to
86.19 read:

86.20 Subd. 5. **Distribution to Tribal medical cannabis program patient.** (a) A manufacturer
86.21 may distribute medical cannabis in accordance with subdivisions 1 to 4 to a Tribal medical
86.22 cannabis program patient.

86.23 (b) Prior to distribution, the Tribal medical cannabis program patient must provide to
86.24 the manufacturer:

86.25 (1) a valid medical cannabis registration verification card or equivalent document issued
86.26 by a Tribal medical cannabis program that indicates that the Tribal medical cannabis program
86.27 patient is authorized to use medical cannabis on Indian lands over which the Tribe has
86.28 jurisdiction; and

86.29 (2) a valid photographic identification card issued by the Tribal medical cannabis
86.30 program, valid driver's license, or valid state identification card.

87.1 (c) A manufacturer shall distribute medical cannabis to a Tribal medical cannabis program
87.2 patient only in a form allowed under section 152.22, subdivision 6.

87.3 Sec. 85. **[152.291] TRIBAL MEDICAL CANNABIS PROGRAM;**
87.4 **MANUFACTURERS.**

87.5 Subdivision 1. **Manufacturer.** Notwithstanding the requirements and limitations in
87.6 section 152.29, subdivision 1, paragraph (a), a Tribal medical cannabis program operated
87.7 by a federally recognized Indian Tribe located in Minnesota shall be recognized as a medical
87.8 cannabis manufacturer.

87.9 Subd. 2. **Manufacturer transportation.** (a) A manufacturer registered with a Tribal
87.10 medical cannabis program may transport medical cannabis to testing laboratories and to
87.11 other Indian lands in the state.

87.12 (b) A manufacturer registered with a Tribal medical cannabis program must staff a motor
87.13 vehicle used to transport medical cannabis with at least two employees of the manufacturer.
87.14 Each employee in the transport vehicle must carry identification specifying that the employee
87.15 is an employee of the manufacturer, and one employee in the transport vehicle must carry
87.16 a detailed transportation manifest that includes the place and time of departure, the address
87.17 of the destination, and a description and count of the medical cannabis being transported.

87.18 Sec. 86. Minnesota Statutes 2020, section 152.30, is amended to read:

87.19 **152.30 PATIENT DUTIES.**

87.20 (a) A patient shall apply to the commissioner for enrollment in the registry program by
87.21 submitting an application as required in section 152.27 and an annual registration fee as
87.22 determined under section 152.35.

87.23 (b) As a condition of continued enrollment, patients shall agree to:

87.24 (1) continue to receive regularly scheduled treatment for their qualifying medical
87.25 condition from their health care practitioner; and

87.26 (2) report changes in their qualifying medical condition to their health care practitioner.

87.27 (c) A patient shall only receive medical cannabis from a registered manufacturer or
87.28 Tribal medical cannabis program but is not required to receive medical cannabis products
87.29 from only a registered manufacturer or Tribal medical cannabis program.

88.1 Sec. 87. Minnesota Statutes 2020, section 152.32, is amended to read:

88.2 **152.32 PROTECTIONS FOR REGISTRY PROGRAM PARTICIPATION OR**
88.3 **PARTICIPATION IN A TRIBAL MEDICAL CANNABIS PROGRAM.**

88.4 Subdivision 1. **Presumption.** (a) There is a presumption that a patient enrolled in the
88.5 registry program under sections 152.22 to 152.37 or a Tribal medical cannabis program
88.6 patient enrolled in a Tribal medical cannabis program is engaged in the authorized use of
88.7 medical cannabis.

88.8 (b) The presumption may be rebutted:

88.9 (1) by evidence that a patient's conduct related to use of medical cannabis was not for
88.10 the purpose of treating or alleviating the patient's qualifying medical condition or symptoms
88.11 associated with the patient's qualifying medical condition; or

88.12 (2) by evidence that a Tribal medical cannabis program patient's use of medical cannabis
88.13 was not for a purpose authorized by the Tribal medical cannabis program.

88.14 Subd. 2. **Criminal and civil protections.** (a) Subject to section 152.23, the following
88.15 are not violations under this chapter:

88.16 (1) use or possession of medical cannabis or medical cannabis products by a patient
88.17 enrolled in the registry program~~, or~~; possession by a registered designated caregiver or the
88.18 parent, legal guardian, or spouse of a patient if the parent, legal guardian, or spouse is listed
88.19 on the registry verification; or use or possession of medical cannabis or medical cannabis
88.20 products by a Tribal medical cannabis program patient;

88.21 (2) possession, dosage determination, or sale of medical cannabis or medical cannabis
88.22 products by a medical cannabis manufacturer, employees of a manufacturer, a laboratory
88.23 conducting testing on medical cannabis, or employees of the laboratory; and

88.24 (3) possession of medical cannabis or medical cannabis products by any person while
88.25 carrying out the duties required under sections 152.22 to 152.37.

88.26 (b) Medical cannabis obtained and distributed pursuant to sections 152.22 to 152.37 and
88.27 associated property is not subject to forfeiture under sections 609.531 to 609.5316.

88.28 (c) The commissioner, members of a Tribal medical cannabis board, the commissioner's
88.29 or Tribal medical cannabis board's staff, the commissioner's or Tribal medical cannabis
88.30 board's agents or contractors, and any health care practitioner are not subject to any civil or
88.31 disciplinary penalties by the Board of Medical Practice, the Board of Nursing, or by any
88.32 business, occupational, or professional licensing board or entity, solely for the participation

89.1 in the registry program under sections 152.22 to 152.37 or in a Tribal medical cannabis
89.2 program. A pharmacist licensed under chapter 151 is not subject to any civil or disciplinary
89.3 penalties by the Board of Pharmacy when acting in accordance with the provisions of
89.4 sections 152.22 to 152.37. Nothing in this section affects a professional licensing board
89.5 from taking action in response to violations of any other section of law.

89.6 (d) Notwithstanding any law to the contrary, the commissioner, the governor of
89.7 Minnesota, or an employee of any state agency may not be held civilly or criminally liable
89.8 for any injury, loss of property, personal injury, or death caused by any act or omission
89.9 while acting within the scope of office or employment under sections 152.22 to 152.37.

89.10 (e) Federal, state, and local law enforcement authorities are prohibited from accessing
89.11 the patient registry under sections 152.22 to 152.37 except when acting pursuant to a valid
89.12 search warrant.

89.13 (f) Notwithstanding any law to the contrary, neither the commissioner nor a public
89.14 employee may release data or information about an individual contained in any report,
89.15 document, or registry created under sections 152.22 to 152.37 or any information obtained
89.16 about a patient participating in the program, except as provided in sections 152.22 to 152.37.

89.17 (g) No information contained in a report, document, or registry or obtained from a patient
89.18 or a Tribal medical cannabis program patient under sections 152.22 to 152.37 may be
89.19 admitted as evidence in a criminal proceeding unless independently obtained or in connection
89.20 with a proceeding involving a violation of sections 152.22 to 152.37.

89.21 (h) Notwithstanding section 13.09, any person who violates paragraph (e) or (f) is guilty
89.22 of a gross misdemeanor.

89.23 (i) An attorney may not be subject to disciplinary action by the Minnesota Supreme
89.24 Court, a Tribal court, or the professional responsibility board for providing legal assistance
89.25 to prospective or registered manufacturers or others related to activity that is no longer
89.26 subject to criminal penalties under state law pursuant to sections 152.22 to 152.37, or for
89.27 providing legal assistance to a Tribal medical cannabis program.

89.28 (j) Possession of a registry verification or application for enrollment in the program by
89.29 a person entitled to possess or apply for enrollment in the registry program, or possession
89.30 of a verification or equivalent issued by a Tribal medical cannabis program by a person
89.31 entitled to possess such verification, does not constitute probable cause or reasonable
89.32 suspicion, nor shall it be used to support a search of the person or property of the person
89.33 possessing or applying for the registry verification or equivalent, or otherwise subject the
89.34 person or property of the person to inspection by any governmental agency.

Subd. 3. **Discrimination prohibited.** (a) No school or landlord may refuse to enroll or lease to and may not otherwise penalize a person solely for the person's status as a patient enrolled in the registry program under sections 152.22 to 152.37 or for the person's status as a Tribal medical cannabis program patient enrolled in a Tribal medical cannabis program, unless failing to do so would violate federal law or regulations or cause the school or landlord to lose a monetary or licensing-related benefit under federal law or regulations.

(b) For the purposes of medical care, including organ transplants, a registry program enrollee's use of medical cannabis under sections 152.22 to 152.37, or a Tribal medical cannabis program patient's use of medical cannabis as authorized by the Tribal medical cannabis program, is considered the equivalent of the authorized use of any other medication used at the discretion of a physician or advanced practice registered nurse and does not constitute the use of an illicit substance or otherwise disqualify a patient from needed medical care.

(c) Unless a failure to do so would violate federal law or regulations or cause an employer to lose a monetary or licensing-related benefit under federal law or regulations, an employer may not discriminate against a person in hiring, termination, or any term or condition of employment, or otherwise penalize a person, if the discrimination is based upon ~~either~~ any of the following:

(1) the person's status as a patient enrolled in the registry program under sections 152.22 to 152.37; ~~or~~

(2) the person's status as a Tribal medical cannabis program patient enrolled in a Tribal medical cannabis program; or

~~(2)~~ (3) a patient's positive drug test for cannabis components or metabolites, unless the patient used, possessed, or was impaired by medical cannabis on the premises of the place of employment or during the hours of employment.

(d) An employee who is required to undergo employer drug testing pursuant to section 181.953 may present verification of enrollment in the patient registry or of enrollment in a Tribal medical cannabis program as part of the employee's explanation under section 181.953, subdivision 6.

(e) A person shall not be denied custody of a minor child or visitation rights or parenting time with a minor child solely based on the person's status as a patient enrolled in the registry program under sections 152.22 to 152.37 or on the person's status as a Tribal medical cannabis program patient enrolled in a Tribal medical cannabis program. There shall be no presumption of neglect or child endangerment for conduct allowed under sections 152.22

to 152.37 or under a Tribal medical cannabis program, unless the person's behavior is such that it creates an unreasonable danger to the safety of the minor as established by clear and convincing evidence.

Sec. 88. Minnesota Statutes 2020, section 152.33, subdivision 1, is amended to read:

Subdivision 1. **Intentional diversion; criminal penalty.** In addition to any other applicable penalty in law, a manufacturer or an agent of a manufacturer who intentionally transfers medical cannabis to a person other than another registered manufacturer, a patient, a registered designated caregiver, a Tribal medical cannabis program patient, or, if listed on the registry verification, a parent, legal guardian, or spouse of a patient is guilty of a felony punishable by imprisonment for not more than two years or by payment of a fine of not more than $3,000, or both. A person convicted under this subdivision may not continue to be affiliated with the manufacturer and is disqualified from further participation under sections 152.22 to 152.37.

Sec. 89. Minnesota Statutes 2020, section 152.35, is amended to read:

152.35 FEES; DEPOSIT OF REVENUE.

(a) The commissioner shall collect an enrollment fee of ~~$200~~ $40 from patients enrolled under ~~this~~ section 152.27. ~~If the patient provides evidence of receiving Social Security disability insurance (SSDI), Supplemental Security Income (SSI), veterans disability, or railroad disability payments, or being enrolled in medical assistance or MinnesotaCare, then the fee shall be $50. For purposes of this section:~~

~~(1) a patient is considered to receive SSDI if the patient was receiving SSDI at the time the patient was transitioned to retirement benefits by the United States Social Security Administration; and~~

~~(2) veterans disability payments include VA dependency and indemnity compensation.~~

~~Unless a patient provides evidence of receiving payments from or participating in one of the programs specifically listed in this paragraph, the commissioner of health must collect the $200 enrollment fee from a patient to enroll the patient in the registry program.~~ The fees shall be payable annually and are due on the anniversary date of the patient's enrollment. The fee amount shall be deposited in the state treasury and credited to the state government special revenue fund.

(b) The commissioner shall collect ~~an~~ a nonrefundable registration application fee of ~~$20,000~~ $10,000 from each entity submitting an application for registration as a medical

92.1 cannabis manufacturer. Revenue from the fee shall be deposited in the state treasury and
92.2 credited to the state government special revenue fund.

92.3 (c) The commissioner shall establish and collect an annual registration renewal fee from
92.4 a medical cannabis manufacturer equal to the cost of regulating and inspecting the
92.5 manufacturer ~~in that year~~ for the upcoming registration period. Revenue from the fee amount
92.6 shall be deposited in the state treasury and credited to the state government special revenue
92.7 fund.

92.8 (d) A medical cannabis manufacturer may charge patients enrolled in the registry program
92.9 a reasonable fee for costs associated with the operations of the manufacturer. The
92.10 manufacturer may establish a sliding scale of patient fees based upon a patient's household
92.11 income and may accept private donations to reduce patient fees.

92.12 Sec. 90. Laws 2021, First Special Session chapter 7, article 3, section 44, is amended to
92.13 read:

92.14 Sec. 44. **MENTAL HEALTH CULTURAL COMMUNITY CONTINUING**
92.15 **EDUCATION GRANT PROGRAM.**

92.16 (a) The commissioner of health shall develop a grant program, in consultation with the
92.17 relevant mental health licensing boards, to:

92.18 (1) provide for the continuing education necessary for social workers, marriage and
92.19 family therapists, psychologists, and professional clinical counselors to become supervisors
92.20 for individuals pursuing licensure in mental health professions;

92.21 (2) cover the costs when supervision is required for professionals becoming supervisors;
92.22 and

92.23 (3) cover the supervisory costs for mental health practitioners pursuing licensure at the
92.24 professional level.

92.25 (b) Social workers, marriage and family therapists, psychologists, and professional
92.26 clinical counselors obtaining continuing education and mental health practitioners needing
92.27 supervised hours to become licensed as professionals under this section must:

92.28 (1) be members of communities of color or underrepresented communities as defined
92.29 in Minnesota Statutes, section 148E.010, subdivision 20, or practice in a mental health
92.30 professional shortage area; and

93.1 (2) ~~work for community mental health providers and~~ agree to deliver at least 25 percent
93.2 of their yearly patient encounters to state public program enrollees or patients receiving
93.3 sliding fee schedule discounts through a formal sliding fee schedule meeting the standards
93.4 established by the United States Department of Health and Human Services under Code of
93.5 Federal Regulations, title 42, section 51, chapter 303.

93.6 Sec. 91. **BENEFIT AND COST ANALYSIS OF A UNIVERSAL HEALTH REFORM**
93.7 **PROPOSAL.**

93.8 Subdivision 1. **Contract for analysis of proposal.** The commissioner of health shall
93.9 contract with the University of Minnesota School of Public Health and the Carlson School
93.10 of Management to conduct an analysis of the benefits and costs of a legislative proposal for
93.11 a universal health care financing system and a similar analysis of the current health care
93.12 financing system to assist the state in comparing the proposal to the current system.

93.13 Subd. 2. **Proposal.** The commissioner of health, with input from the commissioners of
93.14 human services and commerce, shall submit to the University of Minnesota for analysis a
93.15 legislative proposal known as the Minnesota Health Plan that would offer a universal health
93.16 care plan designed to meet the following principles:

93.17 (1) ensure all Minnesotans are covered;

93.18 (2) cover all necessary care, including dental, vision and hearing, mental health, chemical
93.19 dependency treatment, prescription drugs, medical equipment and supplies, long-term care,
93.20 and home care; and

93.21 (3) allow patients to choose their doctors, hospitals, and other providers.

93.22 Subd. 3. **Proposal analysis.** (a) The analysis must measure the performance of both the
93.23 Minnesota Health Plan and the current health care financing system over a ten-year period
93.24 to contrast the impact on:

93.25 (1) the number of people covered versus the number of people who continue to lack
93.26 access to health care because of financial or other barriers, if any;

93.27 (2) the completeness of the coverage and the number of people lacking coverage for
93.28 dental, long-term care, medical equipment or supplies, vision and hearing, or other health
93.29 services that are not covered, if any;

93.30 (3) the adequacy of the coverage, the level of underinsured in the state, and whether
93.31 people with coverage can afford the care they need or whether cost prevents them from
93.32 accessing care;

94.1 (4) the timeliness and appropriateness of the care received and whether people turn to
94.2 inappropriate care such as emergency rooms because of a lack of proper care in accordance
94.3 with clinical guidelines; and

94.4 (5) total public and private health care spending in Minnesota under the current system
94.5 versus under the legislative proposal, including all spending by individuals, businesses, and
94.6 government. "Total public and private health care spending" means spending on all medical
94.7 care including but not limited to dental, vision and hearing, mental health, chemical
94.8 dependency treatment, prescription drugs, medical equipment and supplies, long-term care,
94.9 and home care, whether paid through premiums, co-pays and deductibles, other out-of-pocket
94.10 payments, or other funding from government, employers, or other sources. Total public and
94.11 private health care spending also includes the costs associated with administering, delivering,
94.12 and paying for the care. The costs of administering, delivering, and paying for the care
94.13 includes all expenses by insurers, providers, employers, individuals, and government to
94.14 select, negotiate, purchase, and administer insurance and care including but not limited to
94.15 coverage for health care, dental, long-term care, prescription drugs, medical expense portions
94.16 of workers compensation and automobile insurance, and the cost of administering and
94.17 paying for all health care products and services that are not covered by insurance. The
94.18 analysis of total health care spending shall examine whether there are savings or additional
94.19 costs under the legislative proposal compared to the existing system due to:

94.20 (i) reduced insurance, billing, underwriting, marketing, evaluation, and other
94.21 administrative functions including savings from global budgeting for hospitals and
94.22 institutional care instead of billing for individual services provided;

94.23 (ii) reduced prices on medical services and products including pharmaceuticals due to
94.24 price negotiations, if applicable under the proposal;

94.25 (iii) changes in utilization, better health outcomes, and reduced time away from work
94.26 due to prevention, early intervention, health-promoting activities, and to the extent possible
94.27 given available data and resources;

94.28 (iv) shortages or excess capacity of medical facilities and equipment under either the
94.29 current system or the proposal;

94.30 (v) the impact on state, local, and federal government non-health-care expenditures such
94.31 as reduced crime and out-of-home placement costs due to mental health or chemical
94.32 dependency coverage; and

95.1 (vi) job losses or gains in health care delivery, health billing and insurance administration,
95.2 and elsewhere in the economy under the proposal due to implementation of the reforms and
95.3 the resulting reduction of insurance and administrative burdens on businesses.

95.4 (b) The analysts may consult with authors of the legislative proposal to gain understanding
95.5 or clarification of the specifics of the proposal. The analysis shall assume that the provisions
95.6 in the proposal are not preempted by federal law or that the federal government gives a
95.7 waiver to the preemptions.

95.8 (c) The commissioner shall issue a final report by January 15, 2023, and may provide
95.9 interim reports and status updates to the governor and the chairs and ranking minority
95.10 members of the legislative committees with jurisdiction over health and human services
95.11 policy and finance.

95.12 Sec. 92. **NURSING WORKFORCE REPORT.**

95.13 The commissioner of health shall provide a public report on the following topics:

95.14 (1) Minnesota's supply of active licensed registered nurses;

95.15 (2) trends in Minnesota regarding retention by hospitals of licensed registered nurses;

95.16 (3) reasons licensed registered nurses are leaving direct care positions at hospitals; and

95.17 (4) reasons licensed registered nurses are choosing not to renew their licenses and leaving
95.18 the profession.

95.19 Sec. 93. **EMMETT LOUIS TILL VICTIMS RECOVERY PROGRAM.**

95.20 Subdivision 1. **Short title.** This section shall be known as the Emmett Louis Till Victims
95.21 Recovery Program.

95.22 Subd. 2. **Program established; grants.** (a) The commissioner of health shall establish
95.23 the Emmett Louis Till Victims Recovery Program to address the health and wellness needs
95.24 of:

95.25 (1) victims who experienced trauma, including historical trauma, resulting from events
95.26 such as assault or another violent physical act, intimidation, false accusations, wrongful
95.27 conviction, a hate crime, the violent death of a family member, or experiences of
95.28 discrimination or oppression based on the victim's race, ethnicity, or national origin; and

95.29 (2) the families and heirs of victims described in clause (1), who experienced trauma,
95.30 including historical trauma, because of their proximity or connection to the victim.

96.1 (b) The commissioner, in consultation with victims, families, and heirs who experienced
96.2 trauma and with community-based organizations that provide culturally appropriate services
96.3 to victims experiencing trauma and their families and heirs, shall award competitive grants
96.4 to applicants for projects to provide the following services to victims, families, and heirs
96.5 described in paragraph (a):

96.6 (1) health and wellness services, which may include services and support to address
96.7 physical health, mental health, and cultural needs;

96.8 (2) remembrance and legacy preservation activities;

96.9 (3) cultural awareness services; and

96.10 (4) community resources and services to promote healing for victims, families, and heirs
96.11 described in paragraph (a).

96.12 (c) In awarding grants under this section, the commissioner must prioritize grant awards
96.13 to community-based organizations experienced in providing support and services to victims,
96.14 families, and heirs described in paragraph (a).

96.15 Subd. 3. **Evaluation.** Grant recipients must provide the commissioner with information
96.16 required by the commissioner to evaluate the grant program, in a time and manner specified
96.17 by the commissioner.

96.18 Subd. 4. **Report.** By January 15, 2023, the commissioner must submit a status report
96.19 on the operation and results of the grant program, to the extent possible. The report must
96.20 be submitted to the chairs and ranking minority members of the legislative committees with
96.21 jurisdiction over health care. The report must include information on grant program activities
96.22 to date, services offered by grant recipients, and an assessment of the need to continue to
96.23 offer services to victims, families, and heirs who experienced trauma.

96.24 Sec. 94. **IDENTIFY STRATEGIES FOR REDUCTION OF ADMINISTRATIVE**
96.25 **SPENDING AND LOW-VALUE CARE; REPORT.**

96.26 (a) The commissioner of health shall develop recommendations for strategies to reduce
96.27 the volume and growth of administrative spending by health care organizations and group
96.28 purchasers and the amount of low-value care delivered to Minnesota residents. In support
96.29 of the development of recommendations, the commissioner shall:

96.30 (1) review the availability of data and identify gaps in the data infrastructure to estimate
96.31 aggregated and disaggregated administrative spending and low-value care;

97.1 (2) based on available data, estimate the volume and change over time of administrative
97.2 spending and low-value care in Minnesota;

97.3 (3) conduct an environmental scan and key informant interviews with experts in health
97.4 care finance, health economics, health care management or administration, or the
97.5 administration of health insurance benefits to identify drivers of spending growth for spending
97.6 on administrative services or the provision of low-value care; and

97.7 (4) convene a clinical learning community and an employer task force to review the
97.8 evidence from clauses (1) to (3) and develop a set of actionable strategies to address
97.9 administrative spending volume and growth and the magnitude of the volume of low-value
97.10 care.

97.11 (b) By December 15, 2024, the commissioner shall report the recommendations to the
97.12 chairs and ranking members of the legislative committees with jurisdiction over health and
97.13 human services financing and policy.

97.14 Sec. 95. **INITIAL IMPLEMENTATION OF THE KEEPING NURSES AT THE**
97.15 **BEDSIDE ACT.**

97.16 (a) By April 1, 2024, each hospital must establish and convene a hospital nurse staffing
97.17 committee as described under Minnesota Statutes, section 144.7053.

97.18 (b) By June 1, 2024, each hospital must implement core staffing plans developed by its
97.19 hospital nurse staffing committee and satisfy the plan posting requirements under Minnesota
97.20 Statutes, section 144.7056.

97.21 (c) By June 1, 2024, each hospital must submit to the commissioner of health core
97.22 staffing plans meeting the requirements of Minnesota Statutes, section 144.7055.

97.23 Sec. 96. **LEAD SERVICE LINE INVENTORY GRANT PROGRAM.**

97.24 Subdivision 1. **Establishment.** The commissioner of health must establish a grant
97.25 program to provide financial assistance to municipalities for producing an inventory of
97.26 publicly and privately owned lead service lines within their jurisdiction.

97.27 Subd. 2. **Eligible uses.** A municipality receiving a grant under this section may use the
97.28 grant funds to:

97.29 (1) survey households to determine the material of which their water service line is
97.30 made;

97.31 (2) create publicly available databases or visualizations of lead service lines; and

98.1 (3) comply with the lead service line inventory requirements in the Environmental
98.2 Protection Agency's Lead and Copper Rule.

98.3 Sec. 97. **PAYMENT MECHANISMS IN RURAL HEALTH CARE.**

98.4 The commissioner of health shall develop a plan to assess readiness of rural communities
98.5 and rural health care providers to adopt value-based, global budgeting, or alternative payment
98.6 systems and recommend steps needed to implement. The commissioner may use the
98.7 development of case studies and modeling of alternate payment systems to demonstrate
98.8 value-based payment systems that ensure a baseline level of essential community or regional
98.9 health services and address population health needs. The commissioner shall develop
98.10 recommendations for pilot projects by January 1, 2025, with the aim of ensuring financial
98.11 viability of rural health care systems in the context of spending growth targets. The
98.12 commissioner shall share findings with the Health Care Affordability Board.

98.13 Sec. 98. **PROGRAM TO DISTRIBUTE COVID-19 TESTS, MASKS, AND**
98.14 **RESPIRATORS.**

98.15 Subdivision 1. **Definitions.** (a) The terms defined in this subdivision apply to this section.

98.16 (b) "Antigen test" means a lateral flow immunoassay intended for the qualitative detection
98.17 of nucleocapsid protein antigens from the SARS-CoV-2 virus in nasal swabs, that has
98.18 emergency use authorization from the United States Food and Drug Administration and
98.19 that is authorized for nonprescription home use with self-collected nasal swabs.

98.20 (c) "COVID-19 test" means a test authorized by the United States Food and Drug
98.21 Administration to detect the presence of genetic material of the SARS-CoV-2 virus either
98.22 through a molecular method that detects the RNA or nucleic acid component of the virus,
98.23 such as polymerase chain reaction or isothermal amplification, or through a rapid lateral
98.24 flow immunoassay that detects the nucleocapsid protein antigens from the SARS-CoV-2
98.25 virus.

98.26 (d) "KN95 respirator" means a type of filtering facepiece respirator that is commonly
98.27 made and used in China, is designed and tested to meet an international standard, and does
98.28 not include an exhalation valve.

98.29 (e) "Mask" means a face covering intended to contain droplets and particles in a person's
98.30 breath, cough, or sneeze.

98.31 (f) "Respirator" means a face covering that filters the air and fits closely on the face to
98.32 filter out particles, including the SARS-CoV-2 virus.

99.1 Subd. 2. **Program established.** In order to help reduce the number of cases of COVID-19
99.2 in the state, the commissioner of health must administer a program to distribute to individuals
99.3 in Minnesota, COVID-19 tests, including antigen tests; and masks and respirators, including
99.4 KN95 respirators and similar respirators approved by the Centers for Disease Control and
99.5 Prevention and authorized by the commissioner for distribution under this program. Masks
99.6 and respirators distributed under this program may include child-sized masks and respirators,
99.7 if such masks and respirators are available and the commissioner finds there is a need for
99.8 them. COVID-19 tests, masks, and respirators must be distributed at no cost to the individuals
99.9 receiving them and may be shipped directly to individuals; distributed through local health
99.10 departments, COVID community coordinators, and other community-based organizations;
99.11 and distributed through other means determined by the commissioner. The commissioner
99.12 may prioritize distribution under this section to communities and populations who are
99.13 disproportionately impacted by COVID-19 or who have difficulty accessing COVID-19
99.14 tests, masks, or respirators.

99.15 Subd. 3. **Process to order COVID-19 tests, masks, and respirators.** The commissioner
99.16 may establish a process for individuals to order COVID-19 tests, masks, and respirators to
99.17 be shipped directly to the individual.

99.18 Subd. 4. **Notice.** An entity distributing KN95 respirators or similar respirators under this
99.19 section may include with the respirators a notice that individuals with a medical condition
99.20 that may make it difficult to wear a KN95 respirator or similar respirator should consult
99.21 with a health care provider before use.

99.22 Subd. 5. **Coordination.** The commissioner may coordinate this program with other state
99.23 and federal programs that distribute COVID-19 tests, masks, or respirators to the public.

99.24 Sec. 99. **REPORT ON TRANSPARENCY OF HEALTH CARE PAYMENTS.**

99.25 Subdivision 1. **Definitions.** (a) The terms defined in this subdivision apply to this section.

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

99.27 (c) "Non-claims-based payments" means payments to health care providers designed to
99.28 support and reward value of health care services over volume of health care services and
99.29 includes alternative payment models or incentives, payments for infrastructure expenditures
99.30 or investments, and payments for workforce expenditures or investments.

99.31 (d) "Nonpublic data" has the meaning given in Minnesota Statutes, section 13.02,
99.32 subdivision 9.

100.1 (e) "Primary care services" means integrated, accessible health care services provided
100.2 by clinicians who are accountable for addressing a large majority of personal health care
100.3 needs, developing a sustained partnership with patients, and practicing in the context of
100.4 family and community. Primary care services include but are not limited to preventive
100.5 services, office visits, annual physicals, pre-operative physicals, assessments, care
100.6 coordination, development of treatment plans, management of chronic conditions, and
100.7 diagnostic tests.

100.8 Subd. 2. **Report.** (a) To provide the legislature with information needed to meet the
100.9 evolving health care needs of Minnesotans, the commissioner shall report to the legislature
100.10 by February 15, 2023, on the volume and distribution of health care spending across payment
100.11 models used by health plan companies and third-party administrators, with a particular focus
100.12 on value-based care models and primary care spending.

100.13 (b) The report must include specific health plan and third-party administrator estimates
100.14 of health care spending for claims-based payments and non-claims-based payments for the
100.15 most recent available year, reported separately for Minnesotans enrolled in state health care
100.16 programs, Medicare Advantage, and commercial health insurance. The report must also
100.17 include recommendations on changes needed to gather better data from health plan companies
100.18 and third-party administrators on the use of value-based payments that pay for value of
100.19 health care services provided over volume of services provided, promote the health of all
100.20 Minnesotans, reduce health disparities, and support the provision of primary care services
100.21 and preventive services.

100.22 (c) In preparing the report, the commissioner shall:

100.23 (1) describe the form, manner, and timeline for submission of data by health plan
100.24 companies and third-party administrators to produce estimates as specified in paragraph
100.25 (b);

100.26 (2) collect summary data that permits the computation of:

100.27 (i) the percentage of total payments that are non-claims-based payments; and

100.28 (ii) the percentage of payments in item (i) that are for primary care services;

100.29 (3) where data was not directly derived, specify the methods used to estimate data
100.30 elements;

100.31 (4) notwithstanding Minnesota Statutes, section 62U.04, subdivision 11, conduct analyses
100.32 of the magnitude of primary care payments using data collected by the commissioner under
100.33 Minnesota Statutes, section 62U.04; and

101.1 (5) conduct interviews with health plan companies and third-party administrators to
101.2 better understand the types of non-claims-based payments and models in use, the purposes
101.3 or goals of each, the criteria for health care providers to qualify for these payments, and the
101.4 timing and structure of health plan companies or third-party administrators making these
101.5 payments to health care provider organizations.

101.6 (d) Health plan companies and third-party administrators must comply with data requests
101.7 from the commissioner under this section within 60 days after receiving the request.

101.8 (e) Data collected under this section are nonpublic data. Notwithstanding the definition
101.9 of summary data in Minnesota Statutes, section 13.02, subdivision 19, summary data prepared
101.10 under this section may be derived from nonpublic data. The commissioner shall establish
101.11 procedures and safeguards to protect the integrity and confidentiality of any data maintained
101.12 by the commissioner.

101.13 Sec. 100. **SAFETY IMPROVEMENTS FOR STATE LICENSED LONG-TERM**
101.14 **CARE FACILITIES.**

101.15 Subdivision 1. **Temporary grant program for long-term care safety**
101.16 **improvements.** The commissioner of health shall develop, implement, and manage a
101.17 temporary, competitive grant process for state-licensed long-term care facilities to improve
101.18 their ability to reduce the transmission of COVID-19 or other similar conditions.

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

101.21 (b) "Eligible facility" means:

101.22 (1) an assisted living facility licensed under chapter 144G;

101.23 (2) a supervised living facility licensed under chapter 144;

101.24 (3) a boarding care facility that is not federally certified and is licensed under chapter
101.25 144; and

101.26 (4) a nursing home that is not federally certified and is licensed under chapter 144A.

101.27 (c) "Eligible project" means a modernization project to update, remodel, or replace
101.28 outdated equipment, systems, technology, or physical spaces.

101.29 Subd. 3. **Program.** (a) The commissioner of health shall award improvement grants to
101.30 an eligible facility. An improvement grant shall not exceed $1,250,000.

102.1 (b) Funds may be used to improve the safety, quality of care, and livability of aging
102.2 infrastructure in a Department of Health licensed eligible facility with an emphasis on
102.3 reducing the transmission risk of COVID-19 and other infections. Projects include but are
102.4 not limited to:

102.5 (1) heating, ventilation, and air-conditioning systems improvements to reduce airborne
102.6 exposures;

102.7 (2) physical space changes for infection control; and

102.8 (3) technology improvements to reduce social isolation and improve resident or client
102.9 well-being.

102.10 (c) Notwithstanding any law to the contrary, funds awarded in a grant agreement do not
102.11 lapse until expended by the grantee.

102.12 Subd. 4. **Applications.** An eligible facility seeking a grant shall apply to the
102.13 commissioner. The application must include a description of the resident population
102.14 demographics, the problem the proposed project will address, a description of the project
102.15 including construction and remodeling drawings or specifications, sources of funds for the
102.16 project, including any in-kind resources, uses of funds for the project, the results expected,
102.17 and a plan to maintain or operate any facility or equipment included in the project. The
102.18 applicant must describe achievable objectives, a timetable, and roles and capabilities of
102.19 responsible individuals and organization. An applicant must submit to the commissioner
102.20 evidence that competitive bidding was used to select contractors for the project.

102.21 Subd. 5. **Consideration of applications.** The commissioner shall review each application
102.22 to determine if the application is complete and if the facility and the project are eligible for
102.23 a grant. In evaluating applications, the commissioner shall develop a standardized scoring
102.24 system that assesses: (1) the applicant's understanding of the problem, description of the
102.25 project and the likelihood of a successful outcome of the project; (2) the extent to which
102.26 the project will reduce the transmission of COVID-19; (3) the extent to which the applicant
102.27 has demonstrated that it has made adequate provisions to ensure proper and efficient operation
102.28 of the facility once the project is completed; (4) and other relevant factors as determined
102.29 by the commissioner. During application review, the commissioner may request additional
102.30 information about a proposed project, including information on project cost. Failure to
102.31 provide the information requested disqualifies an applicant.

102.32 Subd. 6. **Program oversight.** The commissioner shall determine the amount of a grant
102.33 to be given to an eligible facility based on the relative score of each eligible facility's
102.34 application, other relevant factors discussed during the review, and the funds available to

103.1 the commissioner. During the grant period and within one year after completion of the grant
103.2 period, the commissioner may collect from an eligible facility receiving a grant, any
103.3 information necessary to evaluate the program.

103.4 Subd. 7. **Expiration.** This section expires June 30, 2025.

103.5 Sec. 101. **STUDY OF THE DEVELOPMENT OF A STATEWIDE REGISTRY FOR**
103.6 **PROVIDER ORDERS FOR LIFE-SUSTAINING TREATMENT.**

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

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

103.10 (c) "Life-sustaining treatment" means any medical procedure, pharmaceutical drug,
103.11 medical device, or medical intervention that maintains life by sustaining, restoring, or
103.12 supplanting a vital function. Life-sustaining treatment does not include routine care necessary
103.13 to sustain patient cleanliness and comfort.

103.14 (d) "POLST" means a provider order for life-sustaining treatment, signed by a physician,
103.15 advanced practice registered nurse, or physician assistant, to ensure that the medical treatment
103.16 preferences of a patient with an advanced serious illness who is nearing the end of life are
103.17 honored.

103.18 (e) "POLST form" means a portable medical form used to communicate a physician's
103.19 order to help ensure that a patient's medical treatment preferences are conveyed to emergency
103.20 medical service personnel and other health care providers.

103.21 Subd. 2. **Study.** (a) The commissioner, in consultation with the advisory committee
103.22 established in paragraph (c), shall study the issues related to creating a statewide registry
103.23 of POLST forms to ensure that a patient's medical treatment preferences are followed by
103.24 all health care providers. The registry must allow for the submission of completed POLST
103.25 forms and for the forms to be accessed by health care providers and emergency medical
103.26 service personnel in a timely manner, for the provision of care or services.

103.27 (b) As a part of the study, the commissioner shall develop recommendations on the
103.28 following:

103.29 (1) electronic capture, storage, and security of information in the registry;

103.30 (2) procedures to protect the accuracy and confidentiality of information submitted to
103.31 the registry;

103.32 (3) limits as to who can access the registry;

104.1 (4) where the registry should be housed;

104.2 (5) ongoing funding models for the registry; and

104.3 (6) any other action needed to ensure that patients' rights are protected and that their
104.4 health care decisions are followed.

104.5 (c) The commissioner shall create an advisory committee with members representing
104.6 physicians, physician assistants, advanced practice registered nurses, nursing homes,
104.7 emergency medical service providers, hospice and palliative care providers, the disability
104.8 community, attorneys, medical ethicists, and the religious community.

104.9 Subd. 3. **Report.** The commissioner shall submit a report on the results of the study,
104.10 including recommendations on establishing a statewide registry of POLST forms, to the
104.11 chairs and ranking minority members of the legislative committees with jurisdiction over
104.12 health and human services policy and finance by February 1, 2023.

104.13 Sec. 102. **REVISOR INSTRUCTION.**

104.14 (a) The revisor of statutes shall codify Laws 2021, First Special Session chapter 7, article
104.15 3, section 44, as Minnesota Statutes, section 144.1512. The revisor of statutes may make
104.16 any necessary cross-reference changes.

104.17 (b) The revisor of statutes shall correct cross-references in Minnesota Statutes to conform
104.18 with the relettering of paragraphs in Minnesota Statutes, section 144.1501, subdivision 1.

104.19 (c) In Minnesota Statutes, section 144.7055, the revisor shall renumber paragraphs (b)
104.20 to (e) alphabetically as individual subdivisions under Minnesota Statutes, section 144.7051.
104.21 The revisor shall make any necessary changes to sentence structure for this renumbering
104.22 while preserving the meaning of the text. The revisor shall also make necessary
104.23 cross-reference changes in Minnesota Statutes and Minnesota Rules consistent with the
104.24 renumbering.

104.25 (d) The revisor of statutes shall renumber Minnesota Statutes, sections 145A.145 and
104.26 145A.17, as new sections following Minnesota Statutes, section 145.871. The revisor shall
104.27 also make necessary cross-reference changes consistent with the renumbering.

105.1 **ARTICLE 2**

105.2 **DEPARTMENT OF HEALTH POLICY**

105.3 Section 1. Minnesota Statutes 2021 Supplement, section 144.0724, subdivision 4, is
105.4 amended to read:

105.5 Subd. 4. **Resident assessment schedule.** (a) A facility must conduct and electronically
105.6 submit to the federal database MDS assessments that conform with the assessment schedule
105.7 defined by the Long Term Care Facility Resident Assessment Instrument User's Manual,
105.8 version 3.0, or its successor issued by the Centers for Medicare and Medicaid Services. The
105.9 commissioner of health may substitute successor manuals or question and answer documents
105.10 published by the United States Department of Health and Human Services, Centers for
105.11 Medicare and Medicaid Services, to replace or supplement the current version of the manual
105.12 or document.

105.13 (b) The assessments required under the Omnibus Budget Reconciliation Act of 1987
105.14 (OBRA) used to determine a case mix classification for reimbursement include ~~the following~~:

105.15 (1) a new admission comprehensive assessment, which must have an assessment reference
105.16 date (ARD) within 14 calendar days after admission, excluding readmissions;

105.17 (2) an annual comprehensive assessment, which must have an ARD within 92 days of
105.18 a previous quarterly review assessment or a previous comprehensive assessment, which
105.19 must occur at least once every 366 days;

105.20 (3) a significant change in status comprehensive assessment, which must have an ARD
105.21 within 14 days after the facility determines, or should have determined, that there has been
105.22 a significant change in the resident's physical or mental condition, whether an improvement
105.23 or a decline, and regardless of the amount of time since the last comprehensive assessment
105.24 or quarterly review assessment;

105.25 (4) a quarterly review assessment must have an ARD within 92 days of the ARD of the
105.26 previous quarterly review assessment or a previous comprehensive assessment;

105.27 (5) any significant correction to a prior comprehensive assessment, if the assessment
105.28 being corrected is the current one being used for RUG classification;

105.29 (6) any significant correction to a prior quarterly review assessment, if the assessment
105.30 being corrected is the current one being used for RUG classification;

105.31 (7) a required significant change in status assessment when:

106.1 (i) all speech, occupational, and physical therapies have ended. If the most recent OBRA
106.2 comprehensive or quarterly assessment completed does not result in a rehabilitation case
106.3 mix classification, then the significant change in status assessment is not required. The ARD
106.4 of this assessment must be set on day eight after all therapy services have ended; and

106.5 (ii) isolation for an infectious disease has ended. If isolation was not coded on the most
106.6 recent OBRA comprehensive or quarterly assessment completed, then the significant change
106.7 in status assessment is not required. The ARD of this assessment must be set on day 15 after
106.8 isolation has ended; and

106.9 (8) any modifications to the most recent assessments under clauses (1) to (7).

106.10 (c) In addition to the assessments listed in paragraph (b), the assessments used to
106.11 determine nursing facility level of care include the following:

106.12 (1) preadmission screening completed under section 256.975, subdivisions 7a to 7c, by
106.13 the Senior LinkAge Line or other organization under contract with the Minnesota Board on
106.14 Aging; and

106.15 (2) a nursing facility level of care determination as provided for under section 256B.0911,
106.16 subdivision 4e, as part of a face-to-face long-term care consultation assessment completed
106.17 under section 256B.0911, by a county, tribe, or managed care organization under contract
106.18 with the Department of Human Services.

106.19 Sec. 2. Minnesota Statutes 2020, section 144.1201, subdivision 2, is amended to read:

106.20 Subd. 2. ~~**By-product nuclear**~~ **Byproduct material.** "~~By-product nuclear~~ Byproduct
106.21 material" means ~~a radioactive material, other than special nuclear material, yielded in or~~
106.22 ~~made radioactive by exposure to radiation created incident to the process of producing or~~
106.23 ~~utilizing special nuclear material.~~:

106.24 (1) any radioactive material, except special nuclear material, yielded in or made
106.25 radioactive by exposure to the radiation incident to the process of producing or using special
106.26 nuclear material;

106.27 (2) the tailings or wastes produced by the extraction or concentration of uranium or
106.28 thorium from ore processed primarily for its source material content, including discrete
106.29 surface wastes resulting from uranium solution extraction processes. Underground ore
106.30 bodies depleted by these solution extraction operations do not constitute byproduct material
106.31 within this definition;

107.1 (3) any discrete source of radium-226 that is produced, extracted, or converted after
107.2 extraction for commercial, medical, or research activity, or any material that:

107.3 (i) has been made radioactive by use of a particle accelerator; and

107.4 (ii) is produced, extracted, or converted after extraction for commercial, medical, or
107.5 research activity; and

107.6 (4) any discrete source of naturally occurring radioactive material, other than source
107.7 nuclear material, that:

107.8 (i) the United States Nuclear Regulatory Commission, in consultation with the
107.9 Administrator of the Environmental Protection Agency, the Secretary of Energy, the Secretary
107.10 of Homeland Security, and the head of any other appropriate federal agency determines
107.11 would pose a threat similar to the threat posed by a discrete source of radium-226 to the
107.12 public health and safety or the common defense and security; and

107.13 (ii) is extracted or converted after extraction for use in a commercial, medical, or research
107.14 activity.

107.15 Sec. 3. Minnesota Statutes 2020, section 144.1201, subdivision 4, is amended to read:

107.16 Subd. 4. **Radioactive material.** "Radioactive material" means a matter that emits
107.17 radiation. Radioactive material includes special nuclear material, source nuclear material,
107.18 and ~~by-product nuclear~~ byproduct material.

107.19 Sec. 4. Minnesota Statutes 2021 Supplement, section 144.1481, subdivision 1, is amended
107.20 to read:

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

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

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

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

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

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

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

(7) a dentist licensed under chapter 150A;

(8) ~~a midlevel practitioner~~ an advanced practice provider;

(9) a registered nurse or licensed practical nurse;

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

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

(12) a member of a Tribal nation;

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

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

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

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

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

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

109.1 Sec. 5. Minnesota Statutes 2020, section 144.1503, is amended to read:

109.2 **144.1503 HOME AND COMMUNITY-BASED SERVICES EMPLOYEE**
109.3 **SCHOLARSHIP AND LOAN FORGIVENESS PROGRAM.**

109.4 Subdivision 1. **Creation.** The home and community-based services employee scholarship
109.5 and loan forgiveness grant program is established for the purpose of assisting to assist
109.6 qualified provider applicants to fund in funding employee scholarships and qualified
109.7 educational loan repayments for education, training, field experience, and examinations in
109.8 nursing and, other health care fields, and licensure as an assisted living director under section
109.9 144A.20, subdivision 4.

109.10 Subd. 1a. **Definition.** For purposes of this section, "qualified educational loan" means
109.11 a government, commercial, or foundation loan secured by an employee of a qualifying
109.12 provider for actual costs paid for tuition, training, and examinations; reasonable education,
109.13 training, and field experience expenses; and reasonable living expenses related to the
109.14 employee's graduate or undergraduate education.

109.15 Subd. 2. **Provision of grants.** The commissioner shall make grants available to qualified
109.16 providers of older adult services. Grants must be used by home and community-based service
109.17 providers to recruit and train staff through the establishment of an employee scholarship
109.18 and loan forgiveness fund.

109.19 Subd. 3. **Eligibility.** (a) Eligible providers must primarily provide services to individuals
109.20 who are 65 years of age and older in home and community-based settings, including housing
109.21 with services establishments as defined in section 144D.01, subdivision 4; assisted living
109.22 facilities as defined in section 144G.08, subdivision 7; adult day care as defined in section
109.23 245A.02, subdivision 2a; and home care services as defined in section 144A.43, subdivision
109.24 3.

109.25 (b) Qualifying providers must establish a home and community-based services employee
109.26 scholarship and loan forgiveness program, as specified in subdivision 4. Providers that
109.27 receive funding under this section must use the funds to award scholarships to, and to repay
109.28 qualified educational loans of, employees who work an average of at least 16 hours per
109.29 week for the provider.

109.30 Subd. 4. **Home and community-based services employee scholarship and loan**
109.31 **forgiveness program.** Each qualifying provider under this section must propose a home
109.32 and community-based services employee scholarship and loan forgiveness program. Providers
109.33 must establish criteria by which funds are to be distributed among employees. At a minimum,
109.34 the scholarship and loan forgiveness program must cover employee costs and repay qualified

110.1 educational loans of employees related to a course of study that is expected to lead to career
110.2 advancement with the provider or in the field of long-term care, including home care, care
110.3 of persons with disabilities, ~~or~~ nursing, or management as a licensed assisted living director.

110.4 Subd. 5. **Participating providers.** The commissioner shall publish a request for proposals
110.5 in the State Register, specifying provider eligibility requirements, criteria for a qualifying
110.6 employee scholarship and loan forgiveness program, provider selection criteria,
110.7 documentation required for program participation, maximum award amount, and methods
110.8 of evaluation. The commissioner must publish additional requests for proposals each year
110.9 in which funding is available for this purpose.

110.10 Subd. 6. **Application requirements.** Eligible providers seeking a grant shall submit an
110.11 application to the commissioner. Applications must contain a complete description of the
110.12 employee scholarship and loan forgiveness program being proposed by the applicant,
110.13 including the need for the organization to enhance the education of its workforce, the process
110.14 for determining which employees will be eligible for scholarships or loan repayment, any
110.15 other sources of funding for scholarships or loan repayment, the expected degrees or
110.16 credentials eligible for scholarships or loan repayment, the amount of funding sought for
110.17 the scholarship and loan forgiveness program, a proposed budget detailing how funds will
110.18 be spent, and plans for retaining eligible employees after completion of their scholarship
110.19 or repayment of their loan.

110.20 Subd. 7. **Selection process.** The commissioner shall determine a maximum award for
110.21 grants and make grant selections based on the information provided in the grant application,
110.22 including the demonstrated need for an applicant provider to enhance the education of its
110.23 workforce, the proposed employee scholarship and loan forgiveness selection process, the
110.24 applicant's proposed budget, and other criteria as determined by the commissioner.
110.25 Notwithstanding any law or rule to the contrary, funds awarded to grantees in a grant
110.26 agreement do not lapse until the grant agreement expires.

110.27 Subd. 8. **Reporting requirements.** Participating providers shall submit an invoice for
110.28 reimbursement and a report to the commissioner on a schedule determined by the
110.29 commissioner and on a form supplied by the commissioner. The report shall include the
110.30 amount spent on scholarships and loan repayment; the number of employees who received
110.31 scholarships and the number of employees for whom loans were repaid; and, for each
110.32 scholarship or loan forgiveness recipient, the name of the recipient, the current position of
110.33 the recipient, the amount awarded or loan amount repaid, the educational institution attended,
110.34 the nature of the educational program, and the expected or actual program completion date.

111.1 During the grant period, the commissioner may require and collect from grant recipients
111.2 other information necessary to evaluate the program.

111.3 Sec. 6. Minnesota Statutes 2020, section 144.1911, subdivision 4, is amended to read:

111.4 Subd. 4. **Career guidance and support services.** ~~(a)~~ The commissioner shall award
111.5 grants to eligible nonprofit organizations and eligible postsecondary educational institutions,
111.6 including the University of Minnesota, to provide career guidance and support services to
111.7 immigrant international medical graduates seeking to enter the Minnesota health workforce.
111.8 Eligible grant activities include the following:

111.9 (1) educational and career navigation, including information on training and licensing
111.10 requirements for physician and nonphysician health care professions, and guidance in
111.11 determining which pathway is best suited for an individual international medical graduate
111.12 based on the graduate's skills, experience, resources, and interests;

111.13 (2) support in becoming proficient in medical English;

111.14 (3) support in becoming proficient in the use of information technology, including
111.15 computer skills and use of electronic health record technology;

111.16 (4) support for increasing knowledge of and familiarity with the United States health
111.17 care system;

111.18 (5) support for other foundational skills identified by the commissioner;

111.19 (6) support for immigrant international medical graduates in becoming certified by the
111.20 Educational Commission on Foreign Medical Graduates, including help with preparation
111.21 for required licensing examinations and financial assistance for fees; and

111.22 (7) assistance to international medical graduates in registering with the program's
111.23 Minnesota international medical graduate roster.

111.24 ~~(b) The commissioner shall award the initial grants under this subdivision by December~~
111.25 ~~31, 2015.~~

111.26 Sec. 7. Minnesota Statutes 2020, section 144.292, subdivision 6, is amended to read:

111.27 Subd. 6. **Cost.** (a) When a patient requests a copy of the patient's record for purposes of
111.28 reviewing current medical care, the provider must not charge a fee.

111.29 (b) When a provider or its representative makes copies of patient records upon a patient's
111.30 request under this section, the provider or its representative may charge the patient or the
111.31 patient's representative no more than 75 cents per page, plus $10 for time spent retrieving

112.1 and copying the records, unless other law or a rule or contract provide for a lower maximum
112.2 charge. This limitation does not apply to x-rays. The provider may charge a patient no more
112.3 than the actual cost of reproducing x-rays, plus no more than $10 for the time spent retrieving
112.4 and copying the x-rays.

112.5 (c) The respective maximum charges of 75 cents per page and $10 for time provided in
112.6 this subdivision are in effect for calendar year 1992 and may be adjusted annually each
112.7 calendar year as provided in this subdivision. The permissible maximum charges shall
112.8 change each year by an amount that reflects the change, as compared to the previous year,
112.9 in the Consumer Price Index for all Urban Consumers, Minneapolis-St. Paul (CPI-U),
112.10 published by the Department of Labor.

112.11 (d) A provider or its representative may charge the $10 retrieval fee, but must not charge
112.12 a per page fee to provide copies of records requested by a patient or the patient's authorized
112.13 representative if the request for copies of records is for purposes of appealing a denial of
112.14 Social Security disability income or Social Security disability benefits under title II or title
112.15 XVI of the Social Security Act; except that no fee shall be charged to a ~~person~~ patient who
112.16 is receiving public assistance, or to a patient who is represented by an attorney on behalf
112.17 of a civil legal services program or a volunteer attorney program based on indigency. For
112.18 the purpose of further appeals, a patient may receive no more than two medical record
112.19 updates without charge, but only for medical record information previously not provided.
112.20 For purposes of this paragraph, a patient's authorized representative does not include units
112.21 of state government engaged in the adjudication of Social Security disability claims.

112.22 Sec. 8. Minnesota Statutes 2020, section 144.497, is amended to read:

112.23 **144.497 ST ELEVATION MYOCARDIAL INFARCTION.**

112.24 The commissioner of health shall assess ~~and report on~~ the quality of care provided in
112.25 the state for ST elevation myocardial infarction response and treatment. The commissioner
112.26 shall:

112.27 (1) utilize and analyze data provided by ST elevation myocardial infarction receiving
112.28 centers to the ACTION Registry-Get with the guidelines or an equivalent data platform that
112.29 does not identify individuals or associate specific ST elevation myocardial infarction heart
112.30 attack events with an identifiable individual; and

112.31 ~~(2) quarterly post a summary report of the data in aggregate form on the Department of~~
112.32 ~~Health website;~~

113.1 ~~(3) annually inform the legislative committees with jurisdiction over public health of~~
113.2 ~~progress toward improving the quality of care and patient outcomes for ST elevation~~
113.3 ~~myocardial infarctions; and~~

113.4 ~~(4)~~ (2) coordinate to the extent possible with national voluntary health organizations
113.5 involved in ST elevation myocardial infarction heart attack quality improvement to encourage
113.6 ST elevation myocardial infarction receiving centers to report data consistent with nationally
113.7 recognized guidelines on the treatment of individuals with confirmed ST elevation myocardial
113.8 infarction heart attacks within the state and encourage sharing of information among health
113.9 care providers on ways to improve the quality of care of ST elevation myocardial infarction
113.10 patients in Minnesota.

113.11 Sec. 9. Minnesota Statutes 2021 Supplement, section 144.551, subdivision 1, is amended
113.12 to read:

113.13 Subdivision 1. **Restricted construction or modification.** (a) The following construction
113.14 or modification may not be commenced:

113.15 (1) any erection, building, alteration, reconstruction, modernization, improvement,
113.16 extension, lease, or other acquisition by or on behalf of a hospital that increases the bed
113.17 capacity of a hospital, relocates hospital beds from one physical facility, complex, or site
113.18 to another, or otherwise results in an increase or redistribution of hospital beds within the
113.19 state; and

113.20 (2) the establishment of a new hospital.

113.21 (b) This section does not apply to:

113.22 (1) construction or relocation within a county by a hospital, clinic, or other health care
113.23 facility that is a national referral center engaged in substantial programs of patient care,
113.24 medical research, and medical education meeting state and national needs that receives more
113.25 than 40 percent of its patients from outside the state of Minnesota;

113.26 (2) a project for construction or modification for which a health care facility held an
113.27 approved certificate of need on May 1, 1984, regardless of the date of expiration of the
113.28 certificate;

113.29 (3) a project for which a certificate of need was denied before July 1, 1990, if a timely
113.30 appeal results in an order reversing the denial;

113.31 (4) a project exempted from certificate of need requirements by Laws 1981, chapter 200,
113.32 section 2;

114.1 (5) a project involving consolidation of pediatric specialty hospital services within the
114.2 Minneapolis-St. Paul metropolitan area that would not result in a net increase in the number
114.3 of pediatric specialty hospital beds among the hospitals being consolidated;

114.4 (6) a project involving the temporary relocation of pediatric-orthopedic hospital beds to
114.5 an existing licensed hospital that will allow for the reconstruction of a new philanthropic,
114.6 pediatric-orthopedic hospital on an existing site and that will not result in a net increase in
114.7 the number of hospital beds. Upon completion of the reconstruction, the licenses of both
114.8 hospitals must be reinstated at the capacity that existed on each site before the relocation;

114.9 (7) the relocation or redistribution of hospital beds within a hospital building or
114.10 identifiable complex of buildings provided the relocation or redistribution does not result
114.11 in: (i) an increase in the overall bed capacity at that site; (ii) relocation of hospital beds from
114.12 one physical site or complex to another; or (iii) redistribution of hospital beds within the
114.13 state or a region of the state;

114.14 (8) relocation or redistribution of hospital beds within a hospital corporate system that
114.15 involves the transfer of beds from a closed facility site or complex to an existing site or
114.16 complex provided that: (i) no more than 50 percent of the capacity of the closed facility is
114.17 transferred; (ii) the capacity of the site or complex to which the beds are transferred does
114.18 not increase by more than 50 percent; (iii) the beds are not transferred outside of a federal
114.19 health systems agency boundary in place on July 1, 1983; (iv) the relocation or redistribution
114.20 does not involve the construction of a new hospital building; and (v) the transferred beds
114.21 are used first to replace within the hospital corporate system the total number of beds
114.22 previously used in the closed facility site or complex for mental health services and substance
114.23 use disorder services. Only after the hospital corporate system has fulfilled the requirements
114.24 of this item may the remainder of the available capacity of the closed facility site or complex
114.25 be transferred for any other purpose;

114.26 (9) a construction project involving up to 35 new beds in a psychiatric hospital in Rice
114.27 County that primarily serves adolescents and that receives more than 70 percent of its
114.28 patients from outside the state of Minnesota;

114.29 (10) a project to replace a hospital or hospitals with a combined licensed capacity of
114.30 130 beds or less if: (i) the new hospital site is located within five miles of the current site;
114.31 and (ii) the total licensed capacity of the replacement hospital, either at the time of
114.32 construction of the initial building or as the result of future expansion, will not exceed 70
114.33 licensed hospital beds, or the combined licensed capacity of the hospitals, whichever is less;

115.1 (11) the relocation of licensed hospital beds from an existing state facility operated by
115.2 the commissioner of human services to a new or existing facility, building, or complex
115.3 operated by the commissioner of human services; from one regional treatment center site
115.4 to another; or from one building or site to a new or existing building or site on the same
115.5 campus;

115.6 (12) the construction or relocation of hospital beds operated by a hospital having a
115.7 statutory obligation to provide hospital and medical services for the indigent that does not
115.8 result in a net increase in the number of hospital beds, notwithstanding section 144.552, 27
115.9 beds, of which 12 serve mental health needs, may be transferred from Hennepin County
115.10 Medical Center to Regions Hospital under this clause;

115.11 (13) a construction project involving the addition of up to 31 new beds in an existing
115.12 nonfederal hospital in Beltrami County;

115.13 (14) a construction project involving the addition of up to eight new beds in an existing
115.14 nonfederal hospital in Otter Tail County with 100 licensed acute care beds;

115.15 (15) a construction project involving the addition of 20 new hospital beds in an existing
115.16 hospital in Carver County serving the southwest suburban metropolitan area;

115.17 (16) a project for the construction or relocation of up to 20 hospital beds for the operation
115.18 of up to two psychiatric facilities or units for children provided that the operation of the
115.19 facilities or units have received the approval of the commissioner of human services;

115.20 (17) a project involving the addition of 14 new hospital beds to be used for rehabilitation
115.21 services in an existing hospital in Itasca County;

115.22 (18) a project to add 20 licensed beds in existing space at a hospital in Hennepin County
115.23 that closed 20 rehabilitation beds in 2002, provided that the beds are used only for
115.24 rehabilitation in the hospital's current rehabilitation building. If the beds are used for another
115.25 purpose or moved to another location, the hospital's licensed capacity is reduced by 20 beds;

115.26 (19) a critical access hospital established under section 144.1483, clause (9), and section
115.27 1820 of the federal Social Security Act, United States Code, title 42, section 1395i-4, that
115.28 delicensed beds since enactment of the Balanced Budget Act of 1997, Public Law 105-33,
115.29 to the extent that the critical access hospital does not seek to exceed the maximum number
115.30 of beds permitted such hospital under federal law;

115.31 (20) notwithstanding section 144.552, a project for the construction of a new hospital
115.32 in the city of Maple Grove with a licensed capacity of up to 300 beds provided that:

116.1 (i) the project, including each hospital or health system that will own or control the entity
116.2 that will hold the new hospital license, is approved by a resolution of the Maple Grove City
116.3 Council as of March 1, 2006;

116.4 (ii) the entity that will hold the new hospital license will be owned or controlled by one
116.5 or more not-for-profit hospitals or health systems that have previously submitted a plan or
116.6 plans for a project in Maple Grove as required under section 144.552, and the plan or plans
116.7 have been found to be in the public interest by the commissioner of health as of April 1,
116.8 2005;

116.9 (iii) the new hospital's initial inpatient services must include, but are not limited to,
116.10 medical and surgical services, obstetrical and gynecological services, intensive care services,
116.11 orthopedic services, pediatric services, noninvasive cardiac diagnostics, behavioral health
116.12 services, and emergency room services;

116.13 (iv) the new hospital:

116.14 (A) will have the ability to provide and staff sufficient new beds to meet the growing
116.15 needs of the Maple Grove service area and the surrounding communities currently being
116.16 served by the hospital or health system that will own or control the entity that will hold the
116.17 new hospital license;

116.18 (B) will provide uncompensated care;

116.19 (C) will provide mental health services, including inpatient beds;

116.20 (D) will be a site for workforce development for a broad spectrum of health-care-related
116.21 occupations and have a commitment to providing clinical training programs for physicians
116.22 and other health care providers;

116.23 (E) will demonstrate a commitment to quality care and patient safety;

116.24 (F) will have an electronic medical records system, including physician order entry;

116.25 (G) will provide a broad range of senior services;

116.26 (H) will provide emergency medical services that will coordinate care with regional
116.27 providers of trauma services and licensed emergency ambulance services in order to enhance
116.28 the continuity of care for emergency medical patients; and

116.29 (I) will be completed by December 31, 2009, unless delayed by circumstances beyond
116.30 the control of the entity holding the new hospital license; and

117.1 (v) as of 30 days following submission of a written plan, the commissioner of health
117.2 has not determined that the hospitals or health systems that will own or control the entity
117.3 that will hold the new hospital license are unable to meet the criteria of this clause;

117.4 (21) a project approved under section 144.553;

117.5 (22) a project for the construction of a hospital with up to 25 beds in Cass County within
117.6 a 20-mile radius of the state Ah-Gwah-Ching facility, provided the hospital's license holder
117.7 is approved by the Cass County Board;

117.8 (23) a project for an acute care hospital in Fergus Falls that will increase the bed capacity
117.9 from 108 to 110 beds by increasing the rehabilitation bed capacity from 14 to 16 and closing
117.10 a separately licensed 13-bed skilled nursing facility;

117.11 (24) notwithstanding section 144.552, a project for the construction and expansion of a
117.12 specialty psychiatric hospital in Hennepin County for up to 50 beds, exclusively for patients
117.13 who are under 21 years of age on the date of admission. The commissioner conducted a
117.14 public interest review of the mental health needs of Minnesota and the Twin Cities
117.15 metropolitan area in 2008. No further public interest review shall be conducted for the
117.16 construction or expansion project under this clause;

117.17 (25) a project for a 16-bed psychiatric hospital in the city of Thief River Falls, if the
117.18 commissioner finds the project is in the public interest after the public interest review
117.19 conducted under section 144.552 is complete;

117.20 (26)(i) a project for a 20-bed psychiatric hospital, within an existing facility in the city
117.21 of Maple Grove, exclusively for patients who are under 21 years of age on the date of
117.22 admission, if the commissioner finds the project is in the public interest after the public
117.23 interest review conducted under section 144.552 is complete;

117.24 (ii) this project shall serve patients in the continuing care benefit program under section
117.25 256.9693. The project may also serve patients not in the continuing care benefit program;
117.26 and

117.27 (iii) if the project ceases to participate in the continuing care benefit program, the
117.28 commissioner must complete a subsequent public interest review under section 144.552. If
117.29 the project is found not to be in the public interest, the license must be terminated six months
117.30 from the date of that finding. If the commissioner of human services terminates the contract
117.31 without cause or reduces per diem payment rates for patients under the continuing care
117.32 benefit program below the rates in effect for services provided on December 31, 2015, the

118.1 project may cease to participate in the continuing care benefit program and continue to
118.2 operate without a subsequent public interest review;

118.3 (27) a project involving the addition of 21 new beds in an existing psychiatric hospital
118.4 in Hennepin County that is exclusively for patients who are under 21 years of age on the
118.5 date of admission;

118.6 (28) a project to add 55 licensed beds in an existing safety net, level I trauma center
118.7 hospital in Ramsey County as designated under section 383A.91, subdivision 5, of which
118.8 15 beds are to be used for inpatient mental health and 40 are to be used for other services.
118.9 In addition, five unlicensed observation mental health beds shall be added;

118.10 (29) upon submission of a plan to the commissioner for public interest review under
118.11 section 144.552 and the addition of the 15 inpatient mental health beds specified in clause
118.12 (28), to its bed capacity, a project to add 45 licensed beds in an existing safety net, level I
118.13 trauma center hospital in Ramsey County as designated under section 383A.91, subdivision
118.14 5. Five of the 45 additional beds authorized under this clause must be designated for use
118.15 for inpatient mental health and must be added to the hospital's bed capacity before the
118.16 remaining 40 beds are added. Notwithstanding section 144.552, the hospital may add licensed
118.17 beds under this clause prior to completion of the public interest review, provided the hospital
118.18 submits its plan by the 2021 deadline and adheres to the timelines for the public interest
118.19 review described in section 144.552; ~~or~~

118.20 (30) upon submission of a plan to the commissioner for public interest review under
118.21 section 144.552, a project to add up to 30 licensed beds in an existing psychiatric hospital
118.22 in Hennepin County that exclusively provides care to patients who are under 21 years of
118.23 age on the date of admission. Notwithstanding section 144.552, the psychiatric hospital
118.24 may add licensed beds under this clause prior to completion of the public interest review,
118.25 provided the hospital submits its plan by the 2021 deadline and adheres to the timelines for
118.26 the public interest review described in section 144.552~~.~~;

118.27 (31) a project to add licensed beds in a hospital in Cook County that: (i) is designated
118.28 as a critical access hospital under section 144.1483, clause (9), and United States Code, title
118.29 42, section 1395i-4; (ii) has a licensed bed capacity of fewer than 25 beds; and (iii) has an
118.30 attached nursing home, so long as the total number of licensed beds in the hospital after the
118.31 bed addition does not exceed 25 beds; or

118.32 (32) upon submission of a plan to the commissioner for public interest review under
118.33 section 144.552, a project to add 22 licensed beds at a Minnesota freestanding children's
118.34 hospital in St. Paul that is part of an independent pediatric health system with freestanding

119.1 inpatient hospitals located in Minneapolis and St. Paul. The beds shall be utilized for pediatric
119.2 inpatient behavioral health services. Notwithstanding section 144.552, the hospital may add
119.3 licensed beds under this clause prior to completion of the public interest review, provided
119.4 the hospital submits its plan by the 2022 deadline and adheres to the timelines for the public
119.5 interest review described in section 144.552.

119.6 Sec. 10. Minnesota Statutes 2020, section 144.565, subdivision 4, is amended to read:

119.7 Subd. 4. **Definitions.** (a) For purposes of this section, the following terms have the
119.8 meanings given:.

119.9 (b) "Diagnostic imaging facility" means a health care facility that is not a hospital or
119.10 location licensed as a hospital which offers diagnostic imaging services in Minnesota,
119.11 regardless of whether the equipment used to provide the service is owned or leased. For the
119.12 purposes of this section, diagnostic imaging facility includes, but is not limited to, facilities
119.13 such as a physician's office, clinic, mobile transport vehicle, outpatient imaging center, or
119.14 surgical center. A dental clinic or office is not considered a diagnostic imaging facility for
119.15 the purpose of this section when the clinic or office performs diagnostic imaging through
119.16 dental cone beam computerized tomography.

119.17 (c) "Diagnostic imaging service" means the use of ionizing radiation or other imaging
119.18 technique on a human patient including, but not limited to, magnetic resonance imaging
119.19 (MRI) or computerized tomography (CT) other than dental cone beam computerized
119.20 tomography, positron emission tomography (PET), or single photon emission computerized
119.21 tomography (SPECT) scans using fixed, portable, or mobile equipment.

119.22 (d) "Financial or economic interest" means a direct or indirect:

119.23 (1) equity or debt security issued by an entity, including, but not limited to, shares of
119.24 stock in a corporation, membership in a limited liability company, beneficial interest in a
119.25 trust, units or other interests in a partnership, bonds, debentures, notes or other equity
119.26 interests or debt instruments, or any contractual arrangements;

119.27 (2) membership, proprietary interest, or co-ownership with an individual, group, or
119.28 organization to which patients, clients, or customers are referred to; or

119.29 (3) employer-employee or independent contractor relationship, including, but not limited
119.30 to, those that may occur in a limited partnership, profit-sharing arrangement, or other similar
119.31 arrangement with any facility to which patients are referred, including any compensation
119.32 between a facility and a health care provider, the group practice of which the provider is a
119.33 member or employee or a related party with respect to any of them.

120.1 (e) "Fixed equipment" means a stationary diagnostic imaging machine installed in a
120.2 permanent location.

120.3 (f) "Mobile equipment" means a diagnostic imaging machine in a self-contained transport
120.4 vehicle designed to be brought to a temporary offsite location to perform diagnostic imaging
120.5 services.

120.6 (g) "Portable equipment" means a diagnostic imaging machine designed to be temporarily
120.7 transported within a permanent location to perform diagnostic imaging services.

120.8 (h) "Provider of diagnostic imaging services" means a diagnostic imaging facility or an
120.9 entity that offers and bills for diagnostic imaging services at a facility owned or leased by
120.10 the entity.

120.11 Sec. 11. Minnesota Statutes 2020, section 144.586, is amended by adding a subdivision
120.12 to read:

120.13 Subd. 4. **Screening for eligibility for health coverage or assistance.** (a) A hospital
120.14 must screen a patient who is uninsured or whose insurance coverage status is not known by
120.15 the hospital, for eligibility for charity care from the hospital, eligibility for state or federal
120.16 public health care programs using presumptive eligibility or another similar process, and
120.17 eligibility for a premium tax credit. The hospital must attempt to complete this screening
120.18 process in person or by telephone within 30 days after the patient's admission to the hospital.

120.19 (b) If the patient is eligible for charity care from the hospital, the hospital must assist
120.20 the patient in applying for charity care and must refer the patient to the appropriate
120.21 department in the hospital for follow-up.

120.22 (c) If the patient is presumptively eligible for a public health care program, the hospital
120.23 must assist the patient in completing an insurance affordability program application, help
120.24 schedule an appointment for the patient with a navigator organization, or provide the patient
120.25 with contact information for navigator services. If the patient is eligible for a premium tax
120.26 credit, the hospital may schedule an appointment for the patient with a navigator organization
120.27 or provide the patient with contact information for navigator services.

120.28 (d) A patient may decline to participate in the screening process, to apply for charity
120.29 care, to complete an insurance affordability program application, to schedule an appointment
120.30 with a navigator organization, or to accept information about navigator services.

120.31 (e) For purposes of this subdivision:

121.1 (1) "hospital" means a private, nonprofit, or municipal hospital licensed under sections
121.2 144.50 to 144.56;

121.3 (2) "navigator" has the meaning given in section 62V.02, subdivision 9;

121.4 (3) "premium tax credit" means a tax credit or premium subsidy under the federal Patient
121.5 Protection and Affordable Care Act, Public Law 111-148, as amended, including the federal
121.6 Health Care and Education Reconciliation Act of 2010, Public Law 111-152, and any
121.7 amendments to and federal guidance and regulations issued under these acts; and

121.8 (4) "presumptive eligibility" has the meaning given in section 256B.057, subdivision
121.9 12.

121.10 **EFFECTIVE DATE.** This section is effective November 1, 2022.

121.11 Sec. 12. Minnesota Statutes 2020, section 144.6502, subdivision 1, is amended to read:

121.12 Subdivision 1. **Definitions.** (a) For the purposes of this section, the terms defined in this
121.13 subdivision have the meanings given.

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

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

121.16 (d) "Electronic monitoring" means the placement and use of an electronic monitoring
121.17 device ~~by a resident~~ in the resident's room or private living unit in accordance with this
121.18 section.

121.19 (e) "Electronic monitoring device" means a camera or other device that captures, records,
121.20 or broadcasts audio, video, or both, that is placed in a resident's room or private living unit
121.21 and is used to monitor the resident or activities in the room or private living unit.

121.22 (f) "Facility" means a facility that is:

121.23 (1) licensed as a nursing home under chapter 144A;

121.24 (2) licensed as a boarding care home under sections 144.50 to 144.56;

121.25 (3) until August 1, 2021, a housing with services establishment registered under chapter
121.26 144D that is either subject to chapter 144G or has a disclosed special unit under section
121.27 325F.72; or

121.28 (4) on or after August 1, 2021, an assisted living facility.

121.29 (g) "Resident" means a person 18 years of age or older residing in a facility.

122.1 (h) "Resident representative" means one of the following in the order of priority listed,
122.2 to the extent the person may reasonably be identified and located:

122.3 (1) a court-appointed guardian;

122.4 (2) a health care agent as defined in section 145C.01, subdivision 2; or

122.5 (3) a person who is not an agent of a facility or of a home care provider designated in
122.6 writing by the resident and maintained in the resident's records on file with the facility.

122.7 Sec. 13. Minnesota Statutes 2020, section 144.651, is amended by adding a subdivision
122.8 to read:

122.9 Subd. 10a. **Designated support person for pregnant patient.** (a) A health care provider
122.10 and a health care facility must allow, at a minimum, one designated support person of a
122.11 pregnant patient's choosing to be physically present while the patient is receiving health
122.12 care services including during a hospital stay.

122.13 (b) For purposes of this subdivision, "designated support person" means any person
122.14 necessary to provide comfort to the patient including but not limited to the patient's spouse,
122.15 partner, family member, or another person related by affinity. Certified doulas and traditional
122.16 midwives may not be counted toward the limit of one designated support person.

122.17 Sec. 14. Minnesota Statutes 2020, section 144.69, is amended to read:

122.18 **144.69 CLASSIFICATION OF DATA ON INDIVIDUALS.**

122.19 Subdivision 1. **Data collected by the cancer reporting system.** Notwithstanding any
122.20 law to the contrary, including section 13.05, subdivision 9, data collected on individuals by
122.21 the cancer ~~surveillance~~ reporting system, including the names and personal identifiers of
122.22 persons required in section 144.68 to report, shall be private and may only be used for the
122.23 purposes set forth in this section and sections 144.671, 144.672, and 144.68. Any disclosure
122.24 other than is provided for in this section and sections 144.671, 144.672, and 144.68, is
122.25 declared to be a misdemeanor and punishable as such. Except as provided by rule, and as
122.26 part of an epidemiologic investigation, an officer or employee of the commissioner of health
122.27 may interview patients named in any such report, or relatives of any such patient, only after
122.28 ~~the consent of~~ notifying the attending physician, advanced practice registered nurse, or
122.29 surgeon ~~is obtained~~.

122.30 Subd. 2. **Transfers of information to non-Minnesota state and federal government**
122.31 **agencies.** (a) Information containing personal identifiers collected by the cancer reporting
122.32 system may be provided to the statewide cancer registry of other states solely for the purposes

123.1 consistent with this section and sections 144.671, 144.672, and 144.68, provided that the
123.2 other state agrees to maintain the classification of the information as provided under
123.3 subdivision 1.

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

123.9 Sec. 15. Minnesota Statutes 2021 Supplement, section 144.9501, subdivision 17, is amended
123.10 to read:

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

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

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

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

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

123.22 Sec. 16. Minnesota Statutes 2020, section 144.9501, subdivision 26a, is amended to read:

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

123.24 (1) abatement;

123.25 (2) interim controls;

123.26 (3) a clearance inspection;

123.27 (4) a lead hazard screen;

123.28 (5) a lead inspection;

123.29 (6) a lead risk assessment;

123.30 (7) lead project designer services;

(8) lead sampling technician services;

(9) swab team services;

(10) renovation activities; ~~or~~

(11) lead hazard reduction; or

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

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

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

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

Sec. 17. Minnesota Statutes 2020, section 144.9501, subdivision 26b, is amended to read:

Subd. 26b. **Renovation.** (a) "Renovation" means the modification of any pre-1978 affected property for compensation that results in the disturbance of known or presumed lead-containing painted surfaces defined under section 144.9508, unless that activity is performed as lead hazard reduction. A renovation performed for the purpose of converting a building or part of a building into an affected property is a renovation under this subdivision.

(b) Renovation does not include activities that disturb painted surfaces that total:

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

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

Sec. 18. Minnesota Statutes 2020, section 144.9505, subdivision 1, is amended to read:

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

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

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

125.4 (d) An individual who is the owner of property on which ~~regulated lead work~~ lead hazard
125.5 reduction is to be performed or an adult individual who is related to the property owner, as
125.6 defined under section 245A.02, subdivision 13, is exempt from the requirements to obtain
125.7 a license and pay a fee according to this section.

125.8 (e) A person that employs individuals to perform ~~regulated lead work~~ lead hazard
125.9 reduction, clearance inspections, lead risk assessments, lead inspections, lead hazard screens,
125.10 lead project designer services, lead sampling technician services, and swab team services
125.11 outside of the person's property must obtain certification as a certified lead firm. An
125.12 individual who performs lead hazard reduction, lead hazard screens, lead inspections, lead
125.13 risk assessments, clearance inspections, lead project designer services, lead sampling
125.14 technician services, swab team services, and activities performed to comply with lead orders
125.15 must be employed by a certified lead firm, unless the individual is a sole proprietor and
125.16 does not employ any other individuals~~,~~; the individual is employed by a person that does
125.17 not perform ~~regulated lead work~~ lead hazard reduction, clearance inspections, lead risk
125.18 assessments, lead inspections, lead hazard screens, lead project designer services, lead
125.19 sampling technician services, and swab team services outside of the person's property~~,~~; or
125.20 the individual is employed by an assessing agency.

125.21 Sec. 19. Minnesota Statutes 2020, section 144.9505, subdivision 1h, is amended to read:

125.22 Subd. 1h. **Certified renovation firm.** A person who ~~employs individuals to perform~~
125.23 performs renovation activities ~~outside of the person's property~~ must obtain certification as
125.24 a renovation firm. The certificate must be in writing, contain an expiration date, be signed
125.25 by the commissioner, and give the name and address of the person to whom it is issued. A
125.26 renovation firm certificate is valid for two years. The certification fee is $100, is
125.27 nonrefundable, and must be submitted with each application. The renovation firm certificate
125.28 or a copy of the certificate must be readily available at the worksite for review by the
125.29 contracting entity, the commissioner, and other public health officials charged with the
125.30 health, safety, and welfare of the state's citizens.

Sec. 20. Minnesota Statutes 2020, section 144A.01, is amended to read:

144A.01 DEFINITIONS.

Subdivision 1. **Scope.** For the purposes of sections 144A.01 to 144A.27, the terms defined in this section have the meanings given them.

Subd. 2. **Commissioner of health.** "Commissioner of health" means the state commissioner of health established by section 144.011.

Subd. 3. **Board of Executives for Long Term Services and Supports.** "Board of Executives for Long Term Services and Supports" means the Board of Executives for Long Term Services and Supports established by section 144A.19.

Subd. 3a. **Certified.** "Certified" means certified for participation as a provider in the Medicare or Medicaid programs under title XVIII or XIX of the Social Security Act.

Subd. 4. **Controlling person.** (a) "Controlling person" means ~~any public body, governmental agency, business entity,~~ an owner and the following individuals and entities, if applicable:

(1) each officer of the organization, including the chief executive officer and the chief financial officer;

(2) the nursing home administrator~~,~~; or ~~director whose responsibilities include the direction of the management or policies of a nursing home~~

(3) any managerial official.

(b) "Controlling person" also means any entity or natural person who~~, directly or indirectly, beneficially owns any~~ has any direct or indirect ownership interest in:

(1) any corporation, partnership or other business association which is a controlling person;

(2) the land on which a nursing home is located;

(3) the structure in which a nursing home is located;

(4) any entity with at least a five percent mortgage, contract for deed, deed of trust, or other ~~obligation secured in whole or part by~~ security interest in the land or structure comprising a nursing home; or

(5) any lease or sublease of the land, structure, or facilities comprising a nursing home.

~~(b)~~ (c) "Controlling person" does not include:

127.1 (1) a bank, savings bank, trust company, savings association, credit union, industrial
127.2 loan and thrift company, investment banking firm, or insurance company unless the entity
127.3 directly or through a subsidiary operates a nursing home;

127.4 (2) government and government-sponsored entities such as the United States Department
127.5 of Housing and Urban Development, Ginnie Mae, Fannie Mae, Freddie Mac, and the
127.6 Minnesota Housing Finance Agency which provide loans, financing, and insurance products
127.7 for housing sites;

127.8 ~~(2)~~ (3) an individual who is a state or federal official ~~or~~, a state or federal employee, or
127.9 a member or employee of the governing body of a political subdivision of the state ~~which~~
127.10 or federal government that operates one or more nursing homes, unless the individual is
127.11 also an officer ~~or director of a~~, owner, or managerial official of the nursing home, receives
127.12 any remuneration from a nursing home, or ~~owns any of the beneficial interests~~ who is a
127.13 controlling person not otherwise excluded in this subdivision;

127.14 ~~(3)~~ (4) a natural person who is a member of a tax-exempt organization under section
127.15 290.05, subdivision 2, unless the individual is also ~~an officer or director of a nursing home,~~
127.16 ~~or owns any of the beneficial interests~~ a controlling person not otherwise excluded in this
127.17 subdivision; and

127.18 ~~(4)~~ (5) a natural person who owns less than five percent of the outstanding common
127.19 shares of a corporation:

127.20 (i) whose securities are exempt by virtue of section 80A.45, clause (6); or

127.21 (ii) whose transactions are exempt by virtue of section 80A.46, clause (7).

127.22 Subd. 4a. **Emergency.** "Emergency" means a situation or physical condition that creates
127.23 or probably will create an immediate and serious threat to a resident's health or safety.

127.24 Subd. 5. **Nursing home.** "Nursing home" means a facility or that part of a facility which
127.25 provides nursing care to five or more persons. "Nursing home" does not include a facility
127.26 or that part of a facility which is a hospital, a hospital with approved swing beds as defined
127.27 in section 144.562, clinic, doctor's office, diagnostic or treatment center, or a residential
127.28 program licensed pursuant to sections 245A.01 to 245A.16 or 252.28.

127.29 Subd. 6. **Nursing care.** "Nursing care" means health evaluation and treatment of patients
127.30 and residents who are not in need of an acute care facility but who require nursing supervision
127.31 on an inpatient basis. The commissioner of health may by rule establish levels of nursing
127.32 care.

Subd. 7. **Uncorrected violation.** "Uncorrected violation" means a violation of a statute or rule or any other deficiency for which a notice of noncompliance has been issued and fine assessed and allowed to be recovered pursuant to section 144A.10, subdivision 8.

Subd. 8. **Managerial ~~employee~~ official.** "Managerial ~~employee~~ official" means an ~~employee of a~~ individual who has the decision-making authority related to the operation of the nursing home ~~whose duties include~~ and the responsibility for either: (1) the ongoing management of the nursing home; or (2) the direction of ~~some or all of the management or~~ policies, services, or employees of the nursing home.

Subd. 9. **Nursing home administrator.** "Nursing home administrator" means a person who administers, manages, supervises, or is in general administrative charge of a nursing home, whether or not the individual has an ownership interest in the home, and whether or not the person's functions and duties are shared with one or more individuals, and who is licensed pursuant to section 144A.21.

Subd. 10. **Repeated violation.** "Repeated violation" means the issuance of two or more correction orders, within a 12-month period, for a violation of the same provision of a statute or rule.

Subd. 11. **Change of ownership.** "Change of ownership" means a change in the licensee.

Subd. 12. **Direct ownership interest.** "Direct ownership interest" means an individual or legal entity with the possession of at least five percent equity in capital, stock, or profits of the licensee or who is a member of a limited liability company of the licensee.

Subd. 13. **Indirect ownership interest.** "Indirect ownership interest" means an individual or legal entity with a direct ownership interest in an entity that has a direct or indirect ownership interest of at least five percent in an entity that is a licensee.

Subd. 14. **Licensee.** "Licensee" means a person or legal entity to whom the commissioner issues a license for a nursing home and who is responsible for the management, control, and operation of the nursing home.

Subd. 15. **Management agreement.** "Management agreement" means a written, executed agreement between a licensee and manager regarding the provision of certain services on behalf of the licensee.

Subd. 16. **Manager.** "Manager" means an individual or legal entity designated by the licensee through a management agreement to act on behalf of the licensee in the on-site management of the nursing home.

129.1 Subd. 17. **Owner.** "Owner" means: (1) an individual or legal entity that has a direct or
129.2 indirect ownership interest of five percent or more in a licensee; and (2) for purposes of this
129.3 chapter, owner of a nonprofit corporation means the president and treasurer of the board of
129.4 directors; and (3) for an entity owned by an employee stock ownership plan, owner means
129.5 the president and treasurer of the entity. A government entity that is issued a license under
129.6 this chapter shall be designated the owner.

129.7 **EFFECTIVE DATE.** This section is effective August 1, 2022.

129.8 Sec. 21. Minnesota Statutes 2020, section 144A.03, subdivision 1, is amended to read:

129.9 Subdivision 1. **Form; requirements.** (a) The commissioner of health by rule shall
129.10 establish forms and procedures for the processing of nursing home license applications.

129.11 (b) An application for a nursing home license shall include ~~the following information~~:

129.12 (1) the ~~names~~ business name and ~~addresses of all controlling persons and managerial~~
129.13 ~~employees of the facility to be licensed~~ legal entity name of the licensee;

129.14 (2) the street address, mailing address, and legal property description of the facility;

129.15 (3) the names, e-mail addresses, telephone numbers, and mailing addresses of all owners,
129.16 controlling persons, managerial officials, and the nursing home administrator;

129.17 (4) the name and e-mail address of the managing agent and manager, if applicable;

129.18 (5) the licensed bed capacity;

129.19 (6) the license fee in the amount specified in section 144.122;

129.20 (7) documentation of compliance with the background study requirements in section
129.21 144.057 for the owner, controlling persons, and managerial officials. Each application for
129.22 a new license must include documentation for the applicant and for each individual with
129.23 five percent or more direct or indirect ownership in the applicant;

129.24 ~~(3)~~ (8) a copy of the architectural and engineering plans and specifications of the facility
129.25 as prepared and certified by an architect or engineer registered to practice in this state; ~~and~~

129.26 (9) a representative copy of the executed lease agreement between the landlord and the
129.27 licensee, if applicable;

129.28 (10) a representative copy of the management agreement, if applicable;

129.29 (11) a representative copy of the operations transfer agreement or similar agreement, if
129.30 applicable;

130.1 (12) an organizational chart that identifies all organizations and individuals with an
130.2 ownership interest in the licensee of five percent or greater and that specifies their relationship
130.3 with the licensee and with each other;

130.4 (13) whether the applicant, owner, controlling person, managerial official, or nursing
130.5 home administrator of the facility has ever been convicted of:

130.6 (i) a crime or found civilly liable for a federal or state felony-level offense that was
130.7 detrimental to the best interests of the facility and its residents within the last ten years
130.8 preceding submission of the license application. Offenses include: (A) felony crimes against
130.9 persons and other similar crimes for which the individual was convicted, including guilty
130.10 pleas and adjudicated pretrial diversions; (B) financial crimes such as extortion,
130.11 embezzlement, income tax evasion, insurance fraud, and other similar crimes for which the
130.12 individual was convicted, including guilty pleas and adjudicated pretrial diversions; (C)
130.13 any felonies involving malpractice that resulted in a conviction of criminal neglect or
130.14 misconduct; and (D) any felonies that would result in a mandatory exclusion under section
130.15 1128(a) of the Social Security Act;

130.16 (ii) any misdemeanor under federal or state law related to the delivery of an item or
130.17 service under Medicaid or a state health care program or the abuse or neglect of a patient
130.18 in connection with the delivery of a health care item or service;

130.19 (iii) any misdemeanor under federal or state law related to theft, fraud, embezzlement,
130.20 breach of fiduciary duty, or other financial misconduct in connection with the delivery of
130.21 a health care item or service;

130.22 (iv) any felony or misdemeanor under federal or state law relating to the interference
130.23 with or obstruction of any investigation into any criminal offense described in Code of
130.24 Federal Regulations, title 42, section 1001.101 or 1001.201; or

130.25 (v) any felony or misdemeanor under federal or state law relating to the unlawful
130.26 manufacture, distribution, prescription, or dispensing of a controlled substance;

130.27 (14) whether the applicant, owner, controlling person, managerial official, or nursing
130.28 home administrator of the facility has had:

130.29 (i) any revocation or suspension of a license to provide health care by any state licensing
130.30 authority. This includes the surrender of the license while a formal disciplinary proceeding
130.31 was pending before a state licensing authority;

130.32 (ii) any revocation or suspension of accreditation; or

131.1 (iii) any suspension or exclusion from participation in, or any sanction imposed by, a
131.2 federal or state health care program or any debarment from participation in any federal
131.3 executive branch procurement or nonprocurement program;

131.4 (15) whether in the preceding three years the applicant or any owner, controlling person,
131.5 managerial official, or nursing home administrator of the facility has a record of defaulting
131.6 in the payment of money collected for others, including the discharge of debts through
131.7 bankruptcy proceedings;

131.8 (16) the signature of the owner of the licensee or an authorized agent of the licensee;

131.9 (17) identification of all states where the applicant or individual having a five percent
131.10 or more ownership currently or previously has been licensed as an owner or operator of a
131.11 long-term care, community-based, or health care facility or agency where the applicant's or
131.12 individual's license or federal certification has been denied, suspended, restricted, conditioned,
131.13 refused, not renewed, or revoked under a private or state-controlled receivership or where
131.14 these same actions are pending under the laws of any state or federal authority; and

131.15 (4) (18) any other relevant information which the commissioner of health by rule or
131.16 otherwise may determine is necessary to properly evaluate an application for license.

131.17 (c) A controlling person which is a corporation shall submit copies of its articles of
131.18 incorporation and bylaws and any amendments thereto as they occur, together with the
131.19 names and addresses of its officers and directors. A controlling person which is a foreign
131.20 corporation shall furnish the commissioner of health with a copy of its certificate of authority
131.21 to do business in this state. An application on behalf of a controlling person which is a
131.22 corporation, association or a governmental unit or instrumentality shall be signed by at least
131.23 two officers or managing agents of that entity.

131.24 **EFFECTIVE DATE.** This section is effective August 1, 2022.

131.25 Sec. 22. Minnesota Statutes 2020, section 144A.04, subdivision 4, is amended to read:

131.26 Subd. 4. **Controlling person restrictions.** (a) The commissioner has discretion to bar
131.27 any controlling persons of a nursing home may not include any if the person who was a
131.28 controlling person of another any other nursing home during any period of time, assisted
131.29 living facility, long-term care or health care facility, or agency in the previous two-year
131.30 period and:

131.31 (1) during which that period of time of control that other nursing home the facility or
131.32 agency incurred the following number of uncorrected or repeated violations:

132.1 (i) two or more uncorrected violations or one or more repeated violations which created
132.2 an imminent risk to direct resident or client care or safety; or

132.3 (ii) four or more uncorrected violations or two or more repeated violations ~~of any nature~~
132.4 ~~for which the fines are in the four highest daily fine categories prescribed in rule~~ that created
132.5 an imminent risk to direct resident or client care or safety; or

132.6 (2) ~~who~~ during that period of time, was convicted of a felony or gross misdemeanor that
132.7 ~~relates~~ related to operation of the ~~nursing home~~ facility or agency or directly ~~affects~~ affected
132.8 resident safety or care~~, during that period~~.

132.9 (b) The provisions of this subdivision shall not apply to any controlling person who had
132.10 no legal authority to affect or change decisions related to the operation of the nursing home
132.11 which incurred the uncorrected violations.

132.12 (c) When the commissioner bars a controlling person under this subdivision, the
132.13 controlling person has the right to appeal under chapter 14.

132.14 Sec. 23. Minnesota Statutes 2020, section 144A.04, subdivision 6, is amended to read:

132.15 Subd. 6. **Managerial ~~employee~~ official or licensed administrator; employment**
132.16 **prohibitions.** A nursing home may not employ as a managerial ~~employee~~ official or as its
132.17 licensed administrator any person who was a managerial ~~employee~~ official or the licensed
132.18 administrator of another facility during any period of time in the previous two-year period:

132.19 (1) during which time of employment that other nursing home incurred the following
132.20 number of uncorrected violations which were in the jurisdiction and control of the managerial
132.21 ~~employee~~ official or the administrator:

132.22 (i) two or more uncorrected violations ~~or one or more repeated violations which created~~
132.23 ~~an imminent risk to direct resident care or safety~~; or

132.24 (ii) four or more uncorrected violations or two or more repeated violations of any nature
132.25 for which the fines are in the four highest daily fine categories prescribed in rule; or

132.26 (2) who was convicted of a felony or gross misdemeanor that relates to operation of the
132.27 nursing home or directly affects resident safety or care, during that period.

132.28 **EFFECTIVE DATE.** This section is effective August 1, 2022.

Sec. 24. Minnesota Statutes 2020, section 144A.06, is amended to read:

144A.06 TRANSFER OF ~~INTERESTS~~ LICENSE PROHIBITED.

Subdivision 1. **~~Notice; expiration of license~~ Transfers prohibited.** ~~Any controlling person who makes any transfer of a beneficial interest in a nursing home shall notify the commissioner of health of the transfer within 14 days of its occurrence. The notification shall identify by name and address the transferor and transferee and shall specify the nature and amount of the transferred interest. On determining that the transferred beneficial interest exceeds ten percent of the total beneficial interest in the nursing home facility, the structure in which the facility is located, or the land upon which the structure is located, the commissioner may, and on determining that the transferred beneficial interest exceeds 50 percent of the total beneficial interest in the facility, the structure in which the facility is located, or the land upon which the structure is located, the commissioner shall require that the license of the nursing home expire 90 days after the date of transfer. The commissioner of health shall notify the nursing home by certified mail of the expiration of the license at least 60 days prior to the date of expiration.~~ A nursing home license may not be transferred.

Subd. 2. **~~Relicensure~~ New license required; change of ownership.** (a) The commissioner of health by rule shall prescribe procedures for ~~relicensure~~ licensure under this section. ~~The commissioner of health shall relicense a nursing home if the facility satisfies the requirements for license renewal established by section 144A.05. A facility shall not be relicensed by the commissioner if at the time of transfer there are any uncorrected violations. The commissioner of health may temporarily waive correction of one or more violations if the commissioner determines that:~~

~~(1) temporary noncorrection of the violation will not create an imminent risk of harm to a nursing home resident; and~~

~~(2) a controlling person on behalf of all other controlling persons:~~

~~(i) has entered into a contract to obtain the materials or labor necessary to correct the violation, but the supplier or other contractor has failed to perform the terms of the contract and the inability of the nursing home to correct the violation is due solely to that failure; or~~

~~(ii) is otherwise making a diligent good faith effort to correct the violation.~~

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

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

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

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

134.7 (i) a different person; or

134.8 (ii) a person who had less than a five percent ownership interest in the facility at the
134.9 time of the first transaction; or

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

134.12 Subd. 3. **Compliance.** The commissioner must consult with the commissioner of human
134.13 services regarding the history of financial and cost reporting compliance of the prospective
134.14 licensee and prospective licensee's financial operations in any nursing home that the
134.15 prospective licensee or any controlling person listed in the license application has had an
134.16 interest in.

134.17 Subd. 4. **Facility operation.** The current licensee remains responsible for the operation
134.18 of the nursing home until the nursing home is licensed to the prospective licensee.

134.19 **EFFECTIVE DATE.** This section is effective August 1, 2022.

134.20 Sec. 25. **[144A.32] CONSIDERATION OF APPLICATIONS.**

134.21 (a) Before issuing a license or renewing an existing license, the commissioner shall
134.22 consider an applicant's compliance history in providing care in a facility that provides care
134.23 to children, the elderly, ill individuals, or individuals with disabilities.

134.24 (b) The applicant's compliance history shall include repeat violations, rule violations,
134.25 and any license or certification involuntarily suspended or terminated during an enforcement
134.26 process.

134.27 (c) The commissioner may deny, revoke, suspend, restrict, or refuse to renew the license
134.28 or impose conditions if:

134.29 (1) the applicant fails to provide complete and accurate information on the application
134.30 and the commissioner concludes that the missing or corrected information is needed to
134.31 determine if a license is granted;

135.1 (2) the applicant, knowingly or with reason to know, made a false statement of a material
135.2 fact in an application for the license or any data attached to the application or in any matter
135.3 under investigation by the department;

135.4 (3) the applicant refused to allow agents of the commissioner to inspect the applicant's
135.5 books, records, files related to the license application, or any portion of the premises;

135.6 (4) the applicant willfully prevented, interfered with, or attempted to impede in any way:

135.7 (i) the work of any authorized representative of the commissioner, the ombudsman for
135.8 long-term care, or the ombudsman for mental health and developmental disabilities; or

135.9 (ii) the duties of the commissioner, local law enforcement, city or county attorneys, adult
135.10 protection, county case managers, or other local government personnel;

135.11 (5) the applicant has a history of noncompliance with federal or state regulations that
135.12 were detrimental to the health, welfare, or safety of a resident or a client; or

135.13 (6) the applicant violates any requirement in this chapter or chapter 256R.

135.14 (d) If a license is denied, the applicant has the reconsideration rights available under
135.15 chapter 14.

135.16 **EFFECTIVE DATE.** This section is effective August 1, 2022.

135.17 Sec. 26. Minnesota Statutes 2020, section 144A.4799, subdivision 1, is amended to read:

135.18 Subdivision 1. **Membership.** The commissioner of health shall appoint ~~eight~~ 13 persons
135.19 to a home care and assisted living program advisory council consisting of the following:

135.20 (1) ~~three~~ two public members as defined in section 214.02 who shall be persons who
135.21 are currently receiving home care services, persons who have received home care services
135.22 within five years of the application date, persons who have family members receiving home
135.23 care services, or persons who have family members who have received home care services
135.24 within five years of the application date;

135.25 (2) ~~three~~ two Minnesota home care licensees representing basic and comprehensive
135.26 levels of licensure who may be a managerial official, an administrator, a supervising
135.27 registered nurse, or an unlicensed personnel performing home care tasks;

135.28 (3) one member representing the Minnesota Board of Nursing;

135.29 (4) one member representing the Office of Ombudsman for Long-Term Care; ~~and~~

135.30 (5) one member representing the Office of Ombudsman for Mental Health and
135.31 Developmental Disabilities;

136.1 (5) (6) beginning July 1, 2021, one member of a county health and human services or
136.2 county adult protection office.;

136.3 (7) two Minnesota assisted living facility licensees representing assisted living facilities
136.4 and assisted living facilities with dementia care levels of licensure who may be the facility's
136.5 assisted living director, managerial official, or clinical nurse supervisor;

136.6 (8) one organization representing long-term care providers, home care providers, and
136.7 assisted living providers in Minnesota; and

136.8 (9) two public members as defined in section 214.02. One public member shall be a
136.9 person who either is or has been a resident in an assisted living facility and one public
136.10 member shall be a person who has or had a family member living in an assisted living
136.11 facility setting.

136.12 Sec. 27. Minnesota Statutes 2020, section 144A.4799, subdivision 3, is amended to read:

136.13 Subd. 3. **Duties.** (a) At the commissioner's request, the advisory council shall provide
136.14 advice regarding regulations of Department of Health licensed assisted living and home
136.15 care providers in this chapter, including advice on the following:

136.16 (1) community standards for home care practices;

136.17 (2) enforcement of licensing standards and whether certain disciplinary actions are
136.18 appropriate;

136.19 (3) ways of distributing information to licensees and consumers of home care and assisted
136.20 living services defined under chapter 144G;

136.21 (4) training standards;

136.22 (5) identifying emerging issues and opportunities in home care and assisted living services
136.23 defined under chapter 144G;

136.24 (6) identifying the use of technology in home and telehealth capabilities;

136.25 (7) allowable home care licensing modifications and exemptions, including a method
136.26 for an integrated license with an existing license for rural licensed nursing homes to provide
136.27 limited home care services in an adjacent independent living apartment building owned by
136.28 the licensed nursing home; and

136.29 (8) recommendations for studies using the data in section 62U.04, subdivision 4, including
136.30 but not limited to studies concerning costs related to dementia and chronic disease among

an elderly population over 60 and additional long-term care costs, as described in section 62U.10, subdivision 6.

(b) The advisory council shall perform other duties as directed by the commissioner.

(c) The advisory council shall annually make recommendations to the commissioner for the purposes in section 144A.474, subdivision 11, paragraph (i). The recommendations shall address ways the commissioner may improve protection of the public under existing statutes and laws and include but are not limited to projects that create and administer training of licensees and their employees to improve residents' lives, supporting ways that licensees can improve and enhance quality care and ways to provide technical assistance to licensees to improve compliance; information technology and data projects that analyze and communicate information about trends of violations or lead to ways of improving client care; communications strategies to licensees and the public; and other projects or pilots that benefit clients, families, and the public.

Sec. 28. Minnesota Statutes 2020, section 144A.75, subdivision 12, is amended to read:

Subd. 12. **Palliative care.** "Palliative care" means ~~the total active care of patients whose disease is not responsive to curative treatment. Control of pain, of other symptoms, and of psychological, social, and spiritual problems is paramount~~ specialized medical care for people living with a serious illness or life-limiting condition. This type of care is focused on reducing the pain, symptoms, and stress of a serious illness or condition. Palliative care is a team-based approach to care, providing essential support at any age or stage of a serious illness or condition, and is often provided together with curative treatment. The goal of palliative care is ~~the achievement of the best quality of life for patients and their families~~ to improve quality of life for both the patient and the patient's family or care partner.

Sec. 29. Minnesota Statutes 2020, section 144G.08, is amended by adding a subdivision to read:

Subd. 62a. **Serious injury.** "Serious injury" has the meaning given in section 245.91, subdivision 6.

Sec. 30. Minnesota Statutes 2020, section 144G.15, is amended to read:

144G.15 CONSIDERATION OF APPLICATIONS.

(a) Before issuing a provisional license or license or renewing a license, the commissioner shall consider an applicant's compliance history in providing care in this state or any other

138.1 state in a facility that provides care to children, the elderly, ill individuals, or individuals
138.2 with disabilities.

138.3 (b) The applicant's compliance history shall include repeat violation, rule violations, and
138.4 any license or certification involuntarily suspended or terminated during an enforcement
138.5 process.

138.6 (c) The commissioner may deny, revoke, suspend, restrict, or refuse to renew the license
138.7 or impose conditions if:

138.8 (1) the applicant fails to provide complete and accurate information on the application
138.9 and the commissioner concludes that the missing or corrected information is needed to
138.10 determine if a license shall be granted;

138.11 (2) the applicant, knowingly or with reason to know, made a false statement of a material
138.12 fact in an application for the license or any data attached to the application or in any matter
138.13 under investigation by the department;

138.14 (3) the applicant refused to allow agents of the commissioner to inspect its books, records,
138.15 and files related to the license application, or any portion of the premises;

138.16 (4) the applicant willfully prevented, interfered with, or attempted to impede in any way:
138.17 (i) the work of any authorized representative of the commissioner, the ombudsman for
138.18 long-term care, or the ombudsman for mental health and developmental disabilities; or (ii)
138.19 the duties of the commissioner, local law enforcement, city or county attorneys, adult
138.20 protection, county case managers, or other local government personnel;

138.21 (5) the applicant, owner, controlling individual, managerial official, or assisted living
138.22 director for the facility has a history of noncompliance with federal or state regulations that
138.23 were detrimental to the health, welfare, or safety of a resident or a client; or

138.24 (6) the applicant violates any requirement in this chapter.

138.25 (d) If a license is denied, the applicant has the reconsideration rights available under
138.26 section 144G.16, subdivision 4.

138.27 Sec. 31. Minnesota Statutes 2020, section 144G.17, is amended to read:

138.28 **144G.17 LICENSE RENEWAL.**

138.29 A license that is not a provisional license may be renewed for a period of up to one year
138.30 if the licensee:

139.1 (1) submits an application for renewal in the format provided by the commissioner at
139.2 least 60 calendar days before expiration of the license;

139.3 (2) submits the renewal fee under section 144G.12, subdivision 3;

139.4 (3) submits the late fee under section 144G.12, subdivision 4, if the renewal application
139.5 is received less than 30 days before the expiration date of the license or after the expiration
139.6 of the license;

139.7 (4) provides information sufficient to show that the applicant meets the requirements of
139.8 licensure, including items required under section 144G.12, subdivision 1; ~~and~~

139.9 (5) provides information sufficient to show the licensee provided assisted living services
139.10 to at least one resident during the immediately preceding license year and at the assisted
139.11 living facility listed on the license; and

139.12 ~~(5)~~ (6) provides any other information deemed necessary by the commissioner.

139.13 Sec. 32. Minnesota Statutes 2020, section 144G.19, is amended by adding a subdivision
139.14 to read:

139.15 Subd. 4. **Change of licensee.** Notwithstanding any other provision of law, a change of
139.16 licensee under subdivision 2 does not require the facility to meet the design requirements
139.17 of section 144G.45, subdivisions 4 to 6, or 144G.81, subdivision 3.

139.18 Sec. 33. Minnesota Statutes 2020, section 144G.20, subdivision 1, is amended to read:

139.19 Subdivision 1. **Conditions.** (a) The commissioner may refuse to grant a provisional
139.20 license, refuse to grant a license as a result of a change in ownership, refuse to renew a
139.21 license, suspend or revoke a license, or impose a conditional license if the owner, controlling
139.22 individual, or employee of an assisted living facility:

139.23 (1) is in violation of, or during the term of the license has violated, any of the requirements
139.24 in this chapter or adopted rules;

139.25 (2) permits, aids, or abets the commission of any illegal act in the provision of assisted
139.26 living services;

139.27 (3) performs any act detrimental to the health, safety, and welfare of a resident;

139.28 (4) obtains the license by fraud or misrepresentation;

139.29 (5) knowingly makes a false statement of a material fact in the application for a license
139.30 or in any other record or report required by this chapter;

140.1 (6) denies representatives of the department access to any part of the facility's books,
140.2 records, files, or employees;

140.3 (7) interferes with or impedes a representative of the department in contacting the facility's
140.4 residents;

140.5 (8) interferes with or impedes ombudsman access according to section 256.9742,
140.6 subdivision 4, or interferes with or impedes access by the Office of Ombudsman for Mental
140.7 Health and Developmental Disabilities according to section 245.94, subdivision 1;

140.8 (9) interferes with or impedes a representative of the department in the enforcement of
140.9 this chapter or fails to fully cooperate with an inspection, survey, or investigation by the
140.10 department;

140.11 (10) destroys or makes unavailable any records or other evidence relating to the assisted
140.12 living facility's compliance with this chapter;

140.13 (11) refuses to initiate a background study under section 144.057 or 245A.04;

140.14 (12) fails to timely pay any fines assessed by the commissioner;

140.15 (13) violates any local, city, or township ordinance relating to housing or assisted living
140.16 services;

140.17 (14) has repeated incidents of personnel performing services beyond their competency
140.18 level; or

140.19 (15) has operated beyond the scope of the assisted living facility's license category.

140.20 (b) A violation by a contractor providing the assisted living services of the facility is a
140.21 violation by the facility.

140.22 Sec. 34. Minnesota Statutes 2020, section 144G.20, subdivision 4, is amended to read:

140.23 Subd. 4. **Mandatory revocation.** Notwithstanding the provisions of subdivision 13,
140.24 paragraph (a), the commissioner must revoke a license if a controlling individual of the
140.25 facility is convicted of a felony or gross misdemeanor that relates to operation of the facility
140.26 or directly affects resident safety or care. The commissioner shall notify the facility and the
140.27 Office of Ombudsman for Long-Term Care and the Office of Ombudsman for Mental Health
140.28 and Developmental Disabilities 30 calendar days in advance of the date of revocation.

Sec. 35. Minnesota Statutes 2020, section 144G.20, subdivision 5, is amended to read:

Subd. 5. **Owners and managerial officials; refusal to grant license.** (a) The owners and managerial officials of a facility whose Minnesota license has not been renewed or whose ~~Minnesota~~ license in this state or any other state has been revoked because of noncompliance with applicable laws or rules shall not be eligible to apply for nor will be granted an assisted living facility license under this chapter or a home care provider license under chapter 144A, or be given status as an enrolled personal care assistance provider agency or personal care assistant by the Department of Human Services under section 256B.0659, for five years following the effective date of the nonrenewal or revocation. If the owners or managerial officials already have enrollment status, the Department of Human Services shall terminate that enrollment.

(b) The commissioner shall not issue a license to a facility for five years following the effective date of license nonrenewal or revocation if the owners or managerial officials, including any individual who was an owner or managerial official of another licensed provider, had a ~~Minnesota~~ license in this state or any other state that was not renewed or was revoked as described in paragraph (a).

(c) Notwithstanding subdivision 1, the commissioner shall not renew, or shall suspend or revoke, the license of a facility that includes any individual as an owner or managerial official who was an owner or managerial official of a facility whose ~~Minnesota~~ license in this state or any other state was not renewed or was revoked as described in paragraph (a) for five years following the effective date of the nonrenewal or revocation.

(d) The commissioner shall notify the facility 30 calendar days in advance of the date of nonrenewal, suspension, or revocation of the license.

Sec. 36. Minnesota Statutes 2020, section 144G.20, subdivision 8, is amended to read:

Subd. 8. **Controlling individual restrictions.** (a) The commissioner has discretion to bar any controlling individual of a facility if the person was a controlling individual of any other nursing home, home care provider licensed under chapter 144A, or given status as an enrolled personal care assistance provider agency or personal care assistant by the Department of Human Services under section 256B.0659, or assisted living facility in the previous two-year period and:

(1) during that period of time the nursing home, home care provider licensed under chapter 144A, or given status as an enrolled personal care assistance provider agency or

142.1 personal care assistant by the Department of Human Services under section 256B.0659, or
142.2 assisted living facility incurred the following number of uncorrected or repeated violations:

142.3 (i) two or more repeated violations that created an imminent risk to direct resident care
142.4 or safety; or

142.5 (ii) four or more uncorrected violations that created an imminent risk to direct resident
142.6 care or safety; or

142.7 (2) during that period of time, was convicted of a felony or gross misdemeanor that
142.8 related to the operation of the nursing home, home care provider licensed under chapter
142.9 144A, or given status as an enrolled personal care assistance provider agency or personal
142.10 care assistant by the Department of Human Services under section 256B.0659, or assisted
142.11 living facility, or directly affected resident safety or care.

142.12 (b) When the commissioner bars a controlling individual under this subdivision, the
142.13 controlling individual may appeal the commissioner's decision under chapter 14.

142.14 Sec. 37. Minnesota Statutes 2020, section 144G.20, subdivision 9, is amended to read:

142.15 Subd. 9. **Exception to controlling individual restrictions.** Subdivision 8 does not apply
142.16 to any controlling individual of the facility who had no legal authority to affect or change
142.17 decisions related to the operation of the nursing home ~~or~~, assisted living facility, or home
142.18 care that incurred the uncorrected or repeated violations.

142.19 Sec. 38. Minnesota Statutes 2020, section 144G.20, subdivision 12, is amended to read:

142.20 Subd. 12. **Notice to residents.** (a) Within five business days after proceedings are initiated
142.21 by the commissioner to revoke or suspend a facility's license, or a decision by the
142.22 commissioner not to renew a living facility's license, the controlling individual of the facility
142.23 or a designee must provide to the commissioner ~~and~~, the ombudsman for long-term care,
142.24 and the Office of Ombudsman for Mental Health and Developmental Disabilities the names
142.25 of residents and the names and addresses of the residents' designated representatives and
142.26 legal representatives, and family or other contacts listed in the assisted living contract.

142.27 (b) The controlling individual or designees of the facility must provide updated
142.28 information each month until the proceeding is concluded. If the controlling individual or
142.29 designee of the facility fails to provide the information within this time, the facility is subject
142.30 to the issuance of:

142.31 (1) a correction order; and

143.1 (2) a penalty assessment by the commissioner in rule.

143.2 (c) Notwithstanding subdivisions 21 and 22, any correction order issued under this
143.3 subdivision must require that the facility immediately comply with the request for information
143.4 and that, as of the date of the issuance of the correction order, the facility shall forfeit to the
143.5 state a $500 fine the first day of noncompliance and an increase in the $500 fine by $100
143.6 increments for each day the noncompliance continues.

143.7 (d) Information provided under this subdivision may be used by the commissioner ~~or~~,
143.8 the ombudsman for long-term care, or the Office of Ombudsman for Mental Health and
143.9 Developmental Disabilities only for the purpose of providing affected consumers information
143.10 about the status of the proceedings.

143.11 (e) Within ten business days after the commissioner initiates proceedings to revoke,
143.12 suspend, or not renew a facility license, the commissioner must send a written notice of the
143.13 action and the process involved to each resident of the facility, legal representatives and
143.14 designated representatives, and at the commissioner's discretion, additional resident contacts.

143.15 (f) The commissioner shall provide the ombudsman for long-term care and the Office
143.16 of Ombudsman for Mental Health and Developmental Disabilities with monthly information
143.17 on the department's actions and the status of the proceedings.

143.18 Sec. 39. Minnesota Statutes 2020, section 144G.20, subdivision 15, is amended to read:

143.19 Subd. 15. **Plan required.** (a) The process of suspending, revoking, or refusing to renew
143.20 a license must include a plan for transferring affected residents' cares to other providers by
143.21 the facility. The commissioner shall monitor the transfer plan. Within three calendar days
143.22 of being notified of the final revocation, refusal to renew, or suspension, the licensee shall
143.23 provide the commissioner, the lead agencies as defined in section 256B.0911, county adult
143.24 protection and case managers, ~~and~~ the ombudsman for long-term care, and the Office of
143.25 Ombudsman for Mental Health and Developmental Disabilities with the following
143.26 information:

143.27 (1) a list of all residents, including full names and all contact information on file;

143.28 (2) a list of the resident's legal representatives and designated representatives and family
143.29 or other contacts listed in the assisted living contract, including full names and all contact
143.30 information on file;

143.31 (3) the location or current residence of each resident;

144.1 (4) the payor sources for each resident, including payor source identification numbers;
144.2 and

144.3 (5) for each resident, a copy of the resident's service plan and a list of the types of services
144.4 being provided.

144.5 (b) The revocation, refusal to renew, or suspension notification requirement is satisfied
144.6 by mailing the notice to the address in the license record. The licensee shall cooperate with
144.7 the commissioner and the lead agencies, county adult protection and case managers, ~~and~~
144.8 the ombudsman for long-term care, and the Office of Ombudsman for Mental Health and
144.9 Developmental Disabilities during the process of transferring care of residents to qualified
144.10 providers. Within three calendar days of being notified of the final revocation, refusal to
144.11 renew, or suspension action, the facility must notify and disclose to each of the residents,
144.12 or the resident's legal and designated representatives or emergency contact persons, that the
144.13 commissioner is taking action against the facility's license by providing a copy of the
144.14 revocation, refusal to renew, or suspension notice issued by the commissioner. If the facility
144.15 does not comply with the disclosure requirements in this section, the commissioner shall
144.16 notify the residents, legal and designated representatives, or emergency contact persons
144.17 about the actions being taken. Lead agencies, county adult protection and case managers,
144.18 and the Office of Ombudsman for Long-Term Care may also provide this information. The
144.19 revocation, refusal to renew, or suspension notice is public data except for any private data
144.20 contained therein.

144.21 (c) A facility subject to this subdivision may continue operating while residents are being
144.22 transferred to other service providers.

144.23 Sec. 40. Minnesota Statutes 2020, section 144G.30, subdivision 5, is amended to read:

144.24 Subd. 5. **Correction orders.** (a) A correction order may be issued whenever the
144.25 commissioner finds upon survey or during a complaint investigation that a facility, a
144.26 managerial official, an agent of the facility, or an employee of the facility is not in compliance
144.27 with this chapter. The correction order shall cite the specific statute and document areas of
144.28 noncompliance and the time allowed for correction.

144.29 (b) The commissioner shall mail or e-mail copies of any correction order to the facility
144.30 within 30 calendar days after the survey exit date. A copy of each correction order and
144.31 copies of any documentation supplied to the commissioner shall be kept on file by the
144.32 facility and public documents shall be made available for viewing by any person upon
144.33 request. Copies may be kept electronically.

145.1 (c) By the correction order date, the facility must document in the facility's records any
145.2 action taken to comply with the correction order. The commissioner may request a copy of
145.3 this documentation and the facility's action to respond to the correction order in future
145.4 surveys, upon a complaint investigation, and as otherwise needed.

145.5 Sec. 41. Minnesota Statutes 2020, section 144G.31, subdivision 4, is amended to read:

145.6 Subd. 4. **Fine amounts.** (a) Fines and enforcement actions under this subdivision may
145.7 be assessed based on the level and scope of the violations described in subdivisions 2 and
145.8 3 as follows and may be imposed immediately with no opportunity to correct the violation
145.9 prior to imposition:

145.10 (1) Level 1, no fines or enforcement;

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

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

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

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

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

145.25 Sec. 42. Minnesota Statutes 2020, section 144G.31, subdivision 8, is amended to read:

145.26 Subd. 8. **Deposit of fines.** Fines collected under this section shall be deposited in a
145.27 dedicated special revenue account. On an annual basis, the balance in the special revenue
145.28 account shall be appropriated to the commissioner for special projects to improve ~~home~~
145.29 ~~care~~ resident quality of care and outcomes in assisted living facilities licensed under this
145.30 chapter in Minnesota as recommended by the advisory council established in section
145.31 144A.4799.

146.1 **EFFECTIVE DATE.** This section is effective retroactively for fines collected on or
146.2 after August 1, 2021.

146.3 Sec. 43. Minnesota Statutes 2020, section 144G.41, subdivision 7, is amended to read:

146.4 Subd. 7. **Resident grievances; reporting maltreatment.** All facilities must post in a
146.5 conspicuous place information about the facilities' grievance procedure, and the name,
146.6 telephone number, and e-mail contact information for the individuals who are responsible
146.7 for handling resident grievances. The notice must also have the contact information for the
146.8 state and applicable regional Office of Ombudsman for Long-Term Care and the Office of
146.9 Ombudsman for Mental Health and Developmental Disabilities, and must have information
146.10 for reporting suspected maltreatment to the Minnesota Adult Abuse Reporting Center. The
146.11 notice must also state that if an individual has a complaint about the facility or person
146.12 providing services, the individual may contact the Office of Health Facility Complaints at
146.13 the Minnesota Department of Health.

146.14 Sec. 44. Minnesota Statutes 2020, section 144G.41, subdivision 8, is amended to read:

146.15 Subd. 8. **Protecting resident rights.** All facilities shall ensure that every resident has
146.16 access to consumer advocacy or legal services by:

146.17 (1) providing names and contact information, including telephone numbers and e-mail
146.18 addresses of at least three organizations that provide advocacy or legal services to residents,
146.19 one of which must include the designated protection and advocacy organization in Minnesota
146.20 that provides advice and representation to individuals with disabilities;

146.21 (2) providing the name and contact information for the Minnesota Office of Ombudsman
146.22 for Long-Term Care and the Office of Ombudsman for Mental Health and Developmental
146.23 Disabilities, including both the state and regional contact information;

146.24 (3) assisting residents in obtaining information on whether Medicare or medical assistance
146.25 under chapter 256B will pay for services;

146.26 (4) making reasonable accommodations for people who have communication disabilities
146.27 and those who speak a language other than English; and

146.28 (5) providing all information and notices in plain language and in terms the residents
146.29 can understand.

147.1 Sec. 45. Minnesota Statutes 2020, section 144G.42, subdivision 10, is amended to read:

147.2 Subd. 10. **Disaster planning and emergency preparedness plan.** (a) The facility must
147.3 meet the following requirements:

147.4 (1) have a written emergency disaster plan that contains a plan for evacuation, addresses
147.5 elements of sheltering in place, identifies temporary relocation sites, and details staff
147.6 assignments in the event of a disaster or an emergency;

147.7 (2) post an emergency disaster plan prominently;

147.8 (3) provide building emergency exit diagrams to all residents;

147.9 (4) post emergency exit diagrams on each floor; and

147.10 (5) have a written policy and procedure regarding missing ~~tenant~~ residents.

147.11 (b) The facility must provide emergency and disaster training to all staff during the initial
147.12 staff orientation and annually thereafter and must make emergency and disaster training
147.13 annually available to all residents. Staff who have not received emergency and disaster
147.14 training are allowed to work only when trained staff are also working on site.

147.15 (c) The facility must meet any additional requirements adopted in rule.

147.16 Sec. 46. Minnesota Statutes 2020, section 144G.50, subdivision 2, is amended to read:

147.17 Subd. 2. **Contract information.** (a) The contract must include in a conspicuous place
147.18 and manner on the contract the legal name and the ~~license number~~ health facility identification
147.19 of the facility.

147.20 (b) The contract must include the name, telephone number, and physical mailing address,
147.21 which may not be a public or private post office box, of:

147.22 (1) the facility and contracted service provider when applicable;

147.23 (2) the licensee of the facility;

147.24 (3) the managing agent of the facility, if applicable; and

147.25 (4) the authorized agent for the facility.

147.26 (c) The contract must include:

147.27 (1) a disclosure of the category of assisted living facility license held by the facility and,
147.28 if the facility is not an assisted living facility with dementia care, a disclosure that it does
147.29 not hold an assisted living facility with dementia care license;

148.1 (2) a description of all the terms and conditions of the contract, including a description
148.2 of and any limitations to the housing or assisted living services to be provided for the
148.3 contracted amount;

148.4 (3) a delineation of the cost and nature of any other services to be provided for an
148.5 additional fee;

148.6 (4) a delineation and description of any additional fees the resident may be required to
148.7 pay if the resident's condition changes during the term of the contract;

148.8 (5) a delineation of the grounds under which the resident may be ~~discharged, evicted,~~
148.9 ~~or~~ transferred or have <u>housing or</u> services terminated <u>or be subject to an emergency</u>
148.10 <u>relocation</u>;

148.11 (6) billing and payment procedures and requirements; and

148.12 (7) disclosure of the facility's ability to provide specialized diets.

148.13 (d) The contract must include a description of the facility's complaint resolution process
148.14 available to residents, including the name and contact information of the person representing
148.15 the facility who is designated to handle and resolve complaints.

148.16 (e) The contract must include a clear and conspicuous notice of:

148.17 (1) the right under section 144G.54 to appeal the termination of an assisted living contract;

148.18 (2) the facility's policy regarding transfer of residents within the facility, under what
148.19 circumstances a transfer may occur, and the circumstances under which resident consent is
148.20 required for a transfer;

148.21 (3) contact information for the Office of Ombudsman for Long-Term Care, the
148.22 Ombudsman for Mental Health and Developmental Disabilities, and the Office of Health
148.23 Facility Complaints;

148.24 (4) the resident's right to obtain services from an unaffiliated service provider;

148.25 (5) a description of the facility's policies related to medical assistance waivers under
148.26 chapter 256S and section 256B.49 and the housing support program under chapter 256I,
148.27 including:

148.28 (i) whether the facility is enrolled with the commissioner of human services to provide
148.29 customized living services under medical assistance waivers;

148.30 (ii) whether the facility has an agreement to provide housing support under section
148.31 256I.04, subdivision 2, paragraph (b);

149.1 (iii) whether there is a limit on the number of people residing at the facility who can
149.2 receive customized living services or participate in the housing support program at any
149.3 point in time. If so, the limit must be provided;

149.4 (iv) whether the facility requires a resident to pay privately for a period of time prior to
149.5 accepting payment under medical assistance waivers or the housing support program, and
149.6 if so, the length of time that private payment is required;

149.7 (v) a statement that medical assistance waivers provide payment for services, but do not
149.8 cover the cost of rent;

149.9 (vi) a statement that residents may be eligible for assistance with rent through the housing
149.10 support program; and

149.11 (vii) a description of the rent requirements for people who are eligible for medical
149.12 assistance waivers but who are not eligible for assistance through the housing support
149.13 program;

149.14 (6) the contact information to obtain long-term care consulting services under section
149.15 256B.0911; and

149.16 (7) the toll-free phone number for the Minnesota Adult Abuse Reporting Center.

149.17 **EFFECTIVE DATE.** This section is effective the day following final enactment, except
149.18 that the amendment to paragraph (a) is effective for assisted living contracts executed on
149.19 or after August 1, 2022.

149.20 Sec. 47. Minnesota Statutes 2020, section 144G.52, subdivision 2, is amended to read:

149.21 Subd. 2. **Prerequisite to termination of a contract.** (a) Before issuing a notice of
149.22 termination of an assisted living contract, a facility must schedule and participate in a meeting
149.23 with the resident and the resident's legal representative and designated representative. The
149.24 purposes of the meeting are to:

149.25 (1) explain in detail the reasons for the proposed termination; and

149.26 (2) identify and offer reasonable accommodations or modifications, interventions, or
149.27 alternatives to avoid the termination or enable the resident to remain in the facility, including
149.28 but not limited to securing services from another provider of the resident's choosing that
149.29 may allow the resident to avoid the termination. A facility is not required to offer
149.30 accommodations, modifications, interventions, or alternatives that fundamentally alter the
149.31 nature of the operation of the facility.

(b) The meeting must be scheduled to take place at least seven days before a notice of termination is issued. The facility must make reasonable efforts to ensure that the resident, legal representative, and designated representative are able to attend the meeting.

(c) The facility must notify the resident that the resident may invite family members, relevant health professionals, a representative of the Office of Ombudsman for Long-Term Care, a representative of the Office of Ombudsman for Mental Health and Developmental Disabilities, or other persons of the resident's choosing to participate in the meeting. For residents who receive home and community-based waiver services under chapter 256S and section 256B.49, the facility must notify the resident's case manager of the meeting.

(d) In the event of an emergency relocation under subdivision 9, where the facility intends to issue a notice of termination and an in-person meeting is impractical or impossible, the facility ~~may attempt to schedule and participate in a meeting under this subdivision via~~ must use telephone, video, or other electronic means to conduct and participate in the meeting required under this subdivision and rules within Minnesota Rules, chapter 4659.

Sec. 48. Minnesota Statutes 2020, section 144G.52, subdivision 8, is amended to read:

Subd. 8. **Content of notice of termination.** The notice required under subdivision 7 must contain, at a minimum:

(1) the effective date of the termination of the assisted living contract;

(2) a detailed explanation of the basis for the termination, including the clinical or other supporting rationale;

(3) a detailed explanation of the conditions under which a new or amended contract may be executed;

(4) a statement that the resident has the right to appeal the termination by requesting a hearing, and information concerning the time frame within which the request must be submitted and the contact information for the agency to which the request must be submitted;

(5) a statement that the facility must participate in a coordinated move to another provider or caregiver, as required under section 144G.55;

(6) the name and contact information of the person employed by the facility with whom the resident may discuss the notice of termination;

(7) information on how to contact the Office of Ombudsman for Long-Term Care and the Office of Ombudsman for Mental Health and Developmental Disabilities to request an advocate to assist regarding the termination;

151.1 (8) information on how to contact the Senior LinkAge Line under section 256.975,
151.2 subdivision 7, and an explanation that the Senior LinkAge Line may provide information
151.3 about other available housing or service options; and

151.4 (9) if the termination is only for services, a statement that the resident may remain in
151.5 the facility and may secure any necessary services from another provider of the resident's
151.6 choosing.

151.7 Sec. 49. Minnesota Statutes 2020, section 144G.52, subdivision 9, is amended to read:

151.8 Subd. 9. **Emergency relocation.** (a) A facility may remove a resident from the facility
151.9 in an emergency if necessary due to a resident's urgent medical needs or an imminent risk
151.10 the resident poses to the health or safety of another facility resident or facility staff member.
151.11 An emergency relocation is not a termination.

151.12 (b) In the event of an emergency relocation, the facility must provide a written notice
151.13 that contains, at a minimum:

151.14 (1) the reason for the relocation;

151.15 (2) the name and contact information for the location to which the resident has been
151.16 relocated and any new service provider;

151.17 (3) contact information for the Office of Ombudsman for Long-Term Care and the Office
151.18 of Ombudsman for Mental Health and Developmental Disabilities;

151.19 (4) if known and applicable, the approximate date or range of dates within which the
151.20 resident is expected to return to the facility, or a statement that a return date is not currently
151.21 known; and

151.22 (5) a statement that, if the facility refuses to provide housing or services after a relocation,
151.23 the resident has the right to appeal under section 144G.54. The facility must provide contact
151.24 information for the agency to which the resident may submit an appeal.

151.25 (c) The notice required under paragraph (b) must be delivered as soon as practicable to:

151.26 (1) the resident, legal representative, and designated representative;

151.27 (2) for residents who receive home and community-based waiver services under chapter
151.28 256S and section 256B.49, the resident's case manager; and

151.29 (3) the Office of Ombudsman for Long-Term Care if the resident has been relocated
151.30 and has not returned to the facility within four days.

152.1 (d) Following an emergency relocation, a facility's refusal to provide housing or services
152.2 constitutes a termination and triggers the termination process in this section.

152.3 Sec. 50. Minnesota Statutes 2020, section 144G.53, is amended to read:

152.4 **144G.53 NONRENEWAL OF HOUSING.**

152.5 (a) If a facility decides to not renew a resident's housing under a contract, the facility
152.6 must either (1) provide the resident with 60 calendar days' notice of the nonrenewal and
152.7 assistance with relocation planning, or (2) follow the termination procedure under section
152.8 144G.52.

152.9 (b) The notice must include the reason for the nonrenewal and contact information of
152.10 the Office of Ombudsman for Long-Term Care and the Office of Ombudsman for Mental
152.11 Health and Developmental Disabilities.

152.12 (c) A facility must:

152.13 (1) provide notice of the nonrenewal to the Office of Ombudsman for Long-Term Care;

152.14 (2) for residents who receive home and community-based waiver services under chapter
152.15 256S and section 256B.49, provide notice to the resident's case manager;

152.16 (3) ensure a coordinated move to a safe location, as defined in section 144G.55,
152.17 subdivision 2, that is appropriate for the resident;

152.18 (4) ensure a coordinated move to an appropriate service provider identified by the facility,
152.19 if services are still needed and desired by the resident;

152.20 (5) consult and cooperate with the resident, legal representative, designated representative,
152.21 case manager for a resident who receives home and community-based waiver services under
152.22 chapter 256S and section 256B.49, relevant health professionals, and any other persons of
152.23 the resident's choosing to make arrangements to move the resident, including consideration
152.24 of the resident's goals; and

152.25 (6) prepare a written plan to prepare for the move.

152.26 (d) A resident may decline to move to the location the facility identifies or to accept
152.27 services from a service provider the facility identifies, and may instead choose to move to
152.28 a location of the resident's choosing or receive services from a service provider of the
152.29 resident's choosing within the timeline prescribed in the nonrenewal notice.

153.1 Sec. 51. Minnesota Statutes 2020, section 144G.55, subdivision 1, is amended to read:

153.2 Subdivision 1. **Duties of facility.** (a) If a facility terminates an assisted living contract,
153.3 reduces services to the extent that a resident needs to move or obtain a new service provider
153.4 or the facility has its license restricted under section 144G.20, or the facility conducts a
153.5 planned closure under section 144G.57, the facility:

153.6 (1) must ensure, subject to paragraph (c), a coordinated move to a safe location that is
153.7 appropriate for the resident and that is identified by the facility prior to any hearing under
153.8 section 144G.54;

153.9 (2) must ensure a coordinated move of the resident to an appropriate service provider
153.10 identified by the facility prior to any hearing under section 144G.54, provided services are
153.11 still needed and desired by the resident; and

153.12 (3) must consult and cooperate with the resident, legal representative, designated
153.13 representative, case manager for a resident who receives home and community-based waiver
153.14 services under chapter 256S and section 256B.49, relevant health professionals, and any
153.15 other persons of the resident's choosing to make arrangements to move the resident, including
153.16 consideration of the resident's goals.

153.17 (b) A facility may satisfy the requirements of paragraph (a), clauses (1) and (2), by
153.18 moving the resident to a different location within the same facility, if appropriate for the
153.19 resident.

153.20 (c) A resident may decline to move to the location the facility identifies or to accept
153.21 services from a service provider the facility identifies, and may choose instead to move to
153.22 a location of the resident's choosing or receive services from a service provider of the
153.23 resident's choosing within the timeline prescribed in the termination notice.

153.24 (d) Sixty days before the facility plans to reduce or eliminate one or more services for
153.25 a particular resident, the facility must provide written notice of the reduction that includes:

153.26 (1) a detailed explanation of the reasons for the reduction and the date of the reduction;

153.27 (2) the contact information for the Office of Ombudsman for Long-Term Care, the Office
153.28 of Ombudsman for Mental Health and Developmental Disabilities, and the name and contact
153.29 information of the person employed by the facility with whom the resident may discuss the
153.30 reduction of services;

153.31 (3) a statement that if the services being reduced are still needed by the resident, the
153.32 resident may remain in the facility and seek services from another provider; and

(4) a statement that if the reduction makes the resident need to move, the facility must participate in a coordinated move of the resident to another provider or caregiver, as required under this section.

(e) In the event of an unanticipated reduction in services caused by extraordinary circumstances, the facility must provide the notice required under paragraph (d) as soon as possible.

(f) If the facility, a resident, a legal representative, or a designated representative determines that a reduction in services will make a resident need to move to a new location, the facility must ensure a coordinated move in accordance with this section, and must provide notice to the Office of Ombudsman for Long-Term Care.

(g) Nothing in this section affects a resident's right to remain in the facility and seek services from another provider.

Sec. 52. Minnesota Statutes 2020, section 144G.55, subdivision 3, is amended to read:

Subd. 3. **Relocation plan required.** The facility must prepare a relocation plan to prepare for the move to ~~the~~ a new safe location or appropriate service provider, as required by this section.

Sec. 53. Minnesota Statutes 2020, section 144G.56, subdivision 3, is amended to read:

Subd. 3. **Notice required.** (a) A facility must provide at least 30 calendar days' advance written notice to the resident and the resident's legal and designated representative of a facility-initiated transfer. The notice must include:

(1) the effective date of the proposed transfer;

(2) the proposed transfer location;

(3) a statement that the resident may refuse the proposed transfer, and may discuss any consequences of a refusal with staff of the facility;

(4) the name and contact information of a person employed by the facility with whom the resident may discuss the notice of transfer; and

(5) contact information for the Office of Ombudsman for Long-Term Care and the Office of Ombudsman for Mental Health and Developmental Disabilities.

(b) Notwithstanding paragraph (a), a facility may conduct a facility-initiated transfer of a resident with less than 30 days' written notice if the transfer is necessary due to:

(1) conditions that render the resident's room or private living unit uninhabitable;

(2) the resident's urgent medical needs; or

(3) a risk to the health or safety of another resident of the facility.

Sec. 54. Minnesota Statutes 2020, section 144G.56, subdivision 5, is amended to read:

Subd. 5. **Changes in facility operations.** (a) In situations where there is a curtailment, reduction, or capital improvement within a facility necessitating transfers, the facility must:

(1) minimize the number of transfers it initiates to complete the project or change in operations;

(2) consider individual resident needs and preferences;

(3) provide reasonable accommodations for individual resident requests regarding the transfers; and

(4) in advance of any notice to any residents, legal representatives, or designated representatives, provide notice to the Office of Ombudsman for Long-Term Care and~~, when appropriate,~~ the Office of Ombudsman for Mental Health and Developmental Disabilities of the curtailment, reduction, or capital improvement and the corresponding needed transfers.

Sec. 55. Minnesota Statutes 2020, section 144G.57, subdivision 1, is amended to read:

Subdivision 1. **Closure plan required.** In the event that an assisted living facility elects to voluntarily close the facility, the facility must notify the commissioner ~~and~~, the Office of Ombudsman for Long-Term Care, and the Office of Ombudsman for Mental Health and Developmental Disabilities in writing by submitting a proposed closure plan.

Sec. 56. Minnesota Statutes 2020, section 144G.57, subdivision 3, is amended to read:

Subd. 3. **Commissioner's approval required prior to implementation.** (a) The plan shall be subject to the commissioner's approval and subdivision 6. The facility shall take no action to close the residence prior to the commissioner's approval of the plan. The commissioner shall approve or otherwise respond to the plan as soon as practicable.

(b) The commissioner may require the facility to work with a transitional team comprised of department staff, staff of the Office of Ombudsman for Long-Term Care, the Office of Ombudsman for Mental Health and Developmental Disabilities, and other professionals the commissioner deems necessary to assist in the proper relocation of residents.

156.1 Sec. 57. Minnesota Statutes 2020, section 144G.57, subdivision 5, is amended to read:

156.2 Subd. 5. **Notice to residents.** After the commissioner has approved the relocation plan
156.3 and at least 60 calendar days before closing, except as provided under subdivision 6, the
156.4 facility must notify residents, designated representatives, and legal representatives of the
156.5 closure, the proposed date of closure, the contact information of the ombudsman for long-term
156.6 care and the ombudsman for mental health and developmental disabilities, and that the
156.7 facility will follow the termination planning requirements under section 144G.55, and final
156.8 accounting and return requirements under section 144G.42, subdivision 5. For residents
156.9 who receive home and community-based waiver services under chapter 256S and section
156.10 256B.49, the facility must also provide this information to the resident's case manager.

156.11 Sec. 58. Minnesota Statutes 2020, section 144G.70, subdivision 2, is amended to read:

156.12 Subd. 2. **Initial reviews, assessments, and monitoring.** (a) Residents who are not
156.13 receiving any assisted living services shall not be required to undergo an initial nursing
156.14 assessment.

156.15 (b) An assisted living facility shall conduct a nursing assessment by a registered nurse
156.16 of the physical and cognitive needs of the prospective resident and propose a temporary
156.17 service plan prior to the date on which a prospective resident executes a contract with a
156.18 facility or the date on which a prospective resident moves in, whichever is earlier. If
156.19 necessitated by either the geographic distance between the prospective resident and the
156.20 facility, or urgent or unexpected circumstances, the assessment may be conducted using
156.21 telecommunication methods based on practice standards that meet the resident's needs and
156.22 reflect person-centered planning and care delivery.

156.23 (c) Resident reassessment and monitoring must be conducted no more than 14 calendar
156.24 days after initiation of services. Ongoing resident reassessment and monitoring must be
156.25 conducted as needed based on changes in the needs of the resident and cannot exceed 90
156.26 calendar days from the last date of the assessment.

156.27 (d) For residents only receiving assisted living services specified in section 144G.08,
156.28 subdivision 9, clauses (1) to (5), the facility shall complete an individualized initial review
156.29 of the resident's needs and preferences. The initial review must be completed within 30
156.30 calendar days of the start of services. Resident monitoring and review must be conducted
156.31 as needed based on changes in the needs of the resident and cannot exceed 90 calendar days
156.32 from the date of the last review.

157.1 (e) A facility must inform the prospective resident of the availability of and contact
157.2 information for long-term care consultation services under section 256B.0911, prior to the
157.3 date on which a prospective resident executes a contract with a facility or the date on which
157.4 a prospective resident moves in, whichever is earlier.

157.5 Sec. 59. Minnesota Statutes 2020, section 144G.70, subdivision 4, is amended to read:

157.6 Subd. 4. **Service plan, implementation, and revisions to service plan.** (a) No later
157.7 than 14 calendar days after the date that services are first provided, an assisted living facility
157.8 shall finalize a current written service plan.

157.9 (b) The service plan and any revisions must include a signature or other authentication
157.10 by the facility and by the resident documenting agreement on the services to be provided.
157.11 The service plan must be revised, if needed, based on resident reassessment under subdivision
157.12 2. The facility must provide information to the resident about changes to the facility's fee
157.13 for services and how to contact the Office of Ombudsman for Long-Term Care and the
157.14 Office of Ombudsman for Mental Health and Developmental Disabilities.

157.15 (c) The facility must implement and provide all services required by the current service
157.16 plan.

157.17 (d) The service plan and the revised service plan must be entered into the resident record,
157.18 including notice of a change in a resident's fees when applicable.

157.19 (e) Staff providing services must be informed of the current written service plan.

157.20 (f) The service plan must include:

157.21 (1) a description of the services to be provided, the fees for services, and the frequency
157.22 of each service, according to the resident's current assessment and resident preferences;

157.23 (2) the identification of staff or categories of staff who will provide the services;

157.24 (3) the schedule and methods of monitoring assessments of the resident;

157.25 (4) the schedule and methods of monitoring staff providing services; and

157.26 (5) a contingency plan that includes:

157.27 (i) the action to be taken if the scheduled service cannot be provided;

157.28 (ii) information and a method to contact the facility;

157.29 (iii) the names and contact information of persons the resident wishes to have notified
157.30 in an emergency or if there is a significant adverse change in the resident's condition,

including identification of and information as to who has authority to sign for the resident in an emergency; and

(iv) the circumstances in which emergency medical services are not to be summoned consistent with chapters 145B and 145C, and declarations made by the resident under those chapters.

Sec. 60. Minnesota Statutes 2020, section 144G.80, subdivision 2, is amended to read:

Subd. 2. **Demonstrated capacity.** (a) An applicant for licensure as an assisted living facility with dementia care must have the ability to provide services in a manner that is consistent with the requirements in this section. The commissioner shall consider the following criteria, including, but not limited to:

(1) the experience of the ~~applicant in~~ applicant's assisted living director, managerial official, and clinical nurse supervisor managing residents with dementia or previous long-term care experience; and

(2) the compliance history of the applicant in the operation of any care facility licensed, certified, or registered under federal or state law.

(b) If the ~~applicant does~~ applicant's assisted living director and clinical nurse supervisor do not have experience in managing residents with dementia, the applicant must employ a consultant for at least the first six months of operation. The consultant must meet the requirements in paragraph (a), clause (1), and make recommendations on providing dementia care services consistent with the requirements of this chapter. The consultant must (1) have two years of work experience related to dementia, health care, gerontology, or a related field, and (2) have completed at least the minimum core training requirements in section 144G.64. The applicant must document an acceptable plan to address the consultant's identified concerns and must either implement the recommendations or document in the plan any consultant recommendations that the applicant chooses not to implement. The commissioner must review the applicant's plan upon request.

(c) The commissioner shall conduct an on-site inspection prior to the issuance of an assisted living facility with dementia care license to ensure compliance with the physical environment requirements.

(d) The label "Assisted Living Facility with Dementia Care" must be identified on the license.

159.1 Sec. 61. Minnesota Statutes 2020, section 144G.90, subdivision 1, is amended to read:

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

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

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

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

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

159.26 Sec. 62. Minnesota Statutes 2020, section 144G.90, is amended by adding a subdivision
159.27 to read:

159.28 Subd. 6. **Notice to residents.** For any notice to a resident, legal representative, or
159.29 designated representative provided under this chapter or under Minnesota Rules, chapter
159.30 4659, that is required to include information regarding the Office of Ombudsman for
159.31 Long-Term Care and the Office of Ombudsman for Mental Health and Developmental
159.32 Disabilities, the notice must contain the following language: "You may contact the
159.33 Ombudsman for Long-Term Care for questions about your rights as an assisted living facility

160.1 resident and to request advocacy services. As an assisted living facility resident, you may
160.2 contact the Ombudsman for Mental Health and Developmental Disabilities to request
160.3 advocacy regarding your rights, concerns, or questions on issues relating to services for
160.4 mental health, developmental disabilities, or chemical dependency."

160.5 Sec. 63. Minnesota Statutes 2020, section 144G.91, subdivision 13, is amended to read:

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

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

160.15 (c) Residents have the right to respect and privacy regarding the resident's service plan.
160.16 Case discussion, consultation, examination, and treatment are confidential and must be
160.17 conducted discreetly. Privacy must be respected during toileting, bathing, and other activities
160.18 of personal hygiene, except as needed for resident safety or assistance.

160.19 Sec. 64. Minnesota Statutes 2020, section 144G.91, subdivision 21, is amended to read:

160.20 Subd. 21. **Access to counsel and advocacy services.** Residents have the right to the
160.21 immediate access by:

160.22 (1) the resident's legal counsel;

160.23 (2) any representative of the protection and advocacy system designated by the state
160.24 under Code of Federal Regulations, title 45, section 1326.21; or

160.25 (3) any representative of the Office of Ombudsman for Long-Term Care or the Office
160.26 of Ombudsman for Mental Health and Developmental Disabilities.

160.27 Sec. 65. Minnesota Statutes 2020, section 144G.92, subdivision 1, is amended to read:

160.28 Subdivision 1. **Retaliation prohibited.** A facility or agent of a facility may not retaliate
160.29 against a resident or employee if the resident, employee, or any person acting on behalf of
160.30 the resident:

161.1 (1) files a good faith complaint or grievance, makes a good faith inquiry, or asserts any
161.2 right;

161.3 (2) indicates a good faith intention to file a complaint or grievance, make an inquiry, or
161.4 assert any right;

161.5 (3) files, in good faith, or indicates an intention to file a maltreatment report, whether
161.6 mandatory or voluntary, under section 626.557;

161.7 (4) seeks assistance from or reports a reasonable suspicion of a crime or systemic
161.8 problems or concerns to the director or manager of the facility, the Office of Ombudsman
161.9 for Long-Term Care, <u>the Office of Ombudsman for Mental Health and Developmental</u>
161.10 <u>Disabilities,</u> a regulatory or other government agency, or a legal or advocacy organization;

161.11 (5) advocates or seeks advocacy assistance for necessary or improved care or services
161.12 or enforcement of rights under this section or other law;

161.13 (6) takes or indicates an intention to take civil action;

161.14 (7) participates or indicates an intention to participate in any investigation or
161.15 administrative or judicial proceeding;

161.16 (8) contracts or indicates an intention to contract to receive services from a service
161.17 provider of the resident's choice other than the facility; or

161.18 (9) places or indicates an intention to place a camera or electronic monitoring device in
161.19 the resident's private space as provided under section 144.6502.

161.20 Sec. 66. Minnesota Statutes 2020, section 144G.93, is amended to read:

161.21 **144G.93 CONSUMER ADVOCACY AND LEGAL SERVICES.**

161.22 Upon execution of an assisted living contract, every facility must provide the resident
161.23 with the names and contact information, including telephone numbers and e-mail addresses,
161.24 of:

161.25 (1) nonprofit organizations that provide advocacy or legal services to residents including
161.26 but not limited to the designated protection and advocacy organization in Minnesota that
161.27 provides advice and representation to individuals with disabilities; and

161.28 (2) the Office of Ombudsman for Long-Term Care~~, including both the state and regional~~
161.29 ~~contact information~~ <u>and the Office of Ombudsman for Mental Health and Developmental</u>
161.30 <u>Disabilities</u>.

162.1 Sec. 67. Minnesota Statutes 2020, section 144G.95, is amended to read:

162.2 **144G.95 OFFICE OF OMBUDSMAN FOR LONG-TERM CARE AND OFFICE**
162.3 **OF OMBUDSMAN FOR MENTAL HEALTH AND DEVELOPMENTAL**
162.4 **DISABILITIES.**

162.5 Subdivision 1. **Immunity from liability.** (a) The Office of Ombudsman for Long-Term
162.6 Care and representatives of the office are immune from liability for conduct described in
162.7 section 256.9742, subdivision 2.

162.8 (b) The Office of Ombudsman for Mental Health and Developmental Disabilities and
162.9 representatives of the office are immune from liability for conduct described in section
162.10 245.96.

162.11 Subd. 2. **Data classification.** (a) All forms and notices received by the Office of
162.12 Ombudsman for Long-Term Care under this chapter are classified under section 256.9744.

162.13 (b) All data collected or received by the Office of Ombudsman for Mental Health and
162.14 Developmental Disabilities are classified under section 245.94.

162.15 Sec. 68. **[145.9231] HEALTH EQUITY ADVISORY AND LEADERSHIP (HEAL)**
162.16 **COUNCIL.**

162.17 Subdivision 1. **Establishment; composition of advisory council.** (a) The commissioner
162.18 shall establish and appoint a Health Equity Advisory and Leadership (HEAL) Council to
162.19 provide guidance to the commissioner of health regarding strengthening and improving the
162.20 health of communities most impacted by health inequities across the state. The council shall
162.21 consist of 18 members who will provide representation from the following groups:

162.22 (1) African American and African heritage communities;

162.23 (2) Asian American and Pacific Islander communities;

162.24 (3) Latina/o/x communities;

162.25 (4) American Indian communities and Tribal Government/Nations;

162.26 (5) disability communities;

162.27 (6) lesbian, gay, bisexual, transgender, and queer (LGBTQ) communities; and

162.28 (7) representatives who reside outside the seven-county metropolitan area.

162.29 (b) No members shall be employees of the Minnesota Department of Health.

163.1 Subd. 2. **Organization and meetings.** The advisory council shall be organized and
163.2 administered under section 15.059, except that the members do not receive per diem
163.3 compensation. Meetings shall be held at least quarterly and hosted by the department.
163.4 Subcommittees may be developed as necessary. Advisory council meetings are subject to
163.5 Open Meeting Law under chapter 13D.

163.6 Subd. 3. **Duties.** The advisory council shall:

163.7 (1) advise the commissioner on health equity issues and the health equity priorities and
163.8 concerns of the populations specified in subdivision 1;

163.9 (2) assist the agency in efforts to advance health equity, including consulting in specific
163.10 agency policies and programs, providing ideas and input about potential budget and policy
163.11 proposals, and recommending review of particular agency policies, standards, or procedures
163.12 that may create or perpetuate health inequities; and

163.13 (3) assist the agency in developing and monitoring meaningful performance measures
163.14 related to advancing health equity.

163.15 Subd. 4. **Expiration.** Notwithstanding section 15.059, subdivision 6, the advisory council
163.16 shall remain in existence until health inequities in the state are eliminated. Health inequities
163.17 will be considered eliminated when race, ethnicity, income, gender, gender identity,
163.18 geographic location, or other identity or social marker will no longer be predictors of health
163.19 outcomes in the state. Section 145.928 describes nine health disparities that must be
163.20 considered when determining whether health inequities have been eliminated in the state.

163.21 Sec. 69. Minnesota Statutes 2020, section 146B.04, subdivision 1, is amended to read:

163.22 Subdivision 1. **General.** Before an individual may work as a guest artist, the
163.23 commissioner shall issue a temporary license to the guest artist. The guest artist shall submit
163.24 an application to the commissioner on a form provided by the commissioner. The
163.25 commissioner must receive the application at least 14 calendar days before the guest artist
163.26 applicant conducts a body art procedure. The form must include:

163.27 (1) the name, home address, and date of birth of the guest artist;

163.28 (2) the name of the licensed technician sponsoring the guest artist;

163.29 (3) proof of having satisfactorily completed coursework within the year preceding
163.30 application and approved by the commissioner on bloodborne pathogens, the prevention of
163.31 disease transmission, infection control, and aseptic technique;

163.32 (4) the starting and anticipated completion dates the guest artist will be working; and

164.1 (5) a copy of any current body art credential or licensure issued by another local or state
164.2 jurisdiction.

164.3 Sec. 70. Minnesota Statutes 2020, section 152.22, subdivision 8, is amended to read:

164.4 Subd. 8. **Medical cannabis ~~product~~ <u>paraphernalia</u>.** "Medical cannabis ~~product~~
164.5 <u>paraphernalia</u>" means any delivery device or related supplies and educational materials used
164.6 in the administration of medical cannabis for a patient with a qualifying medical condition
164.7 enrolled in the registry program.

164.8 Sec. 71. Minnesota Statutes 2020, section 152.25, subdivision 1, is amended to read:

164.9 Subdivision 1. **Medical cannabis manufacturer registration.** (a) The commissioner
164.10 shall register two in-state manufacturers for the production of all medical cannabis within
164.11 the state. A registration agreement between the commissioner and a manufacturer is
164.12 nontransferable. The commissioner shall register new manufacturers or reregister the existing
164.13 manufacturers by December 1 every two years, using the factors described in this subdivision.
164.14 The commissioner shall accept applications after December 1, 2014, if one of the
164.15 manufacturers registered before December 1, 2014, ceases to be registered as a manufacturer.
164.16 The commissioner's determination that no manufacturer exists to fulfill the duties under
164.17 sections 152.22 to 152.37 is subject to judicial review in Ramsey County District Court.
164.18 Data submitted during the application process are private data on individuals or nonpublic
164.19 data as defined in section 13.02 until the manufacturer is registered under this section. Data
164.20 on a manufacturer that is registered are public data, unless the data are trade secret or security
164.21 information under section 13.37.

164.22 (b) As a condition for registration, a manufacturer must agree to:

164.23 (1) begin supplying medical cannabis to patients ~~by July 1, 2015~~ <u>within eight months</u>
164.24 <u>of its initial registration</u>; and

164.25 (2) comply with all requirements under sections 152.22 to 152.37.

164.26 (c) The commissioner shall consider the following factors when determining which
164.27 manufacturer to register:

164.28 (1) the technical expertise of the manufacturer in cultivating medical cannabis and
164.29 converting the medical cannabis into an acceptable delivery method under section 152.22,
164.30 subdivision 6;

164.31 (2) the qualifications of the manufacturer's employees;

165.1 (3) the long-term financial stability of the manufacturer;

165.2 (4) the ability to provide appropriate security measures on the premises of the
165.3 manufacturer;

165.4 (5) whether the manufacturer has demonstrated an ability to meet the medical cannabis
165.5 production needs required by sections 152.22 to 152.37; and

165.6 (6) the manufacturer's projection and ongoing assessment of fees on patients with a
165.7 qualifying medical condition.

165.8 (d) If an officer, director, or controlling person of the manufacturer pleads or is found
165.9 guilty of intentionally diverting medical cannabis to a person other than allowed by law
165.10 under section 152.33, subdivision 1, the commissioner may decide not to renew the
165.11 registration of the manufacturer, provided the violation occurred while the person was an
165.12 officer, director, or controlling person of the manufacturer.

165.13 (e) The commissioner shall require each medical cannabis manufacturer to contract with
165.14 an independent laboratory to test medical cannabis produced by the manufacturer. The
165.15 commissioner shall approve the laboratory chosen by each manufacturer and require that
165.16 the laboratory report testing results to the manufacturer in a manner determined by the
165.17 commissioner.

165.18 (f) The commissioner shall implement a state-centralized medical cannabis electronic
165.19 database to monitor and track the manufacturers' medical cannabis inventories from the
165.20 seed or clone source through cultivation, processing, testing, and distribution or disposal.
165.21 The inventory tracking database must allow for information regarding medical cannabis to
165.22 be updated instantaneously. Any manufacturer or third-party laboratory licensed under this
165.23 chapter must submit to the commissioner any information the commissioner deems necessary
165.24 for maintaining the inventory tracking database. The commissioner may contract with a
165.25 separate entity to establish and maintain all or any part of the inventory tracking database.
165.26 The provisions of section 13.05, subdivision 11, apply to a contract entered between the
165.27 commissioner and a third party under this paragraph.

165.28 Sec. 72. Minnesota Statutes 2021 Supplement, section 152.27, subdivision 2, is amended
165.29 to read:

165.30 Subd. 2. **Commissioner duties.** (a) The commissioner shall:

165.31 (1) give notice of the program to health care practitioners in the state who are eligible
165.32 to serve as health care practitioners and explain the purposes and requirements of the
165.33 program;

166.1 (2) allow each health care practitioner who meets or agrees to meet the program's
166.2 requirements and who requests to participate, to be included in the registry program to
166.3 collect data for the patient registry;

166.4 (3) provide explanatory information and assistance to each health care practitioner in
166.5 understanding the nature of therapeutic use of medical cannabis within program requirements;

166.6 (4) create and provide a certification to be used by a health care practitioner for the
166.7 practitioner to certify whether a patient has been diagnosed with a qualifying medical
166.8 condition ~~and include in the certification an option for the practitioner to certify whether~~
166.9 ~~the patient, in the health care practitioner's medical opinion, is developmentally or physically~~
166.10 ~~disabled and, as a result of that disability, the patient requires assistance in administering~~
166.11 ~~medical cannabis or obtaining medical cannabis from a distribution facility~~;

166.12 (5) supervise the participation of the health care practitioner in conducting patient
166.13 treatment and health records reporting in a manner that ensures stringent security and
166.14 record-keeping requirements and that prevents the unauthorized release of private data on
166.15 individuals as defined by section 13.02;

166.16 (6) develop safety criteria for patients with a qualifying medical condition as a
166.17 requirement of the patient's participation in the program, to prevent the patient from
166.18 undertaking any task under the influence of medical cannabis that would constitute negligence
166.19 or professional malpractice on the part of the patient; and

166.20 (7) conduct research and studies based on data from health records submitted to the
166.21 registry program and submit reports on intermediate or final research results to the legislature
166.22 and major scientific journals. The commissioner may contract with a third party to complete
166.23 the requirements of this clause. Any reports submitted must comply with section 152.28,
166.24 subdivision 2.

166.25 (b) The commissioner may add a delivery method under section 152.22, subdivision 6,
166.26 or add, remove, or modify a qualifying medical condition under section 152.22, subdivision
166.27 14, upon a petition from a member of the public or the task force on medical cannabis
166.28 therapeutic research or as directed by law. The commissioner shall evaluate all petitions to
166.29 add a qualifying medical condition or to remove or modify an existing qualifying medical
166.30 condition submitted by the task force on medical cannabis therapeutic research or as directed
166.31 by law and may make the addition, removal, or modification if the commissioner determines
166.32 the addition, removal, or modification is warranted based on the best available evidence
166.33 and research. If the commissioner wishes to add a delivery method under section 152.22,
166.34 subdivision 6, or add or remove a qualifying medical condition under section 152.22,

subdivision 14, the commissioner must notify the chairs and ranking minority members of the legislative policy committees having jurisdiction over health and public safety of the addition or removal and the reasons for its addition or removal, including any written comments received by the commissioner from the public and any guidance received from the task force on medical cannabis research, by January 15 of the year in which the commissioner wishes to make the change. The change shall be effective on August 1 of that year, unless the legislature by law provides otherwise.

Sec. 73. Minnesota Statutes 2021 Supplement, section 152.29, subdivision 1, is amended to read:

Subdivision 1. **Manufacturer; requirements.** (a) A manufacturer may operate eight distribution facilities, which may include the manufacturer's single location for cultivation, harvesting, manufacturing, packaging, and processing but is not required to include that location. The commissioner shall designate the geographical service areas to be served by each manufacturer based on geographical need throughout the state to improve patient access. A manufacturer shall not have more than two distribution facilities in each geographical service area assigned to the manufacturer by the commissioner. A manufacturer shall operate only one location where all cultivation, harvesting, manufacturing, packaging, and processing of medical cannabis shall be conducted. This location may be one of the manufacturer's distribution facility sites. The additional distribution facilities may dispense medical cannabis and medical cannabis ~~products~~ paraphernalia but may not contain any medical cannabis in a form other than those forms allowed under section 152.22, subdivision 6, and the manufacturer shall not conduct any cultivation, harvesting, manufacturing, packaging, or processing at the other distribution facility sites. Any distribution facility operated by the manufacturer is subject to all of the requirements applying to the manufacturer under sections 152.22 to 152.37, including, but not limited to, security and distribution requirements.

(b) A manufacturer may acquire hemp grown in this state from a hemp grower, and may acquire hemp products produced by a hemp processor. A manufacturer may manufacture or process hemp and hemp products into an allowable form of medical cannabis under section 152.22, subdivision 6. Hemp and hemp products acquired by a manufacturer under this paragraph are subject to the same quality control program, security and testing requirements, and other requirements that apply to medical cannabis under sections 152.22 to 152.37 and Minnesota Rules, chapter 4770.

168.1 (c) A medical cannabis manufacturer shall contract with a laboratory approved by the
168.2 commissioner, subject to any additional requirements set by the commissioner, for purposes
168.3 of testing medical cannabis manufactured or hemp or hemp products acquired by the medical
168.4 cannabis manufacturer as to content, contamination, and consistency to verify the medical
168.5 cannabis meets the requirements of section 152.22, subdivision 6. The laboratory must
168.6 collect, or contract with a third party that is not a manufacturer to collect, from the
168.7 manufacturer's production facility the medical cannabis samples it will test. The cost of
168.8 collecting samples and laboratory testing shall be paid by the manufacturer.

168.9 (d) The operating documents of a manufacturer must include:

168.10 (1) procedures for the oversight of the manufacturer and procedures to ensure accurate
168.11 record keeping;

168.12 (2) procedures for the implementation of appropriate security measures to deter and
168.13 prevent the theft of medical cannabis and unauthorized entrance into areas containing medical
168.14 cannabis; and

168.15 (3) procedures for the delivery and transportation of hemp between hemp growers and
168.16 manufacturers and for the delivery and transportation of hemp products between hemp
168.17 processors and manufacturers.

168.18 (e) A manufacturer shall implement security requirements, including requirements for
168.19 the delivery and transportation of hemp and hemp products, protection of each location by
168.20 a fully operational security alarm system, facility access controls, perimeter intrusion
168.21 detection systems, and a personnel identification system.

168.22 (f) A manufacturer shall not share office space with, refer patients to a health care
168.23 practitioner, or have any financial relationship with a health care practitioner.

168.24 (g) A manufacturer shall not permit any person to consume medical cannabis on the
168.25 property of the manufacturer.

168.26 (h) A manufacturer is subject to reasonable inspection by the commissioner.

168.27 (i) For purposes of sections 152.22 to 152.37, a medical cannabis manufacturer is not
168.28 subject to the Board of Pharmacy licensure or regulatory requirements under chapter 151.

168.29 (j) A medical cannabis manufacturer may not employ any person who is under 21 years
168.30 of age or who has been convicted of a disqualifying felony offense. An employee of a
168.31 medical cannabis manufacturer must submit a completed criminal history records check
168.32 consent form, a full set of classifiable fingerprints, and the required fees for submission to
168.33 the Bureau of Criminal Apprehension before an employee may begin working with the

169.1 manufacturer. The bureau must conduct a Minnesota criminal history records check and
169.2 the superintendent is authorized to exchange the fingerprints with the Federal Bureau of
169.3 Investigation to obtain the applicant's national criminal history record information. The
169.4 bureau shall return the results of the Minnesota and federal criminal history records checks
169.5 to the commissioner.

169.6 (k) A manufacturer may not operate in any location, whether for distribution or
169.7 cultivation, harvesting, manufacturing, packaging, or processing, within 1,000 feet of a
169.8 public or private school existing before the date of the manufacturer's registration with the
169.9 commissioner.

169.10 (l) A manufacturer shall comply with reasonable restrictions set by the commissioner
169.11 relating to signage, marketing, display, and advertising of medical cannabis.

169.12 (m) Before a manufacturer acquires hemp from a hemp grower or hemp products from
169.13 a hemp processor, the manufacturer must verify that the hemp grower or hemp processor
169.14 has a valid license issued by the commissioner of agriculture under chapter 18K.

169.15 (n) Until a state-centralized, seed-to-sale system is implemented that can track a specific
169.16 medical cannabis plant from cultivation through testing and point of sale, the commissioner
169.17 shall conduct at least one unannounced inspection per year of each manufacturer that includes
169.18 inspection of:

169.19 (1) business operations;

169.20 (2) physical locations of the manufacturer's manufacturing facility and distribution
169.21 facilities;

169.22 (3) financial information and inventory documentation, including laboratory testing
169.23 results; and

169.24 (4) physical and electronic security alarm systems.

169.25 Sec. 74. Minnesota Statutes 2021 Supplement, section 152.29, subdivision 3, is amended
169.26 to read:

169.27 Subd. 3. **Manufacturer; distribution.** (a) A manufacturer shall require that employees
169.28 licensed as pharmacists pursuant to chapter 151 be the only employees to give final approval
169.29 for the distribution of medical cannabis to a patient. A manufacturer may transport medical
169.30 cannabis or medical cannabis ~~products~~ paraphernalia that have been cultivated, harvested,
169.31 manufactured, packaged, and processed by that manufacturer to another registered
169.32 manufacturer for the other manufacturer to distribute.

170.1 (b) A manufacturer may distribute medical cannabis ~~products~~ <u>paraphernalia</u>, whether
170.2 or not the ~~products~~ <u>medical cannabis paraphernalia</u> have been manufactured by that
170.3 manufacturer.

170.4 (c) Prior to distribution of any medical cannabis, the manufacturer shall:

170.5 (1) verify that the manufacturer has received the registry verification from the
170.6 commissioner for that individual patient;

170.7 (2) verify that the person requesting the distribution of medical cannabis is the patient,
170.8 the patient's registered designated caregiver, or the patient's parent, legal guardian, or spouse
170.9 listed in the registry verification using the procedures described in section 152.11, subdivision
170.10 2d;

170.11 (3) assign a tracking number to any medical cannabis distributed from the manufacturer;

170.12 (4) ensure that any employee of the manufacturer licensed as a pharmacist pursuant to
170.13 chapter 151 has consulted with the patient to determine the proper dosage for the individual
170.14 patient after reviewing the ranges of chemical compositions of the medical cannabis and
170.15 the ranges of proper dosages reported by the commissioner. For purposes of this clause, a
170.16 consultation may be conducted remotely by secure videoconference, telephone, or other
170.17 remote means, so long as the employee providing the consultation is able to confirm the
170.18 identity of the patient and the consultation adheres to patient privacy requirements that apply
170.19 to health care services delivered through telehealth. A pharmacist consultation under this
170.20 clause is not required when a manufacturer is distributing medical cannabis to a patient
170.21 according to a patient-specific dosage plan established with that manufacturer and is not
170.22 modifying the dosage or product being distributed under that plan and the medical cannabis
170.23 is distributed by a pharmacy technician;

170.24 (5) properly package medical cannabis in compliance with the United States Poison
170.25 Prevention Packing Act regarding child-resistant packaging and exemptions for packaging
170.26 for elderly patients, and label distributed medical cannabis with a list of all active ingredients
170.27 and individually identifying information, including:

170.28 (i) the patient's name and date of birth;

170.29 (ii) the name and date of birth of the patient's registered designated caregiver or, if listed
170.30 on the registry verification, the name of the patient's parent or legal guardian, if applicable;

170.31 (iii) the patient's registry identification number;

170.32 (iv) the chemical composition of the medical cannabis; and

171.1 (v) the dosage; and

171.2 (6) ensure that the medical cannabis distributed contains a maximum of a 90-day supply
171.3 of the dosage determined for that patient.

171.4 (d) A manufacturer shall require any employee of the manufacturer who is transporting
171.5 medical cannabis or medical cannabis ~~products~~ paraphernalia to a distribution facility or to
171.6 another registered manufacturer to carry identification showing that the person is an employee
171.7 of the manufacturer.

171.8 (e) A manufacturer shall distribute medical cannabis in dried raw cannabis form only
171.9 to a patient age 21 or older, or to the registered designated caregiver, parent, legal guardian,
171.10 or spouse of a patient age 21 or older.

171.11 Sec. 75. Minnesota Statutes 2020, section 152.29, subdivision 3a, is amended to read:

171.12 Subd. 3a. **Transportation of medical cannabis; transport staffing.** (a) A medical
171.13 cannabis manufacturer may staff a transport motor vehicle with only one employee if the
171.14 medical cannabis manufacturer is transporting medical cannabis to ~~either a certified~~
171.15 ~~laboratory for the purpose of testing or~~ a facility for the purpose of disposal. If the medical
171.16 cannabis manufacturer is transporting medical cannabis for any other purpose or destination,
171.17 the transport motor vehicle must be staffed with a minimum of two employees as required
171.18 by rules adopted by the commissioner.

171.19 (b) Notwithstanding paragraph (a), a medical cannabis manufacturer that is only
171.20 transporting hemp for any purpose may staff the transport motor vehicle with only one
171.21 employee.

171.22 (c) A medical cannabis manufacturer may contract with a third party for armored car
171.23 services for deliveries of medical cannabis from its production facility to distribution
171.24 facilities. A medical cannabis manufacturer that contracts for armored car services remains
171.25 responsible for compliance with transportation manifest and inventory tracking requirements
171.26 in rules adopted by the commissioner.

171.27 (d) A third-party testing laboratory may staff a transport motor vehicle with one or more
171.28 employees when transporting medical cannabis from a manufacturer's production facility
171.29 to the testing laboratory for the purpose of testing samples.

171.30 (e) Department of Health staff may transport medical cannabis for the purposes of
171.31 delivering medical cannabis and other samples to a laboratory for testing under rules adopted
171.32 by the commissioner and in cases of special investigations when the commissioner has
171.33 determined there is a potential threat to public health. The transport motor vehicle must be

172.1 staffed by a minimum of two Department of Health employees. The employees must carry
172.2 their Department of Health identification cards and a transport manifest that meets the
172.3 requirements in Minnesota Rules, part 4770.1100, subpart 2.

172.4 (f) A Tribal medical cannabis program operated by a federally recognized Indian Tribe
172.5 located within the state of Minnesota may transport samples of medical cannabis to testing
172.6 laboratories and to other Indian lands in the state. Transport vehicles must be staffed by at
172.7 least two employees of the Tribal medical cannabis program. Transporters must carry
172.8 identification identifying them as employees of the Tribal medical cannabis program and
172.9 a detailed transportation manifest that includes the place and time of departure, the address
172.10 of the destination, and a description and count of the medical cannabis being transported.

172.11 Sec. 76. Minnesota Statutes 2020, section 152.30, is amended to read:

172.12 **152.30 PATIENT DUTIES.**

172.13 (a) A patient shall apply to the commissioner for enrollment in the registry program by
172.14 submitting an application as required in section 152.27 and an annual registration fee as
172.15 determined under section 152.35.

172.16 (b) As a condition of continued enrollment, patients shall agree to:

172.17 (1) continue to receive regularly scheduled treatment for their qualifying medical
172.18 condition from their health care practitioner; and

172.19 (2) report changes in their qualifying medical condition to their health care practitioner.

172.20 (c) A patient shall only receive medical cannabis from a registered manufacturer but is
172.21 not required to receive medical cannabis ~~products~~ paraphernalia from only a registered
172.22 manufacturer.

172.23 Sec. 77. Minnesota Statutes 2020, section 152.32, subdivision 2, is amended to read:

172.24 Subd. 2. **Criminal and civil protections.** (a) Subject to section 152.23, the following
172.25 are not violations under this chapter:

172.26 (1) use or possession of medical cannabis or medical cannabis products by a patient
172.27 enrolled in the registry program, or possession by a registered designated caregiver or the
172.28 parent, legal guardian, or spouse of a patient if the parent, legal guardian, or spouse is listed
172.29 on the registry verification;

173.1 (2) possession, dosage determination, or sale of medical cannabis or medical cannabis
173.2 products by a medical cannabis manufacturer, employees of a manufacturer, a laboratory
173.3 conducting testing on medical cannabis, or employees of the laboratory; and

173.4 (3) possession of medical cannabis or medical cannabis ~~products~~ paraphernalia by any
173.5 person while carrying out the duties required under sections 152.22 to 152.37.

173.6 (b) Medical cannabis obtained and distributed pursuant to sections 152.22 to 152.37 and
173.7 associated property is not subject to forfeiture under sections 609.531 to 609.5316.

173.8 (c) The commissioner, the commissioner's staff, the commissioner's agents or contractors,
173.9 and any health care practitioner are not subject to any civil or disciplinary penalties by the
173.10 Board of Medical Practice, the Board of Nursing, or by any business, occupational, or
173.11 professional licensing board or entity, solely for the participation in the registry program
173.12 under sections 152.22 to 152.37. A pharmacist licensed under chapter 151 is not subject to
173.13 any civil or disciplinary penalties by the Board of Pharmacy when acting in accordance
173.14 with the provisions of sections 152.22 to 152.37. Nothing in this section affects a professional
173.15 licensing board from taking action in response to violations of any other section of law.

173.16 (d) Notwithstanding any law to the contrary, the commissioner, the governor of
173.17 Minnesota, or an employee of any state agency may not be held civilly or criminally liable
173.18 for any injury, loss of property, personal injury, or death caused by any act or omission
173.19 while acting within the scope of office or employment under sections 152.22 to 152.37.

173.20 (e) Federal, state, and local law enforcement authorities are prohibited from accessing
173.21 the patient registry under sections 152.22 to 152.37 except when acting pursuant to a valid
173.22 search warrant.

173.23 (f) Notwithstanding any law to the contrary, neither the commissioner nor a public
173.24 employee may release data or information about an individual contained in any report,
173.25 document, or registry created under sections 152.22 to 152.37 or any information obtained
173.26 about a patient participating in the program, except as provided in sections 152.22 to 152.37.

173.27 (g) No information contained in a report, document, or registry or obtained from a patient
173.28 under sections 152.22 to 152.37 may be admitted as evidence in a criminal proceeding
173.29 unless independently obtained or in connection with a proceeding involving a violation of
173.30 sections 152.22 to 152.37.

173.31 (h) Notwithstanding section 13.09, any person who violates paragraph (e) or (f) is guilty
173.32 of a gross misdemeanor.

174.1 (i) An attorney may not be subject to disciplinary action by the Minnesota Supreme
174.2 Court or professional responsibility board for providing legal assistance to prospective or
174.3 registered manufacturers or others related to activity that is no longer subject to criminal
174.4 penalties under state law pursuant to sections 152.22 to 152.37.

174.5 (j) Possession of a registry verification or application for enrollment in the program by
174.6 a person entitled to possess or apply for enrollment in the registry program does not constitute
174.7 probable cause or reasonable suspicion, nor shall it be used to support a search of the person
174.8 or property of the person possessing or applying for the registry verification, or otherwise
174.9 subject the person or property of the person to inspection by any governmental agency.

174.10 Sec. 78. Minnesota Statutes 2020, section 152.36, is amended to read:

174.11 **152.36 IMPACT ASSESSMENT OF MEDICAL CANNABIS THERAPEUTIC**
174.12 **RESEARCH.**

174.13 Subdivision 1. **Task force on medical cannabis therapeutic research.** (a) A 23-member
174.14 task force on medical cannabis therapeutic research is created to conduct an impact
174.15 assessment of medical cannabis therapeutic research. The task force shall consist of the
174.16 following members:

174.17 (1) two members of the house of representatives, one selected by the speaker of the
174.18 house, the other selected by the minority leader;

174.19 (2) two members of the senate, one selected by the majority leader, the other selected
174.20 by the minority leader;

174.21 (3) four members representing consumers or patients enrolled in the registry program,
174.22 including at least two parents of patients under age 18;

174.23 (4) four members representing health care providers, including one licensed pharmacist;

174.24 (5) four members representing law enforcement, one from the Minnesota Chiefs of
174.25 Police Association, one from the Minnesota Sheriff's Association, one from the Minnesota
174.26 Police and Peace Officers Association, and one from the Minnesota County Attorneys
174.27 Association;

174.28 (6) four members representing substance use disorder treatment providers; and

174.29 (7) the commissioners of health, human services, and public safety.

174.30 (b) Task force members listed under paragraph (a), clauses (3), (4), (5), and (6), shall
174.31 be appointed by the governor under the appointment process in section 15.0597. Members
174.32 shall serve on the task force at the pleasure of the appointing authority. ~~All members must~~

~~be appointed by July 15, 2014, and the commissioner of health shall convene the first meeting of the task force by August 1, 2014.~~

(c) There shall be two cochairs of the task force chosen from the members listed under paragraph (a). One cochair shall be selected by the speaker of the house and the other cochair shall be selected by the majority leader of the senate. The authority to convene meetings shall alternate between the cochairs.

(d) Members of the task force other than those in paragraph (a), clauses (1), (2), and (7), shall receive expenses as provided in section 15.059, subdivision 6.

Subd. 1a. **Administration.** The commissioner of health shall provide administrative and technical support to the task force.

Subd. 2. **Impact assessment.** The task force shall hold hearings to evaluate the impact of the use of medical cannabis and hemp and Minnesota's activities involving medical cannabis and hemp, including, but not limited to:

(1) program design and implementation;

(2) the impact on the health care provider community;

(3) patient experiences;

(4) the impact on the incidence of substance abuse;

(5) access to and quality of medical cannabis, hemp, and medical cannabis ~~products~~ paraphernalia;

(6) the impact on law enforcement and prosecutions;

(7) public awareness and perception; and

(8) any unintended consequences.

~~Subd. 3. **Cost assessment.** By January 15 of each year, beginning January 15, 2015, and ending January 15, 2019, the commissioners of state departments impacted by the medical cannabis therapeutic research study shall report to the cochairs of the task force on the costs incurred by each department on implementing sections 152.22 to 152.37. The reports must compare actual costs to the estimated costs of implementing these sections and must be submitted to the task force on medical cannabis therapeutic research.~~

Subd. 4. **Reports to the legislature.** (a) The cochairs of the task force shall submit ~~the following reports~~ an impact assessment report to the chairs and ranking minority members

176.1 of the legislative committees and divisions with jurisdiction over health and human services,
176.2 public safety, judiciary, and civil law~~:~~

176.3 ~~(1)~~ by February 1, 2015, ~~a report on the design and implementation of the registry~~
176.4 ~~program;~~ and every two years thereafter~~, a complete impact assessment report; and~~.

176.5 ~~(2) upon receipt of a cost assessment from a commissioner of a state agency, the~~
176.6 ~~completed cost assessment.~~

176.7 (b) The task force may make recommendations to the legislature on whether to add or
176.8 remove conditions from the list of qualifying medical conditions.

176.9 Subd. 5. **No expiration.** The task force on medical cannabis therapeutic research does
176.10 not expire.

176.11 Sec. 79. **COMMISSIONER OF HEALTH; RECOMMENDATION REGARDING**
176.12 **EXCEPTION TO HOSPITAL CONSTRUCTION MORATORIUM.**

176.13 By February 1, 2023, the commissioner of health, in consultation with the commissioner
176.14 of human services, shall make a recommendation to the chairs and ranking minority members
176.15 of the legislative committees with jurisdiction over health and human services finance as
176.16 to whether Minnesota Statutes, section 144.551, subdivision 1, should be amended to
176.17 authorize exceptions, for hospitals in other counties and without a public interest review,
176.18 that are substantially similar to the exception in Minnesota Statutes, section 144.551,
176.19 subdivision 1, paragraph (b), clause (31).

176.20 Sec. 80. **REVISOR INSTRUCTION.**

176.21 (a) The revisor of statutes shall change the term "cancer surveillance system" to "cancer
176.22 reporting system" wherever it appears in Minnesota Statutes and Minnesota Rules.

176.23 (b) The revisor of statutes shall make any necessary cross-reference changes required
176.24 as a result of the amendments in this article to Minnesota Statutes, sections 144A.01;
176.25 144A.03, subdivision 1; 144A.04, subdivisions 4 and 6; and 144A.06.

176.26 Sec. 81. **REPEALER.**

176.27 Minnesota Statutes 2021 Supplement, section 144G.07, subdivision 6, is repealed.

177.1 **ARTICLE 3**

177.2 **HEALTH CARE FINANCE**

177.3 Section 1. **[62J.86] DEFINITIONS.**

177.4 Subdivision 1. **Definitions.** For the purposes of sections 62J.86 to 62J.92, the following
177.5 terms have the meanings given.

177.6 Subd. 2. **Advisory council.** "Advisory council" means the Health Care Affordability
177.7 Advisory Council established under section 62J.88.

177.8 Subd. 3. **Board.** "Board" means the Health Care Affordability Board established under
177.9 section 62J.87.

177.10 Sec. 2. **[62J.87] HEALTH CARE AFFORDABILITY BOARD.**

177.11 Subdivision 1. **Establishment.** The Health Care Affordability Board is established and
177.12 shall be governed as a board under section 15.012, paragraph (a), to protect consumers,
177.13 state and local governments, health plan companies, providers, and other health care system
177.14 stakeholders from unaffordable health care costs. The board must be operational by January
177.15 1, 2023.

177.16 Subd. 2. **Membership.** (a) The Health Care Affordability Board consists of 13 members,
177.17 appointed as follows:

177.18 (1) five members appointed by the governor;

177.19 (2) two members appointed by the majority leader of the senate;

177.20 (3) two members appointed by the minority leader of the senate;

177.21 (4) two members appointed by the speaker of the house; and

177.22 (5) two members appointed by the minority leader of the house of representatives.

177.23 (b) All appointed members must have knowledge and demonstrated expertise in one or
177.24 more of the following areas: health care finance, health economics, health care management
177.25 or administration at a senior level, health care consumer advocacy, representing the health
177.26 care workforce as a leader in a labor organization, purchasing health care insurance as a
177.27 health benefits administrator, delivery of primary care, health plan company administration,
177.28 public or population health, and addressing health disparities and structural inequities.

177.29 (c) A member may not participate in board proceedings involving an organization,
177.30 activity, or transaction in which the member has either a direct or indirect financial interest,
177.31 other than as an individual consumer of health services.

178.1 (d) The Legislative Coordinating Commission shall coordinate appointments under this
178.2 subdivision to ensure that board members are appointed by August 1, 2022, and that board
178.3 members as a whole meet all of the criteria related to the knowledge and expertise specified
178.4 in paragraph (b).

178.5 Subd. 3. **Terms.** (a) Board appointees shall serve four-year terms. A board member shall
178.6 not serve more than three consecutive terms.

178.7 (b) A board member may resign at any time by giving written notice to the board.

178.8 Subd. 4. **Chair; other officers.** (a) The governor shall designate an acting chair from
178.9 the members appointed by the governor.

178.10 (b) The board shall elect a chair to replace the acting chair at the first meeting of the
178.11 board by a majority of the members. The chair shall serve for two years.

178.12 (c) The board shall elect a vice-chair and other officers from its membership as it deems
178.13 necessary.

178.14 Subd. 5. **Staff; technical assistance; contracting.** (a) The board shall hire a full-time
178.15 executive director and other staff, who shall serve in the unclassified service. The executive
178.16 director must have significant knowledge and expertise in health economics and demonstrated
178.17 experience in health policy.

178.18 (b) The attorney general shall provide legal services to the board.

178.19 (c) The Department of Health shall provide technical assistance to the board in analyzing
178.20 health care trends and costs and in setting health care spending growth targets.

178.21 (d) The board may employ or contract for professional and technical assistance, including
178.22 actuarial assistance, as the board deems necessary to perform the board's duties.

178.23 Subd. 6. **Access to information.** (a) The board may request that a state agency provide
178.24 the board with any publicly available information in a usable format as requested by the
178.25 board, at no cost to the board.

178.26 (b) The board may request from a state agency unique or custom data sets, and the agency
178.27 may charge the board for providing the data at the same rate the agency would charge any
178.28 other public or private entity.

178.29 (c) Any information provided to the board by a state agency must be de-identified. For
178.30 purposes of this subdivision, "de-identification" means the process used to prevent the
178.31 identity of a person or business from being connected with the information and ensuring
178.32 all identifiable information has been removed.

179.1 (d) Any data submitted to the board retains its original classification under the Minnesota
179.2 Data Practices Act in chapter 13.

179.3 Subd. 7. **Compensation.** Board members shall not receive compensation but may receive
179.4 reimbursement for expenses as authorized under section 15.059, subdivision 3.

179.5 Subd. 8. **Meetings.** (a) Meetings of the board are subject to chapter 13D. The board shall
179.6 meet publicly at least quarterly. The board may meet in closed session when reviewing
179.7 proprietary information as specified in section 62J.71, subdivision 4.

179.8 (b) The board shall announce each public meeting at least two weeks prior to the
179.9 scheduled date of the meeting. Any materials for the meeting must be made public at least
179.10 one week prior to the scheduled date of the meeting.

179.11 (c) At each public meeting, the board shall provide the opportunity for comments from
179.12 the public, including the opportunity for written comments to be submitted to the board
179.13 prior to a decision by the board.

179.14 Sec. 3. **[62J.88] HEALTH CARE AFFORDABILITY ADVISORY COUNCIL.**

179.15 Subdivision 1. **Establishment.** The governor shall appoint a Health Care Affordability
179.16 Advisory Council of up to 15 members to provide advice to the board on health care costs
179.17 and access issues and to represent the views of patients and other stakeholders. Members
179.18 of the advisory council must be appointed based on their knowledge and demonstrated
179.19 expertise in one or more of the following areas: health care delivery, ensuring health care
179.20 access for diverse populations, public and population health, patient perspectives, health
179.21 care cost trends and drivers, clinical and health services research, innovation in health care
179.22 delivery, and health care benefits management.

179.23 Subd. 2. **Duties; reports.** (a) The council shall provide technical recommendations to
179.24 the board on:

179.25 (1) the identification of economic indicators and other metrics related to the development
179.26 and setting of health care spending growth targets;

179.27 (2) data sources for measuring health care spending; and

179.28 (3) measurement of the impact of health care spending growth targets on diverse
179.29 communities and populations, including but not limited to those communities and populations
179.30 adversely affected by health disparities.

180.1 (b) The council shall report technical recommendations and a summary of its activities
180.2 to the board at least annually, and shall submit additional reports on its activities and
180.3 recommendations to the board, as requested by the board or at the discretion of the council.

180.4 Subd. 3. **Terms.** (a) The initial appointed advisory council members shall serve staggered
180.5 terms of two, three, or four years determined by lot by the secretary of state. Following the
180.6 initial appointments, advisory council members shall serve four-year terms.

180.7 (b) Removal and vacancies of advisory council members are governed by section 15.059.

180.8 Subd. 4. **Compensation.** Advisory council members may be compensated according to
180.9 section 15.059.

180.10 Subd. 5. **Meetings.** The advisory council shall meet at least quarterly. Meetings of the
180.11 advisory council are subject to chapter 13D.

180.12 Subd. 6. **Exemption.** Notwithstanding section 15.059, the advisory council shall not
180.13 expire.

180.14 Sec. 4. **[62J.89] DUTIES OF THE BOARD.**

180.15 Subdivision 1. **General.** (a) The board shall monitor the administration and reform of
180.16 the health care delivery and payment systems in the state. The board shall:

180.17 (1) set health care spending growth targets for the state, as specified under section 62J.90;

180.18 (2) enhance the transparency of provider organizations;

180.19 (3) monitor the adoption and effectiveness of alternative payment methodologies;

180.20 (4) foster innovative health care delivery and payment models that lower health care
180.21 cost growth while improving the quality of patient care;

180.22 (5) monitor and review the impact of changes within the health care marketplace; and

180.23 (6) monitor patient access to necessary health care services.

180.24 (b) The board shall establish goals to reduce health care disparities in racial and ethnic
180.25 communities and to ensure access to quality care for persons with disabilities or with chronic
180.26 or complex health conditions.

180.27 Subd. 2. **Market trends.** The board shall monitor efforts to reform the health care
180.28 delivery and payment system in Minnesota to understand emerging trends in the commercial
180.29 health insurance market, including large self-insured employers and the state's public health
180.30 care programs, in order to identify opportunities for state action to achieve:

181.1 (1) improved patient experience of care, including quality and satisfaction;

181.2 (2) improved health of all populations, including a reduction in health disparities; and

181.3 (3) a reduction in the growth of health care costs.

181.4 Subd. 3. **Recommendations for reform.** The board shall recommend legislative policy,
181.5 market, or any other reforms to:

181.6 (1) lower the rate of growth in commercial health care costs and public health care
181.7 program spending in the state;

181.8 (2) positively impact the state's rankings in the areas listed in this subdivision and
181.9 subdivision 2; and

181.10 (3) improve the quality and value of care for all Minnesotans, and for specific populations
181.11 adversely affected by health inequities.

181.12 Subd. 4. **Office of Patient Protection.** The board shall establish an Office of Patient
181.13 Protection, to be operational by January 1, 2024. The office shall assist consumers with
181.14 issues related to access and quality of health care, and advise the legislature on ways to
181.15 reduce consumer health care spending and improve consumer experiences by reducing
181.16 complexity for consumers.

181.17 Sec. 5. **[62J.90] HEALTH CARE SPENDING GROWTH TARGETS.**

181.18 Subdivision 1. **Establishment and administration.** The board shall establish and
181.19 administer the health care spending growth target program to limit health care spending
181.20 growth in the state, and shall report regularly to the legislature and the public on progress
181.21 toward these targets.

181.22 Subd. 2. **Methodology.** (a) The board shall develop a methodology to establish annual
181.23 health care spending growth targets and the economic indicators to be used in establishing
181.24 the initial and subsequent target levels.

181.25 (b) The health care spending growth target must:

181.26 (1) use a clear and operational definition of total state health care spending;

181.27 (2) promote a predictable and sustainable rate of growth for total health care spending
181.28 as measured by an established economic indicator, such as the rate of increase of the state's
181.29 economy or of the personal income of residents of this state, or a combination;

181.30 (3) define the health care markets and the entities to which the targets apply;

182.1 (4) take into consideration the potential for variability in targets across public and private
182.2 payers;

182.3 (5) account for the health status of patients; and

182.4 (6) incorporate specific benchmarks related to health equity.

182.5 (c) In developing, implementing, and evaluating the growth target program, the board
182.6 shall:

182.7 (1) consider the incorporation of quality of care and primary care spending goals;

182.8 (2) ensure that the program does not place a disproportionate burden on communities
182.9 most impacted by health disparities, the providers who primarily serve communities most
182.10 impacted by health disparities, or individuals who reside in rural areas or have high health
182.11 care needs;

182.12 (3) explicitly consider payment models that help ensure financial sustainability of rural
182.13 health care delivery systems and the ability to provide population health;

182.14 (4) allow setting growth targets that encourage an individual health care entity to serve
182.15 populations with greater health care risks by incorporating:

182.16 (i) a risk factor adjustment reflecting the health status of the entity's patient mix; and

182.17 (ii) an equity adjustment accounting for the social determinants of health and other
182.18 factors related to health equity for the entity's patient mix;

182.19 (5) ensure that growth targets:

182.20 (i) do not constrain the Minnesota health care workforce, including the need to provide
182.21 competitive wages and benefits;

182.22 (ii) do not limit the use of collective bargaining or place a floor or ceiling on health care
182.23 workforce compensation; and

182.24 (iii) promote workforce stability and maintain high-quality health care jobs; and

182.25 (6) consult with the advisory council and other stakeholders.

182.26 Subd. 3. **Data.** The board shall identify data to be used for tracking performance in
182.27 meeting the growth target and identify methods of data collection necessary for efficient
182.28 implementation by the board. In identifying data and methods, the board shall:

182.29 (1) consider the availability, timeliness, quality, and usefulness of existing data, including
182.30 the data collected under section 62U.04;

183.1 (2) assess the need for additional investments in data collection, data validation, or data
183.2 analysis capacity to support the board in performing its duties; and

183.3 (3) minimize the reporting burden to the extent possible.

183.4 Subd. 4. **Setting growth targets; related duties.** (a) The board, by June 15, 2023, and
183.5 by June 15 of each succeeding calendar year through June 15, 2027, shall establish annual
183.6 health care spending growth targets for the next calendar year consistent with the
183.7 requirements of this section. The board shall set annual health care spending growth targets
183.8 for the five-year period from January 1, 2024, through December 31, 2028.

183.9 (b) The board shall periodically review all components of the health care spending
183.10 growth target program methodology, economic indicators, and other factors. The board may
183.11 revise the annual spending growth targets after a public hearing, as appropriate. If the board
183.12 revises a spending growth target, the board must provide public notice at least 60 days
183.13 before the start of the calendar year to which the revised growth target will apply.

183.14 (c) The board, based on an analysis of drivers of health care spending and evidence from
183.15 public testimony, shall evaluate strategies and new policies, including the establishment of
183.16 accountability mechanisms, that are able to contribute to meeting growth targets and limiting
183.17 health care spending growth without increasing disparities in access to health care.

183.18 Subd. 5. **Hearings.** At least annually, the board shall hold public hearings to present
183.19 findings from spending growth target monitoring. The board shall also regularly hold public
183.20 hearings to take testimony from stakeholders on health care spending growth, setting and
183.21 revising health care spending growth targets, the impact of spending growth and growth
183.22 targets on health care access and quality, and as needed to perform the duties assigned under
183.23 section 62J.89, subdivisions 1, 2, and 3.

183.24 Sec. 6. **[62J.91] NOTICE TO HEALTH CARE ENTITIES.**

183.25 Subdivision 1. **Notice.** (a) The board shall provide notice to all health care entities that
183.26 have been identified by the board as exceeding the spending growth target for any given
183.27 year.

183.28 (b) For purposes of this section, "health care entity" must be defined by the board during
183.29 the development of the health care spending growth methodology. When developing this
183.30 methodology, the board shall consider a definition of health care entity that includes clinics,
183.31 hospitals, ambulatory surgical centers, physician organizations, accountable care
183.32 organizations, integrated provider and plan systems, and other entities defined by the board,
183.33 provided that physician organizations with a patient panel of 15,000 or fewer, or which

184.1 represent providers who collectively receive less than $25,000,000 in annual net patient
184.2 service revenue from health plan companies and other payers, are exempt.

184.3 Subd. 2. **Performance improvement plans.** (a) The board shall establish and implement
184.4 procedures to assist health care entities to improve efficiency and reduce cost growth by
184.5 requiring some or all health care entities provided notice under subdivision 1 to file and
184.6 implement a performance improvement plan. The board shall provide written notice of this
184.7 requirement to health care entities.

184.8 (b) Within 45 days of receiving a notice of the requirement to file a performance
184.9 improvement plan, a health care entity shall:

184.10 (1) file a performance improvement plan with the board; or

184.11 (2) file an application with the board to waive the requirement to file a performance
184.12 improvement plan or extend the timeline for filing a performance improvement plan.

184.13 (c) The health care entity may file any documentation or supporting evidence with the
184.14 board to support the health care entity's application to waive or extend the timeline to file
184.15 a performance improvement plan. The board shall require the health care entity to submit
184.16 any other relevant information it deems necessary in considering the waiver or extension
184.17 application, provided that this information must be made public at the discretion of the
184.18 board. The board may waive or delay the requirement for a health care entity to file a
184.19 performance improvement plan in response to a waiver or extension request in light of all
184.20 information received from the health care entity, based on a consideration of the following
184.21 factors:

184.22 (1) the costs, price, and utilization trends of the health care entity over time, and any
184.23 demonstrated improvement in reducing per capita medical expenses adjusted by health
184.24 status;

184.25 (2) any ongoing strategies or investments that the health care entity is implementing to
184.26 improve future long-term efficiency and reduce cost growth;

184.27 (3) whether the factors that led to increased costs for the health care entity can reasonably
184.28 be considered to be unanticipated and outside of the control of the entity. These factors may
184.29 include but are not limited to age and other health status adjusted factors and other cost
184.30 inputs such as pharmaceutical expenses and medical device expenses;

184.31 (4) the overall financial condition of the health care entity; and

184.32 (5) any other factors the board considers relevant. If the board declines to waive or
184.33 extend the requirement for the health care entity to file a performance improvement plan,

185.1 the board shall provide written notice to the health care entity that its application for a waiver
185.2 or extension was denied and the health care entity shall file a performance improvement
185.3 plan.

185.4 (d) A health care entity shall file a performance improvement plan with the board:

185.5 (1) within 45 days of receipt of an initial notice;

185.6 (2) if the health care entity has requested a waiver or extension, within 45 days of receipt
185.7 of a notice that such waiver or extension has been denied; or

185.8 (3) if the health care entity is granted an extension, on the date given on the extension.

185.9 (e) The performance improvement plan must identify the causes of the entity's cost
185.10 growth and include but not be limited to specific strategies, adjustments, and action steps
185.11 the entity proposes to implement to improve cost performance. The proposed performance
185.12 improvement plan must include specific identifiable and measurable expected outcomes
185.13 and a timetable for implementation. The timetable for a performance improvement plan
185.14 must not exceed 18 months.

185.15 (f) The board shall approve any performance improvement plan it determines is
185.16 reasonably likely to address the underlying cause of the entity's cost growth and has a
185.17 reasonable expectation for successful implementation. If the board determines that the
185.18 performance improvement plan is unacceptable or incomplete, the board may provide
185.19 consultation on the criteria that have not been met and may allow an additional time period
185.20 of up to 30 calendar days for resubmission. Upon approval of the proposed performance
185.21 improvement plan, the board shall notify the health care entity to begin immediate
185.22 implementation of the performance improvement plan. The board shall provide public notice
185.23 on its website identifying that the health care entity is implementing a performance
185.24 improvement plan. All health care entities implementing an approved performance
185.25 improvement plan shall be subject to additional reporting requirements and compliance
185.26 monitoring, as determined by the board. The board shall provide assistance to the health
185.27 care entity in the successful implementation of the performance improvement plan.

185.28 (g) All health care entities shall in good faith work to implement the performance
185.29 improvement plan. At any point during the implementation of the performance improvement
185.30 plan, the health care entity may file amendments to the performance improvement plan,
185.31 subject to approval of the board. At the conclusion of the timetable established in the
185.32 performance improvement plan, the health care entity shall report to the board regarding
185.33 the outcome of the performance improvement plan. If the board determines the performance
185.34 improvement plan was not implemented successfully, the board shall:

186.1 (1) extend the implementation timetable of the existing performance improvement plan;

186.2 (2) approve amendments to the performance improvement plan as proposed by the health
186.3 care entity;

186.4 (3) require the health care entity to submit a new performance improvement plan; or

186.5 (4) waive or delay the requirement to file any additional performance improvement
186.6 plans.

186.7 (h) Upon the successful completion of the performance improvement plan, the board
186.8 shall remove the identity of the health care entity from the board's website. The board may
186.9 assist health care entities with implementing the performance improvement plans or otherwise
186.10 ensure compliance with this subdivision.

186.11 (i) If the board determines that a health care entity has:

186.12 (1) willfully neglected to file a performance improvement plan with the board within
186.13 45 days as required;

186.14 (2) failed to file an acceptable performance improvement plan in good faith with the
186.15 board;

186.16 (3) failed to implement the performance improvement plan in good faith; or

186.17 (4) knowingly failed to provide information required by this subdivision to the board or
186.18 knowingly provided false information, the board may assess a civil penalty to the health
186.19 care entity of not more than $50,000. The board must only impose a civil penalty as a last
186.20 resort.

186.21 Sec. 7. **[62J.92] REPORTING REQUIREMENTS.**

186.22 Subdivision 1. **General requirement.** (a) The board shall present the reports required
186.23 by this section to the chairs and ranking members of the legislative committees with primary
186.24 jurisdiction over health care finance and policy. The board shall also make these reports
186.25 available to the public on the board's website.

186.26 (b) The board may contract with a third-party vendor for technical assistance in preparing
186.27 the reports.

186.28 Subd. 2. **Progress reports.** The board shall submit written progress updates about the
186.29 development and implementation of the health care spending growth target program by
186.30 February 15, 2024, and February 15, 2025. The updates must include reporting on board
186.31 membership and activities, program design decisions, planned timelines for implementation

187.1 of the program, and the progress of implementation. The reports must include the
187.2 methodological details underlying program design decisions.

187.3 Subd. 3. **Health care spending trends.** By December 15, 2024, and every December
187.4 15 thereafter, the board shall submit a report on health care spending trends and the health
187.5 care spending growth target program that includes:

187.6 (1) spending growth in aggregate and for entities subject to health care spending growth
187.7 targets relative to established target levels;

187.8 (2) findings from analyses of drivers of health care spending growth;

187.9 (3) estimates of the impact of health care spending growth on Minnesota residents,
187.10 including for communities most impacted by health disparities, related to their access to
187.11 insurance and care, value of health care, and the ability to pursue other spending priorities;

187.12 (4) the potential and observed impact of the health care growth targets on the financial
187.13 viability of the rural delivery system;

187.14 (5) changes under consideration for revising the methodology to monitor or set growth
187.15 targets;

187.16 (6) recommendations for initiatives to assist health care entities in meeting health care
187.17 spending growth targets, including broader and more transparent adoption of value-based
187.18 payment arrangements; and

187.19 (7) the number of health care entities whose spending growth exceeded growth targets,
187.20 information on performance improvement plans and the extent to which the plans were
187.21 completed, and any civil penalties imposed on health care entities related to noncompliance
187.22 with performance improvement plans and related requirements.

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

187.24 Subd. 11. **Restricted uses of the all-payer claims data.** (a) Notwithstanding subdivision
187.25 4, paragraph (b), and subdivision 5, paragraph (b), the commissioner or the commissioner's
187.26 designee shall only use the data submitted under subdivisions 4 and 5 for the following
187.27 purposes:

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

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

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

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

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

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

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

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

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

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

(6) to provide technical assistance to the Health Care Affordability Board to implement sections 62J.86 to 62J.92.

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

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

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

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

189.1 Sec. 9. Minnesota Statutes 2020, section 256.01, is amended by adding a subdivision to
189.2 read:

189.3 Subd. 43. **Education on contraceptive options.** The commissioner shall require hospitals
189.4 and primary care providers serving medical assistance and MinnesotaCare enrollees to
189.5 develop and implement protocols to provide these enrollees, when appropriate, with
189.6 comprehensive and scientifically accurate information on the full range of contraceptive
189.7 options in a medically ethical, culturally competent, and noncoercive manner. The
189.8 information provided must be designed to assist enrollees in identifying the contraceptive
189.9 method that best meets their needs and the needs of their families. The protocol must specify
189.10 the enrollee categories to which this requirement will be applied, the process to be used,
189.11 and the information and resources to be provided. Hospitals and providers must make this
189.12 protocol available to the commissioner upon request.

189.13 Sec. 10. Minnesota Statutes 2020, section 256.969, is amended by adding a subdivision
189.14 to read:

189.15 Subd. 31. **Long-acting reversible contraceptives.** (a) The commissioner must provide
189.16 separate reimbursement to hospitals for long-acting reversible contraceptives provided
189.17 immediately postpartum in the inpatient hospital setting. This payment must be in addition
189.18 to the diagnostic related group (DRG) reimbursement for labor and delivery.

189.19 (b) The commissioner must require managed care and county-based purchasing plans
189.20 to comply with this subdivision when providing services to medical assistance enrollees.

189.21 **EFFECTIVE DATE.** This section is effective January 1, 2023.

189.22 Sec. 11. Minnesota Statutes 2020, section 256B.021, subdivision 4, is amended to read:

189.23 Subd. 4. **Projects.** The commissioner shall request permission and funding to further
189.24 the following initiatives.

189.25 (a) Health care delivery demonstration projects. This project involves testing alternative
189.26 payment and service delivery models in accordance with sections 256B.0755 and 256B.0756.
189.27 These demonstrations will allow the Minnesota Department of Human Services to engage
189.28 in alternative payment arrangements with provider organizations that provide services to a
189.29 specified patient population for an agreed upon total cost of care or risk/gain sharing payment
189.30 arrangement, but are not limited to these models of care delivery or payment. Quality of
189.31 care and patient experience will be measured and incorporated into payment models alongside
189.32 the cost of care. Demonstration sites should include Minnesota health care programs

190.1 fee-for-services recipients and managed care enrollees and support a robust primary care
190.2 model and improved care coordination for recipients.

190.3 (b) Promote personal responsibility and encourage and reward healthy outcomes. This
190.4 project provides Medicaid funding to provide individual and group incentives to encourage
190.5 healthy behavior, prevent the onset of chronic disease, and reward healthy outcomes. Focus
190.6 areas may include diabetes prevention and management, tobacco cessation, reducing weight,
190.7 lowering cholesterol, and lowering blood pressure.

190.8 (c) Encourage utilization of high quality, cost-effective care. This project creates
190.9 incentives ~~through Medicaid and MinnesotaCare enrollee cost-sharing and other means~~ to
190.10 encourage the utilization of high-quality, low-cost, high-value providers, as determined by
190.11 the state's provider peer grouping initiative under section 62U.04.

190.12 (d) Adults without children. This proposal includes requesting federal authority to impose
190.13 a limit on assets for adults without children in medical assistance, as defined in section
190.14 256B.055, subdivision 15, who have a household income equal to or less than 75 percent
190.15 of the federal poverty limit, and to impose a 180-day durational residency requirement in
190.16 MinnesotaCare, consistent with section 256L.09, subdivision 4, for adults without children,
190.17 regardless of income.

190.18 (e) Empower and encourage work, housing, and independence. This project provides
190.19 services and supports for individuals who have an identified health or disabling condition
190.20 but are not yet certified as disabled, in order to delay or prevent permanent disability, reduce
190.21 the need for intensive health care and long-term care services and supports, and to help
190.22 maintain or obtain employment or assist in return to work. Benefits may include:

190.23 (1) coordination with health care homes or health care coordinators;

190.24 (2) assessment for wellness, housing needs, employment, planning, and goal setting;

190.25 (3) training services;

190.26 (4) job placement services;

190.27 (5) career counseling;

190.28 (6) benefit counseling;

190.29 (7) worker supports and coaching;

190.30 (8) assessment of workplace accommodations;

190.31 (9) transitional housing services; and

191.1 (10) assistance in maintaining housing.

191.2 (f) Redesign home and community-based services. This project realigns existing funding,
191.3 services, and supports for people with disabilities and older Minnesotans to ensure community
191.4 integration and a more sustainable service system. This may involve changes that promote
191.5 a range of services to flexibly respond to the following needs:

191.6 (1) provide people less expensive alternatives to medical assistance services;

191.7 (2) offer more flexible and updated community support services under the Medicaid
191.8 state plan;

191.9 (3) provide an individual budget and increased opportunity for self-direction;

191.10 (4) strengthen family and caregiver support services;

191.11 (5) allow persons to pool resources or save funds beyond a fiscal year to cover unexpected
191.12 needs or foster development of needed services;

191.13 (6) use of home and community-based waiver programs for people whose needs cannot
191.14 be met with the expanded Medicaid state plan community support service options;

191.15 (7) target access to residential care for those with higher needs;

191.16 (8) develop capacity within the community for crisis intervention and prevention;

191.17 (9) redesign case management;

191.18 (10) offer life planning services for families to plan for the future of their child with a
191.19 disability;

191.20 (11) enhance self-advocacy and life planning for people with disabilities;

191.21 (12) improve information and assistance to inform long-term care decisions; and

191.22 (13) increase quality assurance, performance measurement, and outcome-based
191.23 reimbursement.

191.24 This project may include different levels of long-term supports that allow seniors to remain
191.25 in their homes and communities, and expand care transitions from acute care to community
191.26 care to prevent hospitalizations and nursing home placement. The levels of support for
191.27 seniors may range from basic community services for those with lower needs, access to
191.28 residential services if a person has higher needs, and targets access to nursing home care to
191.29 those with rehabilitation or high medical needs. This may involve the establishment of
191.30 medical need thresholds to accommodate the level of support needed; provision of a
191.31 long-term care consultation to persons seeking residential services, regardless of payer

192.1 source; adjustment of incentives to providers and care coordination organizations to achieve
192.2 desired outcomes; and a required coordination with medical assistance basic care benefit
192.3 and Medicare/Medigap benefit. This proposal will improve access to housing and improve
192.4 capacity to maintain individuals in their existing home; adjust screening and assessment
192.5 tools, as needed; improve transition and relocation efforts; seek federal financial participation
192.6 for alternative care and essential community supports; and provide Medigap coverage for
192.7 people having lower needs.

192.8 (g) Coordinate and streamline services for people with complex needs, including those
192.9 with multiple diagnoses of physical, mental, and developmental conditions. This project
192.10 will coordinate and streamline medical assistance benefits for people with complex needs
192.11 and multiple diagnoses. It would include changes that:

192.12 (1) develop community-based service provider capacity to serve the needs of this group;

192.13 (2) build assessment and care coordination expertise specific to people with multiple
192.14 diagnoses;

192.15 (3) adopt service delivery models that allow coordinated access to a range of services
192.16 for people with complex needs;

192.17 (4) reduce administrative complexity;

192.18 (5) measure the improvements in the state's ability to respond to the needs of this
192.19 population; and

192.20 (6) increase the cost-effectiveness for the state budget.

192.21 (h) Implement nursing home level of care criteria. This project involves obtaining any
192.22 necessary federal approval in order to implement the changes to the level of care criteria in
192.23 section 144.0724, subdivision 11, and implement further changes necessary to achieve
192.24 reform of the home and community-based service system.

192.25 (i) Improve integration of Medicare and Medicaid. This project involves reducing
192.26 fragmentation in the health care delivery system to improve care for people eligible for both
192.27 Medicare and Medicaid, and to align fiscal incentives between primary, acute, and long-term
192.28 care. The proposal may include:

192.29 (1) requesting an exception to the new Medicare methodology for payment adjustment
192.30 for fully integrated special needs plans for dual eligible individuals;

192.31 (2) testing risk adjustment models that may be more favorable to capturing the needs of
192.32 frail dually eligible individuals;

193.1 (3) requesting an exemption from the Medicare bidding process for fully integrated
193.2 special needs plans for the dually eligible;

193.3 (4) modifying the Medicare bid process to recognize additional costs of health home
193.4 services; and

193.5 (5) requesting permission for risk-sharing and gain-sharing.

193.6 (j) Intensive residential treatment services. This project would involve providing intensive
193.7 residential treatment services for individuals who have serious mental illness and who have
193.8 other complex needs. This proposal would allow such individuals to remain in these settings
193.9 after mental health symptoms have stabilized, in order to maintain their mental health and
193.10 avoid more costly or unnecessary hospital or other residential care due to their other complex
193.11 conditions. The commissioner may pursue a specialized rate for projects created under this
193.12 section.

193.13 (k) Seek federal Medicaid matching funds for Anoka-Metro Regional Treatment Center
193.14 (AMRTC). This project involves seeking Medicaid reimbursement for medical services
193.15 provided to patients to AMRTC, including requesting a waiver of United States Code, title
193.16 42, section 1396d, which prohibits Medicaid reimbursement for expenditures for services
193.17 provided by hospitals with more than 16 beds that are primarily focused on the treatment
193.18 of mental illness. This waiver would allow AMRTC to serve as a statewide resource to
193.19 provide diagnostics and treatment for people with the most complex conditions.

193.20 (l) Waivers to allow Medicaid eligibility for children under age 21 receiving care in
193.21 residential facilities. This proposal would seek Medicaid reimbursement for any
193.22 Medicaid-covered service for children who are placed in residential settings that are
193.23 determined to be "institutions for mental diseases," under United States Code, title 42,
193.24 section 1396d.

193.25 **EFFECTIVE DATE.** This section is effective January 1, 2023.

193.26 Sec. 12. Minnesota Statutes 2021 Supplement, section 256B.0371, subdivision 4, is
193.27 amended to read:

193.28 Subd. 4. **Dental utilization report.** (a) The commissioner shall submit an annual report
193.29 beginning March 15, 2022, and ending March 15, 2026, to the chairs and ranking minority
193.30 members of the legislative committees with jurisdiction over health and human services
193.31 policy and finance that includes the percentage for adults and children one through 20 years
193.32 of age for the most recent complete calendar year receiving at least one dental visit for both
193.33 fee-for-service and the prepaid medical assistance program. The report must include:

194.1 (1) statewide utilization for both fee-for-service and for the prepaid medical assistance
194.2 program;

194.3 (2) utilization by county;

194.4 (3) utilization by children receiving dental services through fee-for-service and through
194.5 a managed care plan or county-based purchasing plan;

194.6 (4) utilization by adults receiving dental services through fee-for-service and through a
194.7 managed care plan or county-based purchasing plan.

194.8 (b) The report must also include a description of any corrective action plans required to
194.9 be submitted under subdivision 2.

194.10 (c) The initial report due on March 15, 2022, must include the utilization metrics described
194.11 in paragraph (a) for each of the following calendar years: 2017, 2018, 2019, and 2020.

194.12 (d) In the annual report due on March 15, 2023, and in each report due thereafter, the
194.13 commissioner shall include the following:

194.14 (1) the number of dentists enrolled with the commissioner as a medical assistance dental
194.15 provider and the congressional district or districts in which the dentist provides services;

194.16 (2) the number of enrolled dentists who provided fee-for-service dental services to
194.17 medical assistance or MinnesotaCare patients within the previous calendar year in the
194.18 following increments: one to nine patients, ten to 100 patients, and over 100 patients;

194.19 (3) the number of enrolled dentists who provided dental services to medical assistance
194.20 or MinnesotaCare patients through a managed care plan or county-based purchasing plan
194.21 within the previous calendar year in the following increments: one to nine patients, ten to
194.22 100 patients, and over 100 patients; and

194.23 (4) the number of dentists who provided dental services to a new patient who was enrolled
194.24 in medical assistance or MinnesotaCare within the previous calendar year.

194.25 (e) The report due on March 15, 2023, must include the metrics described in paragraph
194.26 (d) for each of the following years: 2017, 2018, 2019, 2020, and 2021.

194.27 Sec. 13. Minnesota Statutes 2021 Supplement, section 256B.04, subdivision 14, is amended
194.28 to read:

194.29 Subd. 14. **Competitive bidding.** (a) When determined to be effective, economical, and
194.30 feasible, the commissioner may utilize volume purchase through competitive bidding and

195.1 negotiation under the provisions of chapter 16C, to provide items under the medical assistance
195.2 program including but not limited to the following:

195.3 (1) eyeglasses;

195.4 (2) oxygen. The commissioner shall provide for oxygen needed in an emergency situation
195.5 on a short-term basis, until the vendor can obtain the necessary supply from the contract
195.6 dealer;

195.7 (3) hearing aids and supplies;

195.8 (4) durable medical equipment, including but not limited to:

195.9 (i) hospital beds;

195.10 (ii) commodes;

195.11 (iii) glide-about chairs;

195.12 (iv) patient lift apparatus;

195.13 (v) wheelchairs and accessories;

195.14 (vi) oxygen administration equipment;

195.15 (vii) respiratory therapy equipment;

195.16 (viii) electronic diagnostic, therapeutic and life-support systems; and

195.17 (ix) allergen-reducing products as described in section 256B.0625, subdivision 67,
195.18 paragraph (c) or (d);

195.19 (5) nonemergency medical transportation level of need determinations, disbursement of
195.20 public transportation passes and tokens, and volunteer and recipient mileage and parking
195.21 reimbursements; and

195.22 (6) drugs.

195.23 (b) Rate changes ~~and recipient cost-sharing~~ under this chapter and chapter 256L do not
195.24 affect contract payments under this subdivision unless specifically identified.

195.25 (c) The commissioner may not utilize volume purchase through competitive bidding
195.26 and negotiation under the provisions of chapter 16C for special transportation services or
195.27 incontinence products and related supplies.

195.28 **EFFECTIVE DATE.** This section is effective January 1, 2023.

196.1 Sec. 14. Minnesota Statutes 2021 Supplement, section 256B.04, subdivision 14, is amended
196.2 to read:

196.3 Subd. 14. **Competitive bidding.** (a) When determined to be effective, economical, and
196.4 feasible, the commissioner may utilize volume purchase through competitive bidding and
196.5 negotiation under the provisions of chapter 16C, to provide items under the medical assistance
196.6 program including but not limited to the following:

196.7 (1) eyeglasses;

196.8 (2) oxygen. The commissioner shall provide for oxygen needed in an emergency situation
196.9 on a short-term basis, until the vendor can obtain the necessary supply from the contract
196.10 dealer;

196.11 (3) hearing aids and supplies;

196.12 (4) durable medical equipment, including but not limited to:

196.13 (i) hospital beds;

196.14 (ii) commodes;

196.15 (iii) glide-about chairs;

196.16 (iv) patient lift apparatus;

196.17 (v) wheelchairs and accessories;

196.18 (vi) oxygen administration equipment;

196.19 (vii) respiratory therapy equipment;

196.20 (viii) electronic diagnostic, therapeutic and life-support systems; and

196.21 (ix) allergen-reducing products as described in section 256B.0625, subdivision 67,
196.22 paragraph (c) or (d);

196.23 (5) nonemergency medical transportation level of need determinations, disbursement of
196.24 public transportation passes and tokens, and volunteer and recipient mileage and parking
196.25 reimbursements; ~~and~~

196.26 (6) drugs~~.~~; and

196.27 (7) quitline services as described in section 256B.0625, subdivision 68.

196.28 (b) Rate changes and recipient cost-sharing under this chapter and chapter 256L do not
196.29 affect contract payments under this subdivision unless specifically identified.

(c) The commissioner may not utilize volume purchase through competitive bidding and negotiation under the provisions of chapter 16C for special transportation services or incontinence products and related supplies.

EFFECTIVE DATE. This section is effective January 1, 2023, or upon federal approval, whichever is later. The commissioner of human services shall notify the revisor of statutes when federal approval is obtained.

Sec. 15. Minnesota Statutes 2020, section 256B.055, subdivision 17, is amended to read:

Subd. 17. **Adults who were in foster care at the age of 18.** (a) Medical assistance may be paid for a person under 26 years of age who was in foster care under the commissioner's responsibility on the date of attaining 18 years of age or older, and who was enrolled in medical assistance under ~~the~~ a state plan or a waiver of ~~the~~ a plan while in foster care, in accordance with section 2004 of the Affordable Care Act.

(b) Beginning January 1, 2023, medical assistance may be paid for a person under 26 years of age who was in foster care and enrolled in another state's Medicaid program while in foster care, in accordance with Public Law 115-271, section 1002, the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act.

EFFECTIVE DATE. This section is effective January 1, 2023.

Sec. 16. Minnesota Statutes 2020, section 256B.056, subdivision 3, is amended to read:

Subd. 3. **Asset limitations for certain individuals.** (a) To be eligible for medical assistance, a person must not individually own more than ~~$3,000~~ $20,000 in assets, or if a member of a household with two family members, husband and wife, or parent and child, the household must not own more than ~~$6,000~~ $40,000 in assets, plus $200 for each additional legal dependent. In addition to these maximum amounts, an eligible individual or family may accrue interest on these amounts, but they must be reduced to the maximum at the time of an eligibility redetermination. The accumulation of the clothing and personal needs allowance according to section 256B.35 must also be reduced to the maximum at the time of the eligibility redetermination. The value of assets that are not considered in determining eligibility for medical assistance is the value of those assets excluded under the Supplemental Security Income program for aged, blind, and disabled persons, with the following exceptions:

(1) household goods and personal effects are not considered;

198.1 (2) capital and operating assets of a trade or business that the local agency determines
198.2 are necessary to the person's ability to earn an income are not considered;

198.3 (3) motor vehicles are excluded to the same extent excluded by the Supplemental Security
198.4 Income program;

198.5 (4) assets designated as burial expenses are excluded to the same extent excluded by the
198.6 Supplemental Security Income program. Burial expenses funded by annuity contracts or
198.7 life insurance policies must irrevocably designate the individual's estate as contingent
198.8 beneficiary to the extent proceeds are not used for payment of selected burial expenses;

198.9 (5) for a person who no longer qualifies as an employed person with a disability due to
198.10 loss of earnings, assets allowed while eligible for medical assistance under section 256B.057,
198.11 subdivision 9, are not considered for 12 months, beginning with the first month of ineligibility
198.12 as an employed person with a disability, to the extent that the person's total assets remain
198.13 within the allowed limits of section 256B.057, subdivision 9, paragraph (d);

198.14 (6) a designated employment incentives asset account is disregarded when determining
198.15 eligibility for medical assistance for a person age 65 years or older under section 256B.055,
198.16 subdivision 7. An employment incentives asset account must only be designated by a person
198.17 who has been enrolled in medical assistance under section 256B.057, subdivision 9, for a
198.18 24-consecutive-month period. A designated employment incentives asset account contains
198.19 qualified assets owned by the person and the person's spouse in the last month of enrollment
198.20 in medical assistance under section 256B.057, subdivision 9. Qualified assets include
198.21 retirement and pension accounts, medical expense accounts, and up to $17,000 of the person's
198.22 other nonexcluded assets. An employment incentives asset account is no longer designated
198.23 when a person loses medical assistance eligibility for a calendar month or more before
198.24 turning age 65. A person who loses medical assistance eligibility before age 65 can establish
198.25 a new designated employment incentives asset account by establishing a new
198.26 24-consecutive-month period of enrollment under section 256B.057, subdivision 9. The
198.27 income of a spouse of a person enrolled in medical assistance under section 256B.057,
198.28 subdivision 9, during each of the 24 consecutive months before the person's 65th birthday
198.29 must be disregarded when determining eligibility for medical assistance under section
198.30 256B.055, subdivision 7. Persons eligible under this clause are not subject to the provisions
198.31 in section 256B.059; ~~and~~

198.32 (7) effective July 1, 2009, certain assets owned by American Indians are excluded as
198.33 required by section 5006 of the American Recovery and Reinvestment Act of 2009, Public

199.1 Law 111-5. For purposes of this clause, an American Indian is any person who meets the
199.2 definition of Indian according to Code of Federal Regulations, title 42, section 447.50.; and

199.3 (8) for individuals who were enrolled in medical assistance during the COVID-19 federal
199.4 public health emergency declared by the United States Secretary of Health and Human
199.5 Services and who are subject to the asset limits established by this subdivision, assets in
199.6 excess of the limits must be disregarded until 95 days after the individual's first renewal
199.7 occurring after the expiration of the COVID-19 federal public health emergency declared
199.8 by the United States Secretary of Health and Human Services.

199.9 (b) No asset limit shall apply to persons eligible under section 256B.055, subdivision
199.10 15.

199.11 **EFFECTIVE DATE.** The amendment to paragraph (a) increasing the asset limits is
199.12 effective January 1, 2025, or upon federal approval, whichever is later. The amendment to
199.13 paragraph (a) adding clause (8) is effective July 1, 2022, or upon federal approval, whichever
199.14 is later. The commissioner of human services shall notify the revisor of statutes when federal
199.15 approval is obtained.

199.16 Sec. 17. Minnesota Statutes 2020, section 256B.056, subdivision 4, is amended to read:

199.17 Subd. 4. **Income.** (a) To be eligible for medical assistance, a person eligible under section
199.18 256B.055, subdivisions 7, 7a, and 12, may have income up to 100 percent of the federal
199.19 poverty guidelines, and effective January 1, 2025, income up to 133 percent of the federal
199.20 poverty guidelines. Effective January 1, 2000, and each successive January, recipients of
199.21 Supplemental Security Income may have an income up to the Supplemental Security Income
199.22 standard in effect on that date.

199.23 (b) To be eligible for medical assistance under section 256B.055, subdivision 3a, a parent
199.24 or caretaker relative may have an income up to 133 percent of the federal poverty guidelines
199.25 for the household size.

199.26 (c) To be eligible for medical assistance under section 256B.055, subdivision 15, a
199.27 person may have an income up to 133 percent of federal poverty guidelines for the household
199.28 size.

199.29 (d) To be eligible for medical assistance under section 256B.055, subdivision 16, a child
199.30 age 19 to 20 may have an income up to 133 percent of the federal poverty guidelines for
199.31 the household size.

200.1 (e) To be eligible for medical assistance under section 256B.055, subdivision 3a, a child
200.2 under age 19 may have income up to 275 percent of the federal poverty guidelines for the
200.3 household size.

200.4 (f) In computing income to determine eligibility of persons under paragraphs (a) to (e)
200.5 who are not residents of long-term care facilities, the commissioner shall disregard increases
200.6 in income as required by Public Laws 94-566, section 503; 99-272; and 99-509. For persons
200.7 eligible under paragraph (a), veteran aid and attendance benefits and Veterans Administration
200.8 unusual medical expense payments are considered income to the recipient.

200.9 Sec. 18. Minnesota Statutes 2020, section 256B.056, subdivision 7, is amended to read:

200.10 Subd. 7. **Period of eligibility.** (a) Eligibility is available for the month of application
200.11 and for three months prior to application if the person was eligible in those prior months.
200.12 A redetermination of eligibility must occur every 12 months.

200.13 (b) For a person eligible for an insurance affordability program as defined in section
200.14 256B.02, subdivision 19, who reports a change that makes the person eligible for medical
200.15 assistance, eligibility is available for the month the change was reported and for three months
200.16 prior to the month the change was reported, if the person was eligible in those prior months.

200.17 (c) Once determined eligible for medical assistance, a child under the age of 21 is
200.18 continuously eligible for a period of up to 12 months, unless:

200.19 (1) the child reaches age 21;

200.20 (2) the child requests voluntary termination of coverage;

200.21 (3) the child ceases to be a resident of Minnesota;

200.22 (4) the child dies; or

200.23 (5) the agency determines the child's eligibility was erroneously granted due to agency
200.24 error or enrollee fraud, abuse, or perjury.

200.25 **EFFECTIVE DATE.** This section is effective January 1, 2024, or upon federal approval,
200.26 whichever is later. The commissioner of human services shall notify the revisor of statutes
200.27 when federal approval is obtained.

200.28 Sec. 19. Minnesota Statutes 2021 Supplement, section 256B.0625, subdivision 9, is
200.29 amended to read:

200.30 Subd. 9. **Dental services.** (a) Medical assistance covers medically necessary dental
200.31 services.

201.1 ~~(b) Medical assistance dental coverage for nonpregnant adults is limited to the following~~
201.2 ~~services:~~

201.3 ~~(1) comprehensive exams, limited to once every five years;~~

201.4 ~~(2) periodic exams, limited to one per year;~~

201.5 ~~(3) limited exams;~~

201.6 ~~(4) bitewing x-rays, limited to one per year;~~

201.7 ~~(5) periapical x-rays;~~

201.8 ~~(6) panoramic x-rays, limited to one every five years except (1) when medically necessary~~
201.9 ~~for the diagnosis and follow-up of oral and maxillofacial pathology and trauma or (2) once~~
201.10 ~~every two years for patients who cannot cooperate for intraoral film due to a developmental~~
201.11 ~~disability or medical condition that does not allow for intraoral film placement;~~

201.12 ~~(7) prophylaxis, limited to one per year;~~

201.13 ~~(8) application of fluoride varnish, limited to one per year;~~

201.14 ~~(9) posterior fillings, all at the amalgam rate;~~

201.15 ~~(10) anterior fillings;~~

201.16 ~~(11) endodontics, limited to root canals on the anterior and premolars only;~~

201.17 ~~(12) removable prostheses, each dental arch limited to one every six years;~~

201.18 ~~(13) oral surgery, limited to extractions, biopsies, and incision and drainage of abscesses;~~

201.19 ~~(14) palliative treatment and sedative fillings for relief of pain;~~

201.20 ~~(15) full-mouth debridement, limited to one every five years; and~~

201.21 ~~(16) nonsurgical treatment for periodontal disease, including scaling and root planing~~
201.22 ~~once every two years for each quadrant, and routine periodontal maintenance procedures.~~

201.23 ~~(c) In addition to the services specified in paragraph (b), medical assistance covers the~~
201.24 ~~following services for adults, if provided in an outpatient hospital setting or freestanding~~
201.25 ~~ambulatory surgical center as part of outpatient dental surgery:~~

201.26 ~~(1) periodontics, limited to periodontal scaling and root planing once every two years;~~

201.27 ~~(2) general anesthesia; and~~

201.28 ~~(3) full-mouth survey once every five years.~~

~~(d) Medical assistance covers medically necessary dental services for children and pregnant women.~~ The following guidelines apply:

(1) posterior fillings are paid at the amalgam rate;

(2) application of sealants are covered once every five years per permanent molar ~~for children only~~;

(3) application of fluoride varnish is covered once every six months; and

(4) orthodontia is eligible for coverage for children only.

~~(e)~~ (b) In addition to the services specified in ~~paragraphs (b) and (c)~~ paragraph (a), medical assistance covers the following services ~~for adults~~:

(1) house calls or extended care facility calls for on-site delivery of covered services;

(2) behavioral management when additional staff time is required to accommodate behavioral challenges and sedation is not used;

(3) oral or IV sedation, if the covered dental service cannot be performed safely without it or would otherwise require the service to be performed under general anesthesia in a hospital or surgical center; and

(4) prophylaxis, in accordance with an appropriate individualized treatment plan, but no more than four times per year.

~~(f)~~ (c) The commissioner shall not require prior authorization for the services included in paragraph ~~(e)~~ (b), clauses (1) to (3), and shall prohibit managed care and county-based purchasing plans from requiring prior authorization for the services included in paragraph ~~(e)~~ (b), clauses (1) to (3), when provided under sections 256B.69, 256B.692, and 256L.12.

EFFECTIVE DATE. This section is effective January 1, 2023, or upon federal approval, whichever is later. The commissioner of human services shall notify the revisor of statutes when federal approval is obtained.

Sec. 20. Minnesota Statutes 2021 Supplement, section 256B.0625, subdivision 17, is amended to read:

Subd. 17. **Transportation costs.** (a) "Nonemergency medical transportation service" means motor vehicle transportation provided by a public or private person that serves Minnesota health care program beneficiaries who do not require emergency ambulance service, as defined in section 144E.001, subdivision 3, to obtain covered medical services.

203.1 (b) Medical assistance covers medical transportation costs incurred solely for obtaining
203.2 emergency medical care or transportation costs incurred by eligible persons in obtaining
203.3 emergency or nonemergency medical care when paid directly to an ambulance company,
203.4 nonemergency medical transportation company, or other recognized providers of
203.5 transportation services. Medical transportation must be provided by:

203.6 (1) nonemergency medical transportation providers who meet the requirements of this
203.7 subdivision;

203.8 (2) ambulances, as defined in section 144E.001, subdivision 2;

203.9 (3) taxicabs that meet the requirements of this subdivision;

203.10 (4) public transit, as defined in section 174.22, subdivision 7; or

203.11 (5) not-for-hire vehicles, including volunteer drivers, as defined in section 65B.472,
203.12 subdivision 1, paragraph (h).

203.13 (c) Medical assistance covers nonemergency medical transportation provided by
203.14 nonemergency medical transportation providers enrolled in the Minnesota health care
203.15 programs. All nonemergency medical transportation providers must comply with the
203.16 operating standards for special transportation service as defined in sections 174.29 to 174.30
203.17 and Minnesota Rules, chapter 8840, and all drivers must be individually enrolled with the
203.18 commissioner and reported on the claim as the individual who provided the service. All
203.19 nonemergency medical transportation providers shall bill for nonemergency medical
203.20 transportation services in accordance with Minnesota health care programs criteria. Publicly
203.21 operated transit systems, volunteers, and not-for-hire vehicles are exempt from the
203.22 requirements outlined in this paragraph.

203.23 (d) An organization may be terminated, denied, or suspended from enrollment if:

203.24 (1) the provider has not initiated background studies on the individuals specified in
203.25 section 174.30, subdivision 10, paragraph (a), clauses (1) to (3); or

203.26 (2) the provider has initiated background studies on the individuals specified in section
203.27 174.30, subdivision 10, paragraph (a), clauses (1) to (3), and:

203.28 (i) the commissioner has sent the provider a notice that the individual has been
203.29 disqualified under section 245C.14; and

203.30 (ii) the individual has not received a disqualification set-aside specific to the special
203.31 transportation services provider under sections 245C.22 and 245C.23.

203.32 (e) The administrative agency of nonemergency medical transportation must:

204.1 (1) adhere to the policies defined by the commissioner in consultation with the
204.2 Nonemergency Medical Transportation Advisory Committee;

204.3 (2) pay nonemergency medical transportation providers for services provided to
204.4 Minnesota health care programs beneficiaries to obtain covered medical services;

204.5 (3) provide data monthly to the commissioner on appeals, complaints, no-shows, canceled
204.6 trips, and number of trips by mode; and

204.7 (4) by July 1, 2016, in accordance with subdivision 18e, utilize a web-based single
204.8 administrative structure assessment tool that meets the technical requirements established
204.9 by the commissioner, reconciles trip information with claims being submitted by providers,
204.10 and ensures prompt payment for nonemergency medical transportation services.

204.11 (f) Until the commissioner implements the single administrative structure and delivery
204.12 system under subdivision 18e, clients shall obtain their level-of-service certificate from the
204.13 commissioner or an entity approved by the commissioner that does not dispatch rides for
204.14 clients using modes of transportation under paragraph (i), clauses (4), (5), (6), and (7).

204.15 (g) The commissioner may use an order by the recipient's attending physician, advanced
204.16 practice registered nurse, or a medical or mental health professional to certify that the
204.17 recipient requires nonemergency medical transportation services. Nonemergency medical
204.18 transportation providers shall perform driver-assisted services for eligible individuals, when
204.19 appropriate. Driver-assisted service includes passenger pickup at and return to the individual's
204.20 residence or place of business, assistance with admittance of the individual to the medical
204.21 facility, and assistance in passenger securement or in securing of wheelchairs, child seats,
204.22 or stretchers in the vehicle.

204.23 Nonemergency medical transportation providers must take clients to the health care
204.24 provider using the most direct route, and must not exceed 30 miles for a trip to a primary
204.25 care provider or 60 miles for a trip to a specialty care provider, unless the client receives
204.26 authorization from the local agency.

204.27 Nonemergency medical transportation providers may not bill for separate base rates for
204.28 the continuation of a trip beyond the original destination. Nonemergency medical
204.29 transportation providers must maintain trip logs, which include pickup and drop-off times,
204.30 signed by the medical provider or client, whichever is deemed most appropriate, attesting
204.31 to mileage traveled to obtain covered medical services. Clients requesting client mileage
204.32 reimbursement must sign the trip log attesting mileage traveled to obtain covered medical
204.33 services.

205.1 (h) The administrative agency shall use the level of service process established by the
205.2 commissioner in consultation with the Nonemergency Medical Transportation Advisory
205.3 Committee to determine the client's most appropriate mode of transportation. If public transit
205.4 or a certified transportation provider is not available to provide the appropriate service mode
205.5 for the client, the client may receive a onetime service upgrade.

205.6 (i) The covered modes of transportation are:

205.7 (1) client reimbursement, which includes client mileage reimbursement provided to
205.8 clients who have their own transportation, or to family or an acquaintance who provides
205.9 transportation to the client;

205.10 (2) volunteer transport, which includes transportation by volunteers using their own
205.11 vehicle;

205.12 (3) unassisted transport, which includes transportation provided to a client by a taxicab
205.13 or public transit. If a taxicab or public transit is not available, the client can receive
205.14 transportation from another nonemergency medical transportation provider;

205.15 (4) assisted transport, which includes transport provided to clients who require assistance
205.16 by a nonemergency medical transportation provider;

205.17 (5) lift-equipped/ramp transport, which includes transport provided to a client who is
205.18 dependent on a device and requires a nonemergency medical transportation provider with
205.19 a vehicle containing a lift or ramp;

205.20 (6) protected transport, which includes transport provided to a client who has received
205.21 a prescreening that has deemed other forms of transportation inappropriate and who requires
205.22 a provider: (i) with a protected vehicle that is not an ambulance or police car and has safety
205.23 locks, a video recorder, and a transparent thermoplastic partition between the passenger and
205.24 the vehicle driver; and (ii) who is certified as a protected transport provider; and

205.25 (7) stretcher transport, which includes transport for a client in a prone or supine position
205.26 and requires a nonemergency medical transportation provider with a vehicle that can transport
205.27 a client in a prone or supine position.

205.28 (j) The local agency shall be the single administrative agency and shall administer and
205.29 reimburse for modes defined in paragraph (i) according to paragraphs (m) and (n) when the
205.30 commissioner has developed, made available, and funded the web-based single administrative
205.31 structure, assessment tool, and level of need assessment under subdivision 18e. The local
205.32 agency's financial obligation is limited to funds provided by the state or federal government.

205.33 (k) The commissioner shall:

206.1 (1) in consultation with the Nonemergency Medical Transportation Advisory Committee,
206.2 verify that the mode and use of nonemergency medical transportation is appropriate;

206.3 (2) verify that the client is going to an approved medical appointment; and

206.4 (3) investigate all complaints and appeals.

206.5 (l) The administrative agency shall pay for the services provided in this subdivision and
206.6 seek reimbursement from the commissioner, if appropriate. As vendors of medical care,
206.7 local agencies are subject to the provisions in section 256B.041, the sanctions and monetary
206.8 recovery actions in section 256B.064, and Minnesota Rules, parts 9505.2160 to 9505.2245.

206.9 (m) Payments for nonemergency medical transportation must be paid based on the client's
206.10 assessed mode under paragraph (h), not the type of vehicle used to provide the service. The
206.11 medical assistance reimbursement rates for nonemergency medical transportation services
206.12 that are payable by or on behalf of the commissioner for nonemergency medical
206.13 transportation services are:

206.14 (1) $0.22 per mile for client reimbursement;

206.15 (2) up to 100 percent of the Internal Revenue Service business deduction rate for volunteer
206.16 transport;

206.17 (3) equivalent to the standard fare for unassisted transport when provided by public
206.18 transit, and $11 for the base rate and $1.30 per mile when provided by a nonemergency
206.19 medical transportation provider;

206.20 (4) $13 for the base rate and $1.30 per mile for assisted transport;

206.21 (5) $18 for the base rate and $1.55 per mile for lift-equipped/ramp transport;

206.22 (6) $75 for the base rate and $2.40 per mile for protected transport; and

206.23 (7) $60 for the base rate and $2.40 per mile for stretcher transport, and $9 per trip for
206.24 an additional attendant if deemed medically necessary.

206.25 (n) The base rate for nonemergency medical transportation services in areas defined
206.26 under RUCA to be super rural is equal to 111.3 percent of the respective base rate in
206.27 paragraph (m), clauses (1) to (7). The mileage rate for nonemergency medical transportation
206.28 services in areas defined under RUCA to be rural or super rural areas is:

206.29 (1) for a trip equal to 17 miles or less, equal to 125 percent of the respective mileage
206.30 rate in paragraph (m), clauses (1) to (7); and

207.1 (2) for a trip between 18 and 50 miles, equal to 112.5 percent of the respective mileage
207.2 rate in paragraph (m), clauses (1) to (7).

207.3 (o) For purposes of reimbursement rates for nonemergency medical transportation
207.4 services under paragraphs (m) and (n), the zip code of the recipient's place of residence
207.5 shall determine whether the urban, rural, or super rural reimbursement rate applies.

207.6 (p) For purposes of this subdivision, "rural urban commuting area" or "RUCA" means
207.7 a census-tract based classification system under which a geographical area is determined
207.8 to be urban, rural, or super rural.

207.9 (q) The commissioner, when determining reimbursement rates for nonemergency medical
207.10 transportation under paragraphs (m) and (n), shall exempt all modes of transportation listed
207.11 under paragraph (i) from Minnesota Rules, part 9505.0445, item R, subitem (2).

207.12 (r) Effective for the first day of each calendar quarter in which the price of gasoline as
207.13 posted publicly by the United States Energy Information Administration exceeds $3.00 per
207.14 gallon, the commissioner shall adjust the rate paid per mile in paragraph (m) by one percent
207.15 up or down for every increase or decrease of ten cents for the price of gasoline. The increase
207.16 or decrease must be calculated using a base gasoline price of $3.00. The percentage increase
207.17 or decrease must be calculated using the average of the most recently available price of all
207.18 grades of gasoline for Minnesota as posted publicly by the United States Energy Information
207.19 Administration.

207.20 **EFFECTIVE DATE.** This section is effective July 1, 2022.

207.21 Sec. 21. Minnesota Statutes 2020, section 256B.0625, subdivision 17a, is amended to
207.22 read:

207.23 Subd. 17a. **Payment for ambulance services.** (a) Medical assistance covers ambulance
207.24 services. Providers shall bill ambulance services according to Medicare criteria.
207.25 Nonemergency ambulance services shall not be paid as emergencies. Effective for services
207.26 rendered on or after July 1, 2001, medical assistance payments for ambulance services shall
207.27 be paid at the Medicare reimbursement rate or at the medical assistance payment rate in
207.28 effect on July 1, 2000, whichever is greater.

207.29 (b) Effective for services provided on or after July 1, 2016, medical assistance payment
207.30 rates for ambulance services identified in this paragraph are increased by five percent.
207.31 Capitation payments made to managed care plans and county-based purchasing plans for
207.32 ambulance services provided on or after January 1, 2017, shall be increased to reflect this

208.1 rate increase. The increased rate described in this paragraph applies to ambulance service
208.2 providers whose base of operations as defined in section 144E.10 is located:

208.3 (1) outside the metropolitan counties listed in section 473.121, subdivision 4, and outside
208.4 the cities of Duluth, Mankato, Moorhead, St. Cloud, and Rochester; or

208.5 (2) within a municipality with a population of less than 1,000.

208.6 (c) Effective for the first day of each calendar quarter in which the price of gasoline as
208.7 posted publicly by the United States Energy Information Administration exceeds $3.00 per
208.8 gallon, the commissioner shall adjust the rate paid per mile in paragraphs (a) and (b) by one
208.9 percent up or down for every increase or decrease of ten cents for the price of gasoline. The
208.10 increase or decrease must be calculated using a base gasoline price of $3.00. The percentage
208.11 increase or decrease must be calculated using the average of the most recently available
208.12 price of all grades of gasoline for Minnesota as posted publicly by the United States Energy
208.13 Information Administration.

208.14 **EFFECTIVE DATE.** This section is effective July 1, 2022.

208.15 Sec. 22. Minnesota Statutes 2020, section 256B.0625, subdivision 18h, is amended to
208.16 read:

208.17 Subd. 18h. **Nonemergency medical transportation provisions related to managed**
208.18 **care.** (a) The following nonemergency medical transportation subdivisions apply to managed
208.19 care plans and county-based purchasing plans:

208.20 (1) subdivision 17, paragraphs (a), (b), (i), and (n);

208.21 (2) subdivision 18; and

208.22 (3) subdivision 18a.

208.23 (b) A nonemergency medical transportation provider must comply with the operating
208.24 standards for special transportation service specified in sections 174.29 to 174.30 and
208.25 Minnesota Rules, chapter 8840. Publicly operated transit systems, volunteers, and not-for-hire
208.26 vehicles are exempt from the requirements in this paragraph.

208.27 (c) Managed care and county-based purchasing plans must provide a fuel adjustment
208.28 for nonemergency medical transportation payment rates when the price of gasoline exceeds
208.29 $3.00 per gallon.

209.1 Sec. 23. Minnesota Statutes 2020, section 256B.0625, subdivision 22, is amended to read:

209.2 Subd. 22. **Hospice care.** Medical assistance covers hospice care services under Public
209.3 Law 99-272, section 9505, to the extent authorized by rule, except that a recipient age 21
209.4 or under who elects to receive hospice services does not waive coverage for services that
209.5 are related to the treatment of the condition for which a diagnosis of terminal illness has
209.6 been made. Hospice respite and end-of-life care under subdivision 22a are not hospice care
209.7 services under this subdivision.

209.8 Sec. 24. Minnesota Statutes 2020, section 256B.0625, is amended by adding a subdivision
209.9 to read:

209.10 Subd. 22a. **Residential hospice facility; hospice respite and end-of-life care for**
209.11 **children.** (a) Medical assistance covers hospice respite and end-of-life care if the care is
209.12 for recipients age 21 or under who elect to receive hospice care delivered in a facility that
209.13 is licensed under sections 144A.75 to 144A.755 and that is a residential hospice facility
209.14 under section 144A.75, subdivision 13, paragraph (a). Hospice care services under
209.15 subdivision 22 are not hospice respite or end-of-life care under this subdivision.

209.16 (b) The payment rates for coverage under this subdivision must be 100 percent of the
209.17 Medicare rate for continuous home care hospice services as published in the Centers for
209.18 Medicare and Medicaid Services annual final rule updating payments and policies for hospice
209.19 care. Payment for hospice respite and end-of-life care under this subdivision must be made
209.20 from state funds, though the commissioner shall seek to obtain federal financial participation
209.21 for the payments. Payment for hospice respite and end-of-life care must be paid to the
209.22 residential hospice facility and are not included in any limits or cap amount applicable to
209.23 hospice services payments to the elected hospice services provider.

209.24 (c) Certification of the residential hospice facility by the federal Medicare program must
209.25 not be a requirement of medical assistance payment for hospice respite and end-of-life care
209.26 under this subdivision.

209.27 **EFFECTIVE DATE.** This section is effective January 1, 2023.

209.28 Sec. 25. Minnesota Statutes 2020, section 256B.0625, subdivision 28b, is amended to
209.29 read:

209.30 Subd. 28b. **Doula services.** Medical assistance covers doula services provided by a
209.31 certified doula as defined in section 148.995, subdivision 2, of the mother's choice. For
209.32 purposes of this section, "doula services" means childbirth education and support services,

210.1 including emotional and physical support provided during pregnancy, labor, birth, and
210.2 postpartum. The commissioner shall enroll doula agencies and individual treating doulas
210.3 in order to provide direct reimbursement.

210.4 **EFFECTIVE DATE.** This section is effective January 1, 2024, subject to federal
210.5 approval. The commissioner of human services shall notify the revisor of statutes when
210.6 federal approval is obtained.

210.7 Sec. 26. Minnesota Statutes 2021 Supplement, section 256B.0625, subdivision 30, is
210.8 amended to read:

210.9 Subd. 30. **Other clinic services.** (a) Medical assistance covers rural health clinic services,
210.10 federally qualified health center services, nonprofit community health clinic services, and
210.11 public health clinic services. Rural health clinic services and federally qualified health center
210.12 services mean services defined in United States Code, title 42, section 1396d(a)(2)(B) and
210.13 (C). Payment for rural health clinic and federally qualified health center services shall be
210.14 made according to applicable federal law and regulation.

210.15 (b) A federally qualified health center (FQHC) that is beginning initial operation shall
210.16 submit an estimate of budgeted costs and visits for the initial reporting period in the form
210.17 and detail required by the commissioner. An FQHC that is already in operation shall submit
210.18 an initial report using actual costs and visits for the initial reporting period. Within 90 days
210.19 of the end of its reporting period, an FQHC shall submit, in the form and detail required by
210.20 the commissioner, a report of its operations, including allowable costs actually incurred for
210.21 the period and the actual number of visits for services furnished during the period, and other
210.22 information required by the commissioner. FQHCs that file Medicare cost reports shall
210.23 provide the commissioner with a copy of the most recent Medicare cost report filed with
210.24 the Medicare program intermediary for the reporting year which support the costs claimed
210.25 on their cost report to the state.

210.26 (c) In order to continue cost-based payment under the medical assistance program
210.27 according to paragraphs (a) and (b), an FQHC or rural health clinic must apply for designation
210.28 as an essential community provider within six months of final adoption of rules by the
210.29 Department of Health according to section 62Q.19, subdivision 7. For those FQHCs and
210.30 rural health clinics that have applied for essential community provider status within the
210.31 six-month time prescribed, medical assistance payments will continue to be made according
210.32 to paragraphs (a) and (b) for the first three years after application. For FQHCs and rural
210.33 health clinics that either do not apply within the time specified above or who have had
210.34 essential community provider status for three years, medical assistance payments for health

211.1 services provided by these entities shall be according to the same rates and conditions
211.2 applicable to the same service provided by health care providers that are not FQHCs or rural
211.3 health clinics.

211.4 (d) Effective July 1, 1999, the provisions of paragraph (c) requiring an FQHC or a rural
211.5 health clinic to make application for an essential community provider designation in order
211.6 to have cost-based payments made according to paragraphs (a) and (b) no longer apply.

211.7 (e) Effective January 1, 2000, payments made according to paragraphs (a) and (b) shall
211.8 be limited to the cost phase-out schedule of the Balanced Budget Act of 1997.

211.9 (f) Effective January 1, 2001, through December 31, 2020, each FQHC and rural health
211.10 clinic may elect to be paid either under the prospective payment system established in United
211.11 States Code, title 42, section 1396a(aa), or under an alternative payment methodology
211.12 consistent with the requirements of United States Code, title 42, section 1396a(aa), and
211.13 approved by the Centers for Medicare and Medicaid Services. The alternative payment
211.14 methodology shall be 100 percent of cost as determined according to Medicare cost
211.15 principles.

211.16 (g) Effective for services provided on or after January 1, 2021, all claims for payment
211.17 of clinic services provided by FQHCs and rural health clinics shall be paid by the
211.18 commissioner, according to an annual election by the FQHC or rural health clinic, under
211.19 the current prospective payment system described in paragraph (f) or the alternative payment
211.20 methodology described in paragraph (l).

211.21 (h) For purposes of this section, "nonprofit community clinic" is a clinic that:

211.22 (1) has nonprofit status as specified in chapter 317A;

211.23 (2) has tax exempt status as provided in Internal Revenue Code, section 501(c)(3);

211.24 (3) is established to provide health services to low-income population groups, uninsured,
211.25 high-risk and special needs populations, underserved and other special needs populations;

211.26 (4) employs professional staff at least one-half of which are familiar with the cultural
211.27 background of their clients;

211.28 (5) charges for services on a sliding fee scale designed to provide assistance to
211.29 low-income clients based on current poverty income guidelines and family size; and

211.30 (6) does not restrict access or services because of a client's financial limitations or public
211.31 assistance status and provides no-cost care as needed.

212.1 (i) Effective for services provided on or after January 1, 2015, all claims for payment
212.2 of clinic services provided by FQHCs and rural health clinics shall be paid by the
212.3 commissioner. the commissioner shall determine the most feasible method for paying claims
212.4 from the following options:

212.5 (1) FQHCs and rural health clinics submit claims directly to the commissioner for
212.6 payment, and the commissioner provides claims information for recipients enrolled in a
212.7 managed care or county-based purchasing plan to the plan, on a regular basis; or

212.8 (2) FQHCs and rural health clinics submit claims for recipients enrolled in a managed
212.9 care or county-based purchasing plan to the plan, and those claims are submitted by the
212.10 plan to the commissioner for payment to the clinic.

212.11 (j) For clinic services provided prior to January 1, 2015, the commissioner shall calculate
212.12 and pay monthly the proposed managed care supplemental payments to clinics, and clinics
212.13 shall conduct a timely review of the payment calculation data in order to finalize all
212.14 supplemental payments in accordance with federal law. Any issues arising from a clinic's
212.15 review must be reported to the commissioner by January 1, 2017. Upon final agreement
212.16 between the commissioner and a clinic on issues identified under this subdivision, and in
212.17 accordance with United States Code, title 42, section 1396a(bb), no supplemental payments
212.18 for managed care plan or county-based purchasing plan claims for services provided prior
212.19 to January 1, 2015, shall be made after June 30, 2017. If the commissioner and clinics are
212.20 unable to resolve issues under this subdivision, the parties shall submit the dispute to the
212.21 arbitration process under section 14.57.

212.22 (k) The commissioner shall seek a federal waiver, authorized under section 1115 of the
212.23 Social Security Act, to obtain federal financial participation at the 100 percent federal
212.24 matching percentage available to facilities of the Indian Health Service or tribal organization
212.25 in accordance with section 1905(b) of the Social Security Act for expenditures made to
212.26 organizations dually certified under Title V of the Indian Health Care Improvement Act,
212.27 Public Law 94-437, and as a federally qualified health center under paragraph (a) that
212.28 provides services to American Indian and Alaskan Native individuals eligible for services
212.29 under this subdivision.

212.30 (l) All claims for payment of clinic services provided by FQHCs and rural health clinics,
212.31 that have elected to be paid under this paragraph, shall be paid by the commissioner according
212.32 to the following requirements:

212.33 (1) the commissioner shall establish a single medical and single dental organization
212.34 encounter rate for each FQHC and rural health clinic when applicable;

213.1 (2) each FQHC and rural health clinic is eligible for same day reimbursement of one
213.2 medical and one dental organization encounter rate if eligible medical and dental visits are
213.3 provided on the same day;

213.4 (3) the commissioner shall reimburse FQHCs and rural health clinics, in accordance
213.5 with current applicable Medicare cost principles, their allowable costs, including direct
213.6 patient care costs and patient-related support services. Nonallowable costs include, but are
213.7 not limited to:

213.8 (i) general social services and administrative costs;

213.9 (ii) retail pharmacy;

213.10 (iii) patient incentives, food, housing assistance, and utility assistance;

213.11 (iv) external lab and x-ray;

213.12 (v) navigation services;

213.13 (vi) health care taxes;

213.14 (vii) advertising, public relations, and marketing;

213.15 (viii) office entertainment costs, food, alcohol, and gifts;

213.16 (ix) contributions and donations;

213.17 (x) bad debts or losses on awards or contracts;

213.18 (xi) fines, penalties, damages, or other settlements;

213.19 (xii) fund-raising, investment management, and associated administrative costs;

213.20 (xiii) research and associated administrative costs;

213.21 (xiv) nonpaid workers;

213.22 (xv) lobbying;

213.23 (xvi) scholarships and student aid; and

213.24 (xvii) nonmedical assistance covered services;

213.25 (4) the commissioner shall review the list of nonallowable costs in the years between
213.26 the rebasing process established in clause (5), in consultation with the Minnesota Association
213.27 of Community Health Centers, FQHCs, and rural health clinics. The commissioner shall
213.28 publish the list and any updates in the Minnesota health care programs provider manual;

214.1 (5) the initial applicable base year organization encounter rates for FQHCs and rural
214.2 health clinics shall be computed for services delivered on or after January 1, 2021, and:

214.3 (i) must be determined using each FQHC's and rural health clinic's Medicare cost reports
214.4 from 2017 and 2018;

214.5 (ii) must be according to current applicable Medicare cost principles as applicable to
214.6 FQHCs and rural health clinics without the application of productivity screens and upper
214.7 payment limits or the Medicare prospective payment system FQHC aggregate mean upper
214.8 payment limit;

214.9 (iii) must be subsequently rebased every two years thereafter using the Medicare cost
214.10 reports that are three and four years prior to the rebasing year. Years in which organizational
214.11 cost or claims volume is reduced or altered due to a pandemic, disease, or other public health
214.12 emergency shall not be used as part of a base year when the base year includes more than
214.13 one year. The commissioner may use the Medicare cost reports of a year unaffected by a
214.14 pandemic, disease, or other public health emergency, or previous two consecutive years,
214.15 inflated to the base year as established under item (iv);

214.16 (iv) must be inflated to the base year using the inflation factor described in clause (6);
214.17 and

214.18 (v) the commissioner must provide for a 60-day appeals process under section 14.57;

214.19 (6) the commissioner shall annually inflate the applicable organization encounter rates
214.20 for FQHCs and rural health clinics from the base year payment rate to the effective date by
214.21 using the CMS FQHC Market Basket inflator established under United States Code, title
214.22 42, section 1395m(o), less productivity;

214.23 (7) FQHCs and rural health clinics that have elected the alternative payment methodology
214.24 under this paragraph shall submit all necessary documentation required by the commissioner
214.25 to compute the rebased organization encounter rates no later than six months following the
214.26 date the applicable Medicare cost reports are due to the Centers for Medicare and Medicaid
214.27 Services;

214.28 (8) the commissioner shall reimburse FQHCs and rural health clinics an additional
214.29 amount relative to their medical and dental organization encounter rates that is attributable
214.30 to the tax required to be paid according to section 295.52, if applicable;

214.31 (9) FQHCs and rural health clinics may submit change of scope requests to the
214.32 commissioner if the change of scope would result in an increase or decrease of 2.5 percent

215.1 or higher in the medical or dental organization encounter rate currently received by the
215.2 FQHC or rural health clinic;

215.3 (10) for FQHCs and rural health clinics seeking a change in scope with the commissioner
215.4 under clause (9) that requires the approval of the scope change by the federal Health
215.5 Resources Services Administration:

215.6 (i) FQHCs and rural health clinics shall submit the change of scope request, including
215.7 the start date of services, to the commissioner within seven business days of submission of
215.8 the scope change to the federal Health Resources Services Administration;

215.9 (ii) the commissioner shall establish the effective date of the payment change as the
215.10 federal Health Resources Services Administration date of approval of the FQHC's or rural
215.11 health clinic's scope change request, or the effective start date of services, whichever is
215.12 later; and

215.13 (iii) within 45 days of one year after the effective date established in item (ii), the
215.14 commissioner shall conduct a retroactive review to determine if the actual costs established
215.15 under clause (3) or encounters result in an increase or decrease of 2.5 percent or higher in
215.16 the medical or dental organization encounter rate, and if this is the case, the commissioner
215.17 shall revise the rate accordingly and shall adjust payments retrospectively to the effective
215.18 date established in item (ii);

215.19 (11) for change of scope requests that do not require federal Health Resources Services
215.20 Administration approval, the FQHC and rural health clinic shall submit the request to the
215.21 commissioner before implementing the change, and the effective date of the change is the
215.22 date the commissioner received the FQHC's or rural health clinic's request, or the effective
215.23 start date of the service, whichever is later. The commissioner shall provide a response to
215.24 the FQHC's or rural health clinic's request within 45 days of submission and provide a final
215.25 approval within 120 days of submission. This timeline may be waived at the mutual
215.26 agreement of the commissioner and the FQHC or rural health clinic if more information is
215.27 needed to evaluate the request;

215.28 (12) the commissioner, when establishing organization encounter rates for new FQHCs
215.29 and rural health clinics, shall consider the patient caseload of existing FQHCs and rural
215.30 health clinics in a 60-mile radius for organizations established outside of the seven-county
215.31 metropolitan area, and in a 30-mile radius for organizations in the seven-county metropolitan
215.32 area. If this information is not available, the commissioner may use Medicare cost reports
215.33 or audited financial statements to establish base rates;

216.1 (13) the commissioner shall establish a quality measures workgroup that includes
216.2 representatives from the Minnesota Association of Community Health Centers, FQHCs,
216.3 and rural health clinics, to evaluate clinical and nonclinical measures; and

216.4 (14) the commissioner shall not disallow or reduce costs that are related to an FQHC's
216.5 or rural health clinic's participation in health care educational programs to the extent that
216.6 the costs are not accounted for in the alternative payment methodology encounter rate
216.7 established in this paragraph.

216.8 (m) Effective July 1, 2022, an enrolled Indian Health Service facility or a Tribal health
216.9 center operating under a 638 contract or compact may elect to also enroll as a Tribal FQHC.
216.10 No requirements that otherwise apply to FQHCs covered in this subdivision apply to Tribal
216.11 FQHCs enrolled under this paragraph, except those necessary to comply with federal
216.12 regulations. The commissioner shall establish an alternative payment method for Tribal
216.13 FQHCs enrolled under this paragraph that uses the same method and rates applicable to a
216.14 Tribal facility or health center that does not enroll as a Tribal FQHC.

216.15 Sec. 27. Minnesota Statutes 2021 Supplement, section 256B.0625, subdivision 31, is
216.16 amended to read:

216.17 Subd. 31. **Medical supplies and equipment.** (a) Medical assistance covers medical
216.18 supplies and equipment. Separate payment outside of the facility's payment rate shall be
216.19 made for wheelchairs and wheelchair accessories for recipients who are residents of
216.20 intermediate care facilities for the developmentally disabled. Reimbursement for wheelchairs
216.21 and wheelchair accessories for ICF/DD recipients shall be subject to the same conditions
216.22 and limitations as coverage for recipients who do not reside in institutions. A wheelchair
216.23 purchased outside of the facility's payment rate is the property of the recipient.

216.24 (b) Vendors of durable medical equipment, prosthetics, orthotics, or medical supplies
216.25 must enroll as a Medicare provider.

216.26 (c) When necessary to ensure access to durable medical equipment, prosthetics, orthotics,
216.27 or medical supplies, the commissioner may exempt a vendor from the Medicare enrollment
216.28 requirement if:

216.29 (1) the vendor supplies only one type of durable medical equipment, prosthetic, orthotic,
216.30 or medical supply;

216.31 (2) the vendor serves ten or fewer medical assistance recipients per year;

216.32 (3) the commissioner finds that other vendors are not available to provide same or similar
216.33 durable medical equipment, prosthetics, orthotics, or medical supplies; and

217.1 (4) the vendor complies with all screening requirements in this chapter and Code of
217.2 Federal Regulations, title 42, part 455. The commissioner may also exempt a vendor from
217.3 the Medicare enrollment requirement if the vendor is accredited by a Centers for Medicare
217.4 and Medicaid Services approved national accreditation organization as complying with the
217.5 Medicare program's supplier and quality standards and the vendor serves primarily pediatric
217.6 patients.

217.7 (d) "Durable medical equipment" means a device or equipment that:

217.8 (1) can withstand repeated use;

217.9 (2) is generally not useful in the absence of an illness, injury, or disability; and

217.10 (3) is provided to correct or accommodate a physiological disorder or physical condition
217.11 or is generally used primarily for a medical purpose.

217.12 (e) Electronic tablets may be considered durable medical equipment if the electronic
217.13 tablet will be used as an augmentative and alternative communication system as defined
217.14 under subdivision 31a, paragraph (a). To be covered by medical assistance, the device must
217.15 be locked in order to prevent use not related to communication.

217.16 (f) Notwithstanding the requirement in paragraph (e) that an electronic tablet must be
217.17 locked to prevent use not as an augmentative communication device, a recipient of waiver
217.18 services may use an electronic tablet for a use not related to communication when the
217.19 recipient has been authorized under the waiver to receive one or more additional applications
217.20 that can be loaded onto the electronic tablet, such that allowing the additional use prevents
217.21 the purchase of a separate electronic tablet with waiver funds.

217.22 (g) An order or prescription for medical supplies, equipment, or appliances must meet
217.23 the requirements in Code of Federal Regulations, title 42, part 440.70.

217.24 (h) Allergen-reducing products provided according to subdivision 67, paragraph (c) or
217.25 (d), shall be considered durable medical equipment.

217.26 (i) Seizure detection devices are covered as durable medical equipment under this
217.27 subdivision if:

217.28 (1) the seizure detection device is medically appropriate based on the recipient's medical
217.29 condition or status; and

217.30 (2) the recipient's health care provider has identified that a seizure detection device
217.31 would:

218.1 (i) likely assist in reducing bodily harm to or death of the recipient as a result of the
218.2 recipient experiencing a seizure; or

218.3 (ii) provide data to the health care provider necessary to appropriately diagnose or treat
218.4 the recipient's health condition that causes the seizure activity.

218.5 (j) For purposes of paragraph (i), "seizure detection device" means a United States Food
218.6 and Drug Administration approved monitoring device and any related service or subscription
218.7 supporting the prescribed use of the device, including technology that:

218.8 (1) provides ongoing patient monitoring and alert services that detects nocturnal seizure
218.9 activity and transmits notification of the seizure activity to a caregiver for appropriate
218.10 medical response; or

218.11 (2) collects data of the seizure activity of the recipient that can be used by a health care
218.12 provider to diagnose or appropriately treat a health care condition that causes the seizure
218.13 activity.

218.14 **EFFECTIVE DATE.** This section is effective January 1, 2023, or upon federal approval,
218.15 whichever is later. The commissioner of human services shall notify the revisor of statutes
218.16 when federal approval is obtained.

218.17 Sec. 28. Minnesota Statutes 2020, section 256B.0625, is amended by adding a subdivision
218.18 to read:

218.19 Subd. 68. **Tobacco and nicotine cessation.** (a) Medical assistance covers tobacco and
218.20 nicotine cessation services, drugs to treat tobacco and nicotine addiction or dependence,
218.21 and drugs to help individuals discontinue use of tobacco and nicotine products. Medical
218.22 assistance must cover services and drugs as provided in this subdivision consistent with
218.23 evidence-based or evidence-informed best practices.

218.24 (b) Medical assistance must cover in-person individual and group tobacco and nicotine
218.25 cessation education and counseling services if provided by a health care practitioner whose
218.26 scope of practice encompasses tobacco and nicotine cessation education and counseling.
218.27 Service providers include but are not limited to the following:

218.28 (1) mental health practitioners under section 245.462, subdivision 17;

218.29 (2) mental health professionals under section 245.462, subdivision 18;

218.30 (3) mental health certified peer specialists under section 256B.0615;

218.31 (4) alcohol and drug counselors licensed under chapter 148F;

219.1 (5) recovery peers as defined in section 245F.02, subdivision 21;

219.2 (6) certified tobacco treatment specialists;

219.3 (7) community health workers;

219.4 (8) physicians;

219.5 (9) physician assistants;

219.6 (10) advanced practice registered nurses; or

219.7 (11) other licensed or nonlicensed professionals or paraprofessionals with training in
219.8 providing tobacco and nicotine cessation education and counseling services.

219.9 (c) Medical assistance covers telephone cessation counseling services provided through
219.10 a quitline. Notwithstanding subdivision 3b, quitline services may be provided through
219.11 audio-only communications. The commissioner may use volume purchasing for quitline
219.12 services consistent with section 256B.04, subdivision 14.

219.13 (d) Medical assistance must cover all prescription and over-the-counter pharmacotherapy
219.14 drugs approved by the United States Food and Drug Administration for cessation of tobacco
219.15 and nicotine use or treatment of tobacco and nicotine dependence, and that are subject to a
219.16 Medicaid drug rebate agreement.

219.17 (e) Services covered under this subdivision may be provided by telemedicine.

219.18 (f) The commissioner must not:

219.19 (1) restrict or limit the type, duration, or frequency of tobacco and nicotine cessation
219.20 services;

219.21 (2) prohibit the simultaneous use of multiple cessation services, including but not limited
219.22 to simultaneous use of counseling and drugs;

219.23 (3) require counseling prior to receiving drugs or as a condition of receiving drugs;

219.24 (4) limit pharmacotherapy drug dosage amounts for a dosing regimen for treatment of
219.25 a medically accepted indication, as defined in United States Code, title 42, section
219.26 1396r-8(k)(6); limit dosing frequency; or impose duration limits;

219.27 (5) prohibit simultaneous use of multiple drugs, including prescription and
219.28 over-the-counter drugs;

219.29 (6) require or authorize step therapy; or

220.1 (7) require or utilize prior authorization or require a co-payment or deductible for any
220.2 tobacco and nicotine cessation services and drugs covered under this subdivision.

220.3 (g) The commissioner must require all participating entities under contract with the
220.4 commissioner to comply with this subdivision when providing coverage, services, or care
220.5 management for medical assistance and MinnesotaCare enrollees. For purposes of this
220.6 subdivision, "participating entity" means any of the following:

220.7 (1) a health carrier as defined in section 62A.011, subdivision 2;

220.8 (2) a county-based purchasing plan established under section 256B.692;

220.9 (3) an accountable care organization or other entity participating as an integrated health
220.10 partnership under section 256B.0755;

220.11 (4) an entity operating a county integrated health care delivery network pilot project
220.12 authorized under section 256B.0756;

220.13 (5) a network of health care providers established to offer services under medical
220.14 assistance or MinnesotaCare; or

220.15 (6) any other entity that has a contract with the commissioner to cover, provide, or
220.16 manage health care services provided to medical assistance or MinnesotaCare enrollees on
220.17 a capitated or risk-based payment arrangement or under a reimbursement methodology with
220.18 substantial financial incentives to reduce the total cost of health care for a population of
220.19 patients that is enrolled with or assigned or attributed to the entity.

220.20 **EFFECTIVE DATE.** This section is effective January 1, 2023, or upon federal approval,
220.21 whichever is later. The commissioner of human services shall notify the revisor of statutes
220.22 when federal approval is obtained.

220.23 Sec. 29. Minnesota Statutes 2020, section 256B.0631, as amended by Laws 2021, First
220.24 Special Session chapter 7, article 1, section 17, is amended to read:

220.25 **256B.0631 MEDICAL ASSISTANCE CO-PAYMENTS.**

220.26 Subdivision 1. **Cost-sharing.** (a) Except as provided in subdivision 2, the medical
220.27 assistance benefit plan shall include the following cost-sharing for all recipients, effective
220.28 for services provided on or after September 1, 2011, through December 31, 2022:

220.29 (1) $3 per nonpreventive visit, except as provided in paragraph (b). For purposes of this
220.30 subdivision, a visit means an episode of service which is required because of a recipient's
220.31 symptoms, diagnosis, or established illness, and which is delivered in an ambulatory setting

221.1 by a physician or physician assistant, chiropractor, podiatrist, nurse midwife, advanced
221.2 practice nurse, audiologist, optician, or optometrist;

221.3 (2) $3.50 for nonemergency visits to a hospital-based emergency room, except that this
221.4 co-payment shall be increased to $20 upon federal approval;

221.5 (3) $3 per brand-name drug prescription, $1 per generic drug prescription, and $1 per
221.6 prescription for a brand-name multisource drug listed in preferred status on the preferred
221.7 drug list, subject to a $12 per month maximum for prescription drug co-payments. No
221.8 co-payments shall apply to antipsychotic drugs when used for the treatment of mental illness;

221.9 (4) a family deductible equal to $2.75 per month per family and adjusted annually by
221.10 the percentage increase in the medical care component of the CPI-U for the period of
221.11 September to September of the preceding calendar year, rounded to the next higher five-cent
221.12 increment; and

221.13 (5) total monthly cost-sharing must not exceed five percent of family income. For
221.14 purposes of this paragraph, family income is the total earned and unearned income of the
221.15 individual and the individual's spouse, if the spouse is enrolled in medical assistance and
221.16 also subject to the five percent limit on cost-sharing. This paragraph does not apply to
221.17 premiums charged to individuals described under section 256B.057, subdivision 9.

221.18 (b) Recipients of medical assistance are responsible for all co-payments and deductibles
221.19 in this subdivision.

221.20 (c) Notwithstanding paragraph (b), the commissioner, through the contracting process
221.21 under sections 256B.69 and 256B.692, may allow managed care plans and county-based
221.22 purchasing plans to waive the family deductible under paragraph (a), clause (4). The value
221.23 of the family deductible shall not be included in the capitation payment to managed care
221.24 plans and county-based purchasing plans. Managed care plans and county-based purchasing
221.25 plans shall certify annually to the commissioner the dollar value of the family deductible.

221.26 (d) Notwithstanding paragraph (b), the commissioner may waive the collection of the
221.27 family deductible described under paragraph (a), clause (4), from individuals and allow
221.28 long-term care and waivered service providers to assume responsibility for payment.

221.29 (e) Notwithstanding paragraph (b), the commissioner, through the contracting process
221.30 under section 256B.0756 shall allow the pilot program in Hennepin County to waive
221.31 co-payments. The value of the co-payments shall not be included in the capitation payment
221.32 amount to the integrated health care delivery networks under the pilot program.

222.1 (f) Paragraphs (a) to (e) apply only for services provided through December 31, 2022.
222.2 Effective for services provided on or after January 1, 2023, the medical assistance program
222.3 shall not require deductibles, co-payments, coinsurance, or any other form of enrollee
222.4 cost-sharing.

222.5 Subd. 2. **Exceptions.** Co-payments and deductibles shall be subject, through December
222.6 31, 2022, to the following exceptions:

222.7 (1) children under the age of 21;

222.8 (2) pregnant women for services that relate to the pregnancy or any other medical
222.9 condition that may complicate the pregnancy;

222.10 (3) recipients expected to reside for at least 30 days in a hospital, nursing home, or
222.11 intermediate care facility for the developmentally disabled;

222.12 (4) recipients receiving hospice care;

222.13 (5) 100 percent federally funded services provided by an Indian health service;

222.14 (6) emergency services;

222.15 (7) family planning services;

222.16 (8) services that are paid by Medicare, resulting in the medical assistance program paying
222.17 for the coinsurance and deductible;

222.18 (9) co-payments that exceed one per day per provider for nonpreventive visits, eyeglasses,
222.19 and nonemergency visits to a hospital-based emergency room;

222.20 (10) services, fee-for-service payments subject to volume purchase through competitive
222.21 bidding;

222.22 (11) American Indians who meet the requirements in Code of Federal Regulations, title
222.23 42, sections 447.51 and 447.56;

222.24 (12) persons needing treatment for breast or cervical cancer as described under section
222.25 256B.057, subdivision 10; and

222.26 (13) services that currently have a rating of A or B from the United States Preventive
222.27 Services Task Force (USPSTF), immunizations recommended by the Advisory Committee
222.28 on Immunization Practices of the Centers for Disease Control and Prevention, and preventive
222.29 services and screenings provided to women as described in Code of Federal Regulations,
222.30 title 45, section 147.130.

223.1 Subd. 3. **Collection.** (a) The medical assistance reimbursement to the provider shall be
223.2 reduced by the amount of the co-payment or deductible, except that reimbursements shall
223.3 not be reduced:

223.4 (1) once a recipient has reached the $12 per month maximum for prescription drug
223.5 co-payments; or

223.6 (2) for a recipient who has met their monthly five percent cost-sharing limit.

223.7 (b) The provider collects the co-payment or deductible from the recipient. Providers
223.8 may not deny services to recipients who are unable to pay the co-payment or deductible.

223.9 (c) Medical assistance reimbursement to fee-for-service providers and payments to
223.10 managed care plans shall not be increased as a result of the removal of co-payments or
223.11 deductibles effective on or after January 1, 2009.

223.12 (d) Paragraphs (a) to (c) apply only for services provided through December 31, 2022.

223.13 Sec. 30. Minnesota Statutes 2020, section 256B.69, subdivision 4, is amended to read:

223.14 Subd. 4. **Limitation of choice; opportunity to opt out.** (a) The commissioner shall
223.15 develop criteria to determine when limitation of choice may be implemented in the
223.16 experimental counties, but shall provide all eligible individuals the opportunity to opt out
223.17 of enrollment in managed care under this section. The criteria shall ensure that all eligible
223.18 individuals in the county have continuing access to the full range of medical assistance
223.19 services as specified in subdivision 6.

223.20 (b) The commissioner shall exempt the following persons from participation in the
223.21 project, in addition to those who do not meet the criteria for limitation of choice:

223.22 (1) persons eligible for medical assistance according to section 256B.055, subdivision
223.23 1;

223.24 (2) persons eligible for medical assistance due to blindness or disability as determined
223.25 by the Social Security Administration or the state medical review team, unless:

223.26 (i) they are 65 years of age or older; or

223.27 (ii) they reside in Itasca County or they reside in a county in which the commissioner
223.28 conducts a pilot project under a waiver granted pursuant to section 1115 of the Social
223.29 Security Act;

223.30 (3) recipients who currently have private coverage through a health maintenance
223.31 organization;

224.1 (4) recipients who are eligible for medical assistance by spending down excess income
224.2 for medical expenses other than the nursing facility per diem expense;

224.3 (5) recipients who receive benefits under the Refugee Assistance Program, established
224.4 under United States Code, title 8, section 1522(e);

224.5 (6) children who are both determined to be severely emotionally disturbed and receiving
224.6 case management services according to section 256B.0625, subdivision 20, except children
224.7 who are eligible for and who decline enrollment in an approved preferred integrated network
224.8 under section 245.4682;

224.9 (7) adults who are both determined to be seriously and persistently mentally ill and
224.10 received case management services according to section 256B.0625, subdivision 20;

224.11 (8) persons eligible for medical assistance according to section 256B.057, subdivision
224.12 10;

224.13 (9) persons with access to cost-effective employer-sponsored private health insurance
224.14 or persons enrolled in a non-Medicare individual health plan determined to be cost-effective
224.15 according to section 256B.0625, subdivision 15; and

224.16 (10) persons who are absent from the state for more than 30 consecutive days but still
224.17 deemed a resident of Minnesota, identified in accordance with section 256B.056, subdivision
224.18 1, paragraph (b).

224.19 Children under age 21 who are in foster placement may enroll in the project on an elective
224.20 basis. Individuals excluded under clauses (1), (6), and (7) may choose to enroll on an elective
224.21 basis. The commissioner may enroll recipients in the prepaid medical assistance program
224.22 for seniors who are (1) age 65 and over, and (2) eligible for medical assistance by spending
224.23 down excess income.

224.24 (c) The commissioner may allow persons with a one-month spenddown who are otherwise
224.25 eligible to enroll to voluntarily enroll or remain enrolled, if they elect to prepay their monthly
224.26 spenddown to the state.

224.27 (d) The commissioner may require, subject to the opt-out provision under paragraph (a),
224.28 those individuals to enroll in the prepaid medical assistance program who otherwise would
224.29 have been excluded under paragraph (b), clauses (1), (3), and (8), and under Minnesota
224.30 Rules, part 9500.1452, subpart 2, items H, K, and L.

224.31 (e) Before limitation of choice is implemented, eligible individuals shall be notified and
224.32 given the opportunity to opt out of managed care enrollment. After notification, those
224.33 individuals who choose not to opt out shall be allowed to choose only among demonstration

225.1 providers. The commissioner may assign an individual with private coverage through a
225.2 health maintenance organization, to the same health maintenance organization for medical
225.3 assistance coverage, if the health maintenance organization is under contract for medical
225.4 assistance in the individual's county of residence. After initially choosing a provider, the
225.5 recipient is allowed to change that choice only at specified times as allowed by the
225.6 commissioner. If a demonstration provider ends participation in the project for any reason,
225.7 a recipient enrolled with that provider must select a new provider but may change providers
225.8 without cause once more within the first 60 days after enrollment with the second provider.

225.9 (f) An infant born to a woman who is eligible for and receiving medical assistance and
225.10 who is enrolled in the prepaid medical assistance program shall be retroactively enrolled to
225.11 the month of birth in the same managed care plan as the mother once the child is enrolled
225.12 in medical assistance unless the child is determined to be excluded from enrollment in a
225.13 prepaid plan under this section.

225.14 **EFFECTIVE DATE.** This section is effective January 1, 2023.

225.15 Sec. 31. Minnesota Statutes 2020, section 256B.69, subdivision 5c, is amended to read:

225.16 Subd. 5c. **Medical education and research fund.** (a) The commissioner of human
225.17 services shall transfer each year to the medical education and research fund established
225.18 under section 62J.692, an amount specified in this subdivision. The commissioner shall
225.19 calculate the following:

225.20 (1) an amount equal to the reduction in the prepaid medical assistance payments as
225.21 specified in this clause. After January 1, 2002, the county medical assistance capitation base
225.22 rate prior to plan specific adjustments is reduced 6.3 percent for Hennepin County, two
225.23 percent for the remaining metropolitan counties, and 1.6 percent for nonmetropolitan
225.24 Minnesota counties. Nursing facility and elderly waiver payments and demonstration project
225.25 payments operating under subdivision 23 are excluded from this reduction. The amount
225.26 calculated under this clause shall not be adjusted for periods already paid due to subsequent
225.27 changes to the capitation payments;

225.28 (2) beginning July 1, 2003, $4,314,000 from the capitation rates paid under this section;

225.29 (3) beginning July 1, 2002, an additional $12,700,000 from the capitation rates paid
225.30 under this section; and

225.31 (4) beginning July 1, 2003, an additional $4,700,000 from the capitation rates paid under
225.32 this section.

226.1 (b) This subdivision shall be effective upon approval of a federal waiver which allows
226.2 federal financial participation in the medical education and research fund. The amount
226.3 specified under paragraph (a), clauses (1) to (4), shall not exceed the total amount transferred
226.4 for fiscal year 2009. Any excess shall first reduce the amounts specified under paragraph
226.5 (a), clauses (2) to (4). Any excess following this reduction shall proportionally reduce the
226.6 amount specified under paragraph (a), clause (1).

226.7 (c) Beginning September 1, 2011, of the amount in paragraph (a), the commissioner
226.8 shall transfer $21,714,000 each fiscal year to the medical education and research fund.

226.9 (d) Beginning September 1, 2011, of the amount in paragraph (a), following the transfer
226.10 under paragraph (c), the commissioner shall transfer to the medical education research fund
226.11 ~~$23,936,000 in fiscal years 2012 and 2013 and~~ $49,552,000 in fiscal year 2014 and thereafter.

226.12 (e) If the federal waiver described in paragraph (b) is not renewed, the transfer described
226.13 in paragraph (c) and corresponding payments under section 62J.692, subdivision 7, are
226.14 terminated effective the first month in which the waiver is no longer in effect, and the state
226.15 share of the amount described in paragraph (d) must be transferred to the medical education
226.16 and research fund and distributed according to the provisions of section 62J.692, subdivision
226.17 4a.

226.18 Sec. 32. Minnesota Statutes 2020, section 256B.69, subdivision 28, is amended to read:

226.19 Subd. 28. **Medicare special needs plans; medical assistance basic health care.** (a)
226.20 The commissioner may contract with demonstration providers and current or former sponsors
226.21 of qualified Medicare-approved special needs plans, to provide medical assistance basic
226.22 health care services to persons with disabilities, including those with developmental
226.23 disabilities. Basic health care services include:

226.24 (1) those services covered by the medical assistance state plan except for ICF/DD services,
226.25 home and community-based waiver services, case management for persons with
226.26 developmental disabilities under section 256B.0625, subdivision 20a, and personal care and
226.27 certain home care services defined by the commissioner in consultation with the stakeholder
226.28 group established under paragraph (d); and

226.29 (2) basic health care services may also include risk for up to 100 days of nursing facility
226.30 services for persons who reside in a noninstitutional setting and home health services related
226.31 to rehabilitation as defined by the commissioner after consultation with the stakeholder
226.32 group.

227.1 The commissioner may exclude other medical assistance services from the basic health
227.2 care benefit set. Enrollees in these plans can access any excluded services on the same basis
227.3 as other medical assistance recipients who have not enrolled.

227.4 (b) The commissioner may contract with demonstration providers and current and former
227.5 sponsors of qualified Medicare special needs plans, to provide basic health care services
227.6 under medical assistance to persons who are dually eligible for both Medicare and Medicaid
227.7 and those Social Security beneficiaries eligible for Medicaid but in the waiting period for
227.8 Medicare. The commissioner shall consult with the stakeholder group under paragraph (d)
227.9 in developing program specifications for these services. Payment for Medicaid services
227.10 provided under this subdivision for the months of May and June will be made no earlier
227.11 than July 1 of the same calendar year.

227.12 (c) ~~Notwithstanding subdivision 4, beginning January 1, 2012,~~ The commissioner shall
227.13 enroll persons with disabilities in managed care under this section, unless the individual
227.14 chooses to opt out of enrollment. The commissioner shall establish enrollment and opt out
227.15 procedures consistent with applicable enrollment procedures under this section.

227.16 (d) The commissioner shall establish a state-level stakeholder group to provide advice
227.17 on managed care programs for persons with disabilities, including both MnDHO and contracts
227.18 with special needs plans that provide basic health care services as described in paragraphs
227.19 (a) and (b). The stakeholder group shall provide advice on program expansions under this
227.20 subdivision and subdivision 23, including:

227.21 (1) implementation efforts;

227.22 (2) consumer protections; and

227.23 (3) program specifications such as quality assurance measures, data collection and
227.24 reporting, and evaluation of costs, quality, and results.

227.25 (e) Each plan under contract to provide medical assistance basic health care services
227.26 shall establish a local or regional stakeholder group, including representatives of the counties
227.27 covered by the plan, members, consumer advocates, and providers, for advice on issues that
227.28 arise in the local or regional area.

227.29 (f) The commissioner is prohibited from providing the names of potential enrollees to
227.30 health plans for marketing purposes. The commissioner shall mail no more than two sets
227.31 of marketing materials per contract year to potential enrollees on behalf of health plans, at
227.32 the health plan's request. The marketing materials shall be mailed by the commissioner

228.1 within 30 days of receipt of these materials from the health plan. The health plans shall
228.2 cover any costs incurred by the commissioner for mailing marketing materials.

228.3 **EFFECTIVE DATE.** This section is effective January 1, 2023.

228.4 Sec. 33. Minnesota Statutes 2020, section 256B.69, subdivision 36, is amended to read:

228.5 Subd. 36. **Enrollee support system.** (a) The commissioner shall establish an enrollee
228.6 support system that provides support to an enrollee before and during enrollment in a
228.7 managed care plan.

228.8 (b) The enrollee support system must:

228.9 (1) provide access to counseling for each potential enrollee on choosing a managed care
228.10 plan or opting out of managed care;

228.11 (2) assist an enrollee in understanding enrollment in a managed care plan;

228.12 (3) provide an access point for complaints regarding enrollment, covered services, and
228.13 other related matters;

228.14 (4) provide information on an enrollee's grievance and appeal rights within the managed
228.15 care organization and the state's fair hearing process, including an enrollee's rights and
228.16 responsibilities; and

228.17 (5) provide assistance to an enrollee, upon request, in navigating the grievance and
228.18 appeals process within the managed care organization and in appealing adverse benefit
228.19 determinations made by the managed care organization to the state's fair hearing process
228.20 after the managed care organization's internal appeals process has been exhausted. Assistance
228.21 does not include providing representation to an enrollee at the state's fair hearing, but may
228.22 include a referral to appropriate legal representation sources.

228.23 (c) Outreach to enrollees through the support system must be accessible to an enrollee
228.24 through multiple formats, including telephone, Internet, in-person, and, if requested, through
228.25 auxiliary aids and services.

228.26 (d) The commissioner may designate enrollment brokers to assist enrollees on selecting
228.27 a managed care organization and providing necessary enrollment information. For purposes
228.28 of this subdivision, "enrollment broker" means an individual or entity that performs choice
228.29 counseling or enrollment activities in accordance with Code of Federal Regulations, part
228.30 42, section 438.810, or both.

228.31 **EFFECTIVE DATE.** This section is effective January 1, 2023.

Sec. 34. Minnesota Statutes 2020, section 256B.692, subdivision 1, is amended to read:

Subdivision 1. **In general.** County boards or groups of county boards may elect to purchase or provide health care services on behalf of persons eligible for medical assistance who would otherwise be required to or may elect to participate in the prepaid medical assistance program according to section 256B.69, subject to the opt-out provision of section 256B.69, subdivision 4, paragraph (a). Counties that elect to purchase or provide health care under this section must provide all services included in prepaid managed care programs according to section 256B.69, subdivisions 1 to 22. County-based purchasing under this section is governed by section 256B.69, unless otherwise provided for under this section.

EFFECTIVE DATE. This section is effective January 1, 2023.

Sec. 35. Minnesota Statutes 2020, section 256B.6925, subdivision 1, is amended to read:

Subdivision 1. **Information provided by commissioner.** The commissioner shall provide to each potential enrollee the following information:

(1) basic features of receiving services through managed care;

(2) which individuals are excluded from managed care enrollment, subject to ~~mandatory managed care enrollment~~ the opt-out provision of section 256B.69, subdivision 4, paragraph (a), or who may choose to enroll voluntarily;

(3) ~~for mandatory and voluntary enrollment,~~ the length of the enrollment period and information about an enrollee's right to disenroll in accordance with Code of Federal Regulations, part 42, section 438.56;

(4) the service area covered by each managed care organization;

(5) covered services, including services provided by the managed care organization and services provided by the commissioner;

(6) the provider directory and drug formulary for each managed care organization;

(7) cost-sharing requirements;

(8) requirements for adequate access to services, including provider network adequacy standards;

(9) a managed care organization's responsibility for coordination of enrollee care; and

(10) quality and performance indicators, including enrollee satisfaction for each managed care organization, if available.

Sec. 36. Minnesota Statutes 2020, section 256B.6925, subdivision 1, is amended to read:

Subdivision 1. **Information provided by commissioner.** The commissioner shall provide to each potential enrollee the following information:

(1) basic features of receiving services through managed care;

(2) which individuals are excluded from managed care enrollment, subject to mandatory managed care enrollment, or who may choose to enroll voluntarily;

(3) for mandatory and voluntary enrollment, the length of the enrollment period and information about an enrollee's right to disenroll in accordance with Code of Federal Regulations, part 42, section 438.56;

(4) the service area covered by each managed care organization;

(5) covered services, including services provided by the managed care organization and services provided by the commissioner;

(6) the provider directory and drug formulary for each managed care organization;

~~(7) cost-sharing requirements;~~

~~(8)~~ (7) requirements for adequate access to services, including provider network adequacy standards;

~~(9)~~ (8) a managed care organization's responsibility for coordination of enrollee care; and

~~(10)~~ (9) quality and performance indicators, including enrollee satisfaction for each managed care organization, if available.

EFFECTIVE DATE. This section is effective January 1, 2023.

Sec. 37. Minnesota Statutes 2020, section 256B.6925, subdivision 2, is amended to read:

Subd. 2. **Information provided by managed care organization.** The commissioner shall ensure that managed care organizations provide to each enrollee the following information:

(1) an enrollee handbook within a reasonable time after receiving notice of the enrollee's enrollment. The handbook must, at a minimum, include information on benefits provided, how and where to access benefits, ~~cost-sharing requirements,~~ how transportation is provided, and other information as required by Code of Federal Regulations, part 42, section 438.10, paragraph (g);

231.1 (2) a provider directory for the following provider types: physicians, specialists, hospitals,
231.2 pharmacies, behavioral health providers, and long-term supports and services providers, as
231.3 appropriate. The directory must include the provider's name, group affiliation, street address,
231.4 telephone number, website, specialty if applicable, whether the provider accepts new
231.5 enrollees, the provider's cultural and linguistic capabilities as identified in Code of Federal
231.6 Regulations, part 42, section 438.10, paragraph (h), and whether the provider's office
231.7 accommodates people with disabilities;

231.8 (3) a drug formulary that includes both generic and name brand medications that are
231.9 covered and each medication tier, if applicable;

231.10 (4) written notice of termination of a contracted provider. Within 15 calendar days after
231.11 receipt or issuance of the termination notice, the managed care organization must make a
231.12 good faith effort to provide notice to each enrollee who received primary care from, or was
231.13 seen on a regular basis by, the terminated provider; and

231.14 (5) upon enrollee request, the managed care organization's physician incentive plan.

231.15 **EFFECTIVE DATE.** This section is effective January 1, 2023.

231.16 Sec. 38. Minnesota Statutes 2020, section 256B.6928, subdivision 3, is amended to read:

231.17 Subd. 3. **Rate development standards.** (a) In developing capitation rates, the
231.18 commissioner shall:

231.19 (1) identify and develop base utilization and price data, including validated encounter
231.20 data and audited financial reports received from the managed care organizations that
231.21 demonstrate experience for the populations served by the managed care organizations, for
231.22 the three most recent and complete years before the rating period;

231.23 (2) develop and apply reasonable trend factors, including cost and utilization, to base
231.24 data that are developed from actual experience of the medical assistance population or a
231.25 similar population according to generally accepted actuarial practices and principles;

231.26 (3) develop the nonbenefit component of the rate to account for reasonable expenses
231.27 related to the managed care organization's administration; taxes; licensing and regulatory
231.28 fees; contribution to reserves; risk margin; cost of capital and other operational costs
231.29 associated with the managed care organization's provision of covered services to enrollees;

231.30 ~~(4) consider the value of cost-sharing for rate development purposes, regardless of~~
231.31 ~~whether the managed care organization imposes the cost-sharing on the enrollee or the~~
231.32 ~~cost-sharing is collected by the provider;~~

232.1 ~~(5)~~ (4) make appropriate and reasonable adjustments to account for changes to the base
232.2 data, programmatic changes, changes to nonbenefit components, and any other adjustment
232.3 necessary to establish actuarially sound rates. Each adjustment must reasonably support the
232.4 development of an accurate base data set for purposes of rate setting, reflect the health status
232.5 of the enrolled population, and be developed in accordance with generally accepted actuarial
232.6 principles and practices;

232.7 ~~(6)~~ (5) consider the managed care organization's past medical loss ratio in the development
232.8 of the capitation rates and consider the projected medical loss ratio; and

232.9 ~~(7)~~ (6) select a prospective or retrospective risk adjustment methodology that must be
232.10 developed in a budget-neutral manner consistent with generally accepted actuarial principles
232.11 and practices.

232.12 (b) The base data must be derived from the medical assistance population or, if data on
232.13 the medical assistance population is not available, derived from a similar population and
232.14 adjusted to make the utilization and price data comparable to the medical assistance
232.15 population. Data must be in accordance with actuarial standards for data quality and an
232.16 explanation of why that specific data is used must be provided in the rate certification. If
232.17 the commissioner is unable to base the rates on data that are within the three most recent
232.18 and complete years before the rating period, the commissioner may request an approval
232.19 from the Centers for Medicare and Medicaid Services for an exception. The request must
232.20 describe why an exception is necessary and describe the actions that the commissioner
232.21 intends to take to comply with the request.

232.22 **EFFECTIVE DATE.** This section is effective January 1, 2023.

232.23 Sec. 39. Minnesota Statutes 2020, section 256B.76, subdivision 1, is amended to read:

232.24 Subdivision 1. **Physician reimbursement.** (a) Effective for services rendered on or after
232.25 October 1, 1992, the commissioner shall make payments for physician services as follows:

232.26 (1) payment for level one Centers for Medicare and Medicaid Services' common
232.27 procedural coding system codes titled "office and other outpatient services," "preventive
232.28 medicine new and established patient," "delivery, antepartum, and postpartum care," "critical
232.29 care," cesarean delivery and pharmacologic management provided to psychiatric patients,
232.30 and level three codes for enhanced services for prenatal high risk, shall be paid at the lower
232.31 of (i) submitted charges, or (ii) 25 percent above the rate in effect on June 30, 1992;

232.32 (2) payments for all other services shall be paid at the lower of (i) submitted charges,
232.33 or (ii) 15.4 percent above the rate in effect on June 30, 1992; and

233.1 (3) all physician rates shall be converted from the 50th percentile of 1982 to the 50th
233.2 percentile of 1989, less the percent in aggregate necessary to equal the above increases
233.3 except that payment rates for home health agency services shall be the rates in effect on
233.4 September 30, 1992.

233.5 (b) Effective for services rendered on or after January 1, 2000, payment rates for physician
233.6 and professional services shall be increased by three percent over the rates in effect on
233.7 December 31, 1999, except for home health agency and family planning agency services.
233.8 The increases in this paragraph shall be implemented January 1, 2000, for managed care.

233.9 (c) Effective for services rendered on or after July 1, 2009, payment rates for physician
233.10 and professional services shall be reduced by five percent, except that for the period July
233.11 1, 2009, through June 30, 2010, payment rates shall be reduced by 6.5 percent for the medical
233.12 assistance and general assistance medical care programs, over the rates in effect on June
233.13 30, 2009. This reduction and the reductions in paragraph (d) do not apply to office or other
233.14 outpatient visits, preventive medicine visits and family planning visits billed by physicians,
233.15 advanced practice nurses, or physician assistants in a family planning agency or in one of
233.16 the following primary care practices: general practice, general internal medicine, general
233.17 pediatrics, general geriatrics, and family medicine. This reduction and the reductions in
233.18 paragraph (d) do not apply to federally qualified health centers, rural health centers, and
233.19 Indian health services. Effective October 1, 2009, payments made to managed care plans
233.20 and county-based purchasing plans under sections 256B.69, 256B.692, and 256L.12 shall
233.21 reflect the payment reduction described in this paragraph.

233.22 (d) Effective for services rendered on or after July 1, 2010, payment rates for physician
233.23 and professional services shall be reduced an additional seven percent over the five percent
233.24 reduction in rates described in paragraph (c). This additional reduction does not apply to
233.25 physical therapy services, occupational therapy services, and speech pathology and related
233.26 services provided on or after July 1, 2010. This additional reduction does not apply to
233.27 physician services billed by a psychiatrist or an advanced practice nurse with a specialty in
233.28 mental health. Effective October 1, 2010, payments made to managed care plans and
233.29 county-based purchasing plans under sections 256B.69, 256B.692, and 256L.12 shall reflect
233.30 the payment reduction described in this paragraph.

233.31 (e) Effective for services rendered on or after September 1, 2011, through June 30, 2013,
233.32 payment rates for physician and professional services shall be reduced three percent from
233.33 the rates in effect on August 31, 2011. This reduction does not apply to physical therapy
233.34 services, occupational therapy services, and speech pathology and related services.

234.1 (f) Effective for services rendered on or after September 1, 2014, payment rates for
234.2 physician and professional services, including physical therapy, occupational therapy, speech
234.3 pathology, and mental health services shall be increased by five percent from the rates in
234.4 effect on August 31, 2014. In calculating this rate increase, the commissioner shall not
234.5 include in the base rate for August 31, 2014, the rate increase provided under section
234.6 256B.76, subdivision 7. This increase does not apply to federally qualified health centers,
234.7 rural health centers, and Indian health services. Payments made to managed care plans and
234.8 county-based purchasing plans shall not be adjusted to reflect payments under this paragraph.

234.9 (g) Effective for services rendered on or after July 1, 2015, payment rates for physical
234.10 therapy, occupational therapy, and speech pathology and related services provided by a
234.11 hospital meeting the criteria specified in section 62Q.19, subdivision 1, paragraph (a), clause
234.12 (4), shall be increased by 90 percent from the rates in effect on June 30, 2015. Payments
234.13 made to managed care plans and county-based purchasing plans shall not be adjusted to
234.14 reflect payments under this paragraph.

234.15 (h) Any ratables effective before July 1, 2015, do not apply to early intensive
234.16 developmental and behavioral intervention (EIDBI) benefits described in section 256B.0949.

234.17 (i) Medical assistance may reimburse for the cost incurred to pay the Department of
234.18 Health for metabolic disorder testing of newborns who are medical assistance recipients
234.19 when the sample is collected outside of an inpatient hospital setting or freestanding birth
234.20 center setting because the newborn was born outside of a hospital or freestanding birth
234.21 center or because it is not medically appropriate to collect the sample during the inpatient
234.22 stay for the birth.

234.23 Sec. 40. Minnesota Statutes 2020, section 256L.03, subdivision 5, is amended to read:

234.24 Subd. 5. **Cost-sharing.** (a) Co-payments, coinsurance, and deductibles do not apply to
234.25 children under the age of 21 and to American Indians as defined in Code of Federal
234.26 Regulations, title 42, section 600.5.

234.27 (b) The commissioner shall adjust co-payments, coinsurance, and deductibles for covered
234.28 services in a manner sufficient to maintain the actuarial value of the benefit to 94 percent.
234.29 The cost-sharing changes described in this paragraph do not apply to eligible recipients or
234.30 services exempt from cost-sharing under state law. The cost-sharing changes described in
234.31 this paragraph shall not be implemented prior to January 1, 2016, or after December 31,
234.32 2022.

235.1 (c) The cost-sharing changes authorized under paragraph (b) must satisfy the requirements
235.2 for cost-sharing under the Basic Health Program as set forth in Code of Federal Regulations,
235.3 title 42, sections 600.510 and 600.520.

235.4 (d) Paragraphs (a) to (c) apply only to services provided through December 31, 2022.
235.5 Effective for services provided on or after January 1, 2023, the MinnesotaCare program
235.6 shall not require deductibles, co-payments, coinsurance, or any other form of enrollee
235.7 cost-sharing.

235.8 Sec. 41. Minnesota Statutes 2020, section 256L.04, subdivision 1c, is amended to read:

235.9 Subd. 1c. **General requirements.** To be eligible for MinnesotaCare, a person must meet
235.10 the eligibility requirements of this section. A person eligible for MinnesotaCare shall with
235.11 an income less than or equal to 200 percent of the federal poverty guidelines must not be
235.12 considered a qualified individual under section 1312 of the Affordable Care Act, and is not
235.13 eligible for enrollment in a qualified health plan offered through MNsure under chapter
235.14 62V.

235.15 **EFFECTIVE DATE.** This section is effective January 1, 2025, or upon federal approval,
235.16 whichever is later, but only if the commissioner of human services certifies to the legislature
235.17 that implementation of this section will not result in federal penalties to federal basic health
235.18 program funding for MinnesotaCare enrollees with incomes not exceeding 200 percent of
235.19 the federal poverty guidelines. The commissioner of human services shall notify the revisor
235.20 of statutes when federal approval is obtained.

235.21 Sec. 42. Minnesota Statutes 2020, section 256L.04, subdivision 7a, is amended to read:

235.22 Subd. 7a. **Ineligibility.** Adults whose income is greater than the limits established under
235.23 this section may not enroll in the MinnesotaCare program, except as provided in subdivision
235.24 15.

235.25 **EFFECTIVE DATE.** This section is effective January 1, 2025, or upon federal approval,
235.26 whichever is later, but only if the commissioner of human services certifies to the legislature
235.27 that implementation of this section will not result in federal penalties to federal basic health
235.28 program funding for MinnesotaCare enrollees with incomes not exceeding 200 percent of
235.29 the federal poverty guidelines. The commissioner of human services shall notify the revisor
235.30 of statutes when federal approval is obtained.

236.1 Sec. 43. Minnesota Statutes 2020, section 256L.04, is amended by adding a subdivision
236.2 to read:

236.3 Subd. 15. **Persons eligible for public option.** (a) Families and individuals with income
236.4 above the maximum income eligibility limit specified in subdivision 1 or 7, who meet all
236.5 other MinnesotaCare eligibility requirements, are eligible for MinnesotaCare. All other
236.6 provisions of this chapter apply unless otherwise specified.

236.7 (b) Families and individuals may enroll in MinnesotaCare under this subdivision only
236.8 during an annual open enrollment period or special enrollment period, as designated by
236.9 MNsure in compliance with Code of Federal Regulations, title 45, parts 155.410 and 155.420.

236.10 **EFFECTIVE DATE.** This section is effective January 1, 2025, or upon federal approval,
236.11 whichever is later, but only if the commissioner of human services certifies to the legislature
236.12 that implementation of this section will not result in federal penalties to federal basic health
236.13 program funding for MinnesotaCare enrollees with incomes not exceeding 200 percent of
236.14 the federal poverty guidelines. The commissioner of human services shall notify the revisor
236.15 of statutes when federal approval is obtained.

236.16 Sec. 44. Minnesota Statutes 2020, section 256L.07, subdivision 1, is amended to read:

236.17 Subdivision 1. **General requirements.** Individuals enrolled in MinnesotaCare under
236.18 section 256L.04, subdivision 1, and individuals enrolled in MinnesotaCare under section
236.19 256L.04, subdivision 7, whose income increases above 200 percent of the federal poverty
236.20 guidelines, are no longer eligible for the program and ~~shall~~ must be disenrolled by the
236.21 commissioner, unless the individuals continue MinnesotaCare enrollment through the public
236.22 option under section 256L.04, subdivision 15. For persons disenrolled under this subdivision,
236.23 MinnesotaCare coverage terminates the last day of the calendar month in which the
236.24 commissioner sends advance notice according to Code of Federal Regulations, title 42,
236.25 section 431.211, that indicates the income of a family or individual exceeds program income
236.26 limits.

236.27 **EFFECTIVE DATE.** This section is effective January 1, 2025, or upon federal approval,
236.28 whichever is later, but only if the commissioner of human services certifies to the legislature
236.29 that implementation of this section will not result in federal penalties to federal basic health
236.30 program funding for MinnesotaCare enrollees with incomes not exceeding 200 percent of
236.31 the federal poverty guidelines. The commissioner of human services shall notify the revisor
236.32 of statutes when federal approval is obtained.

237.1 Sec. 45. Minnesota Statutes 2021 Supplement, section 256L.15, subdivision 2, is amended
237.2 to read:

237.3 Subd. 2. **Sliding fee scale; monthly individual or family income.** (a) The commissioner
237.4 shall establish a sliding fee scale to determine the percentage of monthly individual or family
237.5 income that households at different income levels must pay to obtain coverage through the
237.6 MinnesotaCare program. The sliding fee scale must be based on the enrollee's monthly
237.7 individual or family income.

237.8 ~~(b) Beginning January 1, 2014, MinnesotaCare enrollees shall pay premiums according~~
237.9 ~~to the premium scale specified in paragraph (d).~~

237.10 ~~(c)~~ (b) Paragraph ~~(b)~~ (a) does not apply to~~:~~

237.11 ~~(1)~~ children 20 years of age or younger~~; and~~.

237.12 ~~(2) individuals with household incomes below 35 percent of the federal poverty~~
237.13 ~~guidelines.~~

237.14 ~~(d) The following premium scale is established for each individual in the household who~~
237.15 ~~is 21 years of age or older and enrolled in MinnesotaCare:~~

Line	~~Federal Poverty Guideline Greater than or Equal to~~	~~Less than~~	~~Individual Premium Amount~~
237.18	~~35%~~	~~55%~~	~~$4~~
237.19	~~55%~~	~~80%~~	~~$6~~
237.20	~~80%~~	~~90%~~	~~$8~~
237.21	~~90%~~	~~100%~~	~~$10~~
237.22	~~100%~~	~~110%~~	~~$12~~
237.23	~~110%~~	~~120%~~	~~$14~~
237.24	~~120%~~	~~130%~~	~~$15~~
237.25	~~130%~~	~~140%~~	~~$16~~
237.26	~~140%~~	~~150%~~	~~$25~~
237.27	~~150%~~	~~160%~~	~~$37~~
237.28	~~160%~~	~~170%~~	~~$44~~
237.29	~~170%~~	~~180%~~	~~$52~~
237.30	~~180%~~	~~190%~~	~~$61~~
237.31	~~190%~~	~~200%~~	~~$71~~
237.32	~~200%~~		~~$80~~

237.33 ~~(e)~~ (c) Beginning January 1, ~~2021~~ 2023, the commissioner shall continue to charge
237.34 premiums in accordance with the simplified premium scale established to comply with the

238.1 American Rescue Plan Act of 2021, in effect from January 1, 2021, through December 31,
238.2 2022, for families and individuals eligible under section 256L.04, subdivisions 1 and 7. The
238.3 commissioner shall adjust the premium scale ~~established under paragraph (d)~~ as needed to
238.4 ensure that premiums do not exceed the amount that an individual would have been required
238.5 to pay if the individual was enrolled in an applicable benchmark plan in accordance with
238.6 the Code of Federal Regulations, title 42, section 600.505 (a)(1).

238.7 (d) The commissioner shall establish a sliding premium scale for persons eligible through
238.8 the buy-in option under section 256L.04, subdivision 15. Beginning January 1, 2025, persons
238.9 eligible through the buy-in option shall pay premiums according to the premium scale
238.10 established by the commissioner. Persons 20 years of age or younger are exempt from
238.11 paying premiums.

238.12 **EFFECTIVE DATE.** This section is effective January 1, 2023, except that the sliding
238.13 premium scale established under paragraph (d) is effective January 1, 2025, or upon federal
238.14 approval, whichever is later, but only if the commissioner of human services certifies to the
238.15 legislature that implementation of paragraph (d) will not result in federal penalties to federal
238.16 basic health program funding for MinnesotaCare enrollees with incomes not exceeding 200
238.17 percent of the federal poverty guidelines. The commissioner of human services shall notify
238.18 the revisor of statutes when federal approval is obtained.

238.19 Sec. 46. Laws 2015, chapter 71, article 14, section 2, subdivision 5, as amended by Laws
238.20 2015, First Special Session chapter 6, section 1, is amended to read:

238.21 Subd. 5. **Grant Programs**

238.22 The amounts that may be spent from this
238.23 appropriation for each purpose are as follows:

238.24 (a) **Support Services Grants**

		Appropriations by Fund	
238.26	General	13,133,000	8,715,000
238.27	Federal TANF	96,311,000	96,311,000

238.28 (b) **Basic Sliding Fee Child Care Assistance**
238.29 **Grants** 48,439,000 51,559,000

238.30 **Basic Sliding Fee Waiting List Allocation.**
238.31 Notwithstanding Minnesota Statutes, section
238.32 119B.03, $5,413,000 in fiscal year 2016 is to

239.1 reduce the basic sliding fee program waiting
239.2 list as follows:

239.3 (1) The calendar year 2016 allocation shall be
239.4 increased to serve families on the waiting list.
239.5 To receive funds appropriated for this purpose,
239.6 a county must have:

239.7 (i) a waiting list in the most recent published
239.8 waiting list month;

239.9 (ii) an average of at least ten families on the
239.10 most recent six months of published waiting
239.11 list; and

239.12 (iii) total expenditures in calendar year 2014
239.13 that met or exceeded 80 percent of the county's
239.14 available final allocation.

239.15 (2) Funds shall be distributed proportionately
239.16 based on the average of the most recent six
239.17 months of published waiting lists to counties
239.18 that meet the criteria in clause (1).

239.19 (3) Allocations in calendar years 2017 and
239.20 beyond shall be calculated using the allocation
239.21 formula in Minnesota Statutes, section
239.22 119B.03.

239.23 (4) The guaranteed floor for calendar year
239.24 2017 shall be based on the revised calendar
239.25 year 2016 allocation.

239.26 **Base Level Adjustment.** The general fund
239.27 base is increased by $810,000 in fiscal year
239.28 2018 and increased by $821,000 in fiscal year
239.29 2019.

239.30	(c) **Child Care Development Grants**	1,737,000	1,737,000
239.31	(d) **Child Support Enforcement Grants**	50,000	50,000
239.32	(e) **Children's Services Grants**		

240.1 Appropriations by Fund

240.2 General	39,015,000	38,665,000
240.3 Federal TANF	140,000	140,000

240.4 **Safe Place for Newborns.** $350,000 from the
240.5 general fund in fiscal year 2016 is to distribute
240.6 information on the Safe Place for Newborns
240.7 law in Minnesota to increase public awareness
240.8 of the law. This is a onetime appropriation.

240.9 **Child Protection.** $23,350,000 in fiscal year
240.10 2016 and $23,350,000 in fiscal year 2017 are
240.11 to address child protection staffing and
240.12 services under Minnesota Statutes, section
240.13 256M.41. $1,650,000 in fiscal year 2016 and
240.14 $1,650,000 in fiscal year 2017 are for child
240.15 protection grants to address child welfare
240.16 disparities under Minnesota Statutes, section
240.17 256E.28.

240.18 **Title IV-E Adoption Assistance.** Additional
240.19 federal reimbursement to the state as a result
240.20 of the Fostering Connections to Success and
240.21 Increasing Adoptions Act's expanded
240.22 eligibility for title IV-E adoption assistance is
240.23 appropriated to the commissioner for
240.24 postadoption services, including a
240.25 parent-to-parent support network.

240.26 **Adoption Assistance Incentive Grants.**
240.27 Federal funds available during fiscal years
240.28 2016 and 2017 for adoption incentive grants
240.29 are appropriated to the commissioner for
240.30 postadoption services, including a
240.31 parent-to-parent support network.

240.32 (f) **Children and Community Service Grants**	56,301,000	56,301,000
240.33 (g) **Children and Economic Support Grants**	26,778,000	26,966,000

241.1 **Mobile Food Shelf Grants.** (a) $1,000,000
241.2 in fiscal year 2016 and $1,000,000 in fiscal
241.3 year 2017 are for a grant to Hunger Solutions.
241.4 This is a onetime appropriation and is
241.5 available until June 30, 2017.

241.6 (b) Hunger Solutions shall award grants of up
241.7 to $75,000 on a competitive basis. Grant
241.8 applications must include:

241.9 (1) the location of the project;

241.10 (2) a description of the mobile program,
241.11 including size and scope;

241.12 (3) evidence regarding the unserved or
241.13 underserved nature of the community in which
241.14 the project is to be located;

241.15 (4) evidence of community support for the
241.16 project;

241.17 (5) the total cost of the project;

241.18 (6) the amount of the grant request and how
241.19 funds will be used;

241.20 (7) sources of funding or in-kind contributions
241.21 for the project that will supplement any grant
241.22 award;

241.23 (8) a commitment to mobile programs by the
241.24 applicant and an ongoing commitment to
241.25 maintain the mobile program; and

241.26 (9) any additional information requested by
241.27 Hunger Solutions.

241.28 (c) Priority may be given to applicants who:

241.29 (1) serve underserved areas;

241.30 (2) create a new or expand an existing mobile
241.31 program;

242.1 (3) serve areas where a high amount of need
242.2 is identified;

242.3 (4) provide evidence of strong support for the
242.4 project from citizens and other institutions in
242.5 the community;

242.6 (5) leverage funding for the project from other
242.7 private and public sources; and

242.8 (6) commit to maintaining the program on a
242.9 multilayer basis.

242.10 **Homeless Youth Act.** At least $500,000 of
242.11 the appropriation for the Homeless Youth Act
242.12 must be awarded to providers in greater
242.13 Minnesota, with at least 25 percent of this
242.14 amount for new applicant providers. The
242.15 commissioner shall provide outreach and
242.16 technical assistance to greater Minnesota
242.17 providers and new providers to encourage
242.18 responding to the request for proposals.

242.19 **Stearns County Veterans Housing.** $85,000
242.20 in fiscal year 2016 and $85,000 in fiscal year
242.21 2017 are for a grant to Stearns County to
242.22 provide administrative funding in support of
242.23 a service provider serving veterans in Stearns
242.24 County. The administrative funding grant may
242.25 be used to support group residential housing
242.26 services, corrections-related services, veteran
242.27 services, and other social services related to
242.28 the service provider serving veterans in
242.29 Stearns County.

242.30 **Safe Harbor.** $800,000 in fiscal year 2016
242.31 and $800,000 in fiscal year 2017 are from the
242.32 general fund for emergency shelter and
242.33 transitional and long-term housing beds for
242.34 sexually exploited youth and youth at risk of

243.1 sexual exploitation. Of this appropriation,
243.2 $150,000 in fiscal year 2016 and $150,000 in
243.3 fiscal year 2017 are from the general fund for
243.4 statewide youth outreach workers connecting
243.5 sexually exploited youth and youth at risk of
243.6 sexual exploitation with shelter and services.

243.7 **Minnesota Food Assistance Program.**
243.8 Unexpended funds for the Minnesota food
243.9 assistance program for fiscal year 2016 do not
243.10 cancel but are available for this purpose in
243.11 fiscal year 2017.

243.12 **Base Level Adjustment.** The general fund
243.13 base is decreased by $816,000 in fiscal year
243.14 2018 and is decreased by $606,000 in fiscal
243.15 year 2019.

243.16 (h) **Health Care Grants**

243.17 Appropriations by Fund

243.18 General	536,000	2,482,000
243.19 Health Care Access	3,341,000	3,465,000

243.20 **Grants for Periodic Data Matching for**
243.21 **Medical Assistance and MinnesotaCare.** Of
243.22 the general fund appropriation, $26,000 in
243.23 fiscal year 2016 and $1,276,000 in fiscal year
243.24 2017 are for grants to counties for costs related
243.25 to periodic data matching for medical
243.26 assistance and MinnesotaCare recipients under
243.27 Minnesota Statutes, section 256B.0561. The
243.28 commissioner must distribute these grants to
243.29 counties in proportion to each county's number
243.30 of cases in the prior year in the affected
243.31 programs.

243.32 **Base Level Adjustment.** The general fund
243.33 base is ~~increased by $1,637,000 in fiscal year~~
243.34 ~~2018 and increased by $1,229,000 in fiscal~~

244.1 ~~year 2019~~ maintained in fiscal years 2020 and
244.2 2021.

244.3 (i) **Other Long-Term Care Grants** 1,551,000 3,069,000

244.4 **Transition Populations.** $1,551,000 in fiscal
244.5 year 2016 and $1,725,000 in fiscal year 2017
244.6 are for home and community-based services
244.7 transition grants to assist in providing home
244.8 and community-based services and treatment
244.9 for transition populations under Minnesota
244.10 Statutes, section 256.478.

244.11 **Base Level Adjustment.** The general fund
244.12 base is increased by $156,000 in fiscal year
244.13 2018 and by $581,000 in fiscal year 2019.

244.14 (j) **Aging and Adult Services Grants** 28,463,000 28,162,000

244.15 **Dementia Grants.** $750,000 in fiscal year
244.16 2016 and $750,000 in fiscal year 2017 are for
244.17 the Minnesota Board on Aging for regional
244.18 and local dementia grants authorized in
244.19 Minnesota Statutes, section 256.975,
244.20 subdivision 11.

244.21 (k) **Deaf and Hard-of-Hearing Grants** 2,225,000 2,375,000

244.22 **Deaf, Deafblind, and Hard-of-Hearing**
244.23 **Grants.** $350,000 in fiscal year 2016 and
244.24 $500,000 in fiscal year 2017 are for deaf and
244.25 hard-of-hearing grants. The funds must be
244.26 used to increase the number of deafblind
244.27 Minnesotans receiving services under
244.28 Minnesota Statutes, section 256C.261, and to
244.29 provide linguistically and culturally
244.30 appropriate mental health services to children
244.31 who are deaf, deafblind, and hard-of-hearing.
244.32 This is a onetime appropriation.

245.1 **Base Level Adjustment.** The general fund
245.2 base is decreased by $500,000 in fiscal year
245.3 2018 and by $500,000 in fiscal year 2019.

245.4 (l) **Disabilities Grants** 20,820,000 20,858,000

245.5 **State Quality Council.** $573,000 in fiscal
245.6 year 2016 and $600,000 in fiscal year 2017
245.7 are for the State Quality Council to provide
245.8 technical assistance and monitoring of
245.9 person-centered outcomes related to inclusive
245.10 community living and employment. The
245.11 funding must be used by the State Quality
245.12 Council to assure a statewide plan for systems
245.13 change in person-centered planning that will
245.14 achieve desired outcomes including increased
245.15 integrated employment and community living.

245.16 (m) **Adult Mental Health Grants**

245.17	Appropriations by Fund		
245.18	General	69,992,000	71,244,000
245.19	Health Care Access	1,575,000	2,473,000
245.20	Lottery Prize	1,733,000	1,733,000

245.21 **Funding Usage.** Up to 75 percent of a fiscal
245.22 year's appropriation for adult mental health
245.23 grants may be used to fund allocations in that
245.24 portion of the fiscal year ending December
245.25 31.

245.26 **Culturally Specific Mental Health Services.**
245.27 $100,000 in fiscal year 2016 is for grants to
245.28 nonprofit organizations to provide resources
245.29 and referrals for culturally specific mental
245.30 health services to Southeast Asian veterans
245.31 born before 1965 who do not qualify for
245.32 services available to veterans formally
245.33 discharged from the United States armed
245.34 forces.

246.1 **Problem Gambling.** $225,000 in fiscal year
246.2 2016 and $225,000 in fiscal year 2017 are
246.3 from the lottery prize fund for a grant to the
246.4 state affiliate recognized by the National
246.5 Council on Problem Gambling. The affiliate
246.6 must provide services to increase public
246.7 awareness of problem gambling, education,
246.8 and training for individuals and organizations
246.9 providing effective treatment services to
246.10 problem gamblers and their families, and
246.11 research related to problem gambling.

246.12 **Sustainability Grants.** $2,125,000 in fiscal
246.13 year 2016 and $2,125,000 in fiscal year 2017
246.14 are for sustainability grants under Minnesota
246.15 Statutes, section 256B.0622, subdivision 11.

246.16 **Beltrami County Mental Health Services**
246.17 **Grant.** $1,000,000 in fiscal year 2016 and
246.18 $1,000,000 in fiscal year 2017 are from the
246.19 general fund for a grant to Beltrami County
246.20 to fund the planning and development of a
246.21 comprehensive mental health services program
246.22 under article 2, section 41, Comprehensive
246.23 Mental Health Program in Beltrami County.
246.24 This is a onetime appropriation.

246.25 **Base Level Adjustment.** The general fund
246.26 base is increased by $723,000 in fiscal year
246.27 2018 and by $723,000 in fiscal year 2019. The
246.28 health care access fund base is decreased by
246.29 $1,723,000 in fiscal year 2018 and by
246.30 $1,723,000 in fiscal year 2019.

246.31 (n) **Child Mental Health Grants** 23,386,000 24,313,000

246.32 **Services and Supports for First Episode**
246.33 **Psychosis.** $177,000 in fiscal year 2017 is for
246.34 grants under Minnesota Statutes, section

247.1 245.4889, to mental health providers to pilot
247.2 evidence-based interventions for youth at risk
247.3 of developing or experiencing a first episode
247.4 of psychosis and for a public awareness
247.5 campaign on the signs and symptoms of
247.6 psychosis. The base for these grants is
247.7 $236,000 in fiscal year 2018 and $301,000 in
247.8 fiscal year 2019.

247.9 **Adverse Childhood Experiences.** The base
247.10 for grants under Minnesota Statutes, section
247.11 245.4889, to children's mental health and
247.12 family services collaboratives for adverse
247.13 childhood experiences (ACEs) training grants
247.14 and for an interactive Web site connection to
247.15 support ACEs in Minnesota is $363,000 in
247.16 fiscal year 2018 and $363,000 in fiscal year
247.17 2019.

247.18 **Funding Usage.** Up to 75 percent of a fiscal
247.19 year's appropriation for child mental health
247.20 grants may be used to fund allocations in that
247.21 portion of the fiscal year ending December
247.22 31.

247.23 **Base Level Adjustment.** The general fund
247.24 base is increased by $422,000 in fiscal year
247.25 2018 and is increased by $487,000 in fiscal
247.26 year 2019.

247.27 (o) **Chemical Dependency Treatment Support**
247.28 **Grants** 1,561,000 1,561,000

247.29 **Chemical Dependency Prevention.** $150,000
247.30 in fiscal year 2016 and $150,000 in fiscal year
247.31 2017 are for grants to nonprofit organizations
247.32 to provide chemical dependency prevention
247.33 programs in secondary schools. When making
247.34 grants, the commissioner must consider the
247.35 expertise, prior experience, and outcomes

248.1 achieved by applicants that have provided
248.2 prevention programming in secondary
248.3 education environments. An applicant for the
248.4 grant funds must provide verification to the
248.5 commissioner that the applicant has available
248.6 and will contribute sufficient funds to match
248.7 the grant given by the commissioner. This is
248.8 a onetime appropriation.

248.9 **Fetal Alcohol Syndrome Grants.** $250,000
248.10 in fiscal year 2016 and $250,000 in fiscal year
248.11 2017 are for grants to be administered by the
248.12 Minnesota Organization on Fetal Alcohol
248.13 Syndrome to provide comprehensive,
248.14 gender-specific services to pregnant and
248.15 parenting women suspected of or known to
248.16 use or abuse alcohol or other drugs. This
248.17 appropriation is for grants to no fewer than
248.18 three eligible recipients. Minnesota
248.19 Organization on Fetal Alcohol Syndrome must
248.20 report to the commissioner of human services
248.21 annually by January 15 on the grants funded
248.22 by this appropriation. The report must include
248.23 measurable outcomes for the previous year,
248.24 including the number of pregnant women
248.25 served and the number of toxic-free babies
248.26 born.

248.27 **Base Level Adjustment.** The general fund
248.28 base is decreased by $150,000 in fiscal year
248.29 2018 and by $150,000 in fiscal year 2019.

248.30 Sec. 47. Laws 2020, First Special Session chapter 7, section 1, subdivision 1, as amended
248.31 by Laws 2021, First Special Session chapter 7, article 2, section 71, is amended to read:

248.32 Subdivision 1. **Waivers and modifications; federal funding extension.** When the
248.33 peacetime emergency declared by the governor in response to the COVID-19 outbreak
248.34 expires, is terminated, or is rescinded by the proper authority, the following waivers and

249.1 modifications to human services programs issued by the commissioner of human services
249.2 pursuant to Executive Orders 20-11 and 20-12 that are required to comply with federal law
249.3 may remain in effect for the time period set out in applicable federal law or for the time
249.4 period set out in any applicable federally approved waiver or state plan amendment,
249.5 whichever is later:

249.6 (1) CV15: allowing telephone or video visits for waiver programs;

249.7 (2) CV17: preserving health care coverage for Medical Assistance and MinnesotaCare
249.8 as needed to comply with federal guidance from the Centers for Medicare and Medicaid
249.9 Services, and until the enrollee's first renewal following the resumption of medical assistance
249.10 and MinnesotaCare renewals after the end of the COVID-19 public health emergency
249.11 declared by the United States Secretary of Health and Human Services;

249.12 (3) CV18: implementation of federal changes to the Supplemental Nutrition Assistance
249.13 Program;

249.14 (4) CV20: eliminating cost-sharing for COVID-19 diagnosis and treatment;

249.15 (5) CV24: allowing telephone or video use for targeted case management visits;

249.16 (6) CV30: expanding telemedicine in health care, mental health, and substance use
249.17 disorder settings;

249.18 (7) CV37: implementation of federal changes to the Supplemental Nutrition Assistance
249.19 Program;

249.20 (8) CV39: implementation of federal changes to the Supplemental Nutrition Assistance
249.21 Program;

249.22 (9) CV42: implementation of federal changes to the Supplemental Nutrition Assistance
249.23 Program;

249.24 (10) CV43: expanding remote home and community-based waiver services;

249.25 (11) CV44: allowing remote delivery of adult day services;

249.26 (12) CV59: modifying eligibility period for the federally funded Refugee Cash Assistance
249.27 Program;

249.28 (13) CV60: modifying eligibility period for the federally funded Refugee Social Services
249.29 Program; and

249.30 (14) CV109: providing 15 percent increase for Minnesota Food Assistance Program and
249.31 Minnesota Family Investment Program maximum food benefits.

250.1 Sec. 48. Laws 2021, First Special Session chapter 7, article 1, section 36, is amended to
250.2 read:

250.3 Sec. 36. **RESPONSE TO COVID-19 PUBLIC HEALTH EMERGENCY.**

250.4 (a) Notwithstanding Minnesota Statutes, section 256B.057, subdivision 9, 256L.06,
250.5 subdivision 3, or any other provision to the contrary, the commissioner shall not collect any
250.6 unpaid premium for a coverage month ~~that occurred during~~ until the enrollee's first renewal
250.7 after the resumption of medical assistance renewals following the end of the COVID-19
250.8 public health emergency declared by the United States Secretary of Health and Human
250.9 Services.

250.10 (b) Notwithstanding any provision to the contrary, periodic data matching under
250.11 Minnesota Statutes, section 256B.0561, subdivision 2, may be suspended for up to ~~six~~ 12
250.12 months following the ~~last day of~~ resumption of medical assistance and MinnesotaCare
250.13 renewals after the end of the COVID-19 public health emergency declared by the United
250.14 States Secretary of Health and Human Services.

250.15 (c) Notwithstanding any provision to the contrary, the requirement for the commissioner
250.16 of human services to issue an annual report on periodic data matching under Minnesota
250.17 Statutes, section 256B.0561, is suspended for one year following the last day of the
250.18 COVID-19 public health emergency declared by the United States Secretary of Health and
250.19 Human Services.

250.20 (d) The commissioner of human services shall take necessary actions to comply with
250.21 federal guidance pertaining to the appropriate redetermination of medical assistance enrollee
250.22 eligibility following the end of the COVID-19 public health emergency declared by the
250.23 United States Secretary of Health and Human Services and may waive currently existing
250.24 Minnesota statutes to the minimum level necessary to achieve federal compliance. All
250.25 changes implemented must be reported to the chairs and ranking minority members of the
250.26 legislative committees with jurisdiction over human services within 90 days.

250.27 Sec. 49. **DENTAL HOME PILOT PROJECT.**

250.28 Subdivision 1. **Establishment; requirements.** (a) The commissioner of human services
250.29 shall establish a dental home pilot project to increase access of medical assistance and
250.30 MinnesotaCare enrollees to dental care, improve patient experience, and improve oral health
250.31 clinical outcomes, in a manner that sustains the financial viability of the dental workforce
250.32 and broader dental care delivery and financing system. Dental homes must provide

251.1 high-quality, patient-centered, comprehensive, and coordinated oral health services across
251.2 clinical and community-based settings, including virtual oral health care.

251.3 (b) The design and operation of the dental home pilot project must be consistent with
251.4 the recommendations made by the Dental Services Advisory Committee to the legislature
251.5 under Laws 2021, First Special Session chapter 7, article 1, section 33.

251.6 (c) The commissioner shall establish baseline requirements and performance measures
251.7 for dental homes participating in the pilot project. These baseline requirements and
251.8 performance measures must address access and patient experience and oral health clinical
251.9 outcomes.

251.10 Subd. 2. **Project design and timeline.** (a) The commissioner shall issue a preliminary
251.11 project description and a request for information to obtain stakeholder feedback and input
251.12 on project design issues, including but not limited to:

251.13 (1) the timeline for project implementation;

251.14 (2) the length of each project phase and the date for full project implementation;

251.15 (3) the number of providers to be selected for participation;

251.16 (4) grant amounts;

251.17 (5) criteria and procedures for any value-based payments;

251.18 (6) the extent to which pilot project requirements may vary with provider characteristics;

251.19 (7) procedures for data collection;

251.20 (8) the role of dental partners, such as dental professional organizations and educational
251.21 institutions;

251.22 (9) provider support and education; and

251.23 (10) other topics identified by the commissioner.

251.24 (b) The commissioner shall consider the feedback and input obtained in paragraph (a)
251.25 and shall develop and issue a request for proposals for participation in the pilot project.

251.26 (c) The pilot project must be implemented by July 1, 2023, and must include initial pilot
251.27 testing and the collection and analysis of data on baseline requirements and performance
251.28 measures to evaluate whether these requirements and measures are appropriate. Under this
251.29 phase, the commissioner shall provide grants to individual providers and provider networks
251.30 in addition to medical assistance and MinnesotaCare payments received for services provided.

252.1 (d) The pilot project may test and analyze value-based payments to providers to determine
252.2 whether varying payments based on dental home performance measures is appropriate and
252.3 effective.

252.4 (e) The commissioner shall ensure provider diversity in selecting project participants.
252.5 In selecting providers, the commissioner shall consider: geographic distribution; provider
252.6 size, type, and location; providers serving different priority populations; health equity issues;
252.7 and provider accessibility for patients with varying levels and types of disability.

252.8 (f) In designing and implementing the pilot project, the commissioner shall regularly
252.9 consult with project participants and other stakeholders, and as relevant shall continue to
252.10 seek the input of participants and other stakeholders on the topics listed in paragraph (a).

252.11 Subd. 3. **Reporting.** (a) The commissioner, beginning February 15, 2023, and each
252.12 February 15 thereafter for the duration of the demonstration project, shall report on the
252.13 design, implementation, operation, and results of the demonstration project to the chairs
252.14 and ranking minority members of the legislative committees with jurisdiction over health
252.15 care finance and policy.

252.16 (b) The commissioner, within six months from the date the pilot project ceases operation,
252.17 shall report to the chairs and ranking minority members of the legislative committees with
252.18 jurisdiction over health care finance and policy on the results of the demonstration project,
252.19 and shall include in the report recommendations on whether the demonstration project, or
252.20 specific features of the demonstration project, should be extended to all dental providers
252.21 serving medical assistance and MinnesotaCare enrollees.

252.22 Sec. 50. **SMALL EMPLOYER PUBLIC OPTION.**

252.23 The commissioner of human services, in consultation with representatives of small
252.24 employers, shall develop a small employer public option that allows employees of businesses
252.25 with fewer than 50 employees to receive employer contributions toward MinnesotaCare.
252.26 The commissioner shall determine whether the employer makes contributions to the
252.27 commissioner directly or the employee makes contributions through a qualified small
252.28 employer health reimbursement arrangement account or other arrangement. In determining
252.29 the structure of the small employer public option, the commissioner shall consult with
252.30 federal officials to determine which arrangement will result in the employer contributions
252.31 being tax deductible to the employer and not being considered taxable income to the
252.32 employee. The commissioner shall present recommendations for a small employer public
252.33 option to the chairs and ranking minority members of the legislative committees with
252.34 jurisdiction over health and human services policy and finance by December 15, 2023.

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

253.2 Sec. 51. **TRANSITION TO MINNESOTACARE PUBLIC OPTION.**

253.3 (a) The commissioner of human services shall continue to administer MinnesotaCare
253.4 as a basic health program in accordance with Minnesota Statutes, section 256L.02,
253.5 subdivision 5, and shall seek federal waivers, approvals, and law changes necessary to
253.6 implement this act.

253.7 (b) The commissioner shall present an implementation plan for the MinnesotaCare public
253.8 option under Minnesota Statutes, section 256L.04, subdivision 15, to the chairs and ranking
253.9 minority members of the legislative committees with jurisdiction over health care policy
253.10 and finance by December 15, 2023. The plan must include:

253.11 (1) recommendations for any changes to the MinnesotaCare public option necessary to
253.12 continue federal basic health program funding or to receive other federal funding;

253.13 (2) recommendations for implementing any small employer option in a manner that
253.14 would allow any employee payments toward premiums to be pretax;

253.15 (3) recommendations for ensuring sufficient provider participation in MinnesotaCare;

253.16 (4) estimates of state costs related to the MinnesotaCare public option;

253.17 (5) a description of the proposed premium scale for persons eligible through the public
253.18 option, including an analysis of the extent to which the proposed premium scale:

253.19 (i) ensures affordable premiums for persons across the income spectrum enrolled under
253.20 the public option; and

253.21 (ii) avoids premium cliffs for persons transitioning to and enrolled under the public
253.22 option; and

253.23 (6) draft legislation that includes any additional policy and conforming changes necessary
253.24 to implement the MinnesotaCare public option and the implementation plan
253.25 recommendations.

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

253.27 Sec. 52. **REQUEST FOR FEDERAL APPROVAL.**

253.28 (a) The commissioner of human services shall seek any federal waivers, approvals, and
253.29 law changes necessary to implement this act, including but not limited to those waivers,
253.30 approvals, and law changes necessary to allow the state to:

254.1 (1) continue receiving federal basic health program payments for basic health
254.2 program-eligible MinnesotaCare enrollees and to receive other federal funding for the
254.3 MinnesotaCare public option; and

254.4 (2) receive federal payments equal to the value of premium tax credits and cost-sharing
254.5 reductions that MinnesotaCare enrollees with household incomes greater than 200 percent
254.6 of the federal poverty guidelines would otherwise have received.

254.7 (b) In implementing this section, the commissioner of human services shall consult with
254.8 the commissioner of commerce and the Board of Directors of MNsure and may contract
254.9 for technical and actuarial assistance.

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

254.11 Sec. 53. **DELIVERY REFORM ANALYSIS REPORT.**

254.12 (a) The commissioner of human services shall present to the chairs and ranking minority
254.13 members of the legislative committees with jurisdiction over health care policy and finance,
254.14 by January 15, 2024, a report comparing service delivery and payment system models for
254.15 delivering services to medical assistance enrollees for whom income eligibility is determined
254.16 using the modified adjusted gross income methodology under Minnesota Statutes, section
254.17 256B.056, subdivision 1a, paragraph (b), clause (1), and MinnesotaCare enrollees eligible
254.18 under Minnesota Statutes, chapter 256L. The report must compare the current delivery
254.19 model with at least two alternative models. The alternative models must include a state-based
254.20 model in which the state holds the plan risk as the insurer and may contract with a third-party
254.21 administrator for claims processing and plan administration. The alternative models may
254.22 include but are not limited to:

254.23 (1) expanding the use of integrated health partnerships under Minnesota Statutes, section
254.24 256B.0755;

254.25 (2) delivering care under fee-for-service through a primary care case management system;
254.26 and

254.27 (3) continuing to contract with managed care and county-based purchasing plans for
254.28 some or all enrollees under modified contracts.

254.29 (b) The report must include:

254.30 (1) a description of how each model would address:

254.31 (i) racial and other inequities in the delivery of health care and health care outcomes;

254.32 (ii) geographic inequities in the delivery of health care;

255.1 (iii) the provision of incentives for preventive care and other best practices;

255.2 (iv) reimbursement of providers for high-quality, value-based care at levels sufficient
255.3 to sustain or increase enrollee access to care; and

255.4 (v) transparency and simplicity for enrollees, health care providers, and policymakers;

255.5 (2) a comparison of the projected cost of each model; and

255.6 (3) an implementation timeline for each model that includes the earliest date by which
255.7 each model could be implemented if authorized during the 2024 legislative session and a
255.8 discussion of barriers to implementation.

255.9 Sec. 54. **RECOMMENDATIONS; OFFICE OF PATIENT PROTECTION.**

255.10 (a) The commissioners of human services, health, and commerce and the MNsure board
255.11 shall submit to the health care affordability board and the chairs and ranking minority
255.12 members of the legislative committees with primary jurisdiction over health and human
255.13 services finance and policy and commerce by January 15, 2023, a report on the organization
255.14 and duties of the Office of Patient Protection, to be established under Minnesota Statutes,
255.15 section 62J.89, subdivision 4. The report must include recommendations on how the office
255.16 shall:

255.17 (1) coordinate or consolidate within the office existing state agency patient protection
255.18 activities, including but not limited to the activities of ombudsman offices and the MNsure
255.19 board;

255.20 (2) enforce standards and procedures under Minnesota Statutes, chapter 62M, for
255.21 utilization review organizations;

255.22 (3) work with private sector and state agency consumer assistance programs to assist
255.23 consumers with questions or concerns relating to public programs and private insurance
255.24 coverage;

255.25 (4) establish and implement procedures to assist consumers aggrieved by restrictions on
255.26 patient choice, denials of services, and reductions in quality of care resulting from any final
255.27 action by a payer or provider; and

255.28 (5) make health plan company quality of care and patient satisfaction information and
255.29 other information collected by the office readily accessible to consumers on the board's
255.30 website.

255.31 (b) The commissioners and the MNsure board shall consult with stakeholders as they
255.32 develop the recommendations. The stakeholders consulted must include but are not limited

256.1 to organizations and individuals representing: underserved communities; persons with
256.2 disabilities; low-income Minnesotans; senior citizens; and public and private sector health
256.3 plan enrollees, including persons who purchase coverage through MNsure, health plan
256.4 companies, and public and private sector purchasers of health coverage.

256.5 (c) The commissioners and the MNsure board may contract with a third party to develop
256.6 the report and recommendations.

256.7 Sec. 55. **REPEALER.**

256.8 Minnesota Statutes 2020, section 256B.063, is repealed.

256.9 **EFFECTIVE DATE.** This section is effective January 1, 2023.

256.10 **ARTICLE 4**

256.11 **HEALTH CARE POLICY**

256.12 Section 1. Minnesota Statutes 2020, section 62J.2930, subdivision 3, is amended to read:

256.13 Subd. 3. **Consumer information.** (a) The information clearinghouse or another entity
256.14 designated by the commissioner shall provide consumer information to health plan company
256.15 enrollees to:

256.16 (1) assist enrollees in understanding their rights;

256.17 (2) explain and assist in the use of all available complaint systems, including internal
256.18 complaint systems within health carriers, community integrated service networks, and the
256.19 Departments of Health and Commerce;

256.20 (3) provide information on coverage options in each region of the state;

256.21 (4) provide information on the availability of purchasing pools and enrollee subsidies;
256.22 and

256.23 (5) help consumers use the health care system to obtain coverage.

256.24 (b) The information clearinghouse or other entity designated by the commissioner for
256.25 the purposes of this subdivision shall not:

256.26 (1) provide legal services to consumers;

256.27 (2) represent a consumer or enrollee; or

256.28 (3) serve as an advocate for consumers in disputes with health plan companies.

(c) Nothing in this subdivision shall interfere with the ombudsman program established under section ~~256B.69, subdivision 20~~ 256B.6903, or other existing ombudsman programs.

Sec. 2. Minnesota Statutes 2020, section 256B.055, subdivision 2, is amended to read:

Subd. 2. **Subsidized foster children.** Medical assistance may be paid for a child eligible for or receiving foster care maintenance payments under Title IV-E of the Social Security Act, United States Code, title 42, sections 670 to 676, and for a child who is not eligible for Title IV-E of the Social Security Act but who is ~~determined eligible for~~ placed in foster care as determined by Minnesota Statutes or kinship assistance under chapter 256N.

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

Sec. 3. Minnesota Statutes 2020, section 256B.056, subdivision 3b, is amended to read:

Subd. 3b. **Treatment of trusts.** (a) It is the public policy of this state that individuals use all available resources to pay for the cost of long-term care services, as defined in section 256B.0595, before turning to Minnesota health care program funds, and that trust instruments should not be permitted to shield available resources of an individual or an individual's spouse from such use.

~~(a)~~ (b) A "medical assistance qualifying trust" is a revocable or irrevocable trust, or similar legal device, established on or before August 10, 1993, by a person or the person's spouse under the terms of which the person receives or could receive payments from the trust principal or income and the trustee has discretion in making payments to the person from the trust principal or income. Notwithstanding that definition, a medical assistance qualifying trust does not include: (1) a trust set up by will; (2) a trust set up before April 7, 1986, solely to benefit a person with a developmental disability living in an intermediate care facility for persons with developmental disabilities; or (3) a trust set up by a person with payments made by the Social Security Administration pursuant to the United States Supreme Court decision in Sullivan v. Zebley, 110 S. Ct. 885 (1990). The maximum amount of payments that a trustee of a medical assistance qualifying trust may make to a person under the terms of the trust is considered to be available assets to the person, without regard to whether the trustee actually makes the maximum payments to the person and without regard to the purpose for which the medical assistance qualifying trust was established.

~~(b)~~ (c) Trusts established after August 10, 1993, are treated according to United States Code, title 42, section 1396p(d).

258.1 ~~(c)~~ (d) For purposes of paragraph ~~(d)~~ (e), a pooled trust means a trust established under
258.2 United States Code, title 42, section 1396p(d)(4)(C).

258.3 ~~(d)~~ (e) A beneficiary's interest in a pooled trust is considered an available asset unless
258.4 the trust provides that upon the death of the beneficiary or termination of the trust during
258.5 the beneficiary's lifetime, whichever is sooner, the department receives any amount, up to
258.6 the amount of medical assistance benefits paid on behalf of the beneficiary, remaining in
258.7 the beneficiary's trust account after a deduction for reasonable administrative fees and
258.8 expenses, and an additional remainder amount. The retained remainder amount of the
258.9 subaccount must not exceed ten percent of the account value at the time of the beneficiary's
258.10 death or termination of the trust, and must only be used for the benefit of disabled individuals
258.11 who have a beneficiary interest in the pooled trust.

258.12 ~~(e)~~ (f) Trusts may be established on or after December 12, 2016, by a person who has
258.13 been determined to be disabled, according to United States Code, title 42, section
258.14 1396p(d)(4)(A), as amended by section 5007 of the 21st Century Cures Act, Public Law
258.15 114-255.

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

258.17 Sec. 4. Minnesota Statutes 2020, section 256B.056, subdivision 3c, is amended to read:

258.18 Subd. 3c. **Asset limitations for families and children.** (a) A household of two or more
258.19 persons must not own more than $20,000 in total net assets, and a household of one person
258.20 must not own more than $10,000 in total net assets. In addition to these maximum amounts,
258.21 an eligible individual or family may accrue interest on these amounts, but they must be
258.22 reduced to the maximum at the time of an eligibility redetermination. The value of assets
258.23 that are not considered in determining eligibility for medical assistance for families and
258.24 children is the value of those assets excluded under the AFDC state plan as of July 16, 1996,
258.25 as required by the Personal Responsibility and Work Opportunity Reconciliation Act of
258.26 1996 (PRWORA), Public Law 104-193, with the following exceptions:

258.27 (1) household goods and personal effects are not considered;

258.28 (2) capital and operating assets of a trade or business up to $200,000 are not considered;

258.29 (3) one motor vehicle is excluded for each person of legal driving age who is employed
258.30 or seeking employment;

258.31 (4) assets designated as burial expenses are excluded to the same extent they are excluded
258.32 by the Supplemental Security Income program;

259.1 (5) court-ordered settlements up to $10,000 are not considered;

259.2 (6) individual retirement accounts and funds are not considered;

259.3 (7) assets owned by children are not considered; and

259.4 (8) ~~effective July 1, 2009,~~ certain assets owned by American Indians are excluded as
259.5 required by section 5006 of the American Recovery and Reinvestment Act of 2009, Public
259.6 Law 111-5. For purposes of this clause, an American Indian is any person who meets the
259.7 definition of Indian according to Code of Federal Regulations, title 42, section 447.50.

259.8 (b) ~~Beginning January 1, 2014, this subdivision~~ Paragraph (a) applies only to parents
259.9 and caretaker relatives who qualify for medical assistance under subdivision 5.

259.10 (c) Eligibility for children under age 21 must be determined without regard to the asset
259.11 limitations described in paragraphs (a) and (b) and subdivision 3.

259.12 Sec. 5. Minnesota Statutes 2020, section 256B.056, subdivision 11, is amended to read:

259.13 Subd. 11. **Treatment of annuities.** (a) Any person requesting medical assistance payment
259.14 of long-term care services shall provide a complete description of any interest either the
259.15 person or the person's spouse has in annuities on a form designated by the department. The
259.16 form shall include a statement that the state becomes a preferred remainder beneficiary of
259.17 annuities or similar financial instruments by virtue of the receipt of medical assistance
259.18 payment of long-term care services. The person and the person's spouse shall furnish the
259.19 agency responsible for determining eligibility with complete current copies of their annuities
259.20 and related documents and complete the form designating the state as the preferred remainder
259.21 beneficiary for each annuity in which the person or the person's spouse has an interest.

259.22 (b) The department shall provide notice to the issuer of the department's right under this
259.23 section as a preferred remainder beneficiary under the annuity or similar financial instrument
259.24 for medical assistance furnished to the person or the person's spouse, and provide notice of
259.25 the issuer's responsibilities as provided in paragraph (c).

259.26 (c) An issuer of an annuity or similar financial instrument who receives notice of the
259.27 state's right to be named a preferred remainder beneficiary as described in paragraph (b)
259.28 shall provide confirmation to the requesting agency that the state has been made a preferred
259.29 remainder beneficiary. The issuer shall also notify the county agency when a change in the
259.30 amount of income or principal being withdrawn from the annuity or other similar financial
259.31 instrument or a change in the state's preferred remainder beneficiary designation under the
259.32 annuity or other similar financial instrument occurs. The county agency shall provide the

260.1 issuer with the name, address, and telephone number of a unit within the department that
260.2 the issuer can contact to comply with this paragraph.

260.3 (d) "Preferred remainder beneficiary" for purposes of this subdivision and sections
260.4 256B.0594 and 256B.0595 means the state is a remainder beneficiary in the first position
260.5 in an amount equal to the amount of medical assistance paid on behalf of the institutionalized
260.6 person, or is a remainder beneficiary in the second position if the institutionalized person
260.7 designates and is survived by a remainder beneficiary who is (1) a spouse who does not
260.8 reside in a medical institution, (2) a minor child, or (3) a child of any age who is blind or
260.9 permanently and totally disabled as defined in the Supplemental Security Income program.
260.10 Notwithstanding this paragraph, the state is the remainder beneficiary in the first position
260.11 if the spouse or child disposes of the remainder for less than fair market value.

260.12 (e) For purposes of this subdivision, "institutionalized person" and "long-term care
260.13 services" have the meanings given in section 256B.0595, subdivision 1, paragraph ~~(g)~~ (f).

260.14 (f) For purposes of this subdivision, "medical institution" means a skilled nursing facility,
260.15 intermediate care facility, intermediate care facility for persons with developmental
260.16 disabilities, nursing facility, or inpatient hospital.

260.17 Sec. 6. Minnesota Statutes 2020, section 256B.0595, subdivision 1, is amended to read:

260.18 Subdivision 1. **Prohibited transfers.** (a) Effective for transfers made after August 10,
260.19 1993, an institutionalized person, an institutionalized person's spouse, or any person, court,
260.20 or administrative body with legal authority to act in place of, on behalf of, at the direction
260.21 of, or upon the request of the institutionalized person or institutionalized person's spouse,
260.22 may not give away, sell, or dispose of, for less than fair market value, any asset or interest
260.23 therein, except assets other than the homestead that are excluded under the Supplemental
260.24 Security Income program, for the purpose of establishing or maintaining medical assistance
260.25 eligibility. This applies to all transfers, including those made by a community spouse after
260.26 the month in which the institutionalized spouse is determined eligible for medical assistance.
260.27 For purposes of determining eligibility for long-term care services, any transfer of such
260.28 assets within 36 months before or any time after an institutionalized person requests medical
260.29 assistance payment of long-term care services, or 36 months before or any time after a
260.30 medical assistance recipient becomes an institutionalized person, for less than fair market
260.31 value may be considered. Any such transfer is presumed to have been made for the purpose
260.32 of establishing or maintaining medical assistance eligibility and the institutionalized person
260.33 is ineligible for long-term care services for the period of time determined under subdivision
260.34 2, unless the institutionalized person furnishes convincing evidence to establish that the

261.1 transaction was exclusively for another purpose, or unless the transfer is permitted under
261.2 subdivision 3 or 4. In the case of payments from a trust or portions of a trust that are
261.3 considered transfers of assets under federal law, or in the case of any other disposal of assets
261.4 made on or after February 8, 2006, any transfers made within 60 months before or any time
261.5 after an institutionalized person requests medical assistance payment of long-term care
261.6 services and within 60 months before or any time after a medical assistance recipient becomes
261.7 an institutionalized person, may be considered.

261.8 (b) This section applies to transfers, for less than fair market value, of income or assets,
261.9 including assets that are considered income in the month received, such as inheritances,
261.10 court settlements, and retroactive benefit payments or income to which the institutionalized
261.11 person or the institutionalized person's spouse is entitled but does not receive due to action
261.12 by the institutionalized person, the institutionalized person's spouse, or any person, court,
261.13 or administrative body with legal authority to act in place of, on behalf of, at the direction
261.14 of, or upon the request of the institutionalized person or the institutionalized person's spouse.

261.15 (c) This section applies to payments for care or personal services provided by a relative,
261.16 unless the compensation was stipulated in a notarized, written agreement ~~which~~ that was
261.17 in existence when the service was performed, the care or services directly benefited the
261.18 person, and the payments made represented reasonable compensation for the care or services
261.19 provided. A notarized written agreement is not required if payment for the services was
261.20 made within 60 days after the service was provided.

261.21 ~~(d) This section applies to the portion of any asset or interest that an institutionalized~~
261.22 ~~person, an institutionalized person's spouse, or any person, court, or administrative body~~
261.23 ~~with legal authority to act in place of, on behalf of, at the direction of, or upon the request~~
261.24 ~~of the institutionalized person or the institutionalized person's spouse, transfers to any~~
261.25 ~~annuity that exceeds the value of the benefit likely to be returned to the institutionalized~~
261.26 ~~person or institutionalized person's spouse while alive, based on estimated life expectancy~~
261.27 ~~as determined according to the current actuarial tables published by the Office of the Chief~~
261.28 ~~Actuary of the Social Security Administration. The commissioner may adopt rules reducing~~
261.29 ~~life expectancies based on the need for long-term care. This section applies to an annuity~~
261.30 ~~purchased on or after March 1, 2002, that:~~

261.31 ~~(1) is not purchased from an insurance company or financial institution that is subject~~
261.32 ~~to licensing or regulation by the Minnesota Department of Commerce or a similar regulatory~~
261.33 ~~agency of another state;~~

261.34 ~~(2) does not pay out principal and interest in equal monthly installments; or~~

262.1 ~~(3) does not begin payment at the earliest possible date after annuitization.~~

262.2 ~~(e)~~ (d) Effective for transactions, including the purchase of an annuity, occurring on or
262.3 after February 8, 2006, by or on behalf of an institutionalized person who has applied for
262.4 or is receiving long-term care services or the institutionalized person's spouse shall be treated
262.5 as the disposal of an asset for less than fair market value unless the department is named a
262.6 preferred remainder beneficiary as described in section 256B.056, subdivision 11. Any
262.7 subsequent change to the designation of the department as a preferred remainder beneficiary
262.8 shall result in the annuity being treated as a disposal of assets for less than fair market value.
262.9 The amount of such transfer shall be the maximum amount the institutionalized person or
262.10 the institutionalized person's spouse could receive from the annuity or similar financial
262.11 instrument. Any change in the amount of the income or principal being withdrawn from the
262.12 annuity or other similar financial instrument at the time of the most recent disclosure shall
262.13 be deemed to be a transfer of assets for less than fair market value unless the institutionalized
262.14 person or the institutionalized person's spouse demonstrates that the transaction was for fair
262.15 market value. In the event a distribution of income or principal has been improperly
262.16 distributed or disbursed from an annuity or other retirement planning instrument of an
262.17 institutionalized person or the institutionalized person's spouse, a cause of action exists
262.18 against the individual receiving the improper distribution for the cost of medical assistance
262.19 services provided or the amount of the improper distribution, whichever is less.

262.20 ~~(f)~~ (e) Effective for transactions, including the purchase of an annuity, occurring on or
262.21 after February 8, 2006, by or on behalf of an institutionalized person applying for or receiving
262.22 long-term care services shall be treated as a disposal of assets for less than fair market value
262.23 unless it is:

262.24 (1) an annuity described in subsection (b) or (q) of section 408 of the Internal Revenue
262.25 Code of 1986; or

262.26 (2) purchased with proceeds from:

262.27 (i) an account or trust described in subsection (a), (c), or (p) of section 408 of the Internal
262.28 Revenue Code;

262.29 (ii) a simplified employee pension within the meaning of section 408(k) of the Internal
262.30 Revenue Code; or

262.31 (iii) a Roth IRA described in section 408A of the Internal Revenue Code; or

262.32 (3) an annuity that is irrevocable and nonassignable; is actuarially sound as determined
262.33 in accordance with actuarial publications of the Office of the Chief Actuary of the Social

263.1 Security Administration; and provides for payments in equal amounts during the term of
263.2 the annuity, with no deferral and no balloon payments made.

263.3 (g) (f) For purposes of this section, long-term care services include services in a nursing
263.4 facility, services that are eligible for payment according to section 256B.0625, subdivision
263.5 2, because they are provided in a swing bed, intermediate care facility for persons with
263.6 developmental disabilities, and home and community-based services provided pursuant to
263.7 chapter 256S and sections 256B.092 and 256B.49. For purposes of this subdivision and
263.8 subdivisions 2, 3, and 4, "institutionalized person" includes a person who is an inpatient in
263.9 a nursing facility or in a swing bed, or intermediate care facility for persons with
263.10 developmental disabilities or who is receiving home and community-based services under
263.11 chapter 256S and sections 256B.092 and 256B.49.

263.12 (h) (g) This section applies to funds used to purchase a promissory note, loan, or mortgage
263.13 unless the note, loan, or mortgage:

263.14 (1) has a repayment term that is actuarially sound;

263.15 (2) provides for payments to be made in equal amounts during the term of the loan, with
263.16 no deferral and no balloon payments made; and

263.17 (3) prohibits the cancellation of the balance upon the death of the lender.

263.18 (h) In the case of a promissory note, loan, or mortgage that does not meet an exception
263.19 in paragraph (g), clauses (1) to (3), the value of such note, loan, or mortgage shall be the
263.20 outstanding balance due as of the date of the institutionalized person's request for medical
263.21 assistance payment of long-term care services.

263.22 (i) This section applies to the purchase of a life estate interest in another person's home
263.23 unless the purchaser resides in the home for a period of at least one year after the date of
263.24 purchase.

263.25 (j) This section applies to transfers into a pooled trust that qualifies under United States
263.26 Code, title 42, section 1396p(d)(4)(C), by:

263.27 (1) a person age 65 or older or the person's spouse; or

263.28 (2) any person, court, or administrative body with legal authority to act in place of, on
263.29 behalf of, at the direction of, or upon the request of a person age 65 or older or the person's
263.30 spouse.

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

264.1 Sec. 7. Minnesota Statutes 2021 Supplement, section 256B.0625, subdivision 3b, is
264.2 amended to read:

264.3 Subd. 3b. **Telehealth services.** (a) Medical assistance covers medically necessary services
264.4 and consultations delivered by a health care provider through telehealth in the same manner
264.5 as if the service or consultation was delivered through in-person contact. Services or
264.6 consultations delivered through telehealth shall be paid at the full allowable rate.

264.7 (b) The commissioner may establish criteria that a health care provider must attest to in
264.8 order to demonstrate the safety or efficacy of delivering a particular service through
264.9 telehealth. The attestation may include that the health care provider:

264.10 (1) has identified the categories or types of services the health care provider will provide
264.11 through telehealth;

264.12 (2) has written policies and procedures specific to services delivered through telehealth
264.13 that are regularly reviewed and updated;

264.14 (3) has policies and procedures that adequately address patient safety before, during,
264.15 and after the service is delivered through telehealth;

264.16 (4) has established protocols addressing how and when to discontinue telehealth services;
264.17 and

264.18 (5) has an established quality assurance process related to delivering services through
264.19 telehealth.

264.20 (c) As a condition of payment, a licensed health care provider must document each
264.21 occurrence of a health service delivered through telehealth to a medical assistance enrollee.
264.22 Health care service records for services delivered through telehealth must meet the
264.23 requirements set forth in Minnesota Rules, part 9505.2175, subparts 1 and 2, and must
264.24 document:

264.25 (1) the type of service delivered through telehealth;

264.26 (2) the time the service began and the time the service ended, including an a.m. and p.m.
264.27 designation;

264.28 (3) the health care provider's basis for determining that telehealth is an appropriate and
264.29 effective means for delivering the service to the enrollee;

264.30 (4) the mode of transmission used to deliver the service through telehealth and records
264.31 evidencing that a particular mode of transmission was utilized;

264.32 (5) the location of the originating site and the distant site;

(6) if the claim for payment is based on a physician's consultation with another physician through telehealth, the written opinion from the consulting physician providing the telehealth consultation; and

(7) compliance with the criteria attested to by the health care provider in accordance with paragraph (b).

(d) Telehealth visits~~, as described in this subdivision provided through audio and visual communication,~~ may be used to satisfy the face-to-face requirement for reimbursement under the payment methods that apply to a federally qualified health center, rural health clinic, Indian health service, 638 Tribal clinic, and certified community behavioral health clinic, if the service would have otherwise qualified for payment if performed in person.

(e) For mental health services or assessments delivered through telehealth that are based on an individual treatment plan, the provider may document the client's verbal approval or electronic written approval of the treatment plan or change in the treatment plan in lieu of the client's signature in accordance with Minnesota Rules, part 9505.0371.

(f) For purposes of this subdivision, unless otherwise covered under this chapter:

(1) "telehealth" means the delivery of health care services or consultations ~~through the use of~~ using real-time two-way interactive audio and visual communication or accessible telemedicine video-based platforms to provide or support health care delivery and facilitate the assessment, diagnosis, consultation, treatment, education, and care management of a patient's health care. Telehealth includes the application of secure video conferencing~~,~~ consisting of a real-time, full-motion synchronized video; store-and-forward technology~~,~~; and synchronous interactions between a patient located at an originating site and a health care provider located at a distant site. Telehealth does not include communication between health care providers, or between a health care provider and a patient that consists solely of an audio-only communication, e-mail, or facsimile transmission or as specified by law;

(2) "health care provider" means:

(i) a health care provider as defined under section 62A.673~~,~~;

(ii) a community paramedic as defined under section 144E.001, subdivision 5f~~,~~;

(iii) a community health worker who meets the criteria under subdivision 49, paragraph (a)~~,~~;

(iv) a mental health certified peer specialist under section 256B.0615, subdivision 5~~,~~;

266.1 (v) a mental health certified family peer specialist under section 256B.0616, subdivision
266.2 5,;

266.3 (vi) a mental health rehabilitation worker under section 256B.0623, subdivision 5,
266.4 paragraph (a), clause (4), and paragraph (b),;

266.5 (vii) a mental health behavioral aide under section 256B.0943, subdivision 7, paragraph
266.6 (b), clause (3),;

266.7 (viii) a treatment coordinator under section 245G.11, subdivision 7,;

266.8 (ix) an alcohol and drug counselor under section 245G.11, subdivision 5,; or

266.9 (x) a recovery peer under section 245G.11, subdivision 8; and

266.10 (3) "originating site," "distant site," and "store-and-forward technology" have the
266.11 meanings given in section 62A.673, subdivision 2.

266.12 Sec. 8. Minnesota Statutes 2020, section 256B.0625, subdivision 64, is amended to read:

266.13 Subd. 64. **Investigational drugs, biological products, devices, and clinical**
266.14 **trials.** Medical assistance and the early periodic screening, diagnosis, and treatment (EPSDT)
266.15 program do not cover the costs of any services that are incidental to, associated with, or
266.16 resulting from the use of investigational drugs, biological products, or devices as defined
266.17 in section 151.375 or any other treatment that is part of an approved clinical trial as defined
266.18 in section 62Q.526. Participation of an enrollee in an approved clinical trial does not preclude
266.19 coverage of medically necessary services covered under this chapter that are not related to
266.20 the approved clinical trial. Any items or services that are provided solely to satisfy data
266.21 collection and analysis for a clinical trial, and not for direct clinical management of the
266.22 enrollee, are not covered.

266.23 Sec. 9. **[256B.6903] OMBUDSPERSON FOR MANAGED CARE.**

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

266.26 (b) "Adverse benefit determination" has the meaning provided in Code of Federal
266.27 Regulations, title 42, section 438.400, subpart (b).

266.28 (c) "Appeal" means an oral or written request from an enrollee to the managed care
266.29 organization for review of an adverse benefit determination.

266.30 (d) "Commissioner" means the commissioner of human services.

267.1 (e) "Complaint" means an enrollee's informal expression of dissatisfaction about any
267.2 matter relating to the enrollee's prepaid health plan other than an adverse benefit
267.3 determination.

267.4 (f) "Data analyst" means the person employed by the ombudsperson that uses research
267.5 methodologies to conduct research on data collected from prepaid health plans, including
267.6 but not limited to scientific theory; hypothesis testing; survey research techniques; data
267.7 collection; data manipulation; and statistical analysis interpretation, including multiple
267.8 regression techniques.

267.9 (g) "Enrollee" means a person enrolled in a prepaid health plan under section 256B.69.
267.10 When applicable, an enrollee includes an enrollee's authorized representative.

267.11 (h) "External review" means the process described under Code of Federal Regulations,
267.12 title 42, section 438.408, subpart (f); and section 62Q.73, subdivision 2.

267.13 (i) "Grievance" means an enrollee's expression of dissatisfaction about any matter relating
267.14 to the enrollee's prepaid health plan other than an adverse benefit determination that follows
267.15 the procedures outlined in Code of Federal Regulations, title 42, part 438, subpart (f). A
267.16 grievance may include but is not limited to concerns relating to quality of care, services
267.17 provided, or failure to respect an enrollee's rights under a prepaid health plan.

267.18 (j) "Managed care advocate" means a county or Tribal employee who works with
267.19 managed care enrollees when the enrollee has service, billing, or access problems with the
267.20 enrollee's prepaid health plan.

267.21 (k) "Prepaid health plan" means a plan under contract with the commissioner according
267.22 to section 256B.69.

267.23 (l) "State fair hearing" means the appeals process mandated under section 256.045,
267.24 subdivision 3a.

267.25 Subd. 2. **Ombudsperson.** The commissioner must designate an ombudsperson to advocate
267.26 for enrollees. At the time of enrollment in a prepaid health plan, the local agency must
267.27 inform enrollees about the ombudsperson.

267.28 Subd. 3. **Duties and cost.** (a) The ombudsperson must work to ensure enrollees receive
267.29 covered services as described in the enrollee's prepaid health plan by:

267.30 (1) providing assistance and education to enrollees, when requested, regarding covered
267.31 health care benefits or services; billing and access; or the grievance, appeal, or state fair
267.32 hearing processes;

268.1 (2) with the enrollee's permission and within the ombudsperson's discretion, using an
268.2 informal review process to assist an enrollee with a resolution involving the enrollee's
268.3 prepaid health plan's benefits;

268.4 (3) assisting enrollees, when requested, with prepaid health plan grievances, appeals, or
268.5 the state fair hearing process;

268.6 (4) overseeing, reviewing, and approving documents used by enrollees relating to prepaid
268.7 health plans' grievances, appeals, and state fair hearings;

268.8 (5) reviewing all state fair hearings and requests by enrollees for external review;
268.9 overseeing entities under contract to provide external reviews, processes, and payments for
268.10 services; and utilizing aggregated results of external reviews to recommend health care
268.11 benefits policy changes; and

268.12 (6) providing trainings to managed care advocates.

268.13 (b) The ombudsperson must not charge an enrollee for the ombudsperson's services.

268.14 Subd. 4. **Powers.** In exercising the ombudsperson's authority under this section, the
268.15 ombudsperson may:

268.16 (1) gather information and evaluate any practice, policy, procedure, or action by a prepaid
268.17 health plan, state human services agency, county, or Tribe; and

268.18 (2) prescribe the methods by which complaints are to be made, received, and acted upon.
268.19 The ombudsperson's authority under this clause includes but is not limited to:

268.20 (i) determining the scope and manner of a complaint;

268.21 (ii) holding a prepaid health plan accountable to address a complaint in a timely manner
268.22 as outlined in state and federal laws;

268.23 (iii) requiring a prepaid health plan to respond in a timely manner to a request for data,
268.24 case details, and other information as needed to help resolve a complaint or to improve a
268.25 prepaid health plan's policy; and

268.26 (iv) making recommendations for policy, administrative, or legislative changes regarding
268.27 prepaid health plans to the proper partners.

268.28 Subd. 5. **Data.** (a) The data analyst must review and analyze prepaid health plan data
268.29 on denial, termination, and reduction notices (DTRs), grievances, appeals, and state fair
268.30 hearings by:

269.1 (1) analyzing, reviewing, and reporting on DTRs, grievances, appeals, and state fair
269.2 hearings data collected from each prepaid health plan;

269.3 (2) collaborating with the commissioner's partners and the Department of Health for the
269.4 Triennial Compliance Assessment under Code of Federal Regulations, title 42, section
269.5 438.358, subpart (b);

269.6 (3) reviewing state fair hearing decisions for policy or coverage issues that may affect
269.7 enrollees; and

269.8 (4) providing data required under Code of Federal Regulations, title 42, section 438.66
269.9 (2016), to the Centers for Medicare and Medicaid Services.

269.10 (b) The data analyst must share the data analyst's data observations and trends under
269.11 this subdivision with the ombudsperson, prepaid health plans, and commissioner's partners.

269.12 Subd. 6. **Collaboration and independence.** (a) The ombudsperson must work in
269.13 collaboration with the commissioner and the commissioner's partners when the
269.14 ombudsperson's collaboration does not otherwise interfere with the ombudsperson's duties
269.15 under this section.

269.16 (b) The ombudsperson may act independently of the commissioner when:

269.17 (1) providing information or testimony to the legislature; and

269.18 (2) contacting and making reports to federal and state officials.

269.19 Subd. 7. **Civil actions.** The ombudsperson is not civilly liable for actions taken under
269.20 this section if the action was taken in good faith, was within the scope of the ombudsperson's
269.21 authority, and did not constitute willful or reckless misconduct.

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

269.23 Sec. 10. Minnesota Statutes 2020, section 256B.77, subdivision 13, is amended to read:

269.24 Subd. 13. **Ombudsman.** Enrollees shall have access to ombudsman services established
269.25 in section ~~256B.69, subdivision 20~~ 256B.6903, and advocacy services provided by the
269.26 ombudsman for mental health and developmental disabilities established in sections 245.91
269.27 to 245.97. The managed care ombudsman and the ombudsman for mental health and
269.28 developmental disabilities shall coordinate services provided to avoid duplication of services.
269.29 For purposes of the demonstration project, the powers and responsibilities of the Office of
269.30 Ombudsman for Mental Health and Developmental Disabilities, as provided in sections
269.31 245.91 to 245.97 are expanded to include all eligible individuals, health plan companies,
269.32 agencies, and providers participating in the demonstration project.

270.1 Sec. 11. **REPEALER.**

270.2 (a) Minnesota Statutes 2020, section 256B.057, subdivision 7, is repealed on July 1,
270.3 2022.

270.4 (b) Minnesota Statutes 2020, sections 256B.69, subdivision 20; 501C.0408, subdivision
270.5 4; and 501C.1206, are repealed the day following final enactment.

270.6 **ARTICLE 5**

270.7 **HEALTH-RELATED LICENSING BOARDS**

270.8 Section 1. Minnesota Statutes 2020, section 148B.33, is amended by adding a subdivision
270.9 to read:

270.10 Subd. 1a. **Supervision requirement; postgraduate experience.** The board must allow
270.11 an applicant to satisfy the requirement for supervised postgraduate experience in marriage
270.12 and family therapy with all required hours of supervision provided through real-time,
270.13 two-way interactive audio and visual communication.

270.14 **EFFECTIVE DATE.** This section is effective the day following final enactment and
270.15 applies to supervision requirements in effect on or after that date.

270.16 Sec. 2. Minnesota Statutes 2021 Supplement, section 148B.5301, subdivision 2, is amended
270.17 to read:

270.18 Subd. 2. **Supervision.** (a) To qualify as a LPCC, an applicant must have completed
270.19 4,000 hours of post-master's degree supervised professional practice in the delivery of
270.20 clinical services in the diagnosis and treatment of mental illnesses and disorders in both
270.21 children and adults. The supervised practice shall be conducted according to the requirements
270.22 in paragraphs (b) to (e).

270.23 (b) The supervision must have been received under a contract that defines clinical practice
270.24 and supervision from a mental health professional who is qualified according to section
270.25 245I.04, subdivision 2, or by a board-approved supervisor, who has at least two years of
270.26 postlicensure experience in the delivery of clinical services in the diagnosis and treatment
270.27 of mental illnesses and disorders. All supervisors must meet the supervisor requirements in
270.28 Minnesota Rules, part 2150.5010.

270.29 (c) The supervision must be obtained at the rate of two hours of supervision per 40 hours
270.30 of professional practice. The supervision must be evenly distributed over the course of the
270.31 supervised professional practice. At least 75 percent of the required supervision hours must
270.32 be received in person or through real-time, two-way interactive audio and visual

271.1 communication, and the board must allow an applicant to satisfy this supervision requirement
271.2 with all required hours of supervision received through real-time, two-way interactive audio
271.3 and visual communication. The remaining 25 percent of the required hours may be received
271.4 by telephone or by audio or audiovisual electronic device. At least 50 percent of the required
271.5 hours of supervision must be received on an individual basis. The remaining 50 percent
271.6 may be received in a group setting.

271.7 (d) The supervised practice must include at least 1,800 hours of clinical client contact.

271.8 (e) The supervised practice must be clinical practice. Supervision includes the observation
271.9 by the supervisor of the successful application of professional counseling knowledge, skills,
271.10 and values in the differential diagnosis and treatment of psychosocial function, disability,
271.11 or impairment, including addictions and emotional, mental, and behavioral disorders.

271.12 **EFFECTIVE DATE.** This section is effective the day following final enactment and
271.13 applies to supervision requirements in effect on or after that date.

271.14 Sec. 3. Minnesota Statutes 2020, section 148E.100, subdivision 3, is amended to read:

271.15 Subd. 3. **Types of supervision.** Of the 100 hours of supervision required under
271.16 subdivision 1:

271.17 (1) 50 hours must be provided through one-on-one supervision~~, including: (i) a minimum~~
271.18 ~~of 25 hours of in-person supervision, and (ii) no more than 25 hours of supervision~~. The
271.19 supervision must be provided either in person or via eye-to-eye electronic media, while
271.20 maintaining visual contact. The board must allow a licensed social worker to satisfy the
271.21 supervision requirement of this clause with all required hours of supervision provided via
271.22 eye-to-eye electronic media, while maintaining visual contact; and

271.23 (2) 50 hours must be provided through: (i) one-on-one supervision, or (ii) group
271.24 supervision. The supervision may be in person, by telephone, or via eye-to-eye electronic
271.25 media, while maintaining visual contact. The supervision must not be provided by e-mail.
271.26 Group supervision is limited to six supervisees.

271.27 **EFFECTIVE DATE.** This section is effective the day following final enactment and
271.28 applies to supervision requirements in effect on or after that date.

271.29 Sec. 4. Minnesota Statutes 2020, section 148E.105, subdivision 3, is amended to read:

271.30 Subd. 3. **Types of supervision.** Of the 100 hours of supervision required under
271.31 subdivision 1:

(1) 50 hours must be provided ~~though~~ through one-on-one supervision~~, including: (i) a minimum of 25 hours of in-person supervision, and (ii) no more than 25 hours of supervision~~. The supervision must be provided either in person or via eye-to-eye electronic media, while maintaining visual contact. The board must allow a licensed graduate social worker to satisfy the supervision requirement of this clause with all required hours of supervision provided via eye-to-eye electronic media, while maintaining visual contact; and

(2) 50 hours must be provided through: (i) one-on-one supervision, or (ii) group supervision. The supervision may be in person, by telephone, or via eye-to-eye electronic media, while maintaining visual contact. The supervision must not be provided by e-mail. Group supervision is limited to six supervisees.

EFFECTIVE DATE. This section is effective the day following final enactment and applies to supervision requirements in effect on or after that date.

Sec. 5. Minnesota Statutes 2020, section 148E.106, subdivision 3, is amended to read:

Subd. 3. **Types of supervision.** Of the 200 hours of supervision required under subdivision 1:

(1) 100 hours must be provided through one-on-one supervision~~, including: (i) a minimum of 50 hours of in-person supervision, and (ii) no more than 50 hours of supervision~~. The supervision must be provided either in person or via eye-to-eye electronic media, while maintaining visual contact. The board must allow a licensed graduate social worker to satisfy the supervision requirement of this clause with all required hours of supervision provided via eye-to-eye electronic media, while maintaining visual contact; and

(2) 100 hours must be provided through: (i) one-on-one supervision, or (ii) group supervision. The supervision may be in person, by telephone, or via eye-to-eye electronic media, while maintaining visual contact. The supervision must not be provided by e-mail. Group supervision is limited to six supervisees.

EFFECTIVE DATE. This section is effective the day following final enactment and applies to supervision requirements in effect on or after that date.

Sec. 6. Minnesota Statutes 2020, section 148E.110, subdivision 7, is amended to read:

Subd. 7. **Supervision; clinical social work practice after licensure as licensed independent social worker.** Of the 200 hours of supervision required under subdivision 5:

273.1 (1) 100 hours must be provided through one-on-one supervision~~, including:~~. The
273.2 supervision must be provided either in person or via eye-to-eye electronic media, while
273.3 maintaining visual contact. The board must allow a licensed independent social worker to
273.4 satisfy the supervision requirement of this clause with all required hours of supervision
273.5 provided via eye-to-eye electronic media, while maintaining visual contact; and

273.6 ~~(i) a minimum of 50 hours of in-person supervision; and~~

273.7 ~~(ii) no more than 50 hours of supervision via eye-to-eye electronic media, while~~
273.8 ~~maintaining visual contact; and~~

273.9 (2) 100 hours must be provided through:

273.10 (i) one-on-one supervision; or

273.11 (ii) group supervision.

273.12 The supervision may be in person, by telephone, or via eye-to-eye electronic media, while
273.13 maintaining visual contact. The supervision must not be provided by e-mail. Group
273.14 supervision is limited to six supervisees.

273.15 **EFFECTIVE DATE.** This section is effective the day following final enactment and
273.16 applies to supervision requirements in effect on or after that date.

273.17 Sec. 7. Minnesota Statutes 2020, section 150A.06, subdivision 1c, is amended to read:

273.18 Subd. 1c. **Specialty dentists.** (a) The board may grant one or more specialty licenses in
273.19 the specialty areas of dentistry that are recognized by the Commission on Dental
273.20 Accreditation.

273.21 (b) An applicant for a specialty license shall:

273.22 (1) have successfully completed a postdoctoral specialty program accredited by the
273.23 Commission on Dental Accreditation, or have announced a limitation of practice before
273.24 1967;

273.25 (2) have been certified by a specialty board approved by the Minnesota Board of
273.26 Dentistry, or provide evidence of having passed a clinical examination for licensure required
273.27 for practice in any state or Canadian province, or in the case of oral and maxillofacial
273.28 surgeons only, have a Minnesota medical license in good standing;

273.29 (3) have been in active practice or a postdoctoral specialty education program or United
273.30 States government service at least 2,000 hours in the 36 months prior to applying for a
273.31 specialty license;

(4) if requested by the board, be interviewed by a committee of the board, which may include the assistance of specialists in the evaluation process, and satisfactorily respond to questions designed to determine the applicant's knowledge of dental subjects and ability to practice;

(5) if requested by the board, present complete records on a sample of patients treated by the applicant. The sample must be drawn from patients treated by the applicant during the 36 months preceding the date of application. The number of records shall be established by the board. The records shall be reasonably representative of the treatment typically provided by the applicant for each specialty area;

(6) at board discretion, pass a board-approved English proficiency test if English is not the applicant's primary language;

(7) pass all components of the National Board Dental Examinations;

(8) pass the Minnesota Board of Dentistry jurisprudence examination;

(9) abide by professional ethical conduct requirements; and

(10) meet all other requirements prescribed by the Board of Dentistry.

(c) The application must include:

(1) a completed application furnished by the board;

~~(2) at least two character references from two different dentists for each specialty area, one of whom must be a dentist practicing in the same specialty area, and the other from the director of each specialty program attended;~~

~~(3) a licensed physician's statement attesting to the applicant's physical and mental condition;~~

~~(4) a statement from a licensed ophthalmologist or optometrist attesting to the applicant's visual acuity;~~

~~(5)~~ (2) a nonrefundable fee; and

~~(6)~~ (3) a ~~notarized, unmounted passport-type photograph, three inches by three inches, taken not more than six months before the date of application~~ copy of the applicant's government issued photo identification card.

(d) A specialty dentist holding one or more specialty licenses is limited to practicing in the dentist's designated specialty area or areas. The scope of practice must be defined by each national specialty board recognized by the Commission on Dental Accreditation.

275.1 (e) A specialty dentist holding a general dental license is limited to practicing in the
275.2 dentist's designated specialty area or areas if the dentist has announced a limitation of
275.3 practice. The scope of practice must be defined by each national specialty board recognized
275.4 by the Commission on Dental Accreditation.

275.5 (f) All specialty dentists who have fulfilled the specialty dentist requirements and who
275.6 intend to limit their practice to a particular specialty area or areas may apply for one or more
275.7 specialty licenses.

275.8 Sec. 8. Minnesota Statutes 2020, section 150A.06, subdivision 2c, is amended to read:

275.9 Subd. 2c. **Guest license.** (a) The board shall grant a guest license to practice as a dentist,
275.10 dental hygienist, or licensed dental assistant if the following conditions are met:

275.11 (1) the dentist, dental hygienist, or dental assistant is currently licensed in good standing
275.12 in another United States jurisdiction;

275.13 (2) the dentist, dental hygienist, or dental assistant is currently engaged in the practice
275.14 of that person's respective profession in another United States jurisdiction;

275.15 (3) the dentist, dental hygienist, or dental assistant will limit that person's practice to a
275.16 public health setting in Minnesota that (i) is approved by the board; (ii) was established by
275.17 a nonprofit organization that is tax exempt under chapter 501(c)(3) of the Internal Revenue
275.18 Code of 1986; and (iii) provides dental care to patients who have difficulty accessing dental
275.19 care;

275.20 (4) the dentist, dental hygienist, or dental assistant agrees to treat indigent patients who
275.21 meet the eligibility criteria established by the clinic; and

275.22 (5) the dentist, dental hygienist, or dental assistant has applied to the board for a guest
275.23 license and has paid a nonrefundable license fee to the board ~~not to exceed $75~~.

275.24 (b) A guest license must be renewed annually with the board and an annual renewal fee
275.25 ~~not to exceed $75~~ must be paid to the board. Guest licenses expire on December 31 of each
275.26 year.

275.27 (c) A dentist, dental hygienist, or dental assistant practicing under a guest license under
275.28 this subdivision shall have the same obligations as a dentist, dental hygienist, or dental
275.29 assistant who is licensed in Minnesota and shall be subject to the laws and rules of Minnesota
275.30 and the regulatory authority of the board. If the board suspends or revokes the guest license
275.31 of, or otherwise disciplines, a dentist, dental hygienist, or dental assistant practicing under
275.32 this subdivision, the board shall promptly report such disciplinary action to the dentist's,

276.1 dental hygienist's, or dental assistant's regulatory board in the jurisdictions in which they
276.2 are licensed.

276.3 (d) The board may grant a guest license to a dentist, dental hygienist, or dental assistant
276.4 licensed in another United States jurisdiction to provide dental care to patients on a voluntary
276.5 basis without compensation for a limited period of time. The board shall not assess a fee
276.6 for the guest license for volunteer services issued under this paragraph.

276.7 (e) The board shall issue a guest license for volunteer services if:

276.8 (1) the board determines that the applicant's services will provide dental care to patients
276.9 who have difficulty accessing dental care;

276.10 (2) the care will be provided without compensation; and

276.11 (3) the applicant provides adequate proof of the status of all licenses to practice in other
276.12 jurisdictions. The board may require such proof on an application form developed by the
276.13 board.

276.14 (f) The guest license for volunteer services shall limit the licensee to providing dental
276.15 care services for a period of time not to exceed ten days in a calendar year. Guest licenses
276.16 expire on December 31 of each year.

276.17 (g) The holder of a guest license for volunteer services shall be subject to state laws and
276.18 rules regarding dentistry and the regulatory authority of the board. The board may revoke
276.19 the license of a dentist, dental hygienist, or dental assistant practicing under this subdivision
276.20 or take other regulatory action against the dentist, dental hygienist, or dental assistant. If an
276.21 action is taken, the board shall report the action to the regulatory board of those jurisdictions
276.22 where an active license is held by the dentist, dental hygienist, or dental assistant.

276.23 Sec. 9. Minnesota Statutes 2020, section 150A.06, subdivision 6, is amended to read:

276.24 Subd. 6. **Display of name and certificates.** (a) The renewal certificate of ~~every dentist,~~
276.25 ~~dental therapist, dental hygienist, or dental assistant~~ every licensee or registrant must be
276.26 conspicuously displayed in plain sight of patients in every office in which that person
276.27 practices. Duplicate renewal certificates may be obtained from the board.

276.28 (b) Near or on the entrance door to every office where dentistry is practiced, the name
276.29 of each dentist practicing there, as inscribed on the current license certificate, must be
276.30 displayed in plain sight.

276.31 (c) The board must allow the display of a mini-license for guest license holders
276.32 performing volunteer dental services. There is no fee for the mini-license for guest volunteers.

277.1 Sec. 10. Minnesota Statutes 2020, section 150A.06, is amended by adding a subdivision
277.2 to read:

277.3 Subd. 12. **Licensure by credentials for dental therapy.** (a) Any dental therapist may,
277.4 upon application and payment of a fee established by the board, apply for licensure based
277.5 on an evaluation of the applicant's education, experience, and performance record. The
277.6 applicant may be interviewed by the board to determine if the applicant:

277.7 (1) graduated with a baccalaureate or master's degree from a dental therapy program
277.8 accredited by the Commission on Dental Accreditation;

277.9 (2) provided evidence of successfully completing the board's jurisprudence examination;

277.10 (3) actively practiced at least 2,000 hours within 36 months of the application date or
277.11 passed a board-approved reentry program within 36 months of the application date;

277.12 (4) either:

277.13 (i) is currently licensed in another state or Canadian province and not subject to any
277.14 pending or final disciplinary action; or

277.15 (ii) was previously licensed in another state or Canadian province in good standing and
277.16 not subject to any final or pending disciplinary action at the time of surrender;

277.17 (5) passed a board-approved English proficiency test if English is not the applicant's
277.18 primary language required at the board's discretion; and

277.19 (6) met all curriculum equivalency requirements regarding dental therapy scope of
277.20 practice in Minnesota.

277.21 (b) The 2,000 practice hours required by clause (3) may count toward the 2,000 practice
277.22 hours required for consideration for advanced dental therapy certification, provided that all
277.23 other requirements of section 150A.106, subdivision 1, are met.

277.24 (c) The board, at its discretion, may waive specific licensure requirements in paragraph
277.25 (a).

277.26 (d) The board must license an applicant who fulfills the conditions of this subdivision
277.27 and demonstrates the minimum knowledge in dental subjects required for licensure under
277.28 subdivision 1d to practice the applicant's profession.

277.29 (e) The board must deny the application if the applicant does not demonstrate the
277.30 minimum knowledge in dental subjects required for licensure under subdivision 1d. If
277.31 licensure is denied, the board may notify the applicant of any specific remedy the applicant

278.1 could take to qualify for licensure. A denial does not prohibit the applicant from applying
278.2 for licensure under subdivision 1d.

278.3 (e) A candidate may appeal a denied application to the board according to subdivision
278.4 4a.

278.5 Sec. 11. Minnesota Statutes 2020, section 150A.09, is amended to read:

278.6 **150A.09 ~~REGISTRATION OF~~ LICENSES ~~AND~~ OR REGISTRATION**
278.7 **CERTIFICATES.**

278.8 Subdivision 1. **Registration information and procedure.** On or before the license
278.9 certificate expiration date every ~~licensed dentist, dental therapist, dental hygienist, and~~
278.10 ~~dental assistant~~ licensee or registrant shall ~~transmit to the executive secretary of the board,~~
278.11 ~~pertinent information~~ submit the renewal required by the board, together with the applicable
278.12 fee ~~established by the board~~ under section 150A.091. At least 30 days before a license
278.13 certificate expiration date, the board shall send a written notice stating the amount and due
278.14 date of the fee ~~and the information to be provided to every licensed dentist, dental therapist,~~
278.15 ~~dental hygienist, and dental assistant~~.

278.16 Subd. 3. **Current address, change of address.** Every ~~dentist, dental therapist, dental~~
278.17 ~~hygienist, and dental assistant~~ licensee or registrant shall maintain with the board a correct
278.18 and current mailing address and electronic mail address. For dentists engaged in the practice
278.19 of dentistry, the postal address shall be that of the location of the primary dental practice.
278.20 Within 30 days after changing postal or electronic mail addresses, every ~~dentist, dental~~
278.21 ~~therapist, dental hygienist, and dental assistant~~ licensee or registrant shall provide the board
278.22 ~~written~~ notice ~~of the new address either personally or by first class mail~~.

278.23 Subd. 4. **Duplicate certificates.** Duplicate licenses or duplicate certificates of ~~license~~
278.24 renewal may be issued by the board upon satisfactory proof of the need for the duplicates
278.25 and upon payment of the fee established by the board.

278.26 Subd. 5. **Late fee.** A late fee established by the board shall be paid if the ~~information~~
278.27 ~~and~~ fee required by subdivision 1 is not received by ~~the executive secretary of~~ the board on
278.28 or before the registration or ~~license~~ renewal date.

278.29 Sec. 12. Minnesota Statutes 2020, section 150A.091, subdivision 2, is amended to read:

278.30 Subd. 2. **Application and initial license or registration fees.** Each applicant shall
278.31 submit with a license, advanced dental therapist certificate, or permit application a

279.1 nonrefundable fee in the following amounts in order to administratively process an
279.2 application:

279.3 (1) dentist, ~~$140~~ $308;

279.4 (2) full faculty dentist, ~~$140~~ $308;

279.5 (3) limited faculty dentist, $140;

279.6 (4) resident dentist or dental provider, $55;

279.7 (5) advanced dental therapist, $100;

279.8 (6) dental therapist, ~~$100~~ $220;

279.9 (7) dental hygienist, ~~$55~~ $115;

279.10 (8) licensed dental assistant, ~~$55; and~~ $115;

279.11 (9) dental assistant with ~~a permit~~ registration as described in Minnesota Rules, part
279.12 3100.8500, subpart 3, ~~$15.~~ $27; and

279.13 (10) guest license, $50.

279.14 Sec. 13. Minnesota Statutes 2020, section 150A.091, subdivision 5, is amended to read:

279.15 Subd. 5. **Biennial license or ~~permit~~ registration renewal fees.** Each of the following
279.16 applicants shall submit with a biennial license or permit renewal application a fee as
279.17 established by the board, not to exceed the following amounts:

279.18 (1) dentist or full faculty dentist, $475;

279.19 (2) dental therapist, $300;

279.20 (3) dental hygienist, $200;

279.21 (4) licensed dental assistant, $150; and

279.22 (5) dental assistant with a ~~permit~~ registration as described in Minnesota Rules, part
279.23 3100.8500, subpart 3, $24.

279.24 Sec. 14. Minnesota Statutes 2020, section 150A.091, subdivision 8, is amended to read:

279.25 Subd. 8. **Duplicate license or certificate fee.** Each applicant shall submit, with a request
279.26 for issuance of a duplicate of the original license, or of an annual or biennial renewal
279.27 certificate for a license or permit, a fee in the following amounts:

280.1 (1) original dentist, full faculty dentist, dental therapist, dental hygiene, or dental assistant
280.2 license, $35; and

280.3 (2) annual or biennial renewal certificates, $10; and.

280.4 (3) wallet-sized license and renewal certificate, $15.

280.5 Sec. 15. Minnesota Statutes 2020, section 150A.091, subdivision 9, is amended to read:

280.6 Subd. 9. **Licensure by credentials.** Each applicant for licensure as a dentist, dental
280.7 hygienist, or dental assistant by credentials pursuant to section 150A.06, subdivisions 4 and
280.8 8, and Minnesota Rules, part 3100.1400, shall submit with the license application a fee in
280.9 the following amounts:

280.10 (1) dentist, $725 $893;

280.11 (2) dental hygienist, $175; and $235;

280.12 (3) dental assistant, $35. $71; and

280.13 (4) dental therapist, $340.

280.14 Sec. 16. Minnesota Statutes 2020, section 150A.091, is amended by adding a subdivision
280.15 to read:

280.16 Subd. 21. **Failure to practice with a current license.** (a) If a licensee practices without
280.17 a current license and pursues reinstatement, the board may take the following administrative
280.18 actions based on the length of time practicing without a current license:

280.19 (1) for under one month, the board may not assess a penalty fee;

280.20 (2) for one month to six months, the board may assess a penalty of $250;

280.21 (3) for over six months, the board may assess a penalty of $500; and

280.22 (4) for over 12 months, the board may assess a penalty of $1,000.

280.23 (b) In addition to the penalty fee, the board shall initiate the complaint process against
280.24 the licensee for failure to practice with a current license for over 12 months.

280.25 Sec. 17. Minnesota Statutes 2020, section 150A.091, is amended by adding a subdivision
280.26 to read:

280.27 Subd. 22. **Delegating regulated procedures to an individual with a terminated**
280.28 **license.** (a) If a dentist or dental therapist delegates regulated procedures to another dental
280.29 professional who had their license terminated, the board may take the following

281.1 administrative actions against the delegating dentist or dental therapist based on the length
281.2 of time they delegated regulated procedures:

281.3 (1) for under one month, the board may not assess a penalty fee;

281.4 (2) for one month to six months, the board may assess a penalty of $100;

281.5 (3) for over six months, the board may assess a penalty of $250; and

281.6 (4) for over 12 months, the board may assess a penalty of $500.

281.7 (b) In addition to the penalty fee, the board shall initiate the complaint process against
281.8 a dentist or dental therapist who delegated regulated procedures to a dental professional
281.9 with a terminated license for over 12 months.

281.10 Sec. 18. Minnesota Statutes 2020, section 151.01, subdivision 27, is amended to read:

281.11 Subd. 27. **Practice of pharmacy.** "Practice of pharmacy" means:

281.12 (1) interpretation and evaluation of prescription drug orders;

281.13 (2) compounding, labeling, and dispensing drugs and devices (except labeling by a
281.14 manufacturer or packager of nonprescription drugs or commercially packaged legend drugs
281.15 and devices);

281.16 (3) participation in clinical interpretations and monitoring of drug therapy for assurance
281.17 of safe and effective use of drugs, including the performance of laboratory tests that are
281.18 waived under the federal Clinical Laboratory Improvement Act of 1988, United States Code,
281.19 title 42, section 263a et seq., provided that a pharmacist may interpret the results of laboratory
281.20 tests but may modify drug therapy only pursuant to a protocol or collaborative practice
281.21 agreement;

281.22 (4) participation in drug and therapeutic device selection; drug administration for first
281.23 dosage and medical emergencies; intramuscular and subcutaneous drug administration ~~used~~
281.24 ~~for the treatment of alcohol or opioid dependence~~ under a prescription drug order; drug
281.25 regimen reviews; and drug or drug-related research;

281.26 (5) drug administration, through intramuscular and subcutaneous administration used
281.27 to treat mental illnesses as permitted under the following conditions:

281.28 (i) upon the order of a prescriber and the prescriber is notified after administration is
281.29 complete; or

281.30 (ii) pursuant to a protocol or collaborative practice agreement as defined by section
281.31 151.01, subdivisions 27b and 27c, and participation in the initiation, management,

282.1 modification, administration, and discontinuation of drug therapy is according to the protocol
282.2 or collaborative practice agreement between the pharmacist and a dentist, optometrist,
282.3 physician, podiatrist, or veterinarian, or an advanced practice registered nurse authorized
282.4 to prescribe, dispense, and administer under section 148.235. Any changes in drug therapy
282.5 or medication administration made pursuant to a protocol or collaborative practice agreement
282.6 must be documented by the pharmacist in the patient's medical record or reported by the
282.7 pharmacist to a practitioner responsible for the patient's care;

282.8 (6) participation in administration of influenza vaccines and vaccines approved by the
282.9 United States Food and Drug Administration related to COVID-19 or SARS-CoV-2 to all
282.10 eligible individuals six years of age and older and all other vaccines to patients 13 years of
282.11 age and older by written protocol with a physician licensed under chapter 147, a physician
282.12 assistant authorized to prescribe drugs under chapter 147A, or an advanced practice registered
282.13 nurse authorized to prescribe drugs under section 148.235, provided that:

282.14 (i) the protocol includes, at a minimum:

282.15 (A) the name, dose, and route of each vaccine that may be given;

282.16 (B) the patient population for whom the vaccine may be given;

282.17 (C) contraindications and precautions to the vaccine;

282.18 (D) the procedure for handling an adverse reaction;

282.19 (E) the name, signature, and address of the physician, physician assistant, or advanced
282.20 practice registered nurse;

282.21 (F) a telephone number at which the physician, physician assistant, or advanced practice
282.22 registered nurse can be contacted; and

282.23 (G) the date and time period for which the protocol is valid;

282.24 (ii) the pharmacist has successfully completed a program approved by the Accreditation
282.25 Council for Pharmacy Education specifically for the administration of immunizations or a
282.26 program approved by the board;

282.27 (iii) the pharmacist utilizes the Minnesota Immunization Information Connection to
282.28 assess the immunization status of individuals prior to the administration of vaccines, except
282.29 when administering influenza vaccines to individuals age nine and older;

282.30 (iv) the pharmacist reports the administration of the immunization to the Minnesota
282.31 Immunization Information Connection; and

283.1 (v) the pharmacist complies with guidelines for vaccines and immunizations established
283.2 by the federal Advisory Committee on Immunization Practices, except that a pharmacist
283.3 does not need to comply with those portions of the guidelines that establish immunization
283.4 schedules when administering a vaccine pursuant to a valid, patient-specific order issued
283.5 by a physician licensed under chapter 147, a physician assistant authorized to prescribe
283.6 drugs under chapter 147A, or an advanced practice registered nurse authorized to prescribe
283.7 drugs under section 148.235, provided that the order is consistent with the United States
283.8 Food and Drug Administration approved labeling of the vaccine;

283.9 (7) participation in the initiation, management, modification, and discontinuation of
283.10 drug therapy according to a written protocol or collaborative practice agreement between:
283.11 (i) one or more pharmacists and one or more dentists, optometrists, physicians, podiatrists,
283.12 or veterinarians; or (ii) one or more pharmacists and one or more physician assistants
283.13 authorized to prescribe, dispense, and administer under chapter 147A, or advanced practice
283.14 registered nurses authorized to prescribe, dispense, and administer under section 148.235.
283.15 Any changes in drug therapy made pursuant to a protocol or collaborative practice agreement
283.16 must be documented by the pharmacist in the patient's medical record or reported by the
283.17 pharmacist to a practitioner responsible for the patient's care;

283.18 (8) participation in the storage of drugs and the maintenance of records;

283.19 (9) patient counseling on therapeutic values, content, hazards, and uses of drugs and
283.20 devices;

283.21 (10) offering or performing those acts, services, operations, or transactions necessary
283.22 in the conduct, operation, management, and control of a pharmacy;

283.23 (11) participation in the initiation, management, modification, and discontinuation of
283.24 therapy with opiate antagonists, as defined in section 604A.04, subdivision 1, pursuant to:

283.25 (i) a written protocol as allowed under clause (7); or

283.26 (ii) a written protocol with a community health board medical consultant or a practitioner
283.27 designated by the commissioner of health, as allowed under section 151.37, subdivision 13;
283.28 ~~and~~

283.29 (12) prescribing self-administered hormonal contraceptives; nicotine replacement
283.30 medications; and opiate antagonists for the treatment of an acute opiate overdose pursuant
283.31 to section 151.37, subdivision 14, 15, or 16~~.~~; and

283.32 (13) participation in the placement of drug monitoring devices according to a prescription,
283.33 protocol, or collaborative practice agreement.

284.1 Sec. 19. Minnesota Statutes 2020, section 153.16, subdivision 1, is amended to read:

284.2 Subdivision 1. **License requirements.** The board shall issue a license to practice podiatric
284.3 medicine to a person who meets the following requirements:

284.4 (a) The applicant for a license shall file a written notarized application on forms provided
284.5 by the board, showing to the board's satisfaction that the applicant is of good moral character
284.6 and satisfies the requirements of this section.

284.7 (b) The applicant shall present evidence satisfactory to the board of being a graduate of
284.8 a podiatric medical school approved by the board based upon its faculty, curriculum, facilities,
284.9 accreditation by a recognized national accrediting organization approved by the board, and
284.10 other relevant factors.

284.11 (c) The applicant must have received a passing score on each part of the national board
284.12 examinations, parts one and two, prepared and graded by the National Board of Podiatric
284.13 Medical Examiners. The passing score for each part of the national board examinations,
284.14 parts one and two, is as defined by the National Board of Podiatric Medical Examiners.

284.15 (d) Applicants graduating after ~~1986~~ 1990 from a podiatric medical school shall present
284.16 evidence of successful completion of a residency program approved by a national accrediting
284.17 podiatric medicine organization.

284.18 (e) The applicant shall appear in person before the board or its designated representative
284.19 to show that the applicant satisfies the requirements of this section, including knowledge
284.20 of laws, rules, and ethics pertaining to the practice of podiatric medicine. The board may
284.21 establish as internal operating procedures the procedures or requirements for the applicant's
284.22 personal presentation. Upon completion of all other application requirements, a doctor of
284.23 podiatric medicine applying for a temporary military license has six months in which to
284.24 comply with this subdivision.

284.25 (f) The applicant shall pay a fee established by the board by rule. The fee shall not be
284.26 refunded.

284.27 (g) The applicant must not have engaged in conduct warranting disciplinary action
284.28 against a licensee. If the applicant does not satisfy the requirements of this paragraph, the
284.29 board may refuse to issue a license unless it determines that the public will be protected
284.30 through issuance of a license with conditions and limitations the board considers appropriate.

284.31 (h) Upon payment of a fee as the board may require, an applicant who fails to pass an
284.32 examination and is refused a license is entitled to reexamination within one year of the

285.1 board's refusal to issue the license. No more than two reexaminations are allowed without
285.2 a new application for a license.

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

285.4 Sec. 20. **TEMPORARY REQUIREMENTS GOVERNING AMBULANCE SERVICE**
285.5 **OPERATIONS AND THE PROVISION OF EMERGENCY MEDICAL SERVICES.**

285.6 Subdivision 1. **Application.** Notwithstanding any law to the contrary in Minnesota
285.7 Statutes, chapter 144E, an ambulance service may operate according to this section, and
285.8 emergency medical technicians, advanced emergency medical technicians, and paramedics
285.9 may provide emergency medical services according to this section.

285.10 Subd. 2. **Definitions.** (a) The terms defined in this subdivision apply to this section.

285.11 (b) "Advanced emergency medical technician" has the meaning given in Minnesota
285.12 Statutes, section 144E.001, subdivision 5d.

285.13 (c) "Advanced life support" has the meaning given in Minnesota Statutes, section
285.14 144E.001, subdivision 1b.

285.15 (d) "Ambulance" has the meaning given in Minnesota Statutes, section 144E.001,
285.16 subdivision 2.

285.17 (e) "Ambulance service personnel" has the meaning given in Minnesota Statutes, section
285.18 144E.001, subdivision 3a.

285.19 (f) "Basic life support" has the meaning given in Minnesota Statutes, section 144E.001,
285.20 subdivision 4b.

285.21 (g) "Board" means the Emergency Medical Services Regulatory Board.

285.22 (h) "Emergency medical technician" has the meaning given in Minnesota Statutes, section
285.23 144E.001, subdivision 5c.

285.24 (i) "Paramedic" has the meaning given in Minnesota Statutes, section 144E.001,
285.25 subdivision 5e.

285.26 (j) "Primary service area" means the area designated by the board according to Minnesota
285.27 Statutes, section 144E.06, to be served by an ambulance service.

285.28 Subd. 3. **Staffing.** (a) For emergency ambulance calls and interfacility transfers in an
285.29 ambulance service's primary service area, an ambulance service must staff an ambulance
285.30 that provides basic life support with at least:

286.1 (1) one emergency medical technician, who must be in the patient compartment when
286.2 a patient is being transported; and

286.3 (2) one individual to drive the ambulance. The driver must hold a valid driver's license
286.4 from any state, must have attended an emergency vehicle driving course approved by the
286.5 ambulance service, and must have completed a course on cardiopulmonary resuscitation
286.6 approved by the ambulance service.

286.7 (b) For emergency ambulance calls and interfacility transfers in an ambulance service's
286.8 primary service area, an ambulance service must staff an ambulance that provides advanced
286.9 life support with at least:

286.10 (1) one paramedic; one registered nurse who meets the requirements in Minnesota
286.11 Statutes, section 144E.001, subdivision 3a, clause (2); or one physician assistant who meets
286.12 the requirements in Minnesota Statutes, section 144E.001, subdivision 3a, clause (3), and
286.13 who must be in the patient compartment when a patient is being transported; and

286.14 (2) one individual to drive the ambulance. The driver must hold a valid driver's license
286.15 from any state, must have attended an emergency vehicle driving course approved by the
286.16 ambulance service, and must have completed a course on cardiopulmonary resuscitation
286.17 approved by the ambulance service.

286.18 (c) The ambulance service director and medical director must approve the staffing of
286.19 an ambulance according to this subdivision.

286.20 (d) An ambulance service staffing an ambulance according to this subdivision must
286.21 immediately notify the board in writing and in a manner prescribed by the board. The notice
286.22 must specify how the ambulance service is staffing its basic life support or advanced life
286.23 support ambulances and the time period the ambulance service plans to staff the ambulances
286.24 according to this subdivision. If an ambulance service continues to staff an ambulance
286.25 according to this subdivision after the date provided to the board in its initial notice, the
286.26 ambulance service must provide a new notice to the board in a manner that complies with
286.27 this paragraph.

286.28 (e) If an individual serving as a driver under this subdivision commits an act listed in
286.29 Minnesota Statutes, section 144E.27, subdivision 5, paragraph (a), the board may temporarily
286.30 suspend or prohibit the individual from driving an ambulance or place conditions on the
286.31 individual's ability to drive an ambulance using the procedures and authority in Minnesota
286.32 Statutes, section 144E.27, subdivisions 5 and 6.

287.1 Subd. 4. **Use of expired emergency medications and medical supplies.** (a) If an
287.2 ambulance service experiences a shortage of an emergency medication or medical supply,
287.3 ambulance service personnel may use an emergency medication or medical supply for up
287.4 to six months after the emergency medication's or medical supply's specified expiration
287.5 date, provided:

287.6 (1) the ambulance service director and medical director approve the use of the expired
287.7 emergency medication or medical supply;

287.8 (2) ambulance service personnel use an expired emergency medication or medical supply
287.9 only after depleting the ambulance service's supply of that emergency medication or medical
287.10 supply that is unexpired;

287.11 (3) the ambulance service has stored and maintained the expired emergency medication
287.12 or medical supply according to the manufacturer's instructions;

287.13 (4) if possible, ambulance service personnel obtain consent from the patient to use the
287.14 expired emergency medication or medical supply prior to its use; and

287.15 (5) when the ambulance service obtains a supply of that emergency medication or medical
287.16 supply that is unexpired, ambulance service personnel cease use of the expired emergency
287.17 medication or medical supply and instead use the unexpired emergency medication or
287.18 medical supply.

287.19 (b) Before approving the use of an expired emergency medication, an ambulance service
287.20 director and medical director must consult with the Board of Pharmacy regarding the safety
287.21 and efficacy of using the expired emergency medication.

287.22 (c) An ambulance service must keep a record of all expired emergency medications and
287.23 all expired medical supplies used and must submit that record in writing to the board in a
287.24 time and manner specified by the board. The record must list the specific expired emergency
287.25 medications and medical supplies used and the time period during which ambulance service
287.26 personnel used the expired emergency medication or medical supply.

287.27 Subd. 5. **Provision of emergency medical services after certification expires.** (a) At
287.28 the request of an emergency medical technician, advanced emergency medical technician,
287.29 or paramedic, and with the approval of the ambulance service director, an ambulance service
287.30 medical director may authorize the emergency medical technician, advanced emergency
287.31 medical technician, or paramedic to provide emergency medical services for the ambulance
287.32 service for up to three months after the certification of the emergency medical technician,
287.33 advanced emergency medical technician, or paramedic expires.

288.1 (b) An ambulance service must immediately notify the board each time its medical
288.2 director issues an authorization under paragraph (a). The notice must be provided in writing
288.3 and in a manner prescribed by the board and must include information on the time period
288.4 each emergency medical technician, advanced emergency medical technician, or paramedic
288.5 will provide emergency medical services according to an authorization under this subdivision;
288.6 information on why the emergency medical technician, advanced emergency medical
288.7 technician, or paramedic needs the authorization; and an attestation from the medical director
288.8 that the authorization is necessary to help the ambulance service adequately staff its
288.9 ambulances.

288.10 Subd. 6. **Reports.** The board must provide quarterly reports to the chairs and ranking
288.11 minority members of the legislative committees with jurisdiction over the board regarding
288.12 actions taken by ambulance services according to subdivisions 3, 4, and 5. The board must
288.13 submit reports by June 30, September 30, and December 31 of 2022; and by March 31, June
288.14 30, September 30, and December 31 of 2023. Each report must include the following
288.15 information:

288.16 (1) for each ambulance service staffing basic life support or advanced life support
288.17 ambulances according to subdivision 3, the primary service area served by the ambulance
288.18 service, the number of ambulances staffed according to subdivision 3, and the time period
288.19 the ambulance service has staffed and plans to staff the ambulances according to subdivision
288.20 3;

288.21 (2) for each ambulance service that authorized the use of an expired emergency
288.22 medication or medical supply according to subdivision 4, the expired emergency medications
288.23 and medical supplies authorized for use and the time period the ambulance service used
288.24 each expired emergency medication or medical supply; and

288.25 (3) for each ambulance service that authorized the provision of emergency medical
288.26 services according to subdivision 5, the number of emergency medical technicians, advanced
288.27 emergency medical technicians, and paramedics providing emergency medical services
288.28 under an expired certification and the time period each emergency medical technician,
288.29 advanced emergency medical technician, or paramedic provided and will provide emergency
288.30 medical services under an expired certification.

288.31 Subd. 7. **Expiration.** This section expires January 1, 2024.

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

289.1 Sec. 21. **REPEALER.**

289.2 Minnesota Statutes 2020, section 150A.091, subdivisions 3, 15, and 17, are repealed.

289.3 **ARTICLE 6**

289.4 **PRESCRIPTION DRUGS**

289.5 Section 1. Minnesota Statutes 2020, section 62A.02, subdivision 1, is amended to read:

289.6 Subdivision 1. **Filing.** For purposes of this section, "health plan" means a health plan
289.7 as defined in section 62A.011 or a policy of accident and sickness insurance as defined in
289.8 section 62A.01. No health plan shall be issued or delivered to any person in this state, nor
289.9 shall any application, rider, or endorsement be used in connection with the health plan, until
289.10 a copy of its form and of the classification of risks and the premium rates pertaining to the
289.11 form have been filed with the commissioner. The filing must include the health plan's
289.12 prescription drug formulary. Proposed revisions to the health plan's prescription drug
289.13 formulary must be filed with the commissioner no later than August 1 of the application
289.14 year. The filing for nongroup health plan forms shall include a statement of actuarial reasons
289.15 and data to support the rate. For health benefit plans as defined in section 62L.02, and for
289.16 health plans to be issued to individuals, the health carrier shall file with the commissioner
289.17 the information required in section 62L.08, subdivision 8. For group health plans for which
289.18 approval is sought for sales only outside of the small employer market as defined in section
289.19 62L.02, this section applies only to policies or contracts of accident and sickness insurance.
289.20 All forms intended for issuance in the individual or small employer market must be
289.21 accompanied by a statement as to the expected loss ratio for the form. Premium rates and
289.22 forms relating to specific insureds or proposed insureds, whether individuals or groups,
289.23 need not be filed, unless requested by the commissioner.

289.24 Sec. 2. Minnesota Statutes 2021 Supplement, section 62J.497, subdivision 1, is amended
289.25 to read:

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

289.28 (b) "Dispense" or "dispensing" has the meaning given in section 151.01, subdivision
289.29 30. Dispensing does not include the direct administering of a controlled substance to a
289.30 patient by a licensed health care professional.

289.31 (c) "Dispenser" means a person authorized by law to dispense a controlled substance,
289.32 pursuant to a valid prescription.

290.1 (d) "Electronic media" has the meaning given under Code of Federal Regulations, title
290.2 45, part 160.103.

290.3 (e) "E-prescribing" means the transmission using electronic media of prescription or
290.4 prescription-related information between a prescriber, dispenser, pharmacy benefit manager,
290.5 or group purchaser, either directly or through an intermediary, including an e-prescribing
290.6 network. E-prescribing includes, but is not limited to, two-way transmissions between the
290.7 point of care and the dispenser and two-way transmissions related to eligibility, formulary,
290.8 and medication history information.

290.9 (f) "Electronic prescription drug program" means a program that provides for
290.10 e-prescribing.

290.11 (g) "Group purchaser" has the meaning given in section 62J.03, subdivision 6.

290.12 (h) "HL7 messages" means a standard approved by the standards development
290.13 organization known as Health Level Seven.

290.14 (i) "National Provider Identifier" or "NPI" means the identifier described under Code
290.15 of Federal Regulations, title 45, part 162.406.

290.16 (j) "NCPDP" means the National Council for Prescription Drug Programs, Inc.

290.17 (k) "NCPDP Formulary and Benefits Standard" means the most recent version of the
290.18 National Council for Prescription Drug Programs Formulary and Benefits Standard or the
290.19 most recent standard adopted by the Centers for Medicare and Medicaid Services for
290.20 e-prescribing under Medicare Part D as required by section 1860D-4(e)(4)(D) of the Social
290.21 Security Act and regulations adopted under it. The standards shall be implemented according
290.22 to the Centers for Medicare and Medicaid Services schedule for compliance.

290.23 (l) "NCPDP Real-Time Prescription Benefit Standard" means the most recent National
290.24 Council for Prescription Drug Programs Real-Time Prescription Benefit Standard adopted
290.25 by the Centers for Medicare and Medicaid Services for e-prescribing under Medicare Part
290.26 D as required by section 1860D-4(e)(2) of the Social Security Act and regulations adopted
290.27 under it.

290.28 ~~(l)~~ (m) "NCPDP SCRIPT Standard" means the most recent version of the National
290.29 Council for Prescription Drug Programs SCRIPT Standard, or the most recent standard
290.30 adopted by the Centers for Medicare and Medicaid Services for e-prescribing under Medicare
290.31 Part D as required by section 1860D-4(e)(4)(D) of the Social Security Act, and regulations
290.32 adopted under it. The standards shall be implemented according to the Centers for Medicare
290.33 and Medicaid Services schedule for compliance.

~~(m)~~ (n) "Pharmacy" has the meaning given in section 151.01, subdivision 2.

(o) "Pharmacy benefit manager" has the meaning given in section 62W.02, subdivision 15.

~~(n)~~ (p) "Prescriber" means a licensed health care practitioner, other than a veterinarian, as defined in section 151.01, subdivision 23.

~~(o)~~ (q) "Prescription-related information" means information regarding eligibility for drug benefits, medication history, or related health or drug information.

~~(p)~~ (r) "Provider" or "health care provider" has the meaning given in section 62J.03, subdivision 8.

(s) "Real-time prescription benefit tool" means a tool that is capable of being integrated into a prescriber's e-prescribing system and that provides a prescriber with up-to-date and patient-specific formulary and benefit information at the time the prescriber submits a prescription.

Sec. 3. Minnesota Statutes 2021 Supplement, section 62J.497, subdivision 3, is amended to read:

Subd. 3. **Standards for electronic prescribing.** (a) Prescribers and dispensers must use the NCPDP SCRIPT Standard for the communication of a prescription or prescription-related information.

(b) Providers, group purchasers, prescribers, and dispensers must use the NCPDP SCRIPT Standard for communicating and transmitting medication history information.

(c) Providers, group purchasers, prescribers, and dispensers must use the NCPDP Formulary and Benefits Standard for communicating and transmitting formulary and benefit information.

(d) Providers, group purchasers, prescribers, and dispensers must use the national provider identifier to identify a health care provider in e-prescribing or prescription-related transactions when a health care provider's identifier is required.

(e) Providers, group purchasers, prescribers, and dispensers must communicate eligibility information and conduct health care eligibility benefit inquiry and response transactions according to the requirements of section 62J.536.

(f) Group purchasers and pharmacy benefit managers must use a real-time prescription benefit tool that complies with the NCPDP Real-Time Prescription Benefit Standard and that, at a minimum, notifies a prescriber:

292.1 (1) if a prescribed drug is covered by the patient's group purchaser or pharmacy benefit
292.2 manager;

292.3 (2) if a prescribed drug is included on the formulary or preferred drug list of the patient's
292.4 group purchaser or pharmacy benefit manager;

292.5 (3) of any patient cost-sharing for the prescribed drug;

292.6 (4) if prior authorization is required for the prescribed drug; and

292.7 (5) of a list of any available alternative drugs that are in the same class as the drug
292.8 originally prescribed and for which prior authorization is not required.

292.9 **EFFECTIVE DATE.** This section is effective January 1, 2023.

292.10 Sec. 4. Minnesota Statutes 2020, section 62J.84, as amended by Laws 2021, chapter 30,
292.11 article 3, sections 5 to 9, is amended to read:

292.12 **62J.84 PRESCRIPTION DRUG PRICE TRANSPARENCY.**

292.13 Subdivision 1. **Short title.** This section may be cited as the "Prescription Drug Price
292.14 Transparency Act."

292.15 Subd. 2. **Definitions.** (a) For purposes of this section, the terms defined in this subdivision
292.16 have the meanings given.

292.17 (b) "Biosimilar" means a drug that is produced or distributed pursuant to a biologics
292.18 license application approved under United States Code, title 42, section 262(K)(3).

292.19 (c) "Brand name drug" means a drug that is produced or distributed pursuant to:

292.20 (1) an original, new drug application approved under United States Code, title 21, section
292.21 355(c), except for a generic drug as defined under Code of Federal Regulations, title 42,
292.22 section 447.502; or

292.23 (2) a biologics license application approved under United States Code, title ~~45~~ 42, section
292.24 262(a)(c).

292.25 (d) "Commissioner" means the commissioner of health.

292.26 (e) "Course of treatment" means the total dosage of a single prescription for a prescription
292.27 drug recommended by the Food and Drug Administration (FDA)-approved prescribing
292.28 label. If the FDA-approved prescribing label includes more than one recommended dosage
292.29 for a single course of treatment, the course of treatment is the maximum recommended
292.30 dosage on the FDA-approved prescribing label.

293.1 ~~(e)~~ (f) "Generic drug" means a drug that is marketed or distributed pursuant to:

293.2 (1) an abbreviated new drug application approved under United States Code, title 21,
293.3 section 355(j);

293.4 (2) an authorized generic as defined under Code of Federal Regulations, title ~~45~~ 42,
293.5 section 447.502; or

293.6 (3) a drug that entered the market the year before 1962 and was not originally marketed
293.7 under a new drug application.

293.8 ~~(f)~~ (g) "Manufacturer" means a drug manufacturer licensed under section 151.252.

293.9 (h) "National Drug Code" means the three-segment code maintained by the FDA that
293.10 includes a labeler code, a product code, and a package code for a drug product and that has
293.11 been converted to an 11-digit format consisting of five digits in the first segment, four digits
293.12 in the second segment, and two digits in the third segment. A three-segment code shall be
293.13 considered converted to an 11-digit format when, as necessary, at least one "0" has been
293.14 added to the front of each segment containing less than the specified number of digits so
293.15 that each segment contains the specified number of digits.

293.16 ~~(g)~~ (i) "New prescription drug" or "new drug" means a prescription drug approved for
293.17 marketing by the United States Food and Drug Administration for which no previous
293.18 wholesale acquisition cost has been established for comparison.

293.19 ~~(h)~~ (j) "Patient assistance program" means a program that a manufacturer offers to the
293.20 public in which a consumer may reduce the consumer's out-of-pocket costs for prescription
293.21 drugs by using coupons, discount cards, prepaid gift cards, manufacturer debit cards, or by
293.22 other means.

293.23 ~~(i)~~ (k) "Prescription drug" or "drug" has the meaning provided in section 151.441,
293.24 subdivision 8.

293.25 ~~(j)~~ (l) "Price" means the wholesale acquisition cost as defined in United States Code,
293.26 title 42, section 1395w-3a(c)(6)(B).

293.27 (m) "Rebate" means a discount, chargeback, or other price concession that affects the
293.28 price of a prescription drug product, regardless of whether conferred through regular
293.29 aggregate payments, on a claim-by-claim basis at the point of sale, as part of retrospective
293.30 financial reconciliations including reconciliations that also reflect other contractual
293.31 arrangements, or by any other method. Rebate does not mean a bona fide service fee, as the
293.32 term is defined in Code of Federal Regulations, title 42, section 447.502.

294.1 (n) "30-day supply" means the total daily dosage units of a prescription drug
294.2 recommended by the prescribing label approved by the FDA for 30 days. If the
294.3 FDA-approved prescribing label includes more than one recommended daily dosage, the
294.4 30-day supply is based on the maximum recommended daily dosage on the FDA-approved
294.5 prescribing label.

294.6 Subd. 3. **Prescription drug price increases reporting.** (a) Beginning January 1, 2022,
294.7 a drug manufacturer must submit to the commissioner the information described in paragraph
294.8 (b) for each prescription drug for which the price was $100 or greater for a 30-day supply
294.9 or for a course of treatment lasting less than 30 days and:

294.10 (1) for brand name drugs where there is an increase of ten percent or greater in the price
294.11 over the previous 12-month period or an increase of 16 percent or greater in the price over
294.12 the previous 24-month period; and

294.13 (2) for generic or biosimilar drugs where there is an increase of 50 percent or greater in
294.14 the price over the previous 12-month period.

294.15 (b) For each of the drugs described in paragraph (a), the manufacturer shall submit to
294.16 the commissioner no later than 60 days after the price increase goes into effect, in the form
294.17 and manner prescribed by the commissioner, the following information, if applicable:

294.18 (1) the name, description, and price of the drug and the net increase, expressed as a
294.19 percentage;, with the following listed separately:

294.20 (i) National Drug Code;

294.21 (ii) product name;

294.22 (iii) dosage form;

294.23 (iv) strength; and

294.24 (v) package size;

294.25 (2) the factors that contributed to the price increase;

294.26 (3) the name of any generic version of the prescription drug available on the market;

294.27 (4) the introductory price of the prescription drug when it was introduced for sale in the
294.28 United States and the price of the drug on the last day of each of the five calendar years
294.29 preceding the price increase when it was approved for marketing by the Food and Drug
294.30 Administration and the net yearly increase, by calendar year, in the price of the prescription
294.31 drug during the previous five years;

295.1 (5) the direct costs incurred during the previous 12-month period by the manufacturer
295.2 that are associated with the prescription drug, listed separately:

295.3 (i) to manufacture the prescription drug;

295.4 (ii) to market the prescription drug, including advertising costs; and

295.5 (iii) to distribute the prescription drug;

295.6 (6) the number of units of the prescription drug sold during the previous 12-month period;

295.7 (7) the total rebate payable amount accrued for the prescription drug during the previous
295.8 12-month period;

295.9 ~~(6)~~ (8) the total sales revenue for the prescription drug during the previous 12-month
295.10 period;

295.11 ~~(7)~~ (9) the manufacturer's net profit attributable to the prescription drug during the
295.12 previous 12-month period;

295.13 ~~(8)~~ (10) the total amount of financial assistance the manufacturer has provided through
295.14 patient prescription assistance programs during the previous 12-month period, if applicable;

295.15 ~~(9)~~ (11) any agreement between a manufacturer and another entity contingent upon any
295.16 delay in offering to market a generic version of the prescription drug;

295.17 ~~(10)~~ (12) the patent expiration date of the prescription drug if it is under patent;

295.18 ~~(11)~~ (13) the name and location of the company that manufactured the drug; ~~and~~

295.19 ~~(12)~~ (14) if a brand name prescription drug, the ten highest prices paid for the prescription
295.20 drug during the previous calendar year in ~~any country other than~~ the ten countries, excluding
295.21 the United States~~.~~, that charged the highest single price for the prescription drug; and

295.22 (15) if the prescription drug was acquired by the manufacturer during the previous
295.23 12-month period, all of the following information:

295.24 (i) price at acquisition;

295.25 (ii) price in the calendar year prior to acquisition;

295.26 (iii) name of the company from which the drug was acquired;

295.27 (iv) date of acquisition; and

295.28 (v) acquisition price.

295.29 (c) The manufacturer may submit any documentation necessary to support the information
295.30 reported under this subdivision.

Subd. 4. **New prescription drug price reporting.** (a) Beginning January 1, 2022, no later than 60 days after a manufacturer introduces a new prescription drug for sale in the United States that is a new brand name drug with a price that is greater than the tier threshold established by the Centers for Medicare and Medicaid Services for specialty drugs in the Medicare Part D program for a 30-day supply or for a course of treatment lasting less than 30 days or a new generic or biosimilar drug with a price that is greater than the tier threshold established by the Centers for Medicare and Medicaid Services for specialty drugs in the Medicare Part D program for a 30-day supply or for a course of treatment lasting less than 30 days and is not at least 15 percent lower than the referenced brand name drug when the generic or biosimilar drug is launched, the manufacturer must submit to the commissioner, in the form and manner prescribed by the commissioner, the following information, if applicable:

(1) the description of the drug, with the following listed separately:

(i) National Drug Code;

(ii) product name;

(iii) dosage form;

(iv) strength; and

(v) package size;

~~(1)~~ (2) the price of the prescription drug;

~~(2)~~ (3) whether the Food and Drug Administration granted the new prescription drug a breakthrough therapy designation or a priority review;

~~(3)~~ (4) the direct costs incurred by the manufacturer that are associated with the prescription drug, listed separately:

(i) to manufacture the prescription drug;

(ii) to market the prescription drug, including advertising costs; and

(iii) to distribute the prescription drug; and

~~(4)~~ (5) the patent expiration date of the drug if it is under patent.

(b) The manufacturer may submit documentation necessary to support the information reported under this subdivision.

~~Subd. 5. **Newly acquired prescription drug price reporting.** (a) Beginning January 1, 2022, the acquiring drug manufacturer must submit to the commissioner the information~~

297.1 ~~described in paragraph (b) for each newly acquired prescription drug for which the price~~
297.2 ~~was $100 or greater for a 30-day supply or for a course of treatment lasting less than 30~~
297.3 ~~days and:~~

297.4 ~~(1) for a newly acquired brand name drug where there is an increase of ten percent or~~
297.5 ~~greater in the price over the previous 12-month period or an increase of 16 percent or greater~~
297.6 ~~in price over the previous 24-month period; and~~

297.7 ~~(2) for a newly acquired generic drug where there is an increase of 50 percent or greater~~
297.8 ~~in the price over the previous 12-month period.~~

297.9 ~~(b) For each of the drugs described in paragraph (a), the acquiring manufacturer shall~~
297.10 ~~submit to the commissioner no later than 60 days after the acquiring manufacturer begins~~
297.11 ~~to sell the newly acquired drug, in the form and manner prescribed by the commissioner,~~
297.12 ~~the following information, if applicable:~~

297.13 ~~(1) the price of the prescription drug at the time of acquisition and in the calendar year~~
297.14 ~~prior to acquisition;~~

297.15 ~~(2) the name of the company from which the prescription drug was acquired, the date~~
297.16 ~~acquired, and the purchase price;~~

297.17 ~~(3) the year the prescription drug was introduced to market and the price of the~~
297.18 ~~prescription drug at the time of introduction;~~

297.19 ~~(4) the price of the prescription drug for the previous five years;~~

297.20 ~~(5) any agreement between a manufacturer and another entity contingent upon any delay~~
297.21 ~~in offering to market a generic version of the manufacturer's drug; and~~

297.22 ~~(6) the patent expiration date of the drug if it is under patent.~~

297.23 ~~(c) The manufacturer may submit any documentation necessary to support the information~~
297.24 ~~reported under this subdivision.~~

297.25 Subd. 6. **Public posting of prescription drug price information.** (a) The commissioner
297.26 shall post on the department's website, or may contract with a private entity or consortium
297.27 that satisfies the standards of section 62U.04, subdivision 6, to meet this requirement, the
297.28 following information:

297.29 (1) a list of the prescription drugs reported under subdivisions 3, 4, and 5, and the
297.30 manufacturers of those prescription drugs; and

297.31 (2) information reported to the commissioner under subdivisions 3, 4, and 5.

298.1 (b) The information must be published in an easy-to-read format and in a manner that
298.2 identifies the information that is disclosed on a per-drug basis and must not be aggregated
298.3 in a manner that prevents the identification of the prescription drug.

298.4 (c) The commissioner shall not post to the department's website or a private entity
298.5 contracting with the commissioner shall not post any information described in this section
298.6 if the information is not public data under section 13.02, subdivision 8a; or is trade secret
298.7 information under section 13.37, subdivision 1, paragraph (b); or is trade secret information
298.8 pursuant to the Defend Trade Secrets Act of 2016, United States Code, title 18, section
298.9 1836, as amended. If a manufacturer believes information should be withheld from public
298.10 disclosure pursuant to this paragraph, the manufacturer must clearly and specifically identify
298.11 that information and describe the legal basis in writing when the manufacturer submits the
298.12 information under this section. If the commissioner disagrees with the manufacturer's request
298.13 to withhold information from public disclosure, the commissioner shall provide the
298.14 manufacturer written notice that the information will be publicly posted 30 days after the
298.15 date of the notice.

298.16 (d) If the commissioner withholds any information from public disclosure pursuant to
298.17 this subdivision, the commissioner shall post to the department's website a report describing
298.18 the nature of the information and the commissioner's basis for withholding the information
298.19 from disclosure.

298.20 (e) To the extent the information required to be posted under this subdivision is collected
298.21 and made available to the public by another state, by the University of Minnesota, or through
298.22 an online drug pricing reference and analytical tool, the commissioner may reference the
298.23 availability of this drug price data from another source including, within existing
298.24 appropriations, creating the ability of the public to access the data from the source for
298.25 purposes of meeting the reporting requirements of this subdivision.

298.26 Subd. 7. **Consultation.** (a) The commissioner may consult with a private entity or
298.27 consortium that satisfies the standards of section 62U.04, subdivision 6, the University of
298.28 Minnesota, or the commissioner of commerce, as appropriate, in issuing the form and format
298.29 of the information reported under this section; in posting information pursuant to subdivision
298.30 6; and in taking any other action for the purpose of implementing this section.

298.31 (b) The commissioner may consult with representatives of the manufacturers to establish
298.32 a standard format for reporting information under this section and may use existing reporting
298.33 methodologies to establish a standard format to minimize administrative burdens to the state
298.34 and manufacturers.

299.1 Subd. 8. **Enforcement and penalties.** (a) A manufacturer may be subject to a civil
299.2 penalty, as provided in paragraph (b), for:

299.3 (1) failing to submit timely reports or notices as required by this section;

299.4 (2) failing to provide information required under this section; or

299.5 (3) providing inaccurate or incomplete information under this section.

299.6 (b) The commissioner shall adopt a schedule of civil penalties, not to exceed $10,000
299.7 per day of violation, based on the severity of each violation.

299.8 (c) The commissioner shall impose civil penalties under this section as provided in
299.9 section 144.99, subdivision 4.

299.10 (d) The commissioner may remit or mitigate civil penalties under this section upon terms
299.11 and conditions the commissioner considers proper and consistent with public health and
299.12 safety.

299.13 (e) Civil penalties collected under this section shall be deposited in the health care access
299.14 fund.

299.15 Subd. 9. **Legislative report.** (a) No later than May 15, 2022, and by January 15 of each
299.16 year thereafter, the commissioner shall report to the chairs and ranking minority members
299.17 of the legislative committees with jurisdiction over commerce and health and human services
299.18 policy and finance on the implementation of this section, including but not limited to the
299.19 effectiveness in addressing the following goals:

299.20 (1) promoting transparency in pharmaceutical pricing for the state and other payers;

299.21 (2) enhancing the understanding on pharmaceutical spending trends; and

299.22 (3) assisting the state and other payers in the management of pharmaceutical costs.

299.23 (b) The report must include a summary of the information submitted to the commissioner
299.24 under subdivisions 3, 4, and 5.

299.25 Sec. 5. Minnesota Statutes 2020, section 62J.84, subdivision 2, is amended to read:

299.26 Subd. 2. **Definitions.** (a) For purposes of this section and section 62J.841, the terms
299.27 defined in this subdivision have the meanings given.

299.28 (b) "Biosimilar" means a drug that is produced or distributed pursuant to a biologics
299.29 license application approved under United States Code, title 42, section 262(K)(3).

299.30 (c) "Brand name drug" means a drug that is produced or distributed pursuant to:

300.1 (1) an original, new drug application approved under United States Code, title 21, section
300.2 355(c), except for a generic drug as defined under Code of Federal Regulations, title 42,
300.3 section 447.502; or

300.4 (2) a biologics license application approved under United States Code, title 45, section
300.5 262(a)(c).

300.6 (d) "Commissioner" means the commissioner of health.

300.7 (e) "Generic drug" means a drug that is marketed or distributed pursuant to:

300.8 (1) an abbreviated new drug application approved under United States Code, title 21,
300.9 section 355(j);

300.10 (2) an authorized generic as defined under Code of Federal Regulations, title 45, section
300.11 447.502; or

300.12 (3) a drug that entered the market the year before 1962 and was not originally marketed
300.13 under a new drug application.

300.14 (f) "Manufacturer" means a drug manufacturer licensed under section 151.252.

300.15 (g) "New prescription drug" or "new drug" means a prescription drug approved for
300.16 marketing by the United States Food and Drug Administration for which no previous
300.17 wholesale acquisition cost has been established for comparison.

300.18 (h) "Patient assistance program" means a program that a manufacturer offers to the public
300.19 in which a consumer may reduce the consumer's out-of-pocket costs for prescription drugs
300.20 by using coupons, discount cards, prepaid gift cards, manufacturer debit cards, or by other
300.21 means.

300.22 (i) "Prescription drug" or "drug" has the meaning provided in section 151.441, subdivision
300.23 8.

300.24 (j) "Price" means the wholesale acquisition cost as defined in United States Code, title
300.25 42, section 1395w-3a(c)(6)(B).

300.26 Sec. 6. Minnesota Statutes 2020, section 62J.84, subdivision 2, is amended to read:

300.27 Subd. 2. **Definitions.** (a) For purposes of this section, the terms defined in this subdivision
300.28 have the meanings given.

300.29 (b) "Biosimilar" means a drug that is produced or distributed pursuant to a biologics
300.30 license application approved under United States Code, title 42, section 262(K)(3).

300.31 (c) "Brand name drug" means a drug that is produced or distributed pursuant to:

301.1 (1) an original, new drug application approved under United States Code, title 21, section
301.2 355(c), except for a generic drug as defined under Code of Federal Regulations, title 42,
301.3 section 447.502; or

301.4 (2) a biologics license application approved under United States Code, title 45, section
301.5 262(a)(c).

301.6 (d) "Commissioner" means the commissioner of health.

301.7 (e) "Drug product family" means a group of one or more prescription drugs that share
301.8 a unique generic drug description or nontrade name and dosage form.

301.9 ~~(e)~~ (f) "Generic drug" means a drug that is marketed or distributed pursuant to:

301.10 (1) an abbreviated new drug application approved under United States Code, title 21,
301.11 section 355(j);

301.12 (2) an authorized generic as defined under Code of Federal Regulations, title 45, section
301.13 447.502; or

301.14 (3) a drug that entered the market the year before 1962 and was not originally marketed
301.15 under a new drug application.

301.16 ~~(f)~~ (g) "Manufacturer" means a drug manufacturer licensed under section 151.252.

301.17 ~~(g)~~ (h) "New prescription drug" or "new drug" means a prescription drug approved for
301.18 marketing by the United States Food and Drug Administration for which no previous
301.19 wholesale acquisition cost has been established for comparison.

301.20 ~~(h)~~ (i) "Patient assistance program" means a program that a manufacturer offers to the
301.21 public in which a consumer may reduce the consumer's out-of-pocket costs for prescription
301.22 drugs by using coupons, discount cards, prepaid gift cards, manufacturer debit cards, or by
301.23 other means.

301.24 (j) "Pharmacy" or "pharmacy provider" means a place of business licensed by the Board
301.25 of Pharmacy under section 151.19 in which prescription drugs are prepared, compounded,
301.26 or dispensed under the supervision of a pharmacist.

301.27 (k) "Pharmacy benefits manager (PBM)" means an entity licensed to act as a pharmacy
301.28 benefits manager under section 62W.03.

301.29 ~~(i)~~ (l) "Prescription drug" or "drug" has the meaning provided in section 151.441,
301.30 subdivision 8.

302.1 ~~(j)~~ (m) "Price" means the wholesale acquisition cost as defined in United States Code,
302.2 title 42, section 1395w-3a(c)(6)(B).

302.3 (n) "Pricing Unit" means the smallest dispensable amount of a prescription drug product
302.4 that could be dispensed.

302.5 (o) "Reporting entity" means any manufacturer, pharmacy, pharmacy benefits manager,
302.6 wholesale drug distributor, or any other entity required to submit data under this section.

302.7 (p) "Wholesale drug distributor" or "wholesaler" means an entity that:

302.8 (1) is licensed to act as a wholesale drug distributor under section 151.47; and

302.9 (2) distributes prescription drugs, of which it is not the manufacturer, to persons or
302.10 entities other than a consumer or patient in the state.

302.11 Sec. 7. Minnesota Statutes 2021 Supplement, section 62J.84, subdivision 6, is amended
302.12 to read:

302.13 Subd. 6. **Public posting of prescription drug price information.** (a) The commissioner
302.14 shall post on the department's website, or may contract with a private entity or consortium
302.15 that satisfies the standards of section 62U.04, subdivision 6, to meet this requirement, the
302.16 following information:

302.17 (1) a list of the prescription drugs reported under subdivisions 3, 4, and 5, and the
302.18 manufacturers of those prescription drugs; ~~and~~

302.19 (2) information reported to the commissioner under subdivisions 3, 4, and 5~~.~~; and

302.20 (3) information reported to the commissioner under section 62J.841, subdivision 2.

302.21 (b) The information must be published in an easy-to-read format and in a manner that
302.22 identifies the information that is disclosed on a per-drug basis and must not be aggregated
302.23 in a manner that prevents the identification of the prescription drug.

302.24 (c) The commissioner shall not post to the department's website or a private entity
302.25 contracting with the commissioner shall not post any information described in this section
302.26 if the information is not public data under section 13.02, subdivision 8a; or is trade secret
302.27 information under section 13.37, subdivision 1, paragraph (b), subject to section 62J.841,
302.28 subdivision 2, paragraph (e); or is trade secret information pursuant to the Defend Trade
302.29 Secrets Act of 2016, United States Code, title 18, section 1836, as amended, subject to
302.30 section 62J.841, subdivision 2, paragraph (e). If a manufacturer believes information should
302.31 be withheld from public disclosure pursuant to this paragraph, the manufacturer must clearly
302.32 and specifically identify that information and describe the legal basis in writing when the

303.1 manufacturer submits the information under this section. If the commissioner disagrees
303.2 with the manufacturer's request to withhold information from public disclosure, the
303.3 commissioner shall provide the manufacturer written notice that the information will be
303.4 publicly posted 30 days after the date of the notice.

303.5 (d) If the commissioner withholds any information from public disclosure pursuant to
303.6 this subdivision, the commissioner shall post to the department's website a report describing
303.7 the nature of the information and the commissioner's basis for withholding the information
303.8 from disclosure.

303.9 (e) To the extent the information required to be posted under this subdivision is collected
303.10 and made available to the public by another state, by the University of Minnesota, or through
303.11 an online drug pricing reference and analytical tool, the commissioner may reference the
303.12 availability of this drug price data from another source including, within existing
303.13 appropriations, creating the ability of the public to access the data from the source for
303.14 purposes of meeting the reporting requirements of this subdivision.

303.15 Sec. 8. Minnesota Statutes 2021 Supplement, section 62J.84, subdivision 6, is amended
303.16 to read:

303.17 Subd. 6. **Public posting of prescription drug price information.** (a) The commissioner
303.18 shall post on the department's website, or may contract with a private entity or consortium
303.19 that satisfies the standards of section 62U.04, subdivision 6, to meet this requirement, the
303.20 following information:

303.21 (1) a list of the prescription drugs reported under subdivisions 3, 4, ~~and~~ 5, 11, 12, 13,
303.22 and 14 and the manufacturers of those prescription drugs; and

303.23 (2) information reported to the commissioner under subdivisions 3, 4, ~~and~~ 5, 11, 12, 13,
303.24 and 14.

303.25 (b) The information must be published in an easy-to-read format and in a manner that
303.26 identifies the information that is disclosed on a per-drug basis and must not be aggregated
303.27 in a manner that prevents the identification of the prescription drug.

303.28 (c) The commissioner shall not post to the department's website or a private entity
303.29 contracting with the commissioner shall not post any information described in this section
303.30 if the information is not public data under section 13.02, subdivision 8a; or is trade secret
303.31 information under section 13.37, subdivision 1, paragraph (b); or is trade secret information
303.32 pursuant to the Defend Trade Secrets Act of 2016, United States Code, title 18, section
303.33 1836, as amended. If a manufacturer believes information should be withheld from public

304.1 disclosure pursuant to this paragraph, the manufacturer must clearly and specifically identify
304.2 that information and describe the legal basis in writing when the manufacturer submits the
304.3 information under this section. If the commissioner disagrees with the manufacturer's request
304.4 to withhold information from public disclosure, the commissioner shall provide the
304.5 manufacturer written notice that the information will be publicly posted 30 days after the
304.6 date of the notice.

304.7 (d) If the commissioner withholds any information from public disclosure pursuant to
304.8 this subdivision, the commissioner shall post to the department's website a report describing
304.9 the nature of the information and the commissioner's basis for withholding the information
304.10 from disclosure.

304.11 (e) To the extent the information required to be posted under this subdivision is collected
304.12 and made available to the public by another state, by the University of Minnesota, or through
304.13 an online drug pricing reference and analytical tool, the commissioner may reference the
304.14 availability of this drug price data from another source including, within existing
304.15 appropriations, creating the ability of the public to access the data from the source for
304.16 purposes of meeting the reporting requirements of this subdivision.

304.17 Sec. 9. Minnesota Statutes 2020, section 62J.84, subdivision 7, is amended to read:

304.18 Subd. 7. **Consultation.** (a) The commissioner may consult with a private entity or
304.19 consortium that satisfies the standards of section 62U.04, subdivision 6, the University of
304.20 Minnesota, or the commissioner of commerce, as appropriate, in issuing the form and format
304.21 of the information reported under this section and section 62J.841; in posting information
304.22 pursuant to subdivision 6; and in taking any other action for the purpose of implementing
304.23 this section and section 62J.841.

304.24 (b) The commissioner may consult with representatives of the manufacturers to establish
304.25 a standard format for reporting information under this section and section 62J.841 and may
304.26 use existing reporting methodologies to establish a standard format to minimize
304.27 administrative burdens to the state and manufacturers.

304.28 Sec. 10. Minnesota Statutes 2020, section 62J.84, subdivision 7, is amended to read:

304.29 Subd. 7. **Consultation.** (a) The commissioner may consult with a private entity or
304.30 consortium that satisfies the standards of section 62U.04, subdivision 6, the University of
304.31 Minnesota, or the commissioner of commerce, as appropriate, in issuing the form and format
304.32 of the information reported under this section; in posting information pursuant to subdivision
304.33 6; and in taking any other action for the purpose of implementing this section.

305.1 (b) The commissioner may consult with representatives of the ~~manufacturers~~ reporting
305.2 entities to establish a standard format for reporting information under this section and may
305.3 use existing reporting methodologies to establish a standard format to minimize
305.4 administrative burdens to the state and ~~manufacturers~~ reporting entities.

305.5 Sec. 11. Minnesota Statutes 2020, section 62J.84, subdivision 8, is amended to read:

305.6 Subd. 8. **Enforcement and penalties.** (a) A manufacturer may be subject to a civil
305.7 penalty, as provided in paragraph (b), for:

305.8 (1) failing to submit timely reports or notices as required by this section and section
305.9 62J.841;

305.10 (2) failing to provide information required under this section and section 62J.841; ~~or~~

305.11 (3) providing inaccurate or incomplete information under this section and section 62J.841;
305.12 or

305.13 (4) failing to comply with section 62J.841, subdivisions 2, paragraph (e), and 4.

305.14 (b) The commissioner shall adopt a schedule of civil penalties, not to exceed $10,000
305.15 per day of violation, based on the severity of each violation.

305.16 (c) The commissioner shall impose civil penalties under this section and section 62J.841
305.17 as provided in section 144.99, subdivision 4.

305.18 (d) The commissioner may remit or mitigate civil penalties under this section and section
305.19 62J.481 upon terms and conditions the commissioner considers proper and consistent with
305.20 public health and safety.

305.21 (e) Civil penalties collected under this section and section 62J.841 shall be deposited in
305.22 the health care access fund.

305.23 Sec. 12. Minnesota Statutes 2020, section 62J.84, subdivision 8, is amended to read:

305.24 Subd. 8. **Enforcement and penalties.** (a) A ~~manufacturer~~ reporting entity may be subject
305.25 to a civil penalty, as provided in paragraph (b), for:

305.26 (1) failing to register under subdivision 15;

305.27 ~~(1)~~ (2) failing to submit timely reports or notices as required by this section;

305.28 ~~(2)~~ (3) failing to provide information required under this section; or

305.29 ~~(3)~~ (4) providing inaccurate or incomplete information under this section.

306.1 (b) The commissioner shall adopt a schedule of civil penalties, not to exceed $10,000
306.2 per day of violation, based on the severity of each violation.

306.3 (c) The commissioner shall impose civil penalties under this section as provided in
306.4 section 144.99, subdivision 4.

306.5 (d) The commissioner may remit or mitigate civil penalties under this section upon terms
306.6 and conditions the commissioner considers proper and consistent with public health and
306.7 safety.

306.8 (e) Civil penalties collected under this section shall be deposited in the health care access
306.9 fund.

306.10 Sec. 13. Minnesota Statutes 2021 Supplement, section 62J.84, subdivision 9, is amended
306.11 to read:

306.12 Subd. 9. **Legislative report.** (a) No later than May 15, 2022, and by January 15 of each
306.13 year thereafter, the commissioner shall report to the chairs and ranking minority members
306.14 of the legislative committees with jurisdiction over commerce and health and human services
306.15 policy and finance on the implementation of this section and section 62J.841, including but
306.16 not limited to the effectiveness in addressing the following goals:

306.17 (1) promoting transparency in pharmaceutical pricing for the state, health carriers, and
306.18 other payers;

306.19 (2) enhancing the understanding on pharmaceutical spending trends; and

306.20 (3) assisting the state, health carriers, and other payers in the management of
306.21 pharmaceutical costs and limiting formulary changes due to prescription drug cost increases
306.22 during a coverage year.

306.23 (b) The report must include a summary of the information submitted to the commissioner
306.24 under subdivisions 3, 4, and 5, and section 62J.841.

306.25 Sec. 14. Minnesota Statutes 2021 Supplement, section 62J.84, subdivision 9, is amended
306.26 to read:

306.27 Subd. 9. **Legislative report.** (a) No later than May 15, 2022, and by January 15 of each
306.28 year thereafter, the commissioner shall report to the chairs and ranking minority members
306.29 of the legislative committees with jurisdiction over commerce and health and human services
306.30 policy and finance on the implementation of this section, including but not limited to the
306.31 effectiveness in addressing the following goals:

307.1 (1) promoting transparency in pharmaceutical pricing for the state and other payers;

307.2 (2) enhancing the understanding on pharmaceutical spending trends; and

307.3 (3) assisting the state and other payers in the management of pharmaceutical costs.

307.4 (b) The report must include a summary of the information submitted to the commissioner
307.5 under subdivisions 3, 4, ~~and~~ 5, 11, 12, 13, and 14.

307.6 Sec. 15. Minnesota Statutes 2020, section 62J.84, is amended by adding a subdivision to
307.7 read:

307.8 Subd. 10. **Notice of prescription drugs of substantial public interest.** (a) No later than
307.9 January 31, 2023, and quarterly thereafter, the commissioner shall produce and post on the
307.10 department's website a list of prescription drugs that the department determines to represent
307.11 a substantial public interest and for which the department intends to request data under
307.12 subdivisions 11, 12, 13, and 14, subject to paragraph (c). The department shall base its
307.13 inclusion of prescription drugs on any information the department determines is relevant
307.14 to providing greater consumer awareness of the factors contributing to the cost of prescription
307.15 drugs in the state, and the department shall consider drug product families that include
307.16 prescription drugs:

307.17 (1) that triggered reporting under subdivisions 3, 4, or 5 during the previous calendar
307.18 quarter;

307.19 (2) for which average claims paid amounts exceeded 125 percent of the price as of the
307.20 claim incurred date during the most recent calendar quarter for which claims paid amounts
307.21 are available; or

307.22 (3) that are identified by members of the public during a public comment period process.

307.23 (b) No sooner than 30 days after publicly posting the list of prescription drugs under
307.24 paragraph (a), the department shall notify, via e-mail, reporting entities registered with the
307.25 department of the requirement to report under subdivisions 11, 12, 13, and 14.

307.26 (c) No more than 500 prescription drugs may be designated as having a substantial public
307.27 interest in any one notice.

308.1 Sec. 16. Minnesota Statutes 2020, section 62J.84, is amended by adding a subdivision to
308.2 read:

308.3 Subd. 11. **Manufacturer prescription drug substantial public interest reporting.** (a)
308.4 Beginning January 1, 2023, a manufacturer must submit to the commissioner the information
308.5 described in paragraph (b) for any prescription drug:

308.6 (1) included in a notification to report issued to the manufacturer by the department
308.7 under subdivision 10;

308.8 (2) which the manufacturer manufactures or repackages;

308.9 (3) for which the manufacturer sets the wholesale acquisition cost; and

308.10 (4) for which the manufacturer has not submitted data under subdivisions 3 or 5 during
308.11 the 120-day period prior to the date of the notification to report.

308.12 (b) For each of the drugs described in paragraph (a), the manufacturer shall submit to
308.13 the commissioner no later than 60 days after the date of the notification to report, in the
308.14 form and manner prescribed by the commissioner, the following information, if applicable:

308.15 (1) a description of the drug with the following listed separately:

308.16 (i) National Drug Code;

308.17 (ii) product name;

308.18 (iii) dosage form;

308.19 (iv) strength; and

308.20 (v) package size;

308.21 (2) the price of the drug product on the later of:

308.22 (i) the day one year prior to the date of the notification to report;

308.23 (ii) the introduced to market date; or

308.24 (iii) the acquisition date;

308.25 (3) the price of the drug product on the date of the notification to report;

308.26 (4) the introductory price of the prescription drug when it was introduced for sale in the
308.27 United States and the price of the drug on the last day of each of the five calendar years
308.28 preceding the date of the notification to report;

308.29 (5) the direct costs incurred during the 12-month period prior to the date of the notification
308.30 to report by the manufacturer that are associated with the prescription drug, listed separately:

309.1 (i) to manufacture the prescription drug;

309.2 (ii) to market the prescription drug, including advertising costs; and

309.3 (iii) to distribute the prescription drug;

309.4 (6) the number of units of the prescription drug sold during the 12-month period prior
309.5 to the date of the notification to report;

309.6 (7) the total sales revenue for the prescription drug during the 12-month period prior to
309.7 the date of the notification to report;

309.8 (8) the total rebate payable amount accrued for the prescription drug during the 12-month
309.9 period prior to the date of the notification to report;

309.10 (9) the manufacturer's net profit attributable to the prescription drug during the 12-month
309.11 period prior to the date of the notification to report;

309.12 (10) the total amount of financial assistance the manufacturer has provided through
309.13 patient prescription assistance programs during the 12-month period prior to the date of the
309.14 notification to report, if applicable;

309.15 (11) any agreement between a manufacturer and another entity contingent upon any
309.16 delay in offering to market a generic version of the prescription drug;

309.17 (12) the patent expiration date of the prescription drug if it is under patent;

309.18 (13) the name and location of the company that manufactured the drug;

309.19 (14) if a brand name prescription drug, the ten countries other than the United States
309.20 that paid the highest prices for the prescription drug during the previous calendar year and
309.21 their prices; and

309.22 (15) if the prescription drug was acquired by the manufacturer within the 12-month
309.23 period prior to the date of the notification to report, all of the following information:

309.24 (i) price at acquisition;

309.25 (ii) price in the calendar year prior to acquisition;

309.26 (iii) name of the company from which the drug was acquired;

309.27 (iv) date of acquisition; and

309.28 (v) acquisition price.

309.29 (c) The manufacturer may submit any documentation necessary to support the information
309.30 reported under this subdivision.

310.1 Sec. 17. Minnesota Statutes 2020, section 62J.84, is amended by adding a subdivision to
310.2 read:

310.3 Subd. 12. **Pharmacy prescription drug substantial public interest reporting.** (a)
310.4 Beginning January 1, 2023, a pharmacy must submit to the commissioner the information
310.5 described in paragraph (b) for any prescription drug included in a notification to report
310.6 issued to the pharmacy by the department under subdivision 10.

310.7 (b) For each of the drugs described in paragraph (a), the pharmacy shall submit to the
310.8 commissioner no later than 60 days after the date of the notification to report in the form
310.9 and manner prescribed by the commissioner the following information, if applicable:

310.10 (1) a description of the drug with the following listed separately:

310.11 (i) National Drug Code;

310.12 (ii) product name;

310.13 (iii) dosage form;

310.14 (iv) strength; and

310.15 (v) package size;

310.16 (2) the number of units of the drug acquired during the 12-month period prior to the date
310.17 of the notification to report;

310.18 (3) the total spent before rebates by the pharmacy to acquire the drug during the 12-month
310.19 period prior to the date of the notification to report;

310.20 (4) the total rebate receivable amount accrued by the pharmacy for the drug during the
310.21 12-month period prior to the date of the notification to report;

310.22 (5) the number of pricing units of the drug dispensed by the pharmacy during the
310.23 12-month period prior to the date of the notification to report;

310.24 (6) the total payment receivable by the pharmacy for dispensing the drug, including
310.25 ingredient cost, dispensing fee, and administrative fees, during the 12-month period prior
310.26 to the date of the notification to report;

310.27 (7) the total rebate payable amount accrued by the pharmacy for the drug during the
310.28 12-month period prior to the date of the notification to report; and

310.29 (8) the average cash price paid by consumers per pricing unit for prescriptions dispensed
310.30 where no claim was submitted to a health care service plan or health insurer during the
310.31 12-month period prior to the date of the notification to report.

311.1 (c) The pharmacy may submit any documentation necessary to support the information
311.2 reported under this subdivision.

311.3 Sec. 18. Minnesota Statutes 2020, section 62J.84, is amended by adding a subdivision to
311.4 read:

311.5 Subd. 13. **Pharmacy benefit manager (PBM) prescription drug substantial public**
311.6 **interest reporting.** (a) Beginning January 1, 2023, a PBM as defined in section 62W.02,
311.7 subdivision 14, must submit to the commissioner the information described in paragraph
311.8 (b) for any prescription drug included in a notification to report issued to the PBM by the
311.9 department under subdivision 10.

311.10 (b) For each of the drugs described in paragraph (a), the PBM shall submit to the
311.11 commissioner no later than 60 days after the date of the notification to report, in the form
311.12 and manner prescribed by the commissioner, the following information, if applicable:

311.13 (1) a description of the drug with the following listed separately:

311.14 (i) National Drug Code;

311.15 (ii) product name;

311.16 (iii) dosage form;

311.17 (iv) strength; and

311.18 (v) package size;

311.19 (2) the number of pricing units of the drug product filled for which the PBM administered
311.20 claims during the 12-month period prior to the date of the notification to report;

311.21 (3) the total reimbursement amount accrued and payable to pharmacies for pricing units
311.22 of the drug product filled for which the PBM administered claims during the 12-month
311.23 period prior to the date of the notification to report;

311.24 (4) the total reimbursement or administrative fee amount or both accrued and receivable
311.25 from payers for pricing units of the drug product filled for which the PBM administered
311.26 claims during the 12-month period prior to the date of the notification to report;

311.27 (5) the total rebate receivable amount accrued by the PBM for the drug product during
311.28 the 12-month period prior to the date of the notification to report; and

311.29 (6) the total rebate payable amount accrued by the PBM for the drug product during the
311.30 12-month period prior to the date of the notification to report.

312.1 (c) The PBM may submit any documentation necessary to support the information
312.2 reported under this subdivision.

312.3 Sec. 19. Minnesota Statutes 2020, section 62J.84, is amended by adding a subdivision to
312.4 read:

312.5 Subd. 14. **Wholesaler prescription drug substantial public interest reporting.** (a)
312.6 Beginning January 1, 2023, a wholesaler must submit to the commissioner the information
312.7 described in paragraph (b) for any prescription drug included in a notification to report
312.8 issued to the wholesaler by the department under subdivision 10.

312.9 (b) For each of the drugs described in paragraph (a), the wholesaler shall submit to the
312.10 commissioner no later than 60 days after the date of the notification to report, in the form
312.11 and manner prescribed by the commissioner, the following information, if applicable:

312.12 (1) a description of the drug with the following listed separately:

312.13 (i) National Drug Code;

312.14 (ii) product name;

312.15 (iii) dosage form;

312.16 (iv) strength; and

312.17 (v) package size;

312.18 (2) the number of units of the drug product acquired by the wholesale drug distributor
312.19 during the 12-month period prior to the date of the notification to report;

312.20 (3) the total spent before rebates by the wholesale drug distributor to acquire the drug
312.21 product during the 12-month period prior to the date of the notification to report;

312.22 (4) the total rebate receivable amount accrued by the wholesale drug distributor for the
312.23 drug product during the 12-month period prior to the date of the notification to report;

312.24 (5) the number of units of the drug product sold by the wholesale drug distributor during
312.25 the 12-month period prior to the date of the notification to report;

312.26 (6) gross revenue from sales in the United States generated by the wholesale drug
312.27 distributor for the drug product during the 12-month period prior to the date of the notification
312.28 to report; and

312.29 (7) total rebate payable amount accrued by the wholesale drug distributor for the drug
312.30 product during the 12-month period prior to the date of the notification to report.

313.1 (c) The wholesaler may submit any documentation necessary to support the information
313.2 reported under this subdivision.

313.3 Sec. 20. Minnesota Statutes 2020, section 62J.84, is amended by adding a subdivision to
313.4 read:

313.5 Subd. 15. **Registration requirement.** Beginning January 1, 2023, a reporting entity
313.6 subject to this chapter shall register with the department in a form and manner prescribed
313.7 by the commissioner.

313.8 Sec. 21. Minnesota Statutes 2020, section 62J.84, is amended by adding a subdivision to
313.9 read:

313.10 Subd. 16. **Rulemaking.** For the purposes of this section, the commissioner may use the
313.11 expedited rulemaking process under section 14.389.

313.12 Sec. 22. **[62J.841] REPORTING PRESCRIPTION DRUG PRICES; FORMULARY**
313.13 **DEVELOPMENT AND PRICE STABILITY.**

313.14 Subdivision 1. **Definitions.** (a) For purposes of this section, the terms in this subdivision
313.15 have the meanings given.

313.16 (b) "Average wholesale price" means the customary reference price for sales by a drug
313.17 wholesaler to a retail pharmacy, as established and published by the manufacturer.

313.18 (c) "National drug code" means the numerical code maintained by the United States
313.19 Food and Drug Administration and includes the label code, product code, and package code.

313.20 (d) "Unit" has the meaning given in United States Code, title 42, section 1395w-3a(b)(2).

313.21 (e) "Wholesale acquisition cost" has the meaning given in United States Code, title 42,
313.22 section 1395w-3a(c)(6)(B).

313.23 Subd. 2. **Price reporting.** (a) Beginning July 31, 2023, and by July 31 each year
313.24 thereafter, a manufacturer must report to the commissioner the information in paragraph
313.25 (b) for every drug with a wholesale acquisition cost of $100 or more for a 30-day supply
313.26 or for a course of treatment lasting less than 30 days, as applicable to the next calendar year.

313.27 (b) A manufacturer shall report a drug's:

313.28 (1) national drug code, labeler code, and the manufacturer name associated with the
313.29 labeler code;

313.30 (2) brand name, if applicable;

314.1 (3) generic name, if applicable;

314.2 (4) wholesale acquisition cost for one unit;

314.3 (5) measure that constitutes a wholesale acquisition cost unit;

314.4 (6) average wholesale price; and

314.5 (7) status as brand name or generic.

314.6 (c) The effective date of the information described in paragraph (b) must be included in
314.7 the report to the commissioner.

314.8 (d) A manufacturer must report the information described in this subdivision in the form
314.9 and manner specified by the commissioner.

314.10 (e) Information reported under this subdivision is classified as public data not on
314.11 individuals, as defined in section 13.02, subdivision 14, and must not be classified by the
314.12 manufacturer as trade secret information, as defined in section 13.37, subdivision 1, paragraph
314.13 (b).

314.14 (f) A manufacturer's failure to report the information required by this subdivision is
314.15 grounds for disciplinary action under section 151.071, subdivision 2.

314.16 Subd. 3. **Public posting of prescription drug price information.** By October 1 of each
314.17 year, beginning October 1, 2023, the commissioner must post the information reported
314.18 under subdivision 2 on the department website, as required by section 62J.84, subdivision
314.19 6.

314.20 Subd. 4. **Price change.** (a) If a drug subject to price reporting under subdivision 2 is
314.21 included in the formulary of a health plan submitted to and approved by the commissioner
314.22 of commerce for the next calendar year under section 62A.02, subdivision 1, the manufacturer
314.23 may increase the wholesale acquisition cost of the drug for the next calendar year only after
314.24 providing the commissioner with at least 90 days' written notice.

314.25 (b) A manufacturer's failure to meet the requirements of paragraph (a) is grounds for
314.26 disciplinary action under section 151.071, subdivision 2.

314.27 Sec. 23. **[62J.841] DEFINITIONS.**

314.28 Subdivision 1. **Scope.** For purposes of sections 62J.841 to 62J.845, the following
314.29 definitions apply.

314.30 Subd. 2. **Consumer Price Index.** "Consumer Price Index" means the Consumer Price
314.31 Index, Annual Average, for All Urban Consumers, CPI-U: U.S. City Average, All Items,

315.1 reported by the United States Department of Labor, Bureau of Labor Statistics, or its
315.2 successor or, if the index is discontinued, an equivalent index reported by a federal authority
315.3 or, if no such index is reported, "Consumer Price Index" means a comparable index chosen
315.4 by the Bureau of Labor Statistics.

315.5 Subd. 3. **Generic or off-patent drug.** "Generic or off-patent drug" means any prescription
315.6 drug for which any exclusive marketing rights granted under the Federal Food, Drug, and
315.7 Cosmetic Act; section 351 of the federal Public Health Service Act; and federal patent law
315.8 have expired, including any drug-device combination product for the delivery of a generic
315.9 drug.

315.10 Subd. 4. **Manufacturer.** "Manufacturer" has the meaning provided in section 151.01,
315.11 subdivision 14a.

315.12 Subd. 5. **Prescription drug.** "Prescription drug" means a drug for human use subject
315.13 to United States Code, title 21, section 353(b)(1).

315.14 Subd. 6. **Wholesale acquisition cost.** "Wholesale acquisition cost" has the meaning
315.15 provided in United States Code, title 42, section 1395w-3a.

315.16 Subd. 7. **Wholesale distributor.** "Wholesale distributor" has the meaning provided in
315.17 section 151.441, subdivision 14.

315.18 Sec. 24. **[62J.842] EXCESSIVE PRICE INCREASES PROHIBITED.**

315.19 Subdivision 1. **Prohibition.** No manufacturer shall impose, or cause to be imposed, an
315.20 excessive price increase, whether directly or through a wholesale distributor, pharmacy, or
315.21 similar intermediary, on the sale of any generic or off-patent drug sold, dispensed, or
315.22 delivered to any consumer in the state.

315.23 Subd. 2. **Excessive price increase.** A price increase is excessive for purposes of this
315.24 section when:

315.25 (1) the price increase, adjusted for inflation utilizing the Consumer Price Index, exceeds:

315.26 (i) 15 percent of the wholesale acquisition cost over the immediately preceding calendar
315.27 year; or

315.28 (ii) 40 percent of the wholesale acquisition cost over the immediately preceding three
315.29 calendar years; and

315.30 (2) the price increase, adjusted for inflation utilizing the Consumer Price Index, exceeds
315.31 $30 for:

316.1 (i) a 30-day supply of the drug; or

316.2 (ii) a course of treatment lasting less than 30 days.

316.3 Subd. 3. **Exemption.** It is not a violation of this section for a wholesale distributor or
316.4 pharmacy to increase the price of a generic or off-patent drug if the price increase is directly
316.5 attributable to additional costs for the drug imposed on the wholesale distributor or pharmacy
316.6 by the manufacturer of the drug.

316.7 Sec. 25. **[62J.843] REGISTERED AGENT AND OFFICE WITHIN THE STATE.**

316.8 Any manufacturer that sells, distributes, delivers, or offers for sale any generic or
316.9 off-patent drug in the state is required to maintain a registered agent and office within the
316.10 state.

316.11 Sec. 26. **[62J.844] ENFORCEMENT.**

316.12 Subdivision 1. **Notification.** The commissioner of management and budget and any
316.13 other state agency that provides or purchases a pharmacy benefit, except the Department
316.14 of Human Services, and any entity under contract with a state agency to provide a pharmacy
316.15 benefit other than an entity under contract with the Department of Human Services, shall
316.16 notify the manufacturer of a generic or off-patent drug, the attorney general, and the Board
316.17 of Pharmacy of any price increase in violation of section 62J.842.

316.18 Subd. 2. **Submission of drug cost statement and other information by manufacturer;**
316.19 **investigation by attorney general.** (a) Within 45 days of receiving a notice under subdivision
316.20 1, the manufacturer of the generic or off-patent drug shall submit a drug cost statement to
316.21 the attorney general. The statement must:

316.22 (1) itemize the cost components related to production of the drug;

316.23 (2) identify the circumstances and timing of any increase in materials or manufacturing
316.24 costs that caused any increase during the preceding calendar year, or preceding three calendar
316.25 years as applicable, in the price of the drug; and

316.26 (3) provide any other information that the manufacturer believes to be relevant to a
316.27 determination of whether a violation of section 62J.842 has occurred.

316.28 (b) The attorney general may investigate whether a violation of section 62J.842 has
316.29 occurred, is occurring, or is about to occur, in accordance with section 8.31, subdivision 2.

316.30 Subd. 3. **Petition to court.** (a) On petition of the attorney general, a court may issue an
316.31 order:

317.1 (1) compelling the manufacturer of a generic or off-patent drug to:

317.2 (i) provide the drug cost statement required under subdivision 2, paragraph (a); and

317.3 (ii) answer interrogatories, produce records or documents, or be examined under oath,
317.4 as required by the attorney general under subdivision 2, paragraph (b);

317.5 (2) restraining or enjoining a violation of sections 62J.841 to 62J.845, including issuing
317.6 an order requiring that drug prices be restored to levels that comply with section 62J.842;

317.7 (3) requiring the manufacturer to provide an accounting to the attorney general of all
317.8 revenues resulting from a violation of section 62J.842;

317.9 (4) requiring the manufacturer to repay to all consumers, including any third-party payers,
317.10 any money acquired as a result of a price increase that violates section 62J.842;

317.11 (5) notwithstanding section 16A.151, if a manufacturer is unable to determine the
317.12 individual transactions necessary to provide the repayments described in clause (4), requiring
317.13 that all revenues generated from a violation of section 62J.842 be remitted to the state and
317.14 deposited into a special fund to be used for initiatives to reduce the cost to consumers of
317.15 acquiring prescription drugs;

317.16 (6) imposing a civil penalty of up to $10,000 per day for each violation of section 62J.842;

317.17 (7) providing for the attorney general's recovery of its costs and disbursements incurred
317.18 in bringing an action against a manufacturer found in violation of section 62J.842, including
317.19 the costs of investigation and reasonable attorney's fees; and

317.20 (8) providing any other appropriate relief, including any other equitable relief as
317.21 determined by the court.

317.22 (b) For purposes of paragraph (a), clause (6), every individual transaction in violation
317.23 of section 62J.842 must be considered a separate violation.

317.24 Subd. 4. **Private right of action.** Any action brought pursuant to section 8.31, subdivision
317.25 3a, by a person injured by a violation of this section is for the benefit of the public.

317.26 Sec. 27. **[62J.845] PROHIBITION ON WITHDRAWAL OF GENERIC OR**
317.27 **OFF-PATENT DRUGS FOR SALE.**

317.28 Subdivision 1. **Prohibition.** A manufacturer of a generic or off-patent drug is prohibited
317.29 from withdrawing that drug from sale or distribution within this state for the purpose of
317.30 avoiding the prohibition on excessive price increases under section 62J.842.

318.1 Subd. 2. **Notice to board and attorney general.** Any manufacturer that intends to
318.2 withdraw a generic or off-patent drug from sale or distribution within the state shall provide
318.3 a written notice of withdrawal to the Board of Pharmacy and the attorney general at least
318.4 180 days prior to the withdrawal.

318.5 Subd. 3. **Financial penalty.** The attorney general shall assess a penalty of $500,000 on
318.6 any manufacturer of a generic or off-patent drug that it determines has failed to comply
318.7 with the requirements of this section.

318.8 Sec. 28. **[62J.846] SEVERABILITY.**

318.9 If any provision of sections 62J.841 to 62J.845 or the application thereof to any person
318.10 or circumstance is held invalid for any reason in a court of competent jurisdiction, the
318.11 invalidity does not affect other provisions or any other application of sections 62J.841 to
318.12 62J.845 that can be given effect without the invalid provision or application.

318.13 Sec. 29. **[62J.85] CITATION.**

318.14 Sections 62J.85 to 62J.95 may be cited as the "Prescription Drug Affordability Act."

318.15 Sec. 30. **[62J.86] DEFINITIONS.**

318.16 Subdivision 1. **Definitions.** For the purposes of sections 62J.85 to 62J.95, the following
318.17 terms have the meanings given.

318.18 Subd. 2. **Advisory council.** "Advisory council" means the Prescription Drug Affordability
318.19 Advisory Council established under section 62J.88.

318.20 Subd. 3. **Biologic.** "Biologic" means a drug that is produced or distributed in accordance
318.21 with a biologics license application approved under Code of Federal Regulations, title 42,
318.22 section 447.502.

318.23 Subd. 4. **Biosimilar.** "Biosimilar" has the meaning provided in section 62J.84, subdivision
318.24 2, paragraph (b).

318.25 Subd. 5. **Board.** "Board" means the Prescription Drug Affordability Board established
318.26 under section 62J.87.

318.27 Subd. 6. **Brand name drug.** "Brand name drug" has the meaning provided in section
318.28 62J.84, subdivision 2, paragraph (c).

318.29 Subd. 7. **Generic drug.** "Generic drug" has the meaning provided in section 62J.84,
318.30 subdivision 2, paragraph (e).

319.1 Subd. 8. **Group purchaser.** "Group purchaser" has the meaning given in section 62J.03,
319.2 subdivision 6, and includes pharmacy benefit managers as defined in section 62W.02,
319.3 subdivision 15.

319.4 Subd. 9. **Manufacturer.** "Manufacturer" means an entity that:

319.5 (1) engages in the manufacture of a prescription drug product or enters into a lease with
319.6 another manufacturer to market and distribute a prescription drug product under the entity's
319.7 own name; and

319.8 (2) sets or changes the wholesale acquisition cost of the prescription drug product it
319.9 manufacturers or markets.

319.10 Subd. 10. **Prescription drug product.** "Prescription drug product" means a brand name
319.11 drug, a generic drug, a biologic, or a biosimilar.

319.12 Subd. 11. **Wholesale acquisition cost or WAC.** "Wholesale acquisition cost" or "WAC"
319.13 has the meaning given in United States Code, title 42, section 1395W-3a(c)(6)(B).

319.14 Sec. 31. **[62J.87] PRESCRIPTION DRUG AFFORDABILITY BOARD.**

319.15 Subdivision 1. **Establishment.** The commissioner of commerce shall establish the
319.16 Prescription Drug Affordability Board, which shall be governed as a board under section
319.17 15.012, paragraph (a), to protect consumers, state and local governments, health plan
319.18 companies, providers, pharmacies, and other health care system stakeholders from
319.19 unaffordable costs of certain prescription drugs.

319.20 Subd. 2. **Membership.** (a) The Prescription Drug Affordability Board consists of nine
319.21 members appointed as follows:

319.22 (1) seven voting members appointed by the governor;

319.23 (2) one nonvoting member appointed by the majority leader of the senate; and

319.24 (3) one nonvoting member appointed by the speaker of the house.

319.25 (b) All members appointed must have knowledge and demonstrated expertise in
319.26 pharmaceutical economics and finance or health care economics and finance. A member
319.27 must not be an employee of, a board member of, or a consultant to a manufacturer or trade
319.28 association for manufacturers or a pharmacy benefit manager or trade association for
319.29 pharmacy benefit managers.

319.30 (c) Initial appointments must be made by January 1, 2023.

320.1 Subd. 3. **Terms.** (a) Board appointees shall serve four-year terms, except that initial
320.2 appointees shall serve staggered terms of two, three, or four years as determined by lot by
320.3 the secretary of state. A board member shall serve no more than two consecutive terms.

320.4 (b) A board member may resign at any time by giving written notice to the board.

320.5 Subd. 4. **Chair; other officers.** (a) The governor shall designate an acting chair from
320.6 the members appointed by the governor. The acting chair shall convene the first meeting
320.7 of the board.

320.8 (b) The board shall elect a chair to replace the acting chair at the first meeting of the
320.9 board by a majority of the members. The chair shall serve for one year.

320.10 (c) The board shall elect a vice-chair and other officers from its membership as it deems
320.11 necessary.

320.12 Subd. 5. **Staff; technical assistance.** (a) The board shall hire an executive director and
320.13 other staff, who shall serve in the unclassified service. The executive director must have
320.14 knowledge and demonstrated expertise in pharmacoeconomics, pharmacology, health policy,
320.15 health services research, medicine, or a related field or discipline. The board may employ
320.16 or contract for professional and technical assistance as the board deems necessary to perform
320.17 the board's duties.

320.18 (b) The attorney general shall provide legal services to the board.

320.19 Subd. 6. **Compensation.** The board members shall not receive compensation but may
320.20 receive reimbursement for expenses as authorized under section 15.059, subdivision 3.

320.21 Subd. 7. **Meetings.** (a) Meetings of the board are subject to chapter 13D. The board shall
320.22 meet publicly at least every three months to review prescription drug product information
320.23 submitted to the board under section 62J.90. If there are no pending submissions, the chair
320.24 of the board may cancel or postpone the required meeting. The board may meet in closed
320.25 session when reviewing proprietary information as determined under the standards developed
320.26 in accordance with section 62J.91, subdivision 4.

320.27 (b) The board shall announce each public meeting at least two weeks prior to the
320.28 scheduled date of the meeting. Any materials for the meeting must be made public at least
320.29 one week prior to the scheduled date of the meeting.

320.30 (c) At each public meeting, the board shall provide the opportunity for comments from
320.31 the public, including the opportunity for written comments to be submitted to the board
320.32 prior to a decision by the board.

321.1 Sec. 32. **[62J.88] PRESCRIPTION DRUG AFFORDABILITY ADVISORY**
321.2 **COUNCIL.**

321.3 Subdivision 1. **Establishment.** The governor shall appoint a 12-member stakeholder
321.4 advisory council to provide advice to the board on drug cost issues and to represent
321.5 stakeholders' views. The members of the advisory council shall be appointed based on their
321.6 knowledge and demonstrated expertise in one or more of the following areas: the
321.7 pharmaceutical business; practice of medicine; patient perspectives; health care cost trends
321.8 and drivers; clinical and health services research; and the health care marketplace.

321.9 Subd. 2. **Membership.** The council's membership shall consist of the following:

321.10 (1) two members representing patients and health care consumers;

321.11 (2) two members representing health care providers;

321.12 (3) one member representing health plan companies;

321.13 (4) two members representing employers, with one member representing large employers
321.14 and one member representing small employers;

321.15 (5) one member representing government employee benefit plans;

321.16 (6) one member representing pharmaceutical manufacturers;

321.17 (7) one member who is a health services clinical researcher;

321.18 (8) one member who is a pharmacologist; and

321.19 (9) one member representing the commissioner of health with expertise in health
321.20 economics.

321.21 Subd. 3. **Terms.** (a) The initial appointments to the advisory council must be made by
321.22 January 1, 2023. The initial appointed advisory council members shall serve staggered terms
321.23 of two, three, or four years determined by lot by the secretary of state. Following the initial
321.24 appointments, the advisory council members shall serve four-year terms.

321.25 (b) Removal and vacancies of advisory council members are governed by section 15.059.

321.26 Subd. 4. **Compensation.** Advisory council members may be compensated according to
321.27 section 15.059.

321.28 Subd. 5. **Meetings.** Meetings of the advisory council are subject to chapter 13D. The
321.29 advisory council shall meet publicly at least every three months to advise the board on drug
321.30 cost issues related to the prescription drug product information submitted to the board under
321.31 section 62J.90.

322.1 Subd. 6. **Exemption.** Notwithstanding section 15.059, the advisory council shall not
322.2 expire.

322.3 Sec. 33. **[62J.89] CONFLICTS OF INTEREST.**

322.4 Subdivision 1. **Definition.** (a) For purposes of this section, "conflict of interest" means
322.5 a financial or personal association that has the potential to bias or have the appearance of
322.6 biasing a person's decisions in matters related to the board or the advisory council, or in the
322.7 conduct of the board's or council's activities.

322.8 (b) A conflict of interest includes any instance in which a person or a person's immediate
322.9 family member has received or could receive a direct or indirect financial benefit of any
322.10 amount deriving from the result or findings of a decision or determination of the board.

322.11 (c) For purposes of this section, a person's immediate family member includes a spouse,
322.12 parent, child, or other legal dependent, or an in-law of any of the preceding individuals.

322.13 (d) For purposes of this section, a financial benefit includes honoraria, fees, stock, the
322.14 value of stock holdings, and any direct financial benefit deriving from the finding of a review
322.15 conducted under sections 62J.85 to 62J.95.

322.16 (e) Ownership of securities is not a conflict of interest if the securities are: (1) part of a
322.17 diversified mutual or exchange traded fund; or (2) in a tax-deferred or tax-exempt retirement
322.18 account that is administered by an independent trustee.

322.19 Subd. 2. **General.** (a) A board or advisory council member, board staff member, or
322.20 third-party contractor must disclose any conflicts of interest to the appointing authority or
322.21 the board prior to the acceptance of an appointment, an offer of employment, or a contractual
322.22 agreement. The information disclosed must include the type, nature, and magnitude of the
322.23 interests involved.

322.24 (b) A board member, board staff member, or third-party contractor with a conflict of
322.25 interest relating to any prescription drug product under review must recuse themselves from
322.26 any discussion, review, decision, or determination made by the board relating to the
322.27 prescription drug product.

322.28 (c) Any conflict of interest must be disclosed in advance of the first meeting after the
322.29 conflict is identified or within five days after the conflict is identified, whichever is earlier.

322.30 Subd. 3. **Prohibitions.** Board members, board staff, or third-party contractors are
322.31 prohibited from accepting gifts, bequeaths, or donations of services or property that raise

323.1 the specter of a conflict of interest or have the appearance of injecting bias into the activities
323.2 of the board.

323.3 Sec. 34. **[62J.90] PRESCRIPTION DRUG PRICE INFORMATION; DECISION**
323.4 **TO CONDUCT COST REVIEW.**

323.5 Subdivision 1. **Drug price information from the commissioner of health and other**
323.6 **sources.** (a) The commissioner of health shall provide to the board the information reported
323.7 to the commissioner by drug manufacturers under section 62J.84, subdivisions 3, 4, and 5.
323.8 The commissioner shall provide this information to the board within 30 days of the date the
323.9 information is received from drug manufacturers.

323.10 (b) The board shall subscribe to one or more prescription drug pricing files, such as
323.11 Medispan or FirstDatabank, or as otherwise determined by the board.

323.12 Subd. 2. **Identification of certain prescription drug products.** (a) The board, in
323.13 consultation with the advisory council, shall identify the following prescription drug products:

323.14 (1) brand name drugs or biologics for which the WAC increases by more than ten percent
323.15 or by more than $10,000 during any 12-month period or course of treatment if less than 12
323.16 months, after adjusting for changes in the consumer price index (CPI);

323.17 (2) brand name drugs or biologics introduced at a WAC of $30,000 or more per calendar
323.18 year or per course of treatment;

323.19 (3) biosimilar drugs introduced at a WAC that is not at least 15 percent lower than the
323.20 referenced brand name biologic at the time the biosimilar is introduced; and

323.21 (4) generic drugs for which the WAC:

323.22 (i) is $100 or more, after adjusting for changes in the CPI, for:

323.23 (A) a 30-day supply lasting a patient for a period of 30 consecutive days based on the
323.24 recommended dosage approved for labeling by the United States Food and Drug
323.25 Administration (FDA);

323.26 (B) a supply lasting a patient for fewer than 30 days based on recommended dosage
323.27 approved for labeling by the FDA; or

323.28 (C) one unit of the drug if the labeling approved by the FDA does not recommend a
323.29 finite dosage; and

324.1 (ii) has increased by 200 percent or more during the immediate preceding 12-month
324.2 period, as determined by the difference between the resulting WAC and the average of the
324.3 WAC reported over the preceding 12 months, after adjusting for changes in the CPI.

324.4 (b) The board, in consultation with the advisory council, shall identify prescription drug
324.5 products not described in paragraph (a) that may impose costs that create significant
324.6 affordability challenges for the state health care system or for patients, including but not
324.7 limited to drugs to address public health emergencies.

324.8 (c) The board shall make available to the public the names and related price information
324.9 of the prescription drug products identified under this subdivision, with the exception of
324.10 information determined by the board to be proprietary under the standards developed by
324.11 the board under section 62J.91, subdivision 4.

324.12 Subd. 3. **Determination to proceed with review.** (a) The board may initiate a cost
324.13 review of a prescription drug product identified by the board under this section.

324.14 (b) The board shall consider requests by the public for the board to proceed with a cost
324.15 review of any prescription drug product identified under this section.

324.16 (c) If there is no consensus among the members of the board on whether or not to initiate
324.17 a cost review of a prescription drug product, any member of the board may request a vote
324.18 to determine whether or not to review the cost of the prescription drug product.

324.19 Sec. 35. **[62J.91] PRESCRIPTION DRUG PRODUCT REVIEWS.**

324.20 Subdivision 1. **General.** Once the board decides to proceed with a cost review of a
324.21 prescription drug product, the board shall conduct the review and make a determination as
324.22 to whether appropriate utilization of the prescription drug under review, based on utilization
324.23 that is consistent with the United States Food and Drug Administration (FDA) label or
324.24 standard medical practice, has led or will lead to affordability challenges for the state health
324.25 care system or for patients.

324.26 Subd. 2. **Review considerations.** In reviewing the cost of a prescription drug product,
324.27 the board may consider the following factors:

324.28 (1) the price at which the prescription drug product has been and will be sold in the state;

324.29 (2) the average monetary price concession, discount, or rebate the manufacturer provides
324.30 to a group purchaser in this state as reported by the manufacturer and the group purchaser,
324.31 expressed as a percent of the WAC for the prescription drug product under review;

324.32 (3) the price at which therapeutic alternatives have been or will be sold in the state;

325.1 (4) the average monetary price concession, discount, or rebate the manufacturer provides
325.2 or is expected to provide to a group purchaser or group purchasers in the state for therapeutic
325.3 alternatives;

325.4 (5) the cost to group purchasers based on patient access consistent with the FDA-labeled
325.5 indications;

325.6 (6) the impact on patient access resulting from the cost of the prescription drug product
325.7 relative to insurance benefit design;

325.8 (7) the current or expected dollar value of drug-specific patient access programs supported
325.9 by manufacturers;

325.10 (8) the relative financial impacts to health, medical, or other social services costs that
325.11 can be quantified and compared to baseline effects of existing therapeutic alternatives;

325.12 (9) the average patient co-pay or other cost-sharing for the prescription drug product in
325.13 the state;

325.14 (10) any information a manufacturer chooses to provide; and

325.15 (11) any other factors as determined by the board.

325.16 Subd. 3. **Further review factors.** If, after considering the factors described in subdivision
325.17 2, the board is unable to determine whether a prescription drug product will produce or has
325.18 produced an affordability challenge, the board may consider:

325.19 (1) manufacturer research and development costs, as indicated on the manufacturer's
325.20 federal tax filing for the most recent tax year, in proportion to the manufacturer's sales in
325.21 the state;

325.22 (2) the portion of direct-to-consumer marketing costs eligible for favorable federal tax
325.23 treatment in the most recent tax year that is specific to the prescription drug product under
325.24 review, multiplied by the ratio of total manufacturer in-state sales to total manufacturer
325.25 sales in the United States for the product under review;

325.26 (3) gross and net manufacturer revenues for the most recent tax year;

325.27 (4) any information and research related to the manufacturer's selection of the introductory
325.28 price or price increase, including but not limited to:

325.29 (i) life cycle management;

325.30 (ii) market competition and context; and

325.31 (iii) projected revenue; and

326.1 (5) any additional factors determined by the board to be relevant.

326.2 Subd. 4. **Public data; proprietary information.** (a) Any submission made to the board
326.3 related to a drug cost review must be made available to the public with the exception of
326.4 information determined by the board to be proprietary.

326.5 (b) The board shall establish the standards for the information to be considered proprietary
326.6 under paragraph (a) and section 62J.90, subdivision 2, including standards for heightened
326.7 consideration of proprietary information for submissions for a cost review of a drug that is
326.8 not yet approved by the FDA.

326.9 (c) Prior to the board establishing the standards under paragraph (b), the public must be
326.10 provided notice and the opportunity to submit comments.

326.11 Sec. 36. **[62J.92] DETERMINATIONS; COMPLIANCE; REMEDIES.**

326.12 Subdivision 1. **Upper payment limit.** (a) In the event the board finds that the spending
326.13 on a prescription drug product reviewed under section 62J.91 creates an affordability
326.14 challenge for the state health care system or for patients, the board shall establish an upper
326.15 payment limit after considering:

326.16 (1) the cost of administering the drug;

326.17 (2) the cost of delivering the drug to consumers;

326.18 (3) the range of prices at which the drug is sold in the United States according to one or
326.19 more pricing files accessed under section 62J.90, subdivision 1, and the range at which
326.20 pharmacies are reimbursed in Canada; and

326.21 (4) any other relevant pricing and administrative cost information for the drug.

326.22 (b) The upper payment limit must apply to all public and private purchases, payments,
326.23 and payer reimbursements for the prescription drug products received by an individual in
326.24 the state in person, by mail, or by other means.

326.25 Subd. 2. **Noncompliance.** (a) The failure of an entity to comply with an upper payment
326.26 limit established by the board under this section shall be referred to the Office of the Attorney
326.27 General.

326.28 (b) If the Office of the Attorney General finds that an entity was noncompliant with the
326.29 upper payment limit requirements, the attorney general may pursue remedies consistent
326.30 with chapter 8 or appropriate criminal charges if there is evidence of intentional profiteering.

327.1 (c) An entity that obtains price concessions from a drug manufacturer that result in a
327.2 lower net cost to the stakeholder than the upper payment limit established by the board must
327.3 not be considered to be in noncompliance.

327.4 (d) The Office of the Attorney General may provide guidance to stakeholders concerning
327.5 activities that could be considered noncompliant.

327.6 Subd. 3. **Appeals.** (a) Persons affected by a decision of the board may request an appeal
327.7 of the board's decision within 30 days of the date of the decision. The board shall hear the
327.8 appeal and render a decision within 60 days of the hearing.

327.9 (b) All appeal decisions are subject to judicial review in accordance with chapter 14.

327.10 Sec. 37. **[62J.93] REPORTS.**

327.11 Beginning March 1, 2023, and each March 1 thereafter, the board shall submit a report
327.12 to the governor and legislature on general price trends for prescription drug products and
327.13 the number of prescription drug products that were subject to the board's cost review and
327.14 analysis, including the result of any analysis and the number and disposition of appeals and
327.15 judicial reviews.

327.16 Sec. 38. **[62J.94] ERISA PLANS AND MEDICARE DRUG PLANS.**

327.17 (a) Nothing in sections 62J.85 to 62J.95 shall be construed to require ERISA plans or
327.18 Medicare Part D plans to comply with decisions of the board. ERISA plans or Medicare
327.19 Part D plans may choose to exceed the upper payment limit established by the board under
327.20 section 62J.92.

327.21 (b) Providers who dispense and administer drugs in the state must bill all payers no more
327.22 than the upper payment limit without regard to whether or not an ERISA plan or Medicare
327.23 Part D plan chooses to reimburse the provider in an amount greater than the upper payment
327.24 limit established by the board.

327.25 (c) For purposes of this section, an ERISA plan or group health plan is an employee
327.26 welfare benefit plan established or maintained by an employer or an employee organization,
327.27 or both, that provides employer sponsored health coverage to employees and the employee's
327.28 dependents and is subject to the Employee Retirement Income Security Act of 1974 (ERISA).

327.29 Sec. 39. **[62J.95] SEVERABILITY.**

327.30 If any provision of sections 62J.85 to 62J.94 or the application thereof to any person or
327.31 circumstance is held invalid for any reason in a court of competent jurisdiction, the invalidity

328.1 does not affect other provisions or any other application of sections 62J.85 to 62J.94 that
328.2 can be given effect without the invalid provision or application.

328.3 Sec. 40. **[62Q.1842] PROHIBITION ON USE OF STEP THERAPY FOR**
328.4 **ANTIRETROVIRAL DRUGS.**

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

328.7 (b) "Health plan" has the meaning given in section 62Q.01, subdivision 3, and includes
328.8 health coverage provided by a managed care plan or a county-based purchasing plan
328.9 participating in a public program under chapter 256B or 256L or an integrated health
328.10 partnership under section 256B.0755.

328.11 (c) "Step therapy protocol" has the meaning given in section 62Q.184.

328.12 Subd. 2. **Prohibition on use of step therapy protocols.** A health plan that covers
328.13 antiretroviral drugs that are medically necessary for the prevention of HIV/AIDS, including
328.14 preexposure prophylaxis and postexposure prophylaxis, must not limit or exclude coverage
328.15 for the antiretroviral drugs by requiring prior authorization or by requiring an enrollee to
328.16 follow a step therapy protocol.

328.17 Sec. 41. **[62Q.481] COST-SHARING FOR PRESCRIPTION DRUGS AND RELATED**
328.18 **MEDICAL SUPPLIES TO TREAT CHRONIC DISEASE.**

328.19 Subdivision 1. **Cost-sharing limits.** (a) A health plan must limit the amount of any
328.20 enrollee cost-sharing for prescription drugs prescribed to treat a chronic disease to no more
328.21 than $25 per one-month supply for each prescription drug and to no more than $50 per
328.22 month in total for all related medical supplies. Coverage under this section must not be
328.23 subject to any deductible.

328.24 (b) If application of this section before an enrollee has met their plan's deductible would
328.25 result in health savings account ineligibility under United States Code, title 26, section 223,
328.26 then this section must apply to that specific prescription drug or related medical supply only
328.27 after the enrollee has met their plan's deductible.

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

328.30 (b) "Chronic disease" means diabetes, asthma, and allergies requiring the use of
328.31 epinephrine auto-injectors.

329.1 (c) "Cost-sharing" means co-payments and coinsurance.

329.2 (d) "Related medical supplies" means syringes, insulin pens, insulin pumps, epinephrine
329.3 auto-injectors, test strips, glucometers, continuous glucose monitors, and other medical
329.4 supply items necessary to effectively and appropriately administer a prescription drug
329.5 prescribed to treat a chronic disease.

329.6 **EFFECTIVE DATE.** This section is effective January 1, 2023, and applies to health
329.7 plans offered, issued, or renewed on or after that date.

329.8 Sec. 42. **[62Q.524] COVERAGE FOR DRUGS TO PREVENT THE ACQUISITION**
329.9 **OF HUMAN IMMUNODEFICIENCY VIRUS.**

329.10 (a) A health plan that provides prescription drug coverage must provide coverage in
329.11 accordance with this section for:

329.12 (1) any antiretroviral drug approved by the United States Food and Drug Administration
329.13 (FDA) for preventing the acquisition of human immunodeficiency virus (HIV) that is
329.14 prescribed, dispensed, or administered by a pharmacist who meets the requirements described
329.15 in section 151.37, subdivision 17; and

329.16 (2) any laboratory testing necessary for therapy that uses the drugs described in clause
329.17 (1) that is ordered, performed, and interpreted by a pharmacist who meets the requirements
329.18 described in section 151.37, subdivision 17.

329.19 (b) A health plan must provide the same terms of prescription drug coverage for drugs
329.20 to prevent the acquisition of HIV that are prescribed or administered by a pharmacist if the
329.21 pharmacist meets the requirements described in section 151.37, subdivision 17, as would
329.22 apply had the drug been prescribed or administered by a physician, physician assistant, or
329.23 advanced practice registered nurse. The health plan may require pharmacists or pharmacies
329.24 to meet reasonable medical management requirements when providing the services described
329.25 in paragraph (a) if other providers are required to meet the same requirements.

329.26 (c) A health plan must reimburse an in-network pharmacist or pharmacy for the drugs
329.27 and testing described in paragraph (a) at a rate equal to the rate of reimbursement provided
329.28 to a physician, physician assistant, or advanced practice registered nurse if providing similar
329.29 services.

329.30 (d) A health plan is not required to cover the drugs and testing described in paragraph
329.31 (a) if provided by a pharmacist or pharmacy that is out-of-network unless the health plan
329.32 covers similar services provided by out-of-network providers. A health plan must ensure

330.1 that the health plan's provider network includes in-network pharmacies that provide the
330.2 services described in paragraph (a).

330.3 Sec. 43. **[62Q.83] PRESCRIPTION DRUG BENEFIT TRANSPARENCY AND**
330.4 **MANAGEMENT.**

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

330.7 (b) "Drug" has the meaning given in section 151.01, subdivision 5.

330.8 (c) "Enrollee contract term" means the 12-month term during which benefits associated
330.9 with health plan company products are in effect. For managed care plans and county-based
330.10 purchasing plans under section 256B.69 and chapter 256L, enrollee contract term means a
330.11 single calendar quarter.

330.12 (d) "Formulary" means a list of prescription drugs developed by clinical and pharmacy
330.13 experts that represents the health plan company's medically appropriate and cost-effective
330.14 prescription drugs approved for use.

330.15 (e) "Health plan company" has the meaning given in section 62Q.01, subdivision 4, and
330.16 includes an entity that performs pharmacy benefits management for the health plan company.
330.17 For purposes of this paragraph, "pharmacy benefits management" means the administration
330.18 or management of prescription drug benefits provided by the health plan company for the
330.19 benefit of the plan's enrollees and may include but is not limited to procurement of
330.20 prescription drugs, clinical formulary development and management services, claims
330.21 processing, and rebate contracting and administration.

330.22 (f) "Prescription" has the meaning given in section 151.01, subdivision 16a.

330.23 Subd. 2. **Prescription drug benefit disclosure.** (a) A health plan company that provides
330.24 prescription drug benefit coverage and uses a formulary must make the plan's formulary
330.25 and related benefit information available by electronic means and, upon request, in writing
330.26 at least 30 days before annual renewal dates.

330.27 (b) Formularies must be organized and disclosed consistent with the most recent version
330.28 of the United States Pharmacopeia's (USP) Model Guidelines.

330.29 (c) For each item or category of items on the formulary, the specific enrollee benefit
330.30 terms must be identified, including enrollee cost-sharing and expected out-of-pocket costs.

330.31 Subd. 3. **Formulary changes.** (a) Once a formulary has been established, a health plan
330.32 company may, at any time during the enrollee's contract term:

331.1 (1) expand its formulary by adding drugs to the formulary;

331.2 (2) reduce co-payments or coinsurance; or

331.3 (3) move a drug to a benefit category that reduces an enrollee's cost.

331.4 (b) A health plan company may remove a brand name drug from the plan's formulary
331.5 or place a brand name drug in a benefit category that increases an enrollee's cost only upon
331.6 the addition to the formulary of a generic or multisource brand name drug rated as
331.7 therapeutically equivalent according to the FDA Orange Book or a biologic drug rated as
331.8 interchangeable according to the FDA Purple Book at a lower cost to the enrollee, and upon
331.9 at least a 60-day notice to prescribers, pharmacists, and affected enrollees.

331.10 (c) A health plan company may change utilization review requirements or move drugs
331.11 to a benefit category that increases an enrollee's cost during the enrollee's contract term
331.12 upon at least a 60-day notice to prescribers, pharmacists, and affected enrollees, provided
331.13 that these changes do not apply to enrollees who are currently taking the drugs affected by
331.14 these changes for the duration of the enrollee's contract term.

331.15 (d) A health plan company may remove any drugs from the plan's formulary that have
331.16 been deemed unsafe by the Food and Drug Administration; that have been withdrawn by
331.17 either the Food and Drug Administration or the product manufacturer; or when an
331.18 independent source of research, clinical guidelines, or evidence-based standards has issued
331.19 drug-specific warnings or recommended changes in drug usage.

331.20 (e) The state employee group insurance program and coverage offered through that
331.21 program are exempt from the requirements of this subdivision.

331.22 Subd. 4. **Not severable.** (a) The provisions of this section are not severable from the
331.23 amendments and enactments in this act to sections 62A.02, subdivision 1; 62J.84,
331.24 subdivisions 2, 6, 7, 8, and 9; 62J.841; and 151.071, subdivision 2.

331.25 (b) If any amendment or enactment listed in paragraph (a) or its application to any
331.26 individual, entity, or circumstance is found to be void for any reason, this section is also
331.27 void.

331.28 **EFFECTIVE DATE.** This section is effective January 1, 2024, and applies to health
331.29 plans offered, sold, issued, or renewed on or after that date.

331.30 Sec. 44. **[62W.0751] ALTERNATIVE BIOLOGICAL PRODUCTS.**

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

332.1 (b) "Biological product" has the meaning given in section 151.01, subdivision 40.

332.2 (c) "Biosimilar" or "biosimilar product" has the meaning given in section 151.01,
332.3 subdivision 43.

332.4 (d) "Interchangeable biological product" has the meaning given in section 151.01,
332.5 subdivision 41.

332.6 (e) "Reference biological product" has the meaning given in section 151.01, subdivision
332.7 44.

332.8 Subd. 2. **Pharmacy and provider choice related to dispensing reference biological**
332.9 **products, interchangeable biological products, or biosimilar products.** (a) Except as
332.10 provided in paragraphs (b) and (c), a pharmacy benefit manager or health carrier must not
332.11 require or demonstrate a preference for a reference biological product administered to a
332.12 patient by a physician or health care provider or any product that is biosimilar or
332.13 interchangeable to the reference biological product administered to a patient by a physician
332.14 or health care provider.

332.15 (b) If a pharmacy benefit manager or health carrier elects coverage of a product listed
332.16 in paragraph (a), and there are two or less biosimilar or interchangeable biological products
332.17 available relative to the reference product, the pharmacy benefit manager or health carrier
332.18 must elect equivalent coverage for all of the products that are biosimilar or interchangeable
332.19 to the reference biological product.

332.20 (c) If a pharmacy benefit manager or health carrier elects coverage of a product listed
332.21 in paragraph (a), and there are greater than two biosimilar or interchangeable biological
332.22 products available relative to the reference product, the pharmacy benefit manager or health
332.23 carrier must elect preferential coverage for all of the products that are biosimilar or
332.24 interchangeable to the reference biological product.

332.25 (d) A pharmacy benefit manager or health carrier must not impose limits on access to a
332.26 product required to be covered under paragraph (b) that are more restrictive than limits
332.27 imposed on access to a product listed in paragraph (a), or that otherwise have the same
332.28 effect as giving preferred status to a product listed in paragraph (a) over the product required
332.29 to be covered under paragraph (b).

332.30 (e) This section only applies to new administrations of a reference biological product.
332.31 Nothing in this section requires switching from a prescribed reference biological product
332.32 for a patient on an active course of treatment.

333.1 Subd. 3. **Exemption.** The state employee group insurance program, and coverage offered
333.2 through that program, are exempt from the requirements of this section.

333.3 **EFFECTIVE DATE.** This section is effective January 1, 2023.

333.4 Sec. 45. **[62W.15] CLINICIAN-ADMINISTERED DRUGS.**

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

333.7 (b) "Affiliated pharmacy" means a pharmacy in which a pharmacy benefit manager or
333.8 health carrier has an ownership interest either directly or indirectly, or through an affiliate
333.9 or subsidiary.

333.10 (c) "Clinician-administered drug" means an outpatient prescription drug other than a
333.11 vaccine that:

333.12 (1) cannot reasonably be self-administered by the patient to whom the drug is prescribed
333.13 or by an individual assisting the patient with self-administration; and

333.14 (2) is typically administered:

333.15 (i) by a health care provider authorized to administer the drug, including when acting
333.16 under a physician's delegation and supervision; and

333.17 (ii) in a physician's office, hospital outpatient infusion center, or other clinical setting.

333.18 Subd. 2. **Prohibition on requiring coverage as a pharmacy benefit.** A pharmacy
333.19 benefit manager or health carrier shall not require that a clinician-administered drug or the
333.20 administration of a clinician-administered drug be covered as a pharmacy benefit.

333.21 Subd. 3. **Enrollee choice.** A pharmacy benefit manager or health carrier:

333.22 (1) shall permit an enrollee to obtain a clinician-administered drug from a health care
333.23 provider authorized to administer the drug, or a pharmacy;

333.24 (2) shall not interfere with the enrollee's right to obtain a clinician-administered drug
333.25 from their provider or pharmacy of choice, and shall not offer financial or other incentives
333.26 to influence the enrollee's choice of a provider or pharmacy;

333.27 (3) shall not require clinician-administered drugs to be dispensed by a pharmacy selected
333.28 by the pharmacy benefit manager or health carrier; and

333.29 (4) shall not limit or exclude coverage for a clinician-administered drug when it is not
333.30 dispensed by a pharmacy selected by the pharmacy benefit manager or health carrier, if the
333.31 drug would otherwise be covered.

334.1 Subd. 4. **Cost-sharing and reimbursement.** A pharmacy benefit manager or health
334.2 carrier:

334.3 (1) may impose coverage or benefit limitations on an enrollee who obtains a
334.4 clinician-administered drug from a health care provider authorized to administer the drug,
334.5 or a pharmacy, only if these limitations would also be imposed were the drug to be obtained
334.6 from an affiliated pharmacy or a pharmacy selected by the pharmacy benefit manager or
334.7 health carrier; and

334.8 (2) may impose cost-sharing requirements on an enrollee who obtains a
334.9 clinician-administered drug from a health care provider authorized to administer the drug,
334.10 or a pharmacy, only if these requirements would also be imposed were the drug to be obtained
334.11 from an affiliated pharmacy or a pharmacy selected by the pharmacy benefit manager or
334.12 health carrier.

334.13 Subd. 5. **Other requirements.** A pharmacy benefit manager or health carrier:

334.14 (1) shall not require or encourage the dispensing of a clinician-administered drug to an
334.15 enrollee in a manner that is inconsistent with the supply chain security controls and chain
334.16 of distribution set by the federal Drug Supply Chain Security Act, United States Code, title
334.17 21, section 360eee, et seq.;

334.18 (2) shall not require a specialty pharmacy to dispense a clinician-administered medication
334.19 directly to a patient with the intention that the patient will transport the medication to a
334.20 health care provider for administration; and

334.21 (3) may offer, but shall not require:

334.22 (i) the use of a home infusion pharmacy to dispense or administer clinician-administered
334.23 drugs to enrollees; and

334.24 (ii) the use of an infusion site external to the enrollee's provider office or clinic.

334.25 **EFFECTIVE DATE.** This section is effective January 1, 2023.

334.26 Sec. 46. Minnesota Statutes 2020, section 151.01, subdivision 23, is amended to read:

334.27 Subd. 23. **Practitioner.** "Practitioner" means a licensed doctor of medicine, licensed
334.28 doctor of osteopathic medicine duly licensed to practice medicine, licensed doctor of
334.29 dentistry, licensed doctor of optometry, licensed podiatrist, licensed veterinarian, licensed
334.30 advanced practice registered nurse, or licensed physician assistant. For purposes of sections
334.31 151.15, subdivision 4; 151.211, subdivision 3; 151.252, subdivision 3; 151.37, subdivision
334.32 2, paragraph (b); and 151.461, "practitioner" also means a dental therapist authorized to

335.1 dispense and administer under chapter 150A. For purposes of sections 151.252, subdivision
335.2 3, and 151.461, "practitioner" also means a pharmacist authorized to prescribe
335.3 self-administered hormonal contraceptives, nicotine replacement medications, or opiate
335.4 antagonists under section 151.37, subdivision 14, 15, or 16, or authorized to prescribe drugs
335.5 to prevent the acquisition of human immunodeficiency virus (HIV) under section 151.37,
335.6 subdivision 17.

335.7 Sec. 47. Minnesota Statutes 2020, section 151.01, subdivision 27, is amended to read:

335.8 Subd. 27. **Practice of pharmacy.** "Practice of pharmacy" means:

335.9 (1) interpretation and evaluation of prescription drug orders;

335.10 (2) compounding, labeling, and dispensing drugs and devices (except labeling by a
335.11 manufacturer or packager of nonprescription drugs or commercially packaged legend drugs
335.12 and devices);

335.13 (3) participation in clinical interpretations and monitoring of drug therapy for assurance
335.14 of safe and effective use of drugs, including the performance of laboratory tests that are
335.15 waived under the federal Clinical Laboratory Improvement Act of 1988, United States Code,
335.16 title 42, section 263a et seq., provided that a pharmacist may interpret the results of laboratory
335.17 tests but may modify drug therapy only pursuant to a protocol or collaborative practice
335.18 agreement;

335.19 (4) participation in drug and therapeutic device selection; drug administration for first
335.20 dosage and medical emergencies; intramuscular and subcutaneous administration used for
335.21 the treatment of alcohol or opioid dependence; drug regimen reviews; and drug or
335.22 drug-related research;

335.23 (5) drug administration, through intramuscular and subcutaneous administration used
335.24 to treat mental illnesses as permitted under the following conditions:

335.25 (i) upon the order of a prescriber and the prescriber is notified after administration is
335.26 complete; or

335.27 (ii) pursuant to a protocol or collaborative practice agreement as defined by section
335.28 151.01, subdivisions 27b and 27c, and participation in the initiation, management,
335.29 modification, administration, and discontinuation of drug therapy is according to the protocol
335.30 or collaborative practice agreement between the pharmacist and a dentist, optometrist,
335.31 physician, podiatrist, or veterinarian, or an advanced practice registered nurse authorized
335.32 to prescribe, dispense, and administer under section 148.235. Any changes in drug therapy
335.33 or medication administration made pursuant to a protocol or collaborative practice agreement

336.1 must be documented by the pharmacist in the patient's medical record or reported by the
336.2 pharmacist to a practitioner responsible for the patient's care;

336.3 (6) participation in administration of influenza vaccines and vaccines approved by the
336.4 United States Food and Drug Administration related to COVID-19 or SARS-CoV-2 to all
336.5 eligible individuals six years of age and older and all other vaccines to patients 13 years of
336.6 age and older by written protocol with a physician licensed under chapter 147, a physician
336.7 assistant authorized to prescribe drugs under chapter 147A, or an advanced practice registered
336.8 nurse authorized to prescribe drugs under section 148.235, provided that:

336.9 (i) the protocol includes, at a minimum:

336.10 (A) the name, dose, and route of each vaccine that may be given;

336.11 (B) the patient population for whom the vaccine may be given;

336.12 (C) contraindications and precautions to the vaccine;

336.13 (D) the procedure for handling an adverse reaction;

336.14 (E) the name, signature, and address of the physician, physician assistant, or advanced
336.15 practice registered nurse;

336.16 (F) a telephone number at which the physician, physician assistant, or advanced practice
336.17 registered nurse can be contacted; and

336.18 (G) the date and time period for which the protocol is valid;

336.19 (ii) the pharmacist has successfully completed a program approved by the Accreditation
336.20 Council for Pharmacy Education specifically for the administration of immunizations or a
336.21 program approved by the board;

336.22 (iii) the pharmacist utilizes the Minnesota Immunization Information Connection to
336.23 assess the immunization status of individuals prior to the administration of vaccines, except
336.24 when administering influenza vaccines to individuals age nine and older;

336.25 (iv) the pharmacist reports the administration of the immunization to the Minnesota
336.26 Immunization Information Connection; and

336.27 (v) the pharmacist complies with guidelines for vaccines and immunizations established
336.28 by the federal Advisory Committee on Immunization Practices, except that a pharmacist
336.29 does not need to comply with those portions of the guidelines that establish immunization
336.30 schedules when administering a vaccine pursuant to a valid, patient-specific order issued
336.31 by a physician licensed under chapter 147, a physician assistant authorized to prescribe
336.32 drugs under chapter 147A, or an advanced practice registered nurse authorized to prescribe

337.1 drugs under section 148.235, provided that the order is consistent with the United States
337.2 Food and Drug Administration approved labeling of the vaccine;

337.3 (7) participation in the initiation, management, modification, and discontinuation of
337.4 drug therapy according to a written protocol or collaborative practice agreement between:
337.5 (i) one or more pharmacists and one or more dentists, optometrists, physicians, podiatrists,
337.6 or veterinarians; or (ii) one or more pharmacists and one or more physician assistants
337.7 authorized to prescribe, dispense, and administer under chapter 147A, or advanced practice
337.8 registered nurses authorized to prescribe, dispense, and administer under section 148.235.
337.9 Any changes in drug therapy made pursuant to a protocol or collaborative practice agreement
337.10 must be documented by the pharmacist in the patient's medical record or reported by the
337.11 pharmacist to a practitioner responsible for the patient's care;

337.12 (8) participation in the storage of drugs and the maintenance of records;

337.13 (9) patient counseling on therapeutic values, content, hazards, and uses of drugs and
337.14 devices;

337.15 (10) offering or performing those acts, services, operations, or transactions necessary
337.16 in the conduct, operation, management, and control of a pharmacy;

337.17 (11) participation in the initiation, management, modification, and discontinuation of
337.18 therapy with opiate antagonists, as defined in section 604A.04, subdivision 1, pursuant to:

337.19 (i) a written protocol as allowed under clause (7); or

337.20 (ii) a written protocol with a community health board medical consultant or a practitioner
337.21 designated by the commissioner of health, as allowed under section 151.37, subdivision 13;
337.22 ~~and~~

337.23 (12) prescribing self-administered hormonal contraceptives; nicotine replacement
337.24 medications; and opiate antagonists for the treatment of an acute opiate overdose pursuant
337.25 to section 151.37, subdivision 14, 15, or 16~~.~~;

337.26 (13) prescribing, dispensing, and administering drugs for preventing the acquisition of
337.27 human immunodeficiency virus (HIV) if the pharmacist meets the requirements under
337.28 section 151.37, subdivision 17; and

337.29 (14) ordering, conducting, and interpreting laboratory tests necessary for therapies that
337.30 use drugs for preventing the acquisition of HIV, if the pharmacist meets the requirements
337.31 under section 151.37, subdivision 17.

338.1 Sec. 48. Minnesota Statutes 2020, section 151.01, is amended by adding a subdivision to
338.2 read:

338.3 Subd. 43. **Biosimilar product.** "Biosimilar product" or "interchangeable biologic product"
338.4 means a biological product that the United States Food and Drug Administration has licensed
338.5 and determined to be biosimilar under United States Code, title 42, section 262(i)(2).

338.6 **EFFECTIVE DATE.** This section is effective January 1, 2023.

338.7 Sec. 49. Minnesota Statutes 2020, section 151.01, is amended by adding a subdivision to
338.8 read:

338.9 Subd. 44. **Reference biological product.** "Reference biological product" means the
338.10 single biological product for which the United States Food and Drug Administration has
338.11 approved an initial biological product license application, against which other biological
338.12 products are evaluated for licensure as biosimilar products or interchangeable biological
338.13 products.

338.14 **EFFECTIVE DATE.** This section is effective January 1, 2023.

338.15 Sec. 50. Minnesota Statutes 2020, section 151.071, subdivision 1, is amended to read:

338.16 Subdivision 1. **Forms of disciplinary action.** When the board finds that a licensee,
338.17 registrant, or applicant has engaged in conduct prohibited under subdivision 2, it may do
338.18 one or more of the following:

338.19 (1) deny the issuance of a license or registration;

338.20 (2) refuse to renew a license or registration;

338.21 (3) revoke the license or registration;

338.22 (4) suspend the license or registration;

338.23 (5) impose limitations, conditions, or both on the license or registration, including but
338.24 not limited to: the limitation of practice to designated settings; the limitation of the scope
338.25 of practice within designated settings; the imposition of retraining or rehabilitation
338.26 requirements; the requirement of practice under supervision; the requirement of participation
338.27 in a diversion program such as that established pursuant to section 214.31 or the conditioning
338.28 of continued practice on demonstration of knowledge or skills by appropriate examination
338.29 or other review of skill and competence;

338.30 (6) impose a civil penalty not exceeding $10,000 for each separate violation, except that
338.31 a civil penalty not exceeding $25,000 may be imposed for each separate violation of section

339.1 62J.842, the amount of the civil penalty to be fixed so as to deprive a licensee or registrant
339.2 of any economic advantage gained by reason of the violation, to discourage similar violations
339.3 by the licensee or registrant or any other licensee or registrant, or to reimburse the board
339.4 for the cost of the investigation and proceeding, including but not limited to, fees paid for
339.5 services provided by the Office of Administrative Hearings, legal and investigative services
339.6 provided by the Office of the Attorney General, court reporters, witnesses, reproduction of
339.7 records, board members' per diem compensation, board staff time, and travel costs and
339.8 expenses incurred by board staff and board members; and

339.9 (7) reprimand the licensee or registrant.

339.10 Sec. 51. Minnesota Statutes 2020, section 151.071, subdivision 2, is amended to read:

339.11 Subd. 2. **Grounds for disciplinary action.** The following conduct is prohibited and is
339.12 grounds for disciplinary action:

339.13 (1) failure to demonstrate the qualifications or satisfy the requirements for a license or
339.14 registration contained in this chapter or the rules of the board. The burden of proof is on
339.15 the applicant to demonstrate such qualifications or satisfaction of such requirements;

339.16 (2) obtaining a license by fraud or by misleading the board in any way during the
339.17 application process or obtaining a license by cheating, or attempting to subvert the licensing
339.18 examination process. Conduct that subverts or attempts to subvert the licensing examination
339.19 process includes, but is not limited to: (i) conduct that violates the security of the examination
339.20 materials, such as removing examination materials from the examination room or having
339.21 unauthorized possession of any portion of a future, current, or previously administered
339.22 licensing examination; (ii) conduct that violates the standard of test administration, such as
339.23 communicating with another examinee during administration of the examination, copying
339.24 another examinee's answers, permitting another examinee to copy one's answers, or
339.25 possessing unauthorized materials; or (iii) impersonating an examinee or permitting an
339.26 impersonator to take the examination on one's own behalf;

339.27 (3) for a pharmacist, pharmacy technician, pharmacist intern, applicant for a pharmacist
339.28 or pharmacy license, or applicant for a pharmacy technician or pharmacist intern registration,
339.29 conviction of a felony reasonably related to the practice of pharmacy. Conviction as used
339.30 in this subdivision includes a conviction of an offense that if committed in this state would
339.31 be deemed a felony without regard to its designation elsewhere, or a criminal proceeding
339.32 where a finding or verdict of guilt is made or returned but the adjudication of guilt is either
339.33 withheld or not entered thereon. The board may delay the issuance of a new license or

340.1 registration if the applicant has been charged with a felony until the matter has been
340.2 adjudicated;

340.3 (4) for a facility, other than a pharmacy, licensed or registered by the board, if an owner
340.4 or applicant is convicted of a felony reasonably related to the operation of the facility. The
340.5 board may delay the issuance of a new license or registration if the owner or applicant has
340.6 been charged with a felony until the matter has been adjudicated;

340.7 (5) for a controlled substance researcher, conviction of a felony reasonably related to
340.8 controlled substances or to the practice of the researcher's profession. The board may delay
340.9 the issuance of a registration if the applicant has been charged with a felony until the matter
340.10 has been adjudicated;

340.11 (6) disciplinary action taken by another state or by one of this state's health licensing
340.12 agencies:

340.13 (i) revocation, suspension, restriction, limitation, or other disciplinary action against a
340.14 license or registration in another state or jurisdiction, failure to report to the board that
340.15 charges or allegations regarding the person's license or registration have been brought in
340.16 another state or jurisdiction, or having been refused a license or registration by any other
340.17 state or jurisdiction. The board may delay the issuance of a new license or registration if an
340.18 investigation or disciplinary action is pending in another state or jurisdiction until the
340.19 investigation or action has been dismissed or otherwise resolved; and

340.20 (ii) revocation, suspension, restriction, limitation, or other disciplinary action against a
340.21 license or registration issued by another of this state's health licensing agencies, failure to
340.22 report to the board that charges regarding the person's license or registration have been
340.23 brought by another of this state's health licensing agencies, or having been refused a license
340.24 or registration by another of this state's health licensing agencies. The board may delay the
340.25 issuance of a new license or registration if a disciplinary action is pending before another
340.26 of this state's health licensing agencies until the action has been dismissed or otherwise
340.27 resolved;

340.28 (7) for a pharmacist, pharmacy, pharmacy technician, or pharmacist intern, violation of
340.29 any order of the board, of any of the provisions of this chapter or any rules of the board or
340.30 violation of any federal, state, or local law or rule reasonably pertaining to the practice of
340.31 pharmacy;

340.32 (8) for a facility, other than a pharmacy, licensed by the board, violations of any order
340.33 of the board, of any of the provisions of this chapter or the rules of the board or violation
340.34 of any federal, state, or local law relating to the operation of the facility;

341.1 (9) engaging in any unethical conduct; conduct likely to deceive, defraud, or harm the
341.2 public, or demonstrating a willful or careless disregard for the health, welfare, or safety of
341.3 a patient; or pharmacy practice that is professionally incompetent, in that it may create
341.4 unnecessary danger to any patient's life, health, or safety, in any of which cases, proof of
341.5 actual injury need not be established;

341.6 (10) aiding or abetting an unlicensed person in the practice of pharmacy, except that it
341.7 is not a violation of this clause for a pharmacist to supervise a properly registered pharmacy
341.8 technician or pharmacist intern if that person is performing duties allowed by this chapter
341.9 or the rules of the board;

341.10 (11) for an individual licensed or registered by the board, adjudication as mentally ill
341.11 or developmentally disabled, or as a chemically dependent person, a person dangerous to
341.12 the public, a sexually dangerous person, or a person who has a sexual psychopathic
341.13 personality, by a court of competent jurisdiction, within or without this state. Such
341.14 adjudication shall automatically suspend a license for the duration thereof unless the board
341.15 orders otherwise;

341.16 (12) for a pharmacist or pharmacy intern, engaging in unprofessional conduct as specified
341.17 in the board's rules. In the case of a pharmacy technician, engaging in conduct specified in
341.18 board rules that would be unprofessional if it were engaged in by a pharmacist or pharmacist
341.19 intern or performing duties specifically reserved for pharmacists under this chapter or the
341.20 rules of the board;

341.21 (13) for a pharmacy, operation of the pharmacy without a pharmacist present and on
341.22 duty except as allowed by a variance approved by the board;

341.23 (14) for a pharmacist, the inability to practice pharmacy with reasonable skill and safety
341.24 to patients by reason of illness, use of alcohol, drugs, narcotics, chemicals, or any other type
341.25 of material or as a result of any mental or physical condition, including deterioration through
341.26 the aging process or loss of motor skills. In the case of registered pharmacy technicians,
341.27 pharmacist interns, or controlled substance researchers, the inability to carry out duties
341.28 allowed under this chapter or the rules of the board with reasonable skill and safety to
341.29 patients by reason of illness, use of alcohol, drugs, narcotics, chemicals, or any other type
341.30 of material or as a result of any mental or physical condition, including deterioration through
341.31 the aging process or loss of motor skills;

341.32 (15) for a pharmacist, pharmacy, pharmacist intern, pharmacy technician, medical gas
341.33 dispenser, or controlled substance researcher, revealing a privileged communication from
341.34 or relating to a patient except when otherwise required or permitted by law;

342.1 (16) for a pharmacist or pharmacy, improper management of patient records, including
342.2 failure to maintain adequate patient records, to comply with a patient's request made pursuant
342.3 to sections 144.291 to 144.298, or to furnish a patient record or report required by law;

342.4 (17) fee splitting, including without limitation:

342.5 (i) paying, offering to pay, receiving, or agreeing to receive, a commission, rebate,
342.6 kickback, or other form of remuneration, directly or indirectly, for the referral of patients;

342.7 (ii) referring a patient to any health care provider as defined in sections 144.291 to
342.8 144.298 in which the licensee or registrant has a financial or economic interest as defined
342.9 in section 144.6521, subdivision 3, unless the licensee or registrant has disclosed the
342.10 licensee's or registrant's financial or economic interest in accordance with section 144.6521;
342.11 and

342.12 (iii) any arrangement through which a pharmacy, in which the prescribing practitioner
342.13 does not have a significant ownership interest, fills a prescription drug order and the
342.14 prescribing practitioner is involved in any manner, directly or indirectly, in setting the price
342.15 for the filled prescription that is charged to the patient, the patient's insurer or pharmacy
342.16 benefit manager, or other person paying for the prescription or, in the case of veterinary
342.17 patients, the price for the filled prescription that is charged to the client or other person
342.18 paying for the prescription, except that a veterinarian and a pharmacy may enter into such
342.19 an arrangement provided that the client or other person paying for the prescription is notified,
342.20 in writing and with each prescription dispensed, about the arrangement, unless such
342.21 arrangement involves pharmacy services provided for livestock, poultry, and agricultural
342.22 production systems, in which case client notification would not be required;

342.23 (18) engaging in abusive or fraudulent billing practices, including violations of the
342.24 federal Medicare and Medicaid laws or state medical assistance laws or rules;

342.25 (19) engaging in conduct with a patient that is sexual or may reasonably be interpreted
342.26 by the patient as sexual, or in any verbal behavior that is seductive or sexually demeaning
342.27 to a patient;

342.28 (20) failure to make reports as required by section 151.072 or to cooperate with an
342.29 investigation of the board as required by section 151.074;

342.30 (21) knowingly providing false or misleading information that is directly related to the
342.31 care of a patient unless done for an accepted therapeutic purpose such as the dispensing and
342.32 administration of a placebo;

343.1 (22) aiding suicide or aiding attempted suicide in violation of section 609.215 as
343.2 established by any of the following:

343.3 (i) a copy of the record of criminal conviction or plea of guilty for a felony in violation
343.4 of section 609.215, subdivision 1 or 2;

343.5 (ii) a copy of the record of a judgment of contempt of court for violating an injunction
343.6 issued under section 609.215, subdivision 4;

343.7 (iii) a copy of the record of a judgment assessing damages under section 609.215,
343.8 subdivision 5; or

343.9 (iv) a finding by the board that the person violated section 609.215, subdivision 1 or 2.
343.10 The board must investigate any complaint of a violation of section 609.215, subdivision 1
343.11 or 2;

343.12 (23) for a pharmacist, practice of pharmacy under a lapsed or nonrenewed license. For
343.13 a pharmacist intern, pharmacy technician, or controlled substance researcher, performing
343.14 duties permitted to such individuals by this chapter or the rules of the board under a lapsed
343.15 or nonrenewed registration. For a facility required to be licensed under this chapter, operation
343.16 of the facility under a lapsed or nonrenewed license or registration; ~~and~~

343.17 (24) for a pharmacist, pharmacist intern, or pharmacy technician, termination or discharge
343.18 from the health professionals services program for reasons other than the satisfactory
343.19 completion of the program; and

343.20 (25) for a drug manufacturer, failure to comply with section 62J.841.

343.21 Sec. 52. Minnesota Statutes 2020, section 151.071, subdivision 2, is amended to read:

343.22 Subd. 2. **Grounds for disciplinary action.** The following conduct is prohibited and is
343.23 grounds for disciplinary action:

343.24 (1) failure to demonstrate the qualifications or satisfy the requirements for a license or
343.25 registration contained in this chapter or the rules of the board. The burden of proof is on
343.26 the applicant to demonstrate such qualifications or satisfaction of such requirements;

343.27 (2) obtaining a license by fraud or by misleading the board in any way during the
343.28 application process or obtaining a license by cheating, or attempting to subvert the licensing
343.29 examination process. Conduct that subverts or attempts to subvert the licensing examination
343.30 process includes, but is not limited to: (i) conduct that violates the security of the examination
343.31 materials, such as removing examination materials from the examination room or having
343.32 unauthorized possession of any portion of a future, current, or previously administered

344.1 licensing examination; (ii) conduct that violates the standard of test administration, such as
344.2 communicating with another examinee during administration of the examination, copying
344.3 another examinee's answers, permitting another examinee to copy one's answers, or
344.4 possessing unauthorized materials; or (iii) impersonating an examinee or permitting an
344.5 impersonator to take the examination on one's own behalf;

344.6 (3) for a pharmacist, pharmacy technician, pharmacist intern, applicant for a pharmacist
344.7 or pharmacy license, or applicant for a pharmacy technician or pharmacist intern registration,
344.8 conviction of a felony reasonably related to the practice of pharmacy. Conviction as used
344.9 in this subdivision includes a conviction of an offense that if committed in this state would
344.10 be deemed a felony without regard to its designation elsewhere, or a criminal proceeding
344.11 where a finding or verdict of guilt is made or returned but the adjudication of guilt is either
344.12 withheld or not entered thereon. The board may delay the issuance of a new license or
344.13 registration if the applicant has been charged with a felony until the matter has been
344.14 adjudicated;

344.15 (4) for a facility, other than a pharmacy, licensed or registered by the board, if an owner
344.16 or applicant is convicted of a felony reasonably related to the operation of the facility. The
344.17 board may delay the issuance of a new license or registration if the owner or applicant has
344.18 been charged with a felony until the matter has been adjudicated;

344.19 (5) for a controlled substance researcher, conviction of a felony reasonably related to
344.20 controlled substances or to the practice of the researcher's profession. The board may delay
344.21 the issuance of a registration if the applicant has been charged with a felony until the matter
344.22 has been adjudicated;

344.23 (6) disciplinary action taken by another state or by one of this state's health licensing
344.24 agencies:

344.25 (i) revocation, suspension, restriction, limitation, or other disciplinary action against a
344.26 license or registration in another state or jurisdiction, failure to report to the board that
344.27 charges or allegations regarding the person's license or registration have been brought in
344.28 another state or jurisdiction, or having been refused a license or registration by any other
344.29 state or jurisdiction. The board may delay the issuance of a new license or registration if an
344.30 investigation or disciplinary action is pending in another state or jurisdiction until the
344.31 investigation or action has been dismissed or otherwise resolved; and

344.32 (ii) revocation, suspension, restriction, limitation, or other disciplinary action against a
344.33 license or registration issued by another of this state's health licensing agencies, failure to
344.34 report to the board that charges regarding the person's license or registration have been

345.1 brought by another of this state's health licensing agencies, or having been refused a license
345.2 or registration by another of this state's health licensing agencies. The board may delay the
345.3 issuance of a new license or registration if a disciplinary action is pending before another
345.4 of this state's health licensing agencies until the action has been dismissed or otherwise
345.5 resolved;

345.6 (7) for a pharmacist, pharmacy, pharmacy technician, or pharmacist intern, violation of
345.7 any order of the board, of any of the provisions of this chapter or any rules of the board or
345.8 violation of any federal, state, or local law or rule reasonably pertaining to the practice of
345.9 pharmacy;

345.10 (8) for a facility, other than a pharmacy, licensed by the board, violations of any order
345.11 of the board, of any of the provisions of this chapter or the rules of the board or violation
345.12 of any federal, state, or local law relating to the operation of the facility;

345.13 (9) engaging in any unethical conduct; conduct likely to deceive, defraud, or harm the
345.14 public, or demonstrating a willful or careless disregard for the health, welfare, or safety of
345.15 a patient; or pharmacy practice that is professionally incompetent, in that it may create
345.16 unnecessary danger to any patient's life, health, or safety, in any of which cases, proof of
345.17 actual injury need not be established;

345.18 (10) aiding or abetting an unlicensed person in the practice of pharmacy, except that it
345.19 is not a violation of this clause for a pharmacist to supervise a properly registered pharmacy
345.20 technician or pharmacist intern if that person is performing duties allowed by this chapter
345.21 or the rules of the board;

345.22 (11) for an individual licensed or registered by the board, adjudication as mentally ill
345.23 or developmentally disabled, or as a chemically dependent person, a person dangerous to
345.24 the public, a sexually dangerous person, or a person who has a sexual psychopathic
345.25 personality, by a court of competent jurisdiction, within or without this state. Such
345.26 adjudication shall automatically suspend a license for the duration thereof unless the board
345.27 orders otherwise;

345.28 (12) for a pharmacist or pharmacy intern, engaging in unprofessional conduct as specified
345.29 in the board's rules. In the case of a pharmacy technician, engaging in conduct specified in
345.30 board rules that would be unprofessional if it were engaged in by a pharmacist or pharmacist
345.31 intern or performing duties specifically reserved for pharmacists under this chapter or the
345.32 rules of the board;

345.33 (13) for a pharmacy, operation of the pharmacy without a pharmacist present and on
345.34 duty except as allowed by a variance approved by the board;

346.1 (14) for a pharmacist, the inability to practice pharmacy with reasonable skill and safety
346.2 to patients by reason of illness, use of alcohol, drugs, narcotics, chemicals, or any other type
346.3 of material or as a result of any mental or physical condition, including deterioration through
346.4 the aging process or loss of motor skills. In the case of registered pharmacy technicians,
346.5 pharmacist interns, or controlled substance researchers, the inability to carry out duties
346.6 allowed under this chapter or the rules of the board with reasonable skill and safety to
346.7 patients by reason of illness, use of alcohol, drugs, narcotics, chemicals, or any other type
346.8 of material or as a result of any mental or physical condition, including deterioration through
346.9 the aging process or loss of motor skills;

346.10 (15) for a pharmacist, pharmacy, pharmacist intern, pharmacy technician, medical gas
346.11 dispenser, or controlled substance researcher, revealing a privileged communication from
346.12 or relating to a patient except when otherwise required or permitted by law;

346.13 (16) for a pharmacist or pharmacy, improper management of patient records, including
346.14 failure to maintain adequate patient records, to comply with a patient's request made pursuant
346.15 to sections 144.291 to 144.298, or to furnish a patient record or report required by law;

346.16 (17) fee splitting, including without limitation:

346.17 (i) paying, offering to pay, receiving, or agreeing to receive, a commission, rebate,
346.18 kickback, or other form of remuneration, directly or indirectly, for the referral of patients;

346.19 (ii) referring a patient to any health care provider as defined in sections 144.291 to
346.20 144.298 in which the licensee or registrant has a financial or economic interest as defined
346.21 in section 144.6521, subdivision 3, unless the licensee or registrant has disclosed the
346.22 licensee's or registrant's financial or economic interest in accordance with section 144.6521;
346.23 and

346.24 (iii) any arrangement through which a pharmacy, in which the prescribing practitioner
346.25 does not have a significant ownership interest, fills a prescription drug order and the
346.26 prescribing practitioner is involved in any manner, directly or indirectly, in setting the price
346.27 for the filled prescription that is charged to the patient, the patient's insurer or pharmacy
346.28 benefit manager, or other person paying for the prescription or, in the case of veterinary
346.29 patients, the price for the filled prescription that is charged to the client or other person
346.30 paying for the prescription, except that a veterinarian and a pharmacy may enter into such
346.31 an arrangement provided that the client or other person paying for the prescription is notified,
346.32 in writing and with each prescription dispensed, about the arrangement, unless such
346.33 arrangement involves pharmacy services provided for livestock, poultry, and agricultural
346.34 production systems, in which case client notification would not be required;

347.1 (18) engaging in abusive or fraudulent billing practices, including violations of the
347.2 federal Medicare and Medicaid laws or state medical assistance laws or rules;

347.3 (19) engaging in conduct with a patient that is sexual or may reasonably be interpreted
347.4 by the patient as sexual, or in any verbal behavior that is seductive or sexually demeaning
347.5 to a patient;

347.6 (20) failure to make reports as required by section 151.072 or to cooperate with an
347.7 investigation of the board as required by section 151.074;

347.8 (21) knowingly providing false or misleading information that is directly related to the
347.9 care of a patient unless done for an accepted therapeutic purpose such as the dispensing and
347.10 administration of a placebo;

347.11 (22) aiding suicide or aiding attempted suicide in violation of section 609.215 as
347.12 established by any of the following:

347.13 (i) a copy of the record of criminal conviction or plea of guilty for a felony in violation
347.14 of section 609.215, subdivision 1 or 2;

347.15 (ii) a copy of the record of a judgment of contempt of court for violating an injunction
347.16 issued under section 609.215, subdivision 4;

347.17 (iii) a copy of the record of a judgment assessing damages under section 609.215,
347.18 subdivision 5; or

347.19 (iv) a finding by the board that the person violated section 609.215, subdivision 1 or 2.
347.20 The board must investigate any complaint of a violation of section 609.215, subdivision 1
347.21 or 2;

347.22 (23) for a pharmacist, practice of pharmacy under a lapsed or nonrenewed license. For
347.23 a pharmacist intern, pharmacy technician, or controlled substance researcher, performing
347.24 duties permitted to such individuals by this chapter or the rules of the board under a lapsed
347.25 or nonrenewed registration. For a facility required to be licensed under this chapter, operation
347.26 of the facility under a lapsed or nonrenewed license or registration; ~~and~~

347.27 (24) for a pharmacist, pharmacist intern, or pharmacy technician, termination or discharge
347.28 from the health professionals services program for reasons other than the satisfactory
347.29 completion of the program~~.~~; and

347.30 (25) for a manufacturer, a violation of section 62J.842 or 62J.845.

348.1 Sec. 53. Minnesota Statutes 2021 Supplement, section 151.335, is amended to read:

348.2 **151.335 DELIVERY THROUGH COMMON CARRIER; COMPLIANCE WITH**
348.3 **TEMPERATURE REQUIREMENTS.**

348.4 In addition to complying with the requirements of Minnesota Rules, part 6800.3000, a
348.5 mail order or specialty pharmacy that employs the United States Postal Service or other
348.6 common carrier to deliver a filled prescription directly to a patient must ensure that the drug
348.7 is delivered in compliance with temperature requirements established by the manufacturer
348.8 of the drug. The methods used to ensure compliance must include but are not limited to
348.9 enclosing in each medication's packaging a device recognized by the United States
348.10 Pharmacopeia by which the patient can easily detect improper storage or temperature
348.11 variations. The pharmacy must develop written policies and procedures that are consistent
348.12 with United States Pharmacopeia, chapters 1079 and 1118, and with nationally recognized
348.13 standards issued by standard-setting or accreditation organizations recognized by the board
348.14 through guidance. The policies and procedures must be provided to the board upon request.

348.15 Sec. 54. Minnesota Statutes 2020, section 151.37, is amended by adding a subdivision to
348.16 read:

348.17 Subd. 17. **Drugs for preventing the acquisition of HIV.** (a) A pharmacist is authorized
348.18 to prescribe and administer drugs to prevent the acquisition of human immunodeficiency
348.19 virus (HIV) in accordance with this subdivision.

348.20 (b) By January 1, 2023, the board of pharmacy shall develop a standardized protocol
348.21 for a pharmacist to follow in prescribing the drugs described in paragraph (a). In developing
348.22 the protocol, the board may consult with community health advocacy groups, the board of
348.23 medical practice, the board of nursing, the commissioner of health, professional pharmacy
348.24 associations, and professional associations for physicians, physician assistants, and advanced
348.25 practice registered nurses.

348.26 (c) Before a pharmacist is authorized to prescribe a drug described in paragraph (a), the
348.27 pharmacist must successfully complete a training program specifically developed for
348.28 prescribing drugs for preventing the acquisition of HIV that is offered by a college of
348.29 pharmacy, a continuing education provider that is accredited by the Accreditation Council
348.30 for Pharmacy Education, or a program approved by the board. To maintain authorization
348.31 to prescribe, the pharmacist shall complete continuing education requirements as specified
348.32 by the board.

349.1 (d) Before prescribing a drug described in paragraph (a), the pharmacist shall follow the
349.2 appropriate standardized protocol developed under paragraph (b) and, if appropriate, may
349.3 dispense to a patient a drug described in paragraph (a).

349.4 (e) Before dispensing a drug described under paragraph (a) that is prescribed by the
349.5 pharmacist, the pharmacist must provide counseling to the patient on the use of the drugs
349.6 and must provide the patient with a fact sheet that includes the indications and
349.7 contraindications for the use of these drugs, the appropriate method for using these drugs,
349.8 the need for medical follow up, and any other additional information listed in Minnesota
349.9 Rules, part 6800.0910, subpart 2, that is required to be provided to a patient during the
349.10 counseling process.

349.11 (f) A pharmacist is prohibited from delegating the prescribing authority provided under
349.12 this subdivision to any other person. A pharmacist intern registered under section 151.101
349.13 may prepare the prescription, but before the prescription is processed or dispensed, a
349.14 pharmacist authorized to prescribe under this subdivision must review, approve, and sign
349.15 the prescription.

349.16 (g) Nothing in this subdivision prohibits a pharmacist from participating in the initiation,
349.17 management, modification, and discontinuation of drug therapy according to a protocol as
349.18 authorized in this section and in section 151.01, subdivision 27.

349.19 Sec. 55. Minnesota Statutes 2020, section 151.555, as amended by Laws 2021, chapter
349.20 30, article 5, sections 2 to 5, is amended to read:

349.21 **151.555 ~~PRESCRIPTION DRUG~~ MEDICATION REPOSITORY PROGRAM.**

349.22 Subdivision 1. **Definitions.** (a) For the purposes of this section, the terms defined in this
349.23 subdivision have the meanings given.

349.24 (b) "Central repository" means a wholesale distributor that meets the requirements under
349.25 subdivision 3 and enters into a contract with the Board of Pharmacy in accordance with this
349.26 section.

349.27 (c) "Distribute" means to deliver, other than by administering or dispensing.

349.28 (d) "Donor" means:

349.29 (1) a health care facility as defined in this subdivision;

349.30 (2) a skilled nursing facility licensed under chapter 144A;

349.31 (3) an assisted living facility licensed under chapter 144G;

350.1 (4) a pharmacy licensed under section 151.19, and located either in the state or outside
350.2 the state;

350.3 (5) a drug wholesaler licensed under section 151.47;

350.4 (6) a drug manufacturer licensed under section 151.252; or

350.5 (7) an individual at least 18 years of age, provided that the drug or medical supply that
350.6 is donated was obtained legally and meets the requirements of this section for donation.

350.7 (e) "Drug" means any prescription drug that has been approved for medical use in the
350.8 United States, is listed in the United States Pharmacopoeia or National Formulary, and
350.9 meets the criteria established under this section for donation; or any over-the-counter
350.10 medication that meets the criteria established under this section for donation. This definition
350.11 includes cancer drugs and antirejection drugs, but does not include controlled substances,
350.12 as defined in section 152.01, subdivision 4, or a prescription drug that can only be dispensed
350.13 to a patient registered with the drug's manufacturer in accordance with federal Food and
350.14 Drug Administration requirements.

350.15 (f) "Health care facility" means:

350.16 (1) a physician's office or health care clinic where licensed practitioners provide health
350.17 care to patients;

350.18 (2) a hospital licensed under section 144.50;

350.19 (3) a pharmacy licensed under section 151.19 and located in Minnesota; or

350.20 (4) a nonprofit community clinic, including a federally qualified health center; a rural
350.21 health clinic; public health clinic; or other community clinic that provides health care utilizing
350.22 a sliding fee scale to patients who are low-income, uninsured, or underinsured.

350.23 (g) "Local repository" means a health care facility that elects to accept donated drugs
350.24 and medical supplies and meets the requirements of subdivision 4.

350.25 (h) "Medical supplies" or "supplies" means any prescription ~~and~~ <u>or</u> nonprescription
350.26 medical supplies needed to administer a ~~prescription~~ drug.

350.27 (i) "Original, sealed, unopened, tamper-evident packaging" means packaging that is
350.28 sealed, unopened, and tamper-evident, including a manufacturer's original unit dose or
350.29 unit-of-use container, a repackager's original unit dose or unit-of-use container, or unit-dose
350.30 packaging prepared by a licensed pharmacy according to the standards of Minnesota Rules,
350.31 part 6800.3750.

351.1 (j) "Practitioner" has the meaning given in section 151.01, subdivision 23, except that
351.2 it does not include a veterinarian.

351.3 Subd. 2. **Establishment; contract and oversight.** (a) By January 1, 2020, the Board of
351.4 Pharmacy shall establish a ~~drug~~ medication repository program, through which donors may
351.5 donate a drug or medical supply for use by an individual who meets the eligibility criteria
351.6 specified under subdivision 5.

351.7 (b) The board shall contract with a central repository that meets the requirements of
351.8 subdivision 3 to implement and administer the ~~prescription drug~~ medication repository
351.9 program. The contract must:

351.10 (1) require the board to transfer to the central repository any money appropriated by the
351.11 legislature for the purpose of operating the medication repository program and require the
351.12 central repository to spend any money transferred only for purposes specified in the contract;

351.13 (2) require the central repository to report the following performance measures to the
351.14 board:

351.15 (i) the number of individuals served and the types of medications these individuals
351.16 received;

351.17 (ii) the number of clinics, pharmacies, and long-term care facilities with which the central
351.18 repository partnered;

351.19 (iii) the number and cost of medications accepted for inventory, disposed of, and
351.20 dispensed to individuals in need; and

351.21 (iv) locations within the state to which medications are shipped or delivered; and

351.22 (3) require the board to annually audit the expenditure by the central repository of any
351.23 funds appropriated by the legislature and transferred by the board to ensure that this funding
351.24 is used only for purposes specified in the contract.

351.25 Subd. 3. **Central repository requirements.** (a) The board may publish a request for
351.26 proposal for participants who meet the requirements of this subdivision and are interested
351.27 in acting as the central repository for the ~~drug~~ medication repository program. If the board
351.28 publishes a request for proposal, it shall follow all applicable state procurement procedures
351.29 in the selection process. The board may also work directly with the University of Minnesota
351.30 to establish a central repository.

352.1 (b) To be eligible to act as the central repository, the participant must be a wholesale
352.2 drug distributor located in Minnesota, licensed pursuant to section 151.47, and in compliance
352.3 with all applicable federal and state statutes, rules, and regulations.

352.4 (c) The central repository shall be subject to inspection by the board pursuant to section
352.5 151.06, subdivision 1.

352.6 (d) The central repository shall comply with all applicable federal and state laws, rules,
352.7 and regulations pertaining to the ~~drug~~ medication repository program, drug storage, and
352.8 dispensing. The facility must maintain in good standing any state license or registration that
352.9 applies to the facility.

352.10 Subd. 4. **Local repository requirements.** (a) To be eligible for participation in the ~~drug~~
352.11 medication repository program, a health care facility must agree to comply with all applicable
352.12 federal and state laws, rules, and regulations pertaining to the ~~drug~~ medication repository
352.13 program, drug storage, and dispensing. The facility must also agree to maintain in good
352.14 standing any required state license or registration that may apply to the facility.

352.15 (b) A local repository may elect to participate in the program by submitting the following
352.16 information to the central repository on a form developed by the board and made available
352.17 on the board's website:

352.18 (1) the name, street address, and telephone number of the health care facility and any
352.19 state-issued license or registration number issued to the facility, including the issuing state
352.20 agency;

352.21 (2) the name and telephone number of a responsible pharmacist or practitioner who is
352.22 employed by or under contract with the health care facility; and

352.23 (3) a statement signed and dated by the responsible pharmacist or practitioner indicating
352.24 that the health care facility meets the eligibility requirements under this section and agrees
352.25 to comply with this section.

352.26 (c) Participation in the ~~drug~~ medication repository program is voluntary. A local
352.27 repository may withdraw from participation in the ~~drug~~ medication repository program at
352.28 any time by providing written notice to the central repository on a form developed by the
352.29 board and made available on the board's website. The central repository shall provide the
352.30 board with a copy of the withdrawal notice within ten business days from the date of receipt
352.31 of the withdrawal notice.

Subd. 5. **Individual eligibility and application requirements.** (a) To be eligible for the ~~drug~~ medication repository program, an individual must submit to a local repository an intake application form that is signed by the individual and attests that the individual:

(1) is a resident of Minnesota;

(2) is uninsured and is not enrolled in the medical assistance program under chapter 256B or the MinnesotaCare program under chapter 256L, has no prescription drug coverage, or is underinsured;

(3) acknowledges that the drugs or medical supplies to be received through the program may have been donated; and

(4) consents to a waiver of the child-resistant packaging requirements of the federal Poison Prevention Packaging Act.

(b) Upon determining that an individual is eligible for the program, the local repository shall furnish the individual with an identification card. The card shall be valid for one year from the date of issuance and may be used at any local repository. A new identification card may be issued upon expiration once the individual submits a new application form.

(c) The local repository shall send a copy of the intake application form to the central repository by regular mail, facsimile, or secured e-mail within ten days from the date the application is approved by the local repository.

(d) The board shall develop and make available on the board's website an application form and the format for the identification card.

Subd. 6. **Standards and procedures for accepting donations of drugs and supplies.** (a) A donor may donate ~~prescription~~ drugs or medical supplies to the central repository or a local repository if the drug or supply meets the requirements of this section as determined by a pharmacist or practitioner who is employed by or under contract with the central repository or a local repository.

(b) A ~~prescription~~ drug is eligible for donation under the ~~drug~~ medication repository program if the following requirements are met:

(1) the donation is accompanied by a ~~drug~~ medication repository donor form described under paragraph (d) that is signed by an individual who is authorized by the donor to attest to the donor's knowledge in accordance with paragraph (d);

(2) the drug's expiration date is at least six months after the date the drug was donated. If a donated drug bears an expiration date that is less than six months from the donation

354.1 date, the drug may be accepted and distributed if the drug is in high demand and can be
354.2 dispensed for use by a patient before the drug's expiration date;

354.3 (3) the drug is in its original, sealed, unopened, tamper-evident packaging that includes
354.4 the expiration date. Single-unit-dose drugs may be accepted if the single-unit-dose packaging
354.5 is unopened;

354.6 (4) the drug or the packaging does not have any physical signs of tampering, misbranding,
354.7 deterioration, compromised integrity, or adulteration;

354.8 (5) the drug does not require storage temperatures other than normal room temperature
354.9 as specified by the manufacturer or United States Pharmacopoeia, unless the drug is being
354.10 donated directly by its manufacturer, a wholesale drug distributor, or a pharmacy located
354.11 in Minnesota; and

354.12 (6) the ~~prescription~~ drug is not a controlled substance.

354.13 (c) A medical supply is eligible for donation under the ~~drug~~ medication repository
354.14 program if the following requirements are met:

354.15 (1) the supply has no physical signs of tampering, misbranding, or alteration and there
354.16 is no reason to believe it has been adulterated, tampered with, or misbranded;

354.17 (2) the supply is in its original, unopened, sealed packaging;

354.18 (3) the donation is accompanied by a ~~drug~~ medication repository donor form described
354.19 under paragraph (d) that is signed by an individual who is authorized by the donor to attest
354.20 to the donor's knowledge in accordance with paragraph (d); and

354.21 (4) if the supply bears an expiration date, the date is at least six months later than the
354.22 date the supply was donated. If the donated supply bears an expiration date that is less than
354.23 six months from the date the supply was donated, the supply may be accepted and distributed
354.24 if the supply is in high demand and can be dispensed for use by a patient before the supply's
354.25 expiration date.

354.26 (d) The board shall develop the ~~drug~~ medication repository donor form and make it
354.27 available on the board's website. The form must state that to the best of the donor's knowledge
354.28 the donated drug or supply has been properly stored under appropriate temperature and
354.29 humidity conditions and that the drug or supply has never been opened, used, tampered
354.30 with, adulterated, or misbranded.

354.31 (e) Donated drugs and supplies may be shipped or delivered to the premises of the central
354.32 repository or a local repository, and shall be inspected by a pharmacist or an authorized

355.1 practitioner who is employed by or under contract with the repository and who has been
355.2 designated by the repository to accept donations. A drop box must not be used to deliver
355.3 or accept donations.

355.4 (f) The central repository and local repository shall inventory all drugs and supplies
355.5 donated to the repository. For each drug, the inventory must include the drug's name, strength,
355.6 quantity, manufacturer, expiration date, and the date the drug was donated. For each medical
355.7 supply, the inventory must include a description of the supply, its manufacturer, the date
355.8 the supply was donated, and, if applicable, the supply's brand name and expiration date.

355.9 Subd. 7. **Standards and procedures for inspecting and storing donated ~~prescription~~**
355.10 **drugs and supplies.** (a) A pharmacist or authorized practitioner who is employed by or
355.11 under contract with the central repository or a local repository shall inspect all donated
355.12 ~~prescription~~ drugs and supplies before the drug or supply is dispensed to determine, to the
355.13 extent reasonably possible in the professional judgment of the pharmacist or practitioner,
355.14 that the drug or supply is not adulterated or misbranded, has not been tampered with, is safe
355.15 and suitable for dispensing, has not been subject to a recall, and meets the requirements for
355.16 donation. The pharmacist or practitioner who inspects the drugs or supplies shall sign an
355.17 inspection record stating that the requirements for donation have been met. If a local
355.18 repository receives drugs and supplies from the central repository, the local repository does
355.19 not need to reinspect the drugs and supplies.

355.20 (b) The central repository and local repositories shall store donated drugs and supplies
355.21 in a secure storage area under environmental conditions appropriate for the drug or supply
355.22 being stored. Donated drugs and supplies may not be stored with nondonated inventory.

355.23 (c) The central repository and local repositories shall dispose of all ~~prescription~~ drugs
355.24 and medical supplies that are not suitable for donation in compliance with applicable federal
355.25 and state statutes, regulations, and rules concerning hazardous waste.

355.26 (d) In the event that controlled substances or ~~prescription~~ drugs that can only be dispensed
355.27 to a patient registered with the drug's manufacturer are shipped or delivered to a central or
355.28 local repository for donation, the shipment delivery must be documented by the repository
355.29 and returned immediately to the donor or the donor's representative that provided the drugs.

355.30 (e) Each repository must develop drug and medical supply recall policies and procedures.
355.31 If a repository receives a recall notification, the repository shall destroy all of the drug or
355.32 medical supply in its inventory that is the subject of the recall and complete a record of
355.33 destruction form in accordance with paragraph (f). If a drug or medical supply that is the
355.34 subject of a Class I or Class II recall has been dispensed, the repository shall immediately

notify the recipient of the recalled drug or medical supply. A drug that potentially is subject to a recall need not be destroyed if its packaging bears a lot number and that lot of the drug is not subject to the recall. If no lot number is on the drug's packaging, it must be destroyed.

(f) A record of destruction of donated drugs and supplies that are not dispensed under subdivision 8, are subject to a recall under paragraph (e), or are not suitable for donation shall be maintained by the repository for at least two years. For each drug or supply destroyed, the record shall include the following information:

(1) the date of destruction;

(2) the name, strength, and quantity of the drug destroyed; and

(3) the name of the person or firm that destroyed the drug.

Subd. 8. **Dispensing requirements.** (a) Donated drugs and supplies may be dispensed if the drugs or supplies are prescribed by a practitioner for use by an eligible individual and are dispensed by a pharmacist or practitioner. A repository shall dispense drugs and supplies to eligible individuals in the following priority order: (1) individuals who are uninsured; (2) individuals with no prescription drug coverage; and (3) individuals who are underinsured. A repository shall dispense donated ~~prescription~~ drugs in compliance with applicable federal and state laws and regulations for dispensing ~~prescription~~ drugs, including all requirements relating to packaging, labeling, record keeping, drug utilization review, and patient counseling.

(b) Before dispensing or administering a drug or supply, the pharmacist or practitioner shall visually inspect the drug or supply for adulteration, misbranding, tampering, and date of expiration. Drugs or supplies that have expired or appear upon visual inspection to be adulterated, misbranded, or tampered with in any way must not be dispensed or administered.

(c) Before a drug or supply is dispensed or administered to an individual, the individual must sign a drug repository recipient form acknowledging that the individual understands the information stated on the form. The board shall develop the form and make it available on the board's website. The form must include the following information:

(1) that the drug or supply being dispensed or administered has been donated and may have been previously dispensed;

(2) that a visual inspection has been conducted by the pharmacist or practitioner to ensure that the drug or supply has not expired, has not been adulterated or misbranded, and is in its original, unopened packaging; and

(3) that the dispensing pharmacist, the dispensing or administering practitioner, the central repository or local repository, the Board of Pharmacy, and any other participant of the ~~drug~~ medication repository program cannot guarantee the safety of the drug or medical supply being dispensed or administered and that the pharmacist or practitioner has determined that the drug or supply is safe to dispense or administer based on the accuracy of the donor's form submitted with the donated drug or medical supply and the visual inspection required to be performed by the pharmacist or practitioner before dispensing or administering.

Subd. 9. **Handling fees.** (a) The central or local repository may charge the individual receiving a drug or supply a handling fee of no more than 250 percent of the medical assistance program dispensing fee for each drug or medical supply dispensed or administered by that repository.

(b) A repository that dispenses or administers a drug or medical supply through the drug repository program shall not receive reimbursement under the medical assistance program or the MinnesotaCare program for that dispensed or administered drug or supply.

Subd. 10. **Distribution of donated drugs and supplies.** (a) The central repository and local repositories may distribute drugs and supplies donated under the drug repository program to other participating repositories for use pursuant to this program.

(b) A local repository that elects not to dispense donated drugs or supplies must transfer all donated drugs and supplies to the central repository. A copy of the donor form that was completed by the original donor under subdivision 6 must be provided to the central repository at the time of transfer.

Subd. 11. **Forms and record-keeping requirements.** (a) The following forms developed for the administration of this program shall be utilized by the participants of the program and shall be available on the board's website:

(1) intake application form described under subdivision 5;

(2) local repository participation form described under subdivision 4;

(3) local repository withdrawal form described under subdivision 4;

(4) ~~drug~~ medication repository donor form described under subdivision 6;

(5) record of destruction form described under subdivision 7; and

(6) ~~drug~~ medication repository recipient form described under subdivision 8.

(b) All records, including drug inventory, inspection, and disposal of donated ~~prescription~~ drugs and medical supplies, must be maintained by a repository for a minimum of two years.

358.1 Records required as part of this program must be maintained pursuant to all applicable
358.2 practice acts.

358.3 (c) Data collected by the ~~drug~~ medication repository program from all local repositories
358.4 shall be submitted quarterly or upon request to the central repository. Data collected may
358.5 consist of the information, records, and forms required to be collected under this section.

358.6 (d) The central repository shall submit reports to the board as required by the contract
358.7 or upon request of the board.

358.8 Subd. 12. **Liability.** (a) The manufacturer of a drug or supply is not subject to criminal
358.9 or civil liability for injury, death, or loss to a person or to property for causes of action
358.10 described in clauses (1) and (2). A manufacturer is not liable for:

358.11 (1) the intentional or unintentional alteration of the drug or supply by a party not under
358.12 the control of the manufacturer; or

358.13 (2) the failure of a party not under the control of the manufacturer to transfer or
358.14 communicate product or consumer information or the expiration date of the donated drug
358.15 or supply.

358.16 (b) A health care facility participating in the program, a pharmacist dispensing a drug
358.17 or supply pursuant to the program, a practitioner dispensing or administering a drug or
358.18 supply pursuant to the program, or a donor of a drug or medical supply is immune from
358.19 civil liability for an act or omission that causes injury to or the death of an individual to
358.20 whom the drug or supply is dispensed and no disciplinary action by a health-related licensing
358.21 board shall be taken against a pharmacist or practitioner so long as the drug or supply is
358.22 donated, accepted, distributed, and dispensed according to the requirements of this section.
358.23 This immunity does not apply if the act or omission involves reckless, wanton, or intentional
358.24 misconduct, or malpractice unrelated to the quality of the drug or medical supply.

358.25 Subd. 13. **Drug returned for credit.** Nothing in this section allows a long-term care
358.26 facility to donate a drug to a central or local repository when federal or state law requires
358.27 the drug to be returned to the pharmacy that initially dispensed it, so that the pharmacy can
358.28 credit the payer for the amount of the drug returned.

358.29 Subd. 14. **Cooperation.** The central repository, as approved by the Board of Pharmacy,
358.30 may enter into an agreement with another state that has an established drug repository or
358.31 drug donation program if the other state's program includes regulations to ensure the purity,
358.32 integrity, and safety of the drugs and supplies donated, to permit the central repository to
358.33 offer to another state program inventory that is not needed by a Minnesota resident and to

359.1 accept inventory from another state program to be distributed to local repositories and
359.2 dispensed to Minnesota residents in accordance with this program.

359.3 Subd. 15. **Funding.** The central repository may seek grants and other funds from nonprofit
359.4 charitable organizations, the federal government, and other sources to fund the ongoing
359.5 operations of the medication repository program.

359.6 Sec. 56. Minnesota Statutes 2020, section 152.125, is amended to read:

359.7 **152.125 INTRACTABLE PAIN.**

359.8 Subdivision 1. ~~**Definition**~~ **Definitions.** (a) For purposes of this section, the terms in this
359.9 subdivision have the meanings given.

359.10 (b) "Drug diversion" means the unlawful transfer of prescription drugs from their licit
359.11 medical purpose to the illicit marketplace.

359.12 (c) "Intractable pain" means a pain state in which the cause of the pain cannot be removed
359.13 or otherwise treated with the consent of the patient and in which, in the generally accepted
359.14 course of medical practice, no relief or cure of the cause of the pain is possible, or none has
359.15 been found after reasonable efforts. Examples of conditions associated with intractable pain
359.16 sometimes but do not always include cancer and the recovery period, sickle cell disease,
359.17 noncancer pain, rare diseases, orphan diseases, severe injuries, and health conditions requiring
359.18 the provision of palliative care or hospice care. Reasonable efforts for relieving or curing
359.19 the cause of the pain may be determined on the basis of, but are not limited to, the following:

359.20 (1) when treating a nonterminally ill patient for intractable pain, an evaluation conducted
359.21 by the attending physician and one or more physicians specializing in pain medicine or the
359.22 treatment of the area, system, or organ of the body confirmed or perceived as the source of
359.23 the intractable pain; or

359.24 (2) when treating a terminally ill patient, an evaluation conducted by the attending
359.25 physician who does so in accordance with the standard of care and the level of care, skill,
359.26 and treatment that would be recognized by a reasonably prudent physician under similar
359.27 conditions and circumstances.

359.28 (d) "Palliative care" has the meaning provided in section 144A.75, subdivision 12.

359.29 (e) "Rare disease" means a disease, disorder, or condition that affects fewer than 200,000
359.30 individuals in the United States and is chronic, serious, life altering, or life threatening.

360.1 Subd. 1a. **Criteria for the evaluation and treatment of intractable pain.** The evaluation
360.2 and treatment of intractable pain when treating a nonterminally ill patient is governed by
360.3 the following criteria:

360.4 (1) a diagnosis of intractable pain by the treating physician and either by a physician
360.5 specializing in pain medicine or a physician treating the area, system, or organ of the body
360.6 that is the source of the pain is sufficient to meet the definition of intractable pain; and

360.7 (2) the cause of the diagnosis of intractable pain must not interfere with medically
360.8 necessary treatment including but not limited to prescribing or administering a controlled
360.9 substance in Schedules II to V of section 152.02.

360.10 Subd. 2. **Prescription and administration of controlled substances for intractable**
360.11 **pain.** (a) Notwithstanding any other provision of this chapter, a physician, advanced practice
360.12 registered nurse, or physician assistant may prescribe or administer a controlled substance
360.13 in Schedules II to V of section 152.02 to ~~an individual~~ a patient in the course of the
360.14 physician's, advanced practice registered nurse's, or physician assistant's treatment of the
360.15 ~~individual~~ patient for a diagnosed condition causing intractable pain. No physician, advanced
360.16 practice registered nurse, or physician assistant shall be subject to disciplinary action by
360.17 the Board of Medical Practice or Board of Nursing for appropriately prescribing or
360.18 administering a controlled substance in Schedules II to V of section 152.02 in the course
360.19 of treatment of ~~an individual~~ a patient for intractable pain, provided the physician, advanced
360.20 practice registered nurse, or physician assistant:

360.21 (1) keeps accurate records of the purpose, use, prescription, and disposal of controlled
360.22 substances, writes accurate prescriptions, and prescribes medications in conformance with
360.23 chapter 147~~.~~ or 148 or in accordance with the current standard of care; and

360.24 (2) enters into a patient-provider agreement that meets the criteria in subdivision 5.

360.25 (b) No physician, advanced practice registered nurse, or physician assistant, acting in
360.26 good faith and based on the needs of the patient, shall be subject to any civil or criminal
360.27 action or investigation, disenrollment, or termination by the commissioner of health or
360.28 human services solely for prescribing a dosage that equates to an upward deviation from
360.29 morphine milligram equivalent dosage recommendations or thresholds specified in state or
360.30 federal opioid prescribing guidelines or policies, including but not limited to the Guideline
360.31 for Prescribing Opioids for Chronic Pain issued by the Centers for Disease Control and
360.32 Prevention, Minnesota opioid prescribing guidelines, the Minnesota opioid prescribing
360.33 improvement program, and the Minnesota quality improvement program established under
360.34 section 256B.0638.

361.1 (c) A physician, advanced practice registered nurse, or physician assistant treating
361.2 intractable pain by prescribing, dispensing, or administering a controlled substance in
361.3 Schedules II to V of section 152.02 that includes but is not opioid analgesics must not taper
361.4 a patient's medication dosage solely to meet a predetermined morphine milligram equivalent
361.5 dosage recommendation or threshold if the patient is stable and compliant with the treatment
361.6 plan, is experiencing no serious harm from the level of medication currently being prescribed
361.7 or previously prescribed, and is in compliance with the patient-provider agreement as
361.8 described in subdivision 5.

361.9 (d) A physician's, advanced practice registered nurse's, or physician assistant's decision
361.10 to taper a patient's medication dosage must be based on factors other than a morphine
361.11 milligram equivalent recommendation or threshold.

361.12 (e) No pharmacist, health plan company, or pharmacy benefit manager shall refuse to
361.13 fill a prescription for an opiate issued by a licensed practitioner with the authority to prescribe
361.14 opiates solely based on the prescription exceeding a predetermined morphine milligram
361.15 equivalent dosage recommendation or threshold. Health plan companies that participate in
361.16 Minnesota health care programs under chapters 256B and 256L, and pharmacy benefit
361.17 managers under contract with these health plan companies, must comply with section 1004
361.18 of the federal SUPPORT Act, Public Law 115-271, when providing services to medical
361.19 assistance and MinnesotaCare enrollees.

361.20 Subd. 3. **Limits on applicability.** This section does not apply to:

361.21 (1) a physician's, advanced practice registered nurse's, or physician assistant's treatment
361.22 of an individual a patient for chemical dependency resulting from the use of controlled
361.23 substances in Schedules II to V of section 152.02;

361.24 (2) the prescription or administration of controlled substances in Schedules II to V of
361.25 section 152.02 to an individual a patient whom the physician, advanced practice registered
361.26 nurse, or physician assistant knows to be using the controlled substances for nontherapeutic
361.27 or drug diversion purposes;

361.28 (3) the prescription or administration of controlled substances in Schedules II to V of
361.29 section 152.02 for the purpose of terminating the life of an individual a patient having
361.30 intractable pain; or

361.31 (4) the prescription or administration of a controlled substance in Schedules II to V of
361.32 section 152.02 that is not a controlled substance approved by the United States Food and
361.33 Drug Administration for pain relief.

362.1 Subd. 4. **Notice of risks.** Prior to treating ~~an individual~~ a patient for intractable pain in
362.2 accordance with subdivision 2, a physician, advanced practice registered nurse, or physician
362.3 assistant shall discuss with the ~~individual~~ patient or the patient's legal guardian, if applicable,
362.4 the risks associated with the controlled substances in Schedules II to V of section 152.02
362.5 to be prescribed or administered in the course of the physician's, advanced practice registered
362.6 nurse's, or physician assistant's treatment of ~~an individual~~ a patient, and document the
362.7 discussion in the ~~individual's~~ patient's record as required in the patient-provider agreement
362.8 described in subdivision 5.

362.9 Subd. 5. **Patient-provider agreement.** (a) Before treating a patient for intractable pain,
362.10 a physician, advanced practice registered nurse, or physician assistant and the patient or the
362.11 patient's legal guardian, if applicable, must mutually agree to the treatment and enter into
362.12 a provider-patient agreement. The agreement must include a description of the prescriber's
362.13 and the patient's expectations, responsibilities, and rights according to best practices and
362.14 current standards of care.

362.15 (b) The agreement must be signed by the patient or the patient's legal guardian, if
362.16 applicable, and the physician, advanced practice registered nurse, or physician assistant and
362.17 included in the patient's medical records. A copy of the signed agreement must be provided
362.18 to the patient.

362.19 (c) The agreement must be reviewed by the patient and the physician, advanced practice
362.20 registered nurse, or physician assistant annually. If there is a change in the patient's treatment
362.21 plan, the agreement must be updated and a revised agreement must be signed by the patient
362.22 or the patient's legal guardian. A copy of the revised agreement must be included in the
362.23 patient's medical record and a copy must be provided to the patient.

362.24 (d) A patient-provider agreement is not required in an emergency or inpatient hospital
362.25 setting.

362.26 Sec. 57. Minnesota Statutes 2021 Supplement, section 256B.0625, subdivision 13, is
362.27 amended to read:

362.28 Subd. 13. **Drugs.** (a) Medical assistance covers drugs, except for fertility drugs when
362.29 specifically used to enhance fertility, if prescribed by a licensed practitioner and dispensed
362.30 by a licensed pharmacist, by a physician enrolled in the medical assistance program as a
362.31 dispensing physician, or by a physician, a physician assistant, or an advanced practice
362.32 registered nurse employed by or under contract with a community health board as defined
362.33 in section 145A.02, subdivision 5, for the purposes of communicable disease control.

363.1 (b) The dispensed quantity of a prescription drug must not exceed a 34-day supply,
363.2 unless authorized by the commissioner or the drug appears on the 90-day supply list published
363.3 by the commissioner. The 90-day supply list shall be published by the commissioner on the
363.4 department's website. The commissioner may add to, delete from, and otherwise modify
363.5 the 90-day supply list after providing public notice and the opportunity for a 15-day public
363.6 comment period. The 90-day supply list may include cost-effective generic drugs and shall
363.7 not include controlled substances.

363.8 (c) For the purpose of this subdivision and subdivision 13d, an "active pharmaceutical
363.9 ingredient" is defined as a substance that is represented for use in a drug and when used in
363.10 the manufacturing, processing, or packaging of a drug becomes an active ingredient of the
363.11 drug product. An "excipient" is defined as an inert substance used as a diluent or vehicle
363.12 for a drug. The commissioner shall establish a list of active pharmaceutical ingredients and
363.13 excipients which are included in the medical assistance formulary. Medical assistance covers
363.14 selected active pharmaceutical ingredients and excipients used in compounded prescriptions
363.15 when the compounded combination is specifically approved by the commissioner or when
363.16 a commercially available product:

363.17 (1) is not a therapeutic option for the patient;

363.18 (2) does not exist in the same combination of active ingredients in the same strengths
363.19 as the compounded prescription; and

363.20 (3) cannot be used in place of the active pharmaceutical ingredient in the compounded
363.21 prescription.

363.22 (d) Medical assistance covers the following over-the-counter drugs when prescribed by
363.23 a licensed practitioner or by a licensed pharmacist who meets standards established by the
363.24 commissioner, in consultation with the board of pharmacy: antacids, acetaminophen, family
363.25 planning products, aspirin, insulin, products for the treatment of lice, vitamins for adults
363.26 with documented vitamin deficiencies, vitamins for children under the age of seven and
363.27 pregnant or nursing women, and any other over-the-counter drug identified by the
363.28 commissioner, in consultation with the Formulary Committee, as necessary, appropriate,
363.29 and cost-effective for the treatment of certain specified chronic diseases, conditions, or
363.30 disorders, and this determination shall not be subject to the requirements of chapter 14. A
363.31 pharmacist may prescribe over-the-counter medications as provided under this paragraph
363.32 for purposes of receiving reimbursement under Medicaid. When prescribing over-the-counter
363.33 drugs under this paragraph, licensed pharmacists must consult with the recipient to determine

364.1 necessity, provide drug counseling, review drug therapy for potential adverse interactions,
364.2 and make referrals as needed to other health care professionals.

364.3 (e) Effective January 1, 2006, medical assistance shall not cover drugs that are coverable
364.4 under Medicare Part D as defined in the Medicare Prescription Drug, Improvement, and
364.5 Modernization Act of 2003, Public Law 108-173, section 1860D-2(e), for individuals eligible
364.6 for drug coverage as defined in the Medicare Prescription Drug, Improvement, and
364.7 Modernization Act of 2003, Public Law 108-173, section 1860D-1(a)(3)(A). For these
364.8 individuals, medical assistance may cover drugs from the drug classes listed in United States
364.9 Code, title 42, section 1396r-8(d)(2), subject to this subdivision and subdivisions 13a to
364.10 13g, except that drugs listed in United States Code, title 42, section 1396r-8(d)(2)(E), shall
364.11 not be covered.

364.12 (f) Medical assistance covers drugs acquired through the federal 340B Drug Pricing
364.13 Program and dispensed by 340B covered entities and ambulatory pharmacies under common
364.14 ownership of the 340B covered entity. Medical assistance does not cover drugs acquired
364.15 through the federal 340B Drug Pricing Program and dispensed by 340B contract pharmacies.

364.16 (g) Notwithstanding paragraph (a), medical assistance covers self-administered hormonal
364.17 contraceptives prescribed and dispensed by a licensed pharmacist in accordance with section
364.18 151.37, subdivision 14; nicotine replacement medications prescribed and dispensed by a
364.19 licensed pharmacist in accordance with section 151.37, subdivision 15; and opiate antagonists
364.20 used for the treatment of an acute opiate overdose prescribed and dispensed by a licensed
364.21 pharmacist in accordance with section 151.37, subdivision 16.

364.22 (h) Medical assistance coverage of, and reimbursement for, antiretroviral drugs to prevent
364.23 the acquisition of human immunodeficiency virus (HIV) and any laboratory testing necessary
364.24 for therapy that uses these drugs must meet the requirements that would otherwise apply to
364.25 a health plan under section 62Q.524.

364.26 Sec. 58. Minnesota Statutes 2020, section 256B.0625, subdivision 13f, is amended to read:

364.27 Subd. 13f. **Prior authorization.** (a) The Formulary Committee shall review and
364.28 recommend drugs which require prior authorization. The Formulary Committee shall
364.29 establish general criteria to be used for the prior authorization of brand-name drugs for
364.30 which generically equivalent drugs are available, but the committee is not required to review
364.31 each brand-name drug for which a generically equivalent drug is available.

364.32 (b) Prior authorization may be required by the commissioner before certain formulary
364.33 drugs are eligible for payment. The Formulary Committee may recommend drugs for prior

365.1 authorization directly to the commissioner. The commissioner may also request that the
365.2 Formulary Committee review a drug for prior authorization. Before the commissioner may
365.3 require prior authorization for a drug:

365.4 (1) the commissioner must provide information to the Formulary Committee on the
365.5 impact that placing the drug on prior authorization may have on the quality of patient care
365.6 and on program costs, information regarding whether the drug is subject to clinical abuse
365.7 or misuse, and relevant data from the state Medicaid program if such data is available;

365.8 (2) the Formulary Committee must review the drug, taking into account medical and
365.9 clinical data and the information provided by the commissioner; and

365.10 (3) the Formulary Committee must hold a public forum and receive public comment for
365.11 an additional 15 days.

365.12 The commissioner must provide a 15-day notice period before implementing the prior
365.13 authorization.

365.14 (c) Except as provided in subdivision 13j, prior authorization shall not be required or
365.15 utilized for any atypical antipsychotic drug prescribed for the treatment of mental illness
365.16 if:

365.17 (1) there is no generically equivalent drug available; and

365.18 (2) the drug was initially prescribed for the recipient prior to July 1, 2003; or

365.19 (3) the drug is part of the recipient's current course of treatment.

365.20 This paragraph applies to any multistate preferred drug list or supplemental drug rebate
365.21 program established or administered by the commissioner. Prior authorization shall
365.22 automatically be granted for 60 days for brand name drugs prescribed for treatment of mental
365.23 illness within 60 days of when a generically equivalent drug becomes available, provided
365.24 that the brand name drug was part of the recipient's course of treatment at the time the
365.25 generically equivalent drug became available.

365.26 (d) The commissioner may require prior authorization for brand name drugs whenever
365.27 a generically equivalent product is available, even if the prescriber specifically indicates
365.28 "dispense as written-brand necessary" on the prescription as required by section 151.21,
365.29 subdivision 2.

365.30 (e) Notwithstanding this subdivision, the commissioner may automatically require prior
365.31 authorization, for a period not to exceed 180 days, for any drug that is approved by the
365.32 United States Food and Drug Administration on or after July 1, 2005. The 180-day period

366.1 begins no later than the first day that a drug is available for shipment to pharmacies within
366.2 the state. The Formulary Committee shall recommend to the commissioner general criteria
366.3 to be used for the prior authorization of the drugs, but the committee is not required to
366.4 review each individual drug. In order to continue prior authorizations for a drug after the
366.5 180-day period has expired, the commissioner must follow the provisions of this subdivision.

366.6 (f) Prior authorization under this subdivision shall comply with ~~section~~ sections 62Q.184
366.7 and 62Q.1842.

366.8 (g) Any step therapy protocol requirements established by the commissioner must comply
366.9 with ~~section~~ sections 62Q.1841 and 62Q.1842.

366.10 Sec. 59. **STUDY OF PHARMACY AND PROVIDER CHOICE OF BIOLOGICAL**
366.11 **PRODUCTS.**

366.12 The commissioner of health, within the limits of existing resources, shall analyze the
366.13 effect of Minnesota Statutes, section 62W.0751, on the net price for different payors of
366.14 biological products, interchangeable biological products, and biosimilar products. The
366.15 commissioner of health shall report findings to the chairs and ranking minority members
366.16 of the legislative committees with jurisdiction over health and human services finance and
366.17 policy and insurance by December 15, 2024.

366.18 **ARTICLE 7**
366.19 **HEALTH INSURANCE**

366.20 Section 1. Minnesota Statutes 2020, section 62A.25, subdivision 2, is amended to read:

366.21 Subd. 2. **Required coverage.** (a) Every policy, plan, certificate or contract to which this
366.22 section applies shall provide benefits for reconstructive surgery when such service is
366.23 incidental to or follows surgery resulting from injury, sickness or other diseases of the
366.24 involved part or when such service is performed on a covered dependent child because of
366.25 congenital disease or anomaly which has resulted in a functional defect as determined by
366.26 the attending physician.

366.27 (b) The coverage limitations on reconstructive surgery in paragraph (a) do not apply to
366.28 reconstructive breast surgery: (1) following mastectomies; or (2) if the patient has been
366.29 diagnosed with ectodermal dysplasia and has congenitally absent breast tissue or nipples.
366.30 ~~In these cases, Coverage for reconstructive surgery must be provided if the mastectomy is~~
366.31 ~~medically necessary as determined by the attending physician.~~

367.1 (c) Reconstructive surgery benefits include all stages of reconstruction ~~of the breast on~~
367.2 ~~which the mastectomy has been performed~~, including surgery and reconstruction of the
367.3 other breast to produce a symmetrical appearance, and prosthesis and physical complications
367.4 at all stages ~~of a mastectomy~~, including lymphedemas, in a manner determined in consultation
367.5 with the attending physician and patient. Coverage may be subject to annual deductible,
367.6 co-payment, and coinsurance provisions as may be deemed appropriate and as are consistent
367.7 with those established for other benefits under the plan or coverage. Coverage may not:

367.8 (1) deny to a patient eligibility, or continued eligibility, to enroll or to renew coverage
367.9 under the terms of the plan, solely for the purpose of avoiding the requirements of this
367.10 section; and

367.11 (2) penalize or otherwise reduce or limit the reimbursement of an attending provider, or
367.12 provide monetary or other incentives to an attending provider to induce the provider to
367.13 provide care to an individual participant or beneficiary in a manner inconsistent with this
367.14 section.

367.15 Written notice of the availability of the coverage must be delivered to the participant upon
367.16 enrollment and annually thereafter.

367.17 **EFFECTIVE DATE.** This section is effective January 1, 2023, and applies to health
367.18 plans offered, issued, or sold on or after that date.

367.19 Sec. 2. **[62A.255] COVERAGE OF LYMPHEDEMA TREATMENT.**

367.20 Subdivision 1. **Scope of coverage.** This section applies to all health plans that are sold,
367.21 issued, or renewed to a Minnesota resident.

367.22 Subd. 2. **Required coverage.** (a) Each health plan must provide coverage for lymphedema
367.23 treatment, including coverage for compression treatment items, complex decongestive
367.24 therapy, and outpatient self-management training and education during lymphedema treatment
367.25 if prescribed by a licensed health care professional. Lymphedema compression treatment
367.26 items include: (1) compression garments, stockings, and sleeves; (2) compression devices;
367.27 and (3) bandaging systems, components, and supplies that are primarily and customarily
367.28 used in the treatment of lymphedema.

367.29 (b) If applicable to the enrollee's health plan, a health carrier may require the prescribing
367.30 health care professional to be within the enrollee's health plan provider network if the
367.31 provider network meets network adequacy requirements under section 62K.10.

367.32 (c) A health plan must not apply any cost-sharing requirements, benefit limitations, or
367.33 service limitations for lymphedema treatment and compression treatment items that place

368.1 a greater financial burden on the enrollee or are more restrictive than cost-sharing
368.2 requirements or limitations applied by the health plan to other similar services or benefits.

368.3 **EFFECTIVE DATE.** This section is effective January 1, 2023, and applies to any health
368.4 plan issued, sold, or renewed on or after that date.

368.5 Sec. 3. Minnesota Statutes 2020, section 62A.28, subdivision 2, is amended to read:

368.6 Subd. 2. **Required coverage.** Every policy, plan, certificate, or contract referred to in
368.7 subdivision 1 ~~issued or renewed after August 1, 1987,~~ must provide coverage for scalp hair
368.8 prostheses worn for hair loss suffered as a result of alopecia areata or ectodermal dysplasias.

368.9 The coverage required by this section is subject to the co-payment, coinsurance,
368.10 deductible, and other enrollee cost-sharing requirements that apply to similar types of items
368.11 under the policy, plan, certificate, or contract and may be limited to one prosthesis per
368.12 benefit year.

368.13 **EFFECTIVE DATE.** This section is effective January 1, 2023, and applies to health
368.14 plans offered, issued, or sold on or after that date.

368.15 Sec. 4. Minnesota Statutes 2020, section 62A.30, is amended by adding a subdivision to
368.16 read:

368.17 Subd. 5. **Mammogram; diagnostic services and testing.** If a health care provider
368.18 determines an enrollee requires additional diagnostic services or testing after a mammogram,
368.19 a health plan must provide coverage for the additional diagnostic services or testing with
368.20 no cost sharing, including co-pay, deductible, or coinsurance.

368.21 **EFFECTIVE DATE.** This section is effective January 1, 2023, and applies to health
368.22 plans offered, issued, or sold on or after that date.

368.23 Sec. 5. **[62A.3096] COVERAGE FOR ECTODERMAL DYSPLASIAS.**

368.24 Subdivision 1. **Definition.** For purposes of this chapter, "ectodermal dysplasias" means
368.25 a genetic disorder involving the absence or deficiency of tissues and structures derived from
368.26 the embryonic ectoderm.

368.27 Subd. 2. **Coverage.** A health plan must provide coverage for the treatment of ectodermal
368.28 dysplasias.

368.29 Subd. 3. **Dental coverage.** (a) A health plan must provide coverage for dental treatments
368.30 related to ectodermal dysplasias. Covered dental treatments must include but are not limited
368.31 to bone grafts, dental implants, orthodontia, dental prosthodontics, and dental maintenance.

369.1 (b) If a dental treatment is eligible for coverage under a dental insurance plan or other
369.2 health plan, the coverage under this subdivision is secondary.

369.3 **EFFECTIVE DATE.** This section is effective January 1, 2023, and applies to health
369.4 plans offered, issued, or sold on or after that date.

369.5 Sec. 6. **[62Q.451] UNRESTRICTED ACCESS TO SERVICES FOR THE**
369.6 **DIAGNOSIS, MONITORING, AND TREATMENT OF RARE DISEASES.**

369.7 (a) No health plan company may restrict the choice of an enrollee as to where the enrollee
369.8 receives services from a licensed health care provider related to the diagnosis, monitoring,
369.9 and treatment of a rare disease or condition. Except as provided in paragraph (b), for purposes
369.10 of this section, "rare disease or condition" means any disease or condition:

369.11 (1) that affects fewer than 200,000 persons in the United States and is chronic, serious,
369.12 life-altering, or life-threatening;

369.13 (2) that affects more than 200,000 persons in the United States and a drug for treatment
369.14 has been designated as such pursuant to United States Code, title 21, section 360bb;

369.15 (3) that is labeled as a rare disease or condition on the Genetic and Rare Diseases
369.16 Information Center list created by the National Institutes of Health; or

369.17 (4) for which a pediatric patient:

369.18 (i) has received two or more clinical consultations from a primary care provider or
369.19 specialty provider;

369.20 (ii) has a delay in skill acquisition and development, regression in skill acquisition,
369.21 failure to thrive, or multisystemic involvement; and

369.22 (iii) had laboratory or clinical testing that failed to provide a definitive diagnosis or
369.23 resulted in conflicting diagnoses.

369.24 (b) A rare disease or condition does not include an infectious disease that has widely
369.25 available and known protocols for diagnosis and treatment and that is commonly treated in
369.26 a primary care setting, even if it affects less than 200,000 persons in the United States.

369.27 (c) Cost-sharing requirements and benefit or services limitations for the diagnosis and
369.28 treatment of a rare disease or condition must not place a greater financial burden on the
369.29 enrollee or be more restrictive than those requirements for in-network medical treatment.

369.30 (d) This section does not apply to health plan coverage provided through the State
369.31 Employee Group Insurance Program (SEGIP) under chapter 43A.

370.1 **EFFECTIVE DATE.** This section is effective January 1, 2023, and applies to health
370.2 plans offered, issued, or renewed on or after that date.

370.3 Sec. 7. Minnesota Statutes 2020, section 256B.0625, is amended by adding a subdivision
370.4 to read:

370.5 Subd. 68. **Services for the diagnosis, monitoring, and treatment of rare**
370.6 **diseases.** Medical assistance coverage for services related to the diagnosis, monitoring, and
370.7 treatment of a rare disease or condition must meet the requirements in section 62Q.451.

370.8 **EFFECTIVE DATE.** This section is effective January 1, 2023.

370.9 Sec. 8. Minnesota Statutes 2020, section 256B.0625, is amended by adding a subdivision
370.10 to read:

370.11 Subd. 69. **Ectodermal dysplasias.** Medical assistance and MinnesotaCare cover treatment
370.12 for ectodermal dysplasias. Coverage must meet the requirements of sections 62A.25, 62A.28,
370.13 and 62A.3096.

370.14 **EFFECTIVE DATE.** This section is effective January 1, 2023.

370.15 **ARTICLE 8**

370.16 **COMMUNITY SUPPORTS AND BEHAVIORAL HEALTH POLICY**

370.17 Section 1. Minnesota Statutes 2021 Supplement, section 62A.673, subdivision 2, is
370.18 amended to read:

370.19 Subd. 2. **Definitions.** (a) For purposes of this section, the terms defined in this subdivision
370.20 have the meanings given.

370.21 (b) "Distant site" means a site at which a health care provider is located while providing
370.22 health care services or consultations by means of telehealth.

370.23 (c) "Health care provider" means a health care professional who is licensed or registered
370.24 by the state to perform health care services within the provider's scope of practice and in
370.25 accordance with state law. A health care provider includes a mental health professional ~~as~~
370.26 ~~defined~~ under section ~~245.462, subdivision 18, or 245.4871, subdivision 27~~ 245I.04,
370.27 subdivision 2; a mental health practitioner ~~as defined~~ under section ~~245.462, subdivision~~
370.28 ~~17, or 245.4871, subdivision 26~~ 245I.04, subdivision 4; a clinical trainee under section
370.29 245I.04, subdivision 6; a treatment coordinator under section 245G.11, subdivision 7; an
370.30 alcohol and drug counselor under section 245G.11, subdivision 5; and a recovery peer under
370.31 section 245G.11, subdivision 8.

371.1 (d) "Health carrier" has the meaning given in section 62A.011, subdivision 2.

371.2 (e) "Health plan" has the meaning given in section 62A.011, subdivision 3. Health plan
371.3 includes dental plans as defined in section 62Q.76, subdivision 3, but does not include dental
371.4 plans that provide indemnity-based benefits, regardless of expenses incurred, and are designed
371.5 to pay benefits directly to the policy holder.

371.6 (f) "Originating site" means a site at which a patient is located at the time health care
371.7 services are provided to the patient by means of telehealth. For purposes of store-and-forward
371.8 technology, the originating site also means the location at which a health care provider
371.9 transfers or transmits information to the distant site.

371.10 (g) "Store-and-forward technology" means the asynchronous electronic transfer or
371.11 transmission of a patient's medical information or data from an originating site to a distant
371.12 site for the purposes of diagnostic and therapeutic assistance in the care of a patient.

371.13 (h) "Telehealth" means the delivery of health care services or consultations through the
371.14 use of real time two-way interactive audio and visual communications to provide or support
371.15 health care delivery and facilitate the assessment, diagnosis, consultation, treatment,
371.16 education, and care management of a patient's health care. Telehealth includes the application
371.17 of secure video conferencing, store-and-forward technology, and synchronous interactions
371.18 between a patient located at an originating site and a health care provider located at a distant
371.19 site. Until July 1, 2023, telehealth also includes audio-only communication between a health
371.20 care provider and a patient in accordance with subdivision 6, paragraph (b). Telehealth does
371.21 not include communication between health care providers that consists solely of a telephone
371.22 conversation, e-mail, or facsimile transmission. Telehealth does not include communication
371.23 between a health care provider and a patient that consists solely of an e-mail or facsimile
371.24 transmission. Telehealth does not include telemonitoring services as defined in paragraph
371.25 (i).

371.26 (i) "Telemonitoring services" means the remote monitoring of clinical data related to
371.27 the enrollee's vital signs or biometric data by a monitoring device or equipment that transmits
371.28 the data electronically to a health care provider for analysis. Telemonitoring is intended to
371.29 collect an enrollee's health-related data for the purpose of assisting a health care provider
371.30 in assessing and monitoring the enrollee's medical condition or status.

371.31 **EFFECTIVE DATE.** This section is effective July 1, 2022, or upon federal approval,
371.32 whichever is later. The commissioner of human services shall notify the revisor of statutes
371.33 when federal approval is obtained.

372.1 Sec. 2. Minnesota Statutes 2021 Supplement, section 148F.11, subdivision 1, is amended
372.2 to read:

372.3 Subdivision 1. **Other professionals.** (a) Nothing in this chapter prevents members of
372.4 other professions or occupations from performing functions for which they are qualified or
372.5 licensed. This exception includes, but is not limited to: licensed physicians; registered nurses;
372.6 licensed practical nurses; licensed psychologists and licensed psychological practitioners;
372.7 members of the clergy provided such services are provided within the scope of regular
372.8 ministries; American Indian medicine men and women; licensed attorneys; probation officers;
372.9 licensed marriage and family therapists; licensed social workers; social workers employed
372.10 by city, county, or state agencies; licensed professional counselors; licensed professional
372.11 clinical counselors; licensed school counselors; registered occupational therapists or
372.12 occupational therapy assistants; Upper Midwest Indian Council on Addictive Disorders
372.13 (UMICAD) certified counselors when providing services to Native American people; city,
372.14 county, or state employees when providing assessments or case management under Minnesota
372.15 Rules, chapter 9530; and ~~individuals defined in section 256B.0623, subdivision 5, clauses~~
372.16 ~~(1) to (6),~~ staff persons providing co-occurring substance use disorder treatment in adult
372.17 mental health rehabilitative programs certified or licensed by the Department of Human
372.18 Services under section 245I.23, 256B.0622, or 256B.0623.

372.19 (b) Nothing in this chapter prohibits technicians and resident managers in programs
372.20 licensed by the Department of Human Services from discharging their duties as provided
372.21 in Minnesota Rules, chapter 9530.

372.22 (c) Any person who is exempt from licensure under this section must not use a title
372.23 incorporating the words "alcohol and drug counselor" or "licensed alcohol and drug
372.24 counselor" or otherwise hold himself or herself out to the public by any title or description
372.25 stating or implying that he or she is engaged in the practice of alcohol and drug counseling,
372.26 or that he or she is licensed to engage in the practice of alcohol and drug counseling, unless
372.27 that person is also licensed as an alcohol and drug counselor. Persons engaged in the practice
372.28 of alcohol and drug counseling are not exempt from the board's jurisdiction solely by the
372.29 use of one of the titles in paragraph (a).

372.30 **EFFECTIVE DATE.** This section is effective July 1, 2022, or upon federal approval,
372.31 whichever is later. The commissioner of human services shall notify the revisor of statutes
372.32 when federal approval is obtained.

373.1 Sec. 3. Minnesota Statutes 2020, section 245.462, subdivision 4, is amended to read:

373.2 Subd. 4. **Case management service provider.** (a) "Case management service provider"
373.3 means a case manager or case manager associate employed by the county or other entity
373.4 authorized by the county board to provide case management services specified in section
373.5 245.4711.

373.6 (b) A case manager must:

373.7 (1) be skilled in the process of identifying and assessing a wide range of client needs;

373.8 (2) be knowledgeable about local community resources and how to use those resources
373.9 for the benefit of the client;

373.10 (3) be a mental health practitioner as defined in section 245I.04, subdivision 4, or have
373.11 a bachelor's degree in one of the behavioral sciences or related fields including, but not
373.12 limited to, social work, psychology, or nursing from an accredited college or university ~~or~~.
373.13 A case manager who is not a mental health practitioner and who does not have a bachelor's
373.14 degree in one of the behavioral sciences or related fields must meet the requirements of
373.15 paragraph (c); and

373.16 (4) meet the supervision and continuing education requirements described in paragraphs
373.17 (d), (e), and (f), as applicable.

373.18 (c) Case managers without a bachelor's degree must meet one of the requirements in
373.19 clauses (1) to (3):

373.20 (1) have three or four years of experience as a case manager associate as defined in this
373.21 section;

373.22 (2) be a registered nurse without a bachelor's degree and have a combination of
373.23 specialized training in psychiatry and work experience consisting of community interaction
373.24 and involvement or community discharge planning in a mental health setting totaling three
373.25 years; or

373.26 (3) be a person who qualified as a case manager under the 1998 Department of Human
373.27 Service waiver provision and meet the continuing education and mentoring requirements
373.28 in this section.

373.29 (d) A case manager with at least 2,000 hours of supervised experience in the delivery
373.30 of services to adults with mental illness must receive regular ongoing supervision and clinical
373.31 supervision totaling 38 hours per year of which at least one hour per month must be clinical
373.32 supervision regarding individual service delivery with a case management supervisor. The

374.1 remaining 26 hours of supervision may be provided by a case manager with two years of
374.2 experience. Group supervision may not constitute more than one-half of the required
374.3 supervision hours. Clinical supervision must be documented in the client record.

374.4 (e) A case manager without 2,000 hours of supervised experience in the delivery of
374.5 services to adults with mental illness must:

374.6 (1) receive clinical supervision regarding individual service delivery from a mental
374.7 health professional at least one hour per week until the requirement of 2,000 hours of
374.8 experience is met; and

374.9 (2) complete 40 hours of training approved by the commissioner in case management
374.10 skills and the characteristics and needs of adults with serious and persistent mental illness.

374.11 (f) A case manager who is not licensed, registered, or certified by a health-related
374.12 licensing board must receive 30 hours of continuing education and training in mental illness
374.13 and mental health services every two years.

374.14 (g) A case manager associate (CMA) must:

374.15 (1) work under the direction of a case manager or case management supervisor;

374.16 (2) be at least 21 years of age;

374.17 (3) have at least a high school diploma or its equivalent; and

374.18 (4) meet one of the following criteria:

374.19 (i) have an associate of arts degree in one of the behavioral sciences or human services;

374.20 (ii) be a certified peer specialist under section 256B.0615;

374.21 (iii) be a registered nurse without a bachelor's degree;

374.22 (iv) within the previous ten years, have three years of life experience with serious and
374.23 persistent mental illness as defined in subdivision 20; or as a child had severe emotional
374.24 disturbance as defined in section 245.4871, subdivision 6; or have three years life experience
374.25 as a primary caregiver to an adult with serious and persistent mental illness within the
374.26 previous ten years;

374.27 (v) have 6,000 hours work experience as a nondegreed state hospital technician; or

374.28 (vi) have at least 6,000 hours of supervised experience in the delivery of services to
374.29 persons with mental illness.

374.30 Individuals meeting one of the criteria in items (i) to (v) may qualify as a case manager
374.31 after four years of supervised work experience as a case manager associate. Individuals

375.1 meeting the criteria in item (vi) may qualify as a case manager after three years of supervised
375.2 experience as a case manager associate.

375.3 (h) A case management associate must meet the following supervision, mentoring, and
375.4 continuing education requirements:

375.5 (1) have 40 hours of preservice training described under paragraph (e), clause (2);

375.6 (2) receive at least 40 hours of continuing education in mental illness and mental health
375.7 services annually; and

375.8 (3) receive at least five hours of mentoring per week from a case management mentor.

375.9 A "case management mentor" means a qualified, practicing case manager or case management
375.10 supervisor who teaches or advises and provides intensive training and clinical supervision
375.11 to one or more case manager associates. Mentoring may occur while providing direct services
375.12 to consumers in the office or in the field and may be provided to individuals or groups of
375.13 case manager associates. At least two mentoring hours per week must be individual and
375.14 face-to-face.

375.15 (i) A case management supervisor must meet the criteria for mental health professionals,
375.16 as specified in subdivision 18.

375.17 (j) An immigrant who does not have the qualifications specified in this subdivision may
375.18 provide case management services to adult immigrants with serious and persistent mental
375.19 illness who are members of the same ethnic group as the case manager if the person:

375.20 (1) is currently enrolled in and is actively pursuing credits toward the completion of a
375.21 bachelor's degree in one of the behavioral sciences or a related field including, but not
375.22 limited to, social work, psychology, or nursing from an accredited college or university;

375.23 (2) completes 40 hours of training as specified in this subdivision; and

375.24 (3) receives clinical supervision at least once a week until the requirements of this
375.25 subdivision are met.

375.26 Sec. 4. Minnesota Statutes 2021 Supplement, section 245.467, subdivision 2, is amended
375.27 to read:

375.28 Subd. 2. **Diagnostic assessment.** ~~Providers~~ A provider of services governed by this
375.29 section must complete a diagnostic assessment of a client according to the standards of
375.30 section 245I.10~~, subdivisions 4 to 6~~.

376.1 **EFFECTIVE DATE.** This section is effective July 1, 2022, or upon federal approval,
376.2 whichever is later. The commissioner of human services shall notify the revisor of statutes
376.3 when federal approval is obtained.

376.4 Sec. 5. Minnesota Statutes 2021 Supplement, section 245.467, subdivision 3, is amended
376.5 to read:

376.6 Subd. 3. **Individual treatment plans.** ~~Providers~~ A provider of services governed by
376.7 this section must complete an individual treatment plan for a client according to the standards
376.8 of section 245I.10, subdivisions 7 and 8.

376.9 **EFFECTIVE DATE.** This section is effective July 1, 2022, or upon federal approval,
376.10 whichever is later. The commissioner of human services shall notify the revisor of statutes
376.11 when federal approval is obtained.

376.12 Sec. 6. Minnesota Statutes 2021 Supplement, section 245.4871, subdivision 21, is amended
376.13 to read:

376.14 Subd. 21. **Individual treatment plan.** (a) "Individual treatment plan" means the
376.15 formulation of planned services that are responsive to the needs and goals of a client. An
376.16 individual treatment plan must be completed according to section 245I.10, subdivisions 7
376.17 and 8.

376.18 (b) A children's residential facility licensed under Minnesota Rules, chapter 2960, is
376.19 exempt from the requirements of section 245I.10, subdivisions 7 and 8. Instead, the individual
376.20 treatment plan must:

376.21 (1) include a written plan of intervention, treatment, and services for a child with an
376.22 emotional disturbance that the service provider develops under the clinical supervision of
376.23 a mental health professional on the basis of a diagnostic assessment;

376.24 (2) be developed in conjunction with the family unless clinically inappropriate; and

376.25 (3) identify goals and objectives of treatment, treatment strategy, a schedule for
376.26 accomplishing treatment goals and objectives, and the individuals responsible for providing
376.27 treatment to the child with an emotional disturbance.

376.28 **EFFECTIVE DATE.** This section is effective July 1, 2022, or upon federal approval,
376.29 whichever is later. The commissioner of human services shall notify the revisor of statutes
376.30 when federal approval is obtained.

377.1 Sec. 7. Minnesota Statutes 2021 Supplement, section 245.4876, subdivision 2, is amended
377.2 to read:

377.3 Subd. 2. **Diagnostic assessment.** Providers A provider of services governed by this
377.4 section shall must complete a diagnostic assessment of a client according to the standards
377.5 of section 245I.10, subdivisions 4 to 6. Notwithstanding the required timelines for completing
377.6 a diagnostic assessment in section 245I.10, a children's residential facility licensed under
377.7 Minnesota Rules, chapter 2960, that provides mental health services to children must, within
377.8 ten days of the client's admission: (1) complete the client's diagnostic assessment; or (2)
377.9 review and update the client's diagnostic assessment with a summary of the child's current
377.10 mental health status and service needs if a diagnostic assessment is available that was
377.11 completed within 180 days preceding admission and the client's mental health status has
377.12 not changed markedly since the diagnostic assessment.

377.13 **EFFECTIVE DATE.** This section is effective July 1, 2022, or upon federal approval,
377.14 whichever is later. The commissioner of human services shall notify the revisor of statutes
377.15 when federal approval is obtained.

377.16 Sec. 8. Minnesota Statutes 2021 Supplement, section 245.4876, subdivision 3, is amended
377.17 to read:

377.18 Subd. 3. **Individual treatment plans.** Providers A provider of services governed by
377.19 this section shall must complete an individual treatment plan for a client according to the
377.20 standards of section 245I.10, subdivisions 7 and 8. A children's residential facility licensed
377.21 according to Minnesota Rules, chapter 2960, is exempt from the requirements in section
377.22 245I.10, subdivisions 7 and 8. Instead, the facility must involve the child and the child's
377.23 family in all phases of developing and implementing the individual treatment plan to the
377.24 extent appropriate and must review the individual treatment plan every 90 days after intake.

377.25 **EFFECTIVE DATE.** This section is effective July 1, 2022, or upon federal approval,
377.26 whichever is later. The commissioner of human services shall notify the revisor of statutes
377.27 when federal approval is obtained.

377.28 Sec. 9. Minnesota Statutes 2021 Supplement, section 245.735, subdivision 3, is amended
377.29 to read:

377.30 Subd. 3. **Certified community behavioral health clinics.** (a) The commissioner shall
377.31 establish a state certification process for certified community behavioral health clinics
377.32 (CCBHCs) that satisfy all federal requirements necessary for CCBHCs certified under this
377.33 section to be eligible for reimbursement under medical assistance, without service area

378.1 limits based on geographic area or region. The commissioner shall consult with CCBHC
378.2 stakeholders before establishing and implementing changes in the certification process and
378.3 requirements. Entities that choose to be CCBHCs must:

378.4 (1) comply with state licensing requirements and other requirements issued by the
378.5 commissioner;

378.6 (2) employ or contract for clinic staff who have backgrounds in diverse disciplines,
378.7 including licensed mental health professionals and licensed alcohol and drug counselors,
378.8 and staff who are culturally and linguistically trained to meet the needs of the population
378.9 the clinic serves;

378.10 (3) ensure that clinic services are available and accessible to individuals and families of
378.11 all ages and genders and that crisis management services are available 24 hours per day;

378.12 (4) establish fees for clinic services for individuals who are not enrolled in medical
378.13 assistance using a sliding fee scale that ensures that services to patients are not denied or
378.14 limited due to an individual's inability to pay for services;

378.15 (5) comply with quality assurance reporting requirements and other reporting
378.16 requirements, including any required reporting of encounter data, clinical outcomes data,
378.17 and quality data;

378.18 (6) provide crisis mental health and substance use services, withdrawal management
378.19 services, emergency crisis intervention services, and stabilization services through existing
378.20 mobile crisis services; screening, assessment, and diagnosis services, including risk
378.21 assessments and level of care determinations; person- and family-centered treatment planning;
378.22 outpatient mental health and substance use services; targeted case management; psychiatric
378.23 rehabilitation services; peer support and counselor services and family support services;
378.24 and intensive community-based mental health services, including mental health services
378.25 for members of the armed forces and veterans. CCBHCs must directly provide the majority
378.26 of these services to enrollees, but may coordinate some services with another entity through
378.27 a collaboration or agreement, pursuant to paragraph (b);

378.28 (7) provide coordination of care across settings and providers to ensure seamless
378.29 transitions for individuals being served across the full spectrum of health services, including
378.30 acute, chronic, and behavioral needs. Care coordination may be accomplished through
378.31 partnerships or formal contracts with:

(i) counties, health plans, pharmacists, pharmacies, rural health clinics, federally qualified health centers, inpatient psychiatric facilities, substance use and detoxification facilities, or community-based mental health providers; and

(ii) other community services, supports, and providers, including schools, child welfare agencies, juvenile and criminal justice agencies, Indian health services clinics, tribally licensed health care and mental health facilities, urban Indian health clinics, Department of Veterans Affairs medical centers, outpatient clinics, drop-in centers, acute care hospitals, and hospital outpatient clinics;

(8) be certified as a mental health ~~clinics~~ clinic under section ~~245.69, subdivision 2~~ 245I.20;

(9) comply with standards established by the commissioner relating to CCBHC screenings, assessments, and evaluations;

(10) be licensed to provide substance use disorder treatment under chapter 245G;

(11) be certified to provide children's therapeutic services and supports under section 256B.0943;

(12) be certified to provide adult rehabilitative mental health services under section 256B.0623;

(13) be enrolled to provide mental health crisis response services under ~~sections~~ section 256B.0624 ~~and 256B.0944~~;

(14) be enrolled to provide mental health targeted case management under section 256B.0625, subdivision 20;

(15) comply with standards relating to mental health case management in Minnesota Rules, parts 9520.0900 to 9520.0926;

(16) provide services that comply with the evidence-based practices described in paragraph (e); and

(17) comply with standards relating to peer services under sections 256B.0615, 256B.0616, and 245G.07, subdivision 1, paragraph (a), clause (5), as applicable when peer services are provided.

(b) If a certified CCBHC is unable to provide one or more of the services listed in paragraph (a), clauses (6) to (17), the CCBHC may contract with another entity that has the required authority to provide that service and that meets the following criteria as a designated collaborating organization:

380.1 (1) the entity has a formal agreement with the CCBHC to furnish one or more of the
380.2 services under paragraph (a), clause (6);

380.3 (2) the entity provides assurances that it will provide services according to CCBHC
380.4 service standards and provider requirements;

380.5 (3) the entity agrees that the CCBHC is responsible for coordinating care and has clinical
380.6 and financial responsibility for the services that the entity provides under the agreement;
380.7 and

380.8 (4) the entity meets any additional requirements issued by the commissioner.

380.9 (c) Notwithstanding any other law that requires a county contract or other form of county
380.10 approval for certain services listed in paragraph (a), clause (6), a clinic that otherwise meets
380.11 CCBHC requirements may receive the prospective payment under section 256B.0625,
380.12 subdivision 5m, for those services without a county contract or county approval. As part of
380.13 the certification process in paragraph (a), the commissioner shall require a letter of support
380.14 from the CCBHC's host county confirming that the CCBHC and the county or counties it
380.15 serves have an ongoing relationship to facilitate access and continuity of care, especially
380.16 for individuals who are uninsured or who may go on and off medical assistance.

380.17 (d) When the standards listed in paragraph (a) or other applicable standards conflict or
380.18 address similar issues in duplicative or incompatible ways, the commissioner may grant
380.19 variances to state requirements if the variances do not conflict with federal requirements
380.20 for services reimbursed under medical assistance. If standards overlap, the commissioner
380.21 may substitute all or a part of a licensure or certification that is substantially the same as
380.22 another licensure or certification. The commissioner shall consult with stakeholders, as
380.23 described in subdivision 4, before granting variances under this provision. For the CCBHC
380.24 that is certified but not approved for prospective payment under section 256B.0625,
380.25 subdivision 5m, the commissioner may grant a variance under this paragraph if the variance
380.26 does not increase the state share of costs.

380.27 (e) The commissioner shall issue a list of required evidence-based practices to be
380.28 delivered by CCBHCs, and may also provide a list of recommended evidence-based practices.
380.29 The commissioner may update the list to reflect advances in outcomes research and medical
380.30 services for persons living with mental illnesses or substance use disorders. The commissioner
380.31 shall take into consideration the adequacy of evidence to support the efficacy of the practice,
380.32 the quality of workforce available, and the current availability of the practice in the state.
380.33 At least 30 days before issuing the initial list and any revisions, the commissioner shall
380.34 provide stakeholders with an opportunity to comment.

381.1 (f) The commissioner shall recertify CCBHCs at least every three years. The
381.2 commissioner shall establish a process for decertification and shall require corrective action,
381.3 medical assistance repayment, or decertification of a CCBHC that no longer meets the
381.4 requirements in this section or that fails to meet the standards provided by the commissioner
381.5 in the application and certification process.

381.6 **EFFECTIVE DATE.** This section is effective July 1, 2022, or upon federal approval,
381.7 whichever is later. The commissioner of human services shall notify the revisor of statutes
381.8 when federal approval is obtained.

381.9 Sec. 10. Minnesota Statutes 2021 Supplement, section 245A.03, subdivision 7, is amended
381.10 to read:

381.11 Subd. 7. **Licensing moratorium.** (a) The commissioner shall not issue an initial license
381.12 for child foster care licensed under Minnesota Rules, parts 2960.3000 to 2960.3340, or adult
381.13 foster care licensed under Minnesota Rules, parts 9555.5105 to 9555.6265, under this chapter
381.14 for a physical location that will not be the primary residence of the license holder for the
381.15 entire period of licensure. If a family child foster care home or family adult foster care home
381.16 license is issued during this moratorium, and the license holder changes the license holder's
381.17 primary residence away from the physical location of the foster care license, the
381.18 commissioner shall revoke the license according to section 245A.07. The commissioner
381.19 shall not issue an initial license for a community residential setting licensed under chapter
381.20 245D. When approving an exception under this paragraph, the commissioner shall consider
381.21 the resource need determination process in paragraph (h), the availability of foster care
381.22 licensed beds in the geographic area in which the licensee seeks to operate, the results of a
381.23 person's choices during their annual assessment and service plan review, and the
381.24 recommendation of the local county board. The determination by the commissioner is final
381.25 and not subject to appeal. Exceptions to the moratorium include:

381.26 (1) foster care settings where at least 80 percent of the residents are 55 years of age or
381.27 older;

381.28 (2) foster care licenses replacing foster care licenses in existence on May 15, 2009, or
381.29 community residential setting licenses replacing adult foster care licenses in existence on
381.30 December 31, 2013, and determined to be needed by the commissioner under paragraph
381.31 (b);

381.32 (3) new foster care licenses or community residential setting licenses determined to be
381.33 needed by the commissioner under paragraph (b) for the closure of a nursing facility, ICF/DD,
381.34 or regional treatment center; restructuring of state-operated services that limits the capacity

of state-operated facilities; or allowing movement to the community for people who no longer require the level of care provided in state-operated facilities as provided under section 256B.092, subdivision 13, or 256B.49, subdivision 24;

(4) new foster care licenses or community residential setting licenses determined to be needed by the commissioner under paragraph (b) for persons requiring hospital level care; or

~~(5) new foster care licenses or community residential setting licenses for people receiving services under chapter 245D and residing in an unlicensed setting before May 1, 2017, and for which a license is required. This exception does not apply to people living in their own home. For purposes of this clause, there is a presumption that a foster care or community residential setting license is required for services provided to three or more people in a dwelling unit when the setting is controlled by the provider. A license holder subject to this exception may rebut the presumption that a license is required by seeking a reconsideration of the commissioner's determination. The commissioner's disposition of a request for reconsideration is final and not subject to appeal under chapter 14. The exception is available until June 30, 2018. This exception is available when:~~

~~(i) the person's case manager provided the person with information about the choice of service, service provider, and location of service, including in the person's home, to help the person make an informed choice; and~~

~~(ii) the person's services provided in the licensed foster care or community residential setting are less than or equal to the cost of the person's services delivered in the unlicensed setting as determined by the lead agency; or~~

~~(6)~~ (5) new foster care licenses or community residential setting licenses for people receiving customized living or 24-hour customized living services under the brain injury or community access for disability inclusion waiver plans under section 256B.49 and residing in the customized living setting before July 1, 2022, for which a license is required. A customized living service provider subject to this exception may rebut the presumption that a license is required by seeking a reconsideration of the commissioner's determination. The commissioner's disposition of a request for reconsideration is final and not subject to appeal under chapter 14. The exception is available until June 30, 2023. This exception is available when:

(i) the person's customized living services are provided in a customized living service setting serving four or fewer people under the brain injury or community access for disability

383.1 inclusion waiver plans under section 256B.49 in a single-family home operational on or
383.2 before June 30, 2021. Operational is defined in section 256B.49, subdivision 28;

383.3 (ii) the person's case manager provided the person with information about the choice of
383.4 service, service provider, and location of service, including in the person's home, to help
383.5 the person make an informed choice; and

383.6 (iii) the person's services provided in the licensed foster care or community residential
383.7 setting are less than or equal to the cost of the person's services delivered in the customized
383.8 living setting as determined by the lead agency.

383.9 (b) The commissioner shall determine the need for newly licensed foster care homes or
383.10 community residential settings as defined under this subdivision. As part of the determination,
383.11 the commissioner shall consider the availability of foster care capacity in the area in which
383.12 the licensee seeks to operate, and the recommendation of the local county board. The
383.13 determination by the commissioner must be final. A determination of need is not required
383.14 for a change in ownership at the same address.

383.15 (c) When an adult resident served by the program moves out of a foster home that is not
383.16 the primary residence of the license holder according to section 256B.49, subdivision 15,
383.17 paragraph (f), or the adult community residential setting, the county shall immediately
383.18 inform the Department of Human Services Licensing Division. The department may decrease
383.19 the statewide licensed capacity for adult foster care settings.

383.20 (d) Residential settings that would otherwise be subject to the decreased license capacity
383.21 established in paragraph (c) shall be exempt if the license holder's beds are occupied by
383.22 residents whose primary diagnosis is mental illness and the license holder is certified under
383.23 the requirements in subdivision 6a or section 245D.33.

383.24 (e) A resource need determination process, managed at the state level, using the available
383.25 reports required by section 144A.351, and other data and information shall be used to
383.26 determine where the reduced capacity determined under section 256B.493 will be
383.27 implemented. The commissioner shall consult with the stakeholders described in section
383.28 144A.351, and employ a variety of methods to improve the state's capacity to meet the
383.29 informed decisions of those people who want to move out of corporate foster care or
383.30 community residential settings, long-term service needs within budgetary limits, including
383.31 seeking proposals from service providers or lead agencies to change service type, capacity,
383.32 or location to improve services, increase the independence of residents, and better meet
383.33 needs identified by the long-term services and supports reports and statewide data and
383.34 information.

384.1 (f) At the time of application and reapplication for licensure, the applicant and the license
384.2 holder that are subject to the moratorium or an exclusion established in paragraph (a) are
384.3 required to inform the commissioner whether the physical location where the foster care
384.4 will be provided is or will be the primary residence of the license holder for the entire period
384.5 of licensure. If the primary residence of the applicant or license holder changes, the applicant
384.6 or license holder must notify the commissioner immediately. The commissioner shall print
384.7 on the foster care license certificate whether or not the physical location is the primary
384.8 residence of the license holder.

384.9 (g) License holders of foster care homes identified under paragraph (f) that are not the
384.10 primary residence of the license holder and that also provide services in the foster care home
384.11 that are covered by a federally approved home and community-based services waiver, as
384.12 authorized under chapter 256S or section 256B.092 or 256B.49, must inform the human
384.13 services licensing division that the license holder provides or intends to provide these
384.14 waiver-funded services.

384.15 (h) The commissioner may adjust capacity to address needs identified in section
384.16 144A.351. Under this authority, the commissioner may approve new licensed settings or
384.17 delicense existing settings. Delicensing of settings will be accomplished through a process
384.18 identified in section 256B.493. Annually, by August 1, the commissioner shall provide
384.19 information and data on capacity of licensed long-term services and supports, actions taken
384.20 under the subdivision to manage statewide long-term services and supports resources, and
384.21 any recommendations for change to the legislative committees with jurisdiction over the
384.22 health and human services budget.

384.23 (i) The commissioner must notify a license holder when its corporate foster care or
384.24 community residential setting licensed beds are reduced under this section. The notice of
384.25 reduction of licensed beds must be in writing and delivered to the license holder by certified
384.26 mail or personal service. The notice must state why the licensed beds are reduced and must
384.27 inform the license holder of its right to request reconsideration by the commissioner. The
384.28 license holder's request for reconsideration must be in writing. If mailed, the request for
384.29 reconsideration must be postmarked and sent to the commissioner within 20 calendar days
384.30 after the license holder's receipt of the notice of reduction of licensed beds. If a request for
384.31 reconsideration is made by personal service, it must be received by the commissioner within
384.32 20 calendar days after the license holder's receipt of the notice of reduction of licensed beds.

384.33 (j) The commissioner shall not issue an initial license for children's residential treatment
384.34 services licensed under Minnesota Rules, parts 2960.0580 to 2960.0700, under this chapter
384.35 for a program that Centers for Medicare and Medicaid Services would consider an institution

385.1 for mental diseases. Facilities that serve only private pay clients are exempt from the
385.2 moratorium described in this paragraph. The commissioner has the authority to manage
385.3 existing statewide capacity for children's residential treatment services subject to the
385.4 moratorium under this paragraph and may issue an initial license for such facilities if the
385.5 initial license would not increase the statewide capacity for children's residential treatment
385.6 services subject to the moratorium under this paragraph.

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

385.8 Sec. 11. Minnesota Statutes 2020, section 245D.12, is amended to read:

385.9 **245D.12 INTEGRATED COMMUNITY SUPPORTS; SETTING CAPACITY**
385.10 **REPORT.**

385.11 (a) The license holder providing integrated community support, as defined in section
385.12 245D.03, subdivision 1, paragraph (c), clause (8), must submit a setting capacity report to
385.13 the commissioner to ensure the identified location of service delivery meets the criteria of
385.14 the home and community-based service requirements as specified in section 256B.492.

385.15 (b) The license holder shall provide the setting capacity report on the forms and in the
385.16 manner prescribed by the commissioner. The report must include:

385.17 (1) the address of the multifamily housing building where the license holder delivers
385.18 integrated community supports and owns, leases, or has a direct or indirect financial
385.19 relationship with the property owner;

385.20 (2) the total number of living units in the multifamily housing building described in
385.21 clause (1) where integrated community supports are delivered;

385.22 (3) the total number of living units in the multifamily housing building described in
385.23 clause (1), including the living units identified in clause (2); ~~and~~

385.24 (4) the total number of people who could reside in the living units in the multifamily
385.25 housing building described in clause (2) and receive integrated community supports; and

385.26 ~~(4)~~ (5) the percentage of living units that are controlled by the license holder in the
385.27 multifamily housing building by dividing clause (2) by clause (3).

385.28 (c) Only one license holder may deliver integrated community supports at the address
385.29 of the multifamily housing building.

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

386.1 Sec. 12. Minnesota Statutes 2021 Supplement, section 245I.02, subdivision 19, is amended
386.2 to read:

386.3 Subd. 19. **Level of care assessment.** "Level of care assessment" means the level of care
386.4 decision support tool appropriate to the client's age. For a client five years of age or younger,
386.5 a level of care assessment is the Early Childhood Service Intensity Instrument (ESCII). For
386.6 a client six to 17 years of age, a level of care assessment is the Child and Adolescent Service
386.7 Intensity Instrument (CASII). For a client 18 years of age or older, a level of care assessment
386.8 is the Level of Care Utilization System for Psychiatric and Addiction Services (LOCUS)
386.9 or another tool authorized by the commissioner.

386.10 Sec. 13. Minnesota Statutes 2021 Supplement, section 245I.02, subdivision 36, is amended
386.11 to read:

386.12 Subd. 36. **Staff person.** "Staff person" means an individual who works under a license
386.13 holder's direction or under a contract with a license holder. Staff person includes an intern,
386.14 consultant, contractor, individual who works part-time, and an individual who does not
386.15 provide direct contact services to clients but does have physical access to clients. Staff
386.16 person includes a volunteer who provides treatment services to a client or a volunteer whom
386.17 the license holder regards as a staff person for the purpose of meeting staffing or service
386.18 delivery requirements. A staff person must be 18 years of age or older.

386.19 Sec. 14. Minnesota Statutes 2021 Supplement, section 245I.03, subdivision 9, is amended
386.20 to read:

386.21 Subd. 9. **Volunteers.** ~~A~~ If a license holder uses volunteers, the license holder must have
386.22 policies and procedures for using volunteers, including when ~~a~~ the license holder must
386.23 submit a background study for a volunteer, and the specific tasks that a volunteer may
386.24 perform.

386.25 **EFFECTIVE DATE.** This section is effective July 1, 2022, or upon federal approval,
386.26 whichever is later. The commissioner of human services shall notify the revisor of statutes
386.27 when federal approval is obtained.

386.28 Sec. 15. Minnesota Statutes 2021 Supplement, section 245I.04, subdivision 4, is amended
386.29 to read:

386.30 Subd. 4. **Mental health practitioner qualifications.** (a) An individual who is qualified
386.31 in at least one of the ways described in paragraph (b) to (d) may serve as a mental health
386.32 practitioner.

387.1 (b) An individual is qualified as a mental health practitioner through relevant coursework
387.2 if the individual completes at least 30 semester hours or 45 quarter hours in behavioral
387.3 sciences or related fields and:

387.4 (1) has at least 2,000 hours of experience providing services to individuals with:

387.5 (i) a mental illness or a substance use disorder; or

387.6 (ii) a traumatic brain injury or a developmental disability, and completes the additional
387.7 training described in section 245I.05, subdivision 3, paragraph (c), before providing direct
387.8 contact services to a client;

387.9 (2) is fluent in the non-English language of the ethnic group to which at least 50 percent
387.10 of the individual's clients belong, and completes the additional training described in section
387.11 245I.05, subdivision 3, paragraph (c), before providing direct contact services to a client;

387.12 (3) is working in a day treatment program under section 256B.0671, subdivision 3, or
387.13 256B.0943; ~~or~~

387.14 (4) has completed a practicum or internship that (i) required direct interaction with adult
387.15 clients or child clients, and (ii) was focused on behavioral sciences or related fields~~.~~; or

387.16 (5) is in the process of completing a practicum or internship as part of a formal
387.17 undergraduate or graduate training program in social work, psychology, or counseling.

387.18 (c) An individual is qualified as a mental health practitioner through work experience
387.19 if the individual:

387.20 (1) has at least 4,000 hours of experience in the delivery of services to individuals with:

387.21 (i) a mental illness or a substance use disorder; or

387.22 (ii) a traumatic brain injury or a developmental disability, and completes the additional
387.23 training described in section 245I.05, subdivision 3, paragraph (c), before providing direct
387.24 contact services to clients; or

387.25 (2) receives treatment supervision at least once per week until meeting the requirement
387.26 in clause (1) of 4,000 hours of experience and has at least 2,000 hours of experience providing
387.27 services to individuals with:

387.28 (i) a mental illness or a substance use disorder; or

387.29 (ii) a traumatic brain injury or a developmental disability, and completes the additional
387.30 training described in section 245I.05, subdivision 3, paragraph (c), before providing direct
387.31 contact services to clients.

388.1 (d) An individual is qualified as a mental health practitioner if the individual has a
388.2 master's or other graduate degree in behavioral sciences or related fields.

388.3 **EFFECTIVE DATE.** This section is effective July 1, 2022, or upon federal approval,
388.4 whichever is later. The commissioner of human services shall notify the revisor of statutes
388.5 when federal approval is obtained.

388.6 Sec. 16. Minnesota Statutes 2021 Supplement, section 245I.05, subdivision 3, is amended
388.7 to read:

388.8 Subd. 3. **Initial training.** (a) A staff person must receive training about:

388.9 (1) vulnerable adult maltreatment under section 245A.65, subdivision 3; and

388.10 (2) the maltreatment of minor reporting requirements and definitions in chapter 260E
388.11 within 72 hours of first providing direct contact services to a client.

388.12 (b) Before providing direct contact services to a client, a staff person must receive training
388.13 about:

388.14 (1) client rights and protections under section 245I.12;

388.15 (2) the Minnesota Health Records Act, including client confidentiality, family engagement
388.16 under section 144.294, and client privacy;

388.17 (3) emergency procedures that the staff person must follow when responding to a fire,
388.18 inclement weather, a report of a missing person, and a behavioral or medical emergency;

388.19 (4) specific activities and job functions for which the staff person is responsible, including
388.20 the license holder's program policies and procedures applicable to the staff person's position;

388.21 (5) professional boundaries that the staff person must maintain; and

388.22 (6) specific needs of each client to whom the staff person will be providing direct contact
388.23 services, including each client's developmental status, cognitive functioning, and physical
388.24 and mental abilities.

388.25 (c) Before providing direct contact services to a client, a mental health rehabilitation
388.26 worker, mental health behavioral aide, or mental health practitioner ~~qualified under~~ required
388.27 to receive the training according to section 245I.04, subdivision 4, must receive 30 hours
388.28 of training about:

388.29 (1) mental illnesses;

388.30 (2) client recovery and resiliency;

389.1 (3) mental health de-escalation techniques;

389.2 (4) co-occurring mental illness and substance use disorders; and

389.3 (5) psychotropic medications and medication side effects.

389.4 (d) Within 90 days of first providing direct contact services to an adult client, a clinical
389.5 trainee, mental health practitioner, mental health certified peer specialist, or mental health
389.6 rehabilitation worker must receive training about:

389.7 (1) trauma-informed care and secondary trauma;

389.8 (2) person-centered individual treatment plans, including seeking partnerships with
389.9 family and other natural supports;

389.10 (3) co-occurring substance use disorders; and

389.11 (4) culturally responsive treatment practices.

389.12 (e) Within 90 days of first providing direct contact services to a child client, a clinical
389.13 trainee, mental health practitioner, mental health certified family peer specialist, mental
389.14 health certified peer specialist, or mental health behavioral aide must receive training about
389.15 the topics in clauses (1) to (5). This training must address the developmental characteristics
389.16 of each child served by the license holder and address the needs of each child in the context
389.17 of the child's family, support system, and culture. Training topics must include:

389.18 (1) trauma-informed care and secondary trauma, including adverse childhood experiences
389.19 (ACEs);

389.20 (2) family-centered treatment plan development, including seeking partnership with a
389.21 child client's family and other natural supports;

389.22 (3) mental illness and co-occurring substance use disorders in family systems;

389.23 (4) culturally responsive treatment practices; and

389.24 (5) child development, including cognitive functioning, and physical and mental abilities.

389.25 (f) For a mental health behavioral aide, the training under paragraph (e) must include
389.26 parent team training using a curriculum approved by the commissioner.

389.27 **EFFECTIVE DATE.** This section is effective July 1, 2022, or upon federal approval,
389.28 whichever is later. The commissioner of human services shall notify the revisor of statutes
389.29 when federal approval is obtained.

Sec. 17. Minnesota Statutes 2021 Supplement, section 245I.08, subdivision 4, is amended to read:

Subd. 4. **Progress notes.** A license holder must use a progress note to document each occurrence of a mental health service that a staff person provides to a client. A progress note must include the following:

(1) the type of service;

(2) the date of service;

(3) the start and stop time of the service unless the license holder is licensed as a residential program;

(4) the location of the service;

(5) the scope of the service, including: (i) the targeted goal and objective; (ii) the intervention that the staff person provided to the client and the methods that the staff person used; (iii) the client's response to the intervention; (iv) the staff person's plan to take future actions, including changes in treatment that the staff person will implement if the intervention was ineffective; and (v) the service modality;

(6) the signature~~, printed name,~~ and credentials of the staff person who provided the service to the client;

(7) the mental health provider travel documentation required by section 256B.0625, if applicable; and

(8) significant observations by the staff person, if applicable, including: (i) the client's current risk factors; (ii) emergency interventions by staff persons; (iii) consultations with or referrals to other professionals, family, or significant others; and (iv) changes in the client's mental or physical symptoms.

EFFECTIVE DATE. This section is effective July 1, 2022, or upon federal approval, whichever is later. The commissioner of human services shall notify the revisor of statutes when federal approval is obtained.

Sec. 18. Minnesota Statutes 2021 Supplement, section 245I.09, subdivision 2, is amended to read:

Subd. 2. **Record retention.** A license holder must retain client records of a discharged client for a minimum of five years from the date of the client's discharge. A license holder who ~~ceases to provide treatment services to a client~~ closes a program must retain ~~the~~ a client's records for a minimum of five years from the date that the license holder stopped

providing services to the client and must notify the commissioner of the location of the client records and the name of the individual responsible for storing and maintaining the client records.

EFFECTIVE DATE. This section is effective July 1, 2022, or upon federal approval, whichever is later. The commissioner of human services shall notify the revisor of statutes when federal approval is obtained.

Sec. 19. Minnesota Statutes 2021 Supplement, section 245I.10, subdivision 2, is amended to read:

Subd. 2. **Generally.** (a) A license holder must use a client's diagnostic assessment or crisis assessment to determine a client's eligibility for mental health services, except as provided in this section.

(b) Prior to completing a client's initial diagnostic assessment, a license holder may provide a client with the following services:

(1) an explanation of findings;

(2) neuropsychological testing, neuropsychological assessment, and psychological testing;

(3) any combination of psychotherapy sessions, family psychotherapy sessions, and family psychoeducation sessions not to exceed three sessions;

(4) crisis assessment services according to section 256B.0624; and

(5) ten days of intensive residential treatment services according to the assessment and treatment planning standards in section ~~245.23~~ 245I.23, subdivision 7.

(c) Based on the client's needs that a crisis assessment identifies under section 256B.0624, a license holder may provide a client with the following services:

(1) crisis intervention and stabilization services under section 245I.23 or 256B.0624; and

(2) any combination of psychotherapy sessions, group psychotherapy sessions, family psychotherapy sessions, and family psychoeducation sessions not to exceed ten sessions within a 12-month period without prior authorization.

(d) Based on the client's needs in the client's brief diagnostic assessment, a license holder may provide a client with any combination of psychotherapy sessions, group psychotherapy sessions, family psychotherapy sessions, and family psychoeducation sessions not to exceed

392.1 ten sessions within a 12-month period without prior authorization for any new client or for
392.2 an existing client who the license holder projects will need fewer than ten sessions during
392.3 the next 12 months.

392.4 (e) Based on the client's needs that a hospital's medical history and presentation
392.5 examination identifies, a license holder may provide a client with:

392.6 (1) any combination of psychotherapy sessions, group psychotherapy sessions, family
392.7 psychotherapy sessions, and family psychoeducation sessions not to exceed ten sessions
392.8 within a 12-month period without prior authorization for any new client or for an existing
392.9 client who the license holder projects will need fewer than ten sessions during the next 12
392.10 months; and

392.11 (2) up to five days of day treatment services or partial hospitalization.

392.12 (f) A license holder must complete a new standard diagnostic assessment of a client:

392.13 (1) when the client requires services of a greater number or intensity than the services
392.14 that paragraphs (b) to (e) describe;

392.15 (2) at least annually following the client's initial diagnostic assessment if the client needs
392.16 additional mental health services and the client does not meet the criteria for a brief
392.17 assessment;

392.18 (3) when the client's mental health condition has changed markedly since the client's
392.19 most recent diagnostic assessment; or

392.20 (4) when the client's current mental health condition does not meet the criteria of the
392.21 client's current diagnosis.

392.22 (g) For an existing client, the license holder must ensure that a new standard diagnostic
392.23 assessment includes a written update containing all significant new or changed information
392.24 about the client, and an update regarding what information has not significantly changed,
392.25 including a discussion with the client about changes in the client's life situation, functioning,
392.26 presenting problems, and progress with achieving treatment goals since the client's last
392.27 diagnostic assessment was completed.

392.28 **EFFECTIVE DATE.** This section is effective July 1, 2022, or upon federal approval,
392.29 whichever is later. The commissioner of human services shall notify the revisor of statutes
392.30 when federal approval is obtained.

Sec. 20. Minnesota Statutes 2021 Supplement, section 245I.10, subdivision 6, is amended to read:

Subd. 6. **Standard diagnostic assessment; required elements.** (a) Only a mental health professional or a clinical trainee may complete a standard diagnostic assessment of a client. A standard diagnostic assessment of a client must include a face-to-face interview with a client and a written evaluation of the client. The assessor must complete a client's standard diagnostic assessment within the client's cultural context.

(b) When completing a standard diagnostic assessment of a client, the assessor must gather and document information about the client's current life situation, including the following information:

(1) the client's age;

(2) the client's current living situation, including the client's housing status and household members;

(3) the status of the client's basic needs;

(4) the client's education level and employment status;

(5) the client's current medications;

(6) any immediate risks to the client's health and safety;

(7) the client's perceptions of the client's condition;

(8) the client's description of the client's symptoms, including the reason for the client's referral;

(9) the client's history of mental health treatment; and

(10) cultural influences on the client.

(c) If the assessor cannot obtain the information that this ~~subdivision~~ paragraph requires without retraumatizing the client or harming the client's willingness to engage in treatment, the assessor must identify which topics will require further assessment during the course of the client's treatment. The assessor must gather and document information related to the following topics:

(1) the client's relationship with the client's family and other significant personal relationships, including the client's evaluation of the quality of each relationship;

(2) the client's strengths and resources, including the extent and quality of the client's social networks;

394.1 (3) important developmental incidents in the client's life;

394.2 (4) maltreatment, trauma, potential brain injuries, and abuse that the client has suffered;

394.3 (5) the client's history of or exposure to alcohol and drug usage and treatment; and

394.4 (6) the client's health history and the client's family health history, including the client's
394.5 physical, chemical, and mental health history.

394.6 (d) When completing a standard diagnostic assessment of a client, an assessor must use
394.7 a recognized diagnostic framework.

394.8 (1) When completing a standard diagnostic assessment of a client who is five years of
394.9 age or younger, the assessor must use the current edition of the DC: 0-5 Diagnostic
394.10 Classification of Mental Health and Development Disorders of Infancy and Early Childhood
394.11 published by Zero to Three.

394.12 (2) When completing a standard diagnostic assessment of a client who is six years of
394.13 age or older, the assessor must use the current edition of the Diagnostic and Statistical
394.14 Manual of Mental Disorders published by the American Psychiatric Association.

394.15 (3) When completing a standard diagnostic assessment of a client who is five years of
394.16 age or younger, an assessor must administer the Early Childhood Service Intensity Instrument
394.17 (ECSII) to the client and include the results in the client's assessment.

394.18 (4) When completing a standard diagnostic assessment of a client who is six to 17 years
394.19 of age, an assessor must administer the Child and Adolescent Service Intensity Instrument
394.20 (CASII) to the client and include the results in the client's assessment.

394.21 (5) When completing a standard diagnostic assessment of a client who is 18 years of
394.22 age or older, an assessor must use either (i) the CAGE-AID Questionnaire or (ii) the criteria
394.23 in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders
394.24 published by the American Psychiatric Association to screen and assess the client for a
394.25 substance use disorder.

394.26 (e) When completing a standard diagnostic assessment of a client, the assessor must
394.27 include and document the following components of the assessment:

394.28 (1) the client's mental status examination;

394.29 (2) the client's baseline measurements; symptoms; behavior; skills; abilities; resources;
394.30 vulnerabilities; safety needs, including client information that supports the assessor's findings
394.31 after applying a recognized diagnostic framework from paragraph (d); and any differential
394.32 diagnosis of the client;

395.1 (3) an explanation of: (i) how the assessor diagnosed the client using the information
395.2 from the client's interview, assessment, psychological testing, and collateral information
395.3 about the client; (ii) the client's needs; (iii) the client's risk factors; (iv) the client's strengths;
395.4 and (v) the client's responsivity factors.

395.5 (f) When completing a standard diagnostic assessment of a client, the assessor must
395.6 consult the client and the client's family about which services that the client and the family
395.7 prefer to treat the client. The assessor must make referrals for the client as to services required
395.8 by law.

395.9 **EFFECTIVE DATE.** This section is effective July 1, 2022, or upon federal approval,
395.10 whichever is later. The commissioner of human services shall notify the revisor of statutes
395.11 when federal approval is obtained.

395.12 Sec. 21. Minnesota Statutes 2021 Supplement, section 245I.20, subdivision 5, is amended
395.13 to read:

395.14 Subd. 5. **Treatment supervision specified.** (a) A mental health professional must remain
395.15 responsible for each client's case. The certification holder must document the name of the
395.16 mental health professional responsible for each case and the dates that the mental health
395.17 professional is responsible for the client's case from beginning date to end date. The
395.18 certification holder must assign each client's case for assessment, diagnosis, and treatment
395.19 services to a treatment team member who is competent in the assigned clinical service, the
395.20 recommended treatment strategy, and in treating the client's characteristics.

395.21 (b) Treatment supervision of mental health practitioners and clinical trainees required
395.22 by section 245I.06 must include case reviews as described in this paragraph. Every two
395.23 months, a mental health professional must complete and document a case review of each
395.24 client assigned to the mental health professional when the client is receiving clinical services
395.25 from a mental health practitioner or clinical trainee. The case review must include a
395.26 consultation process that thoroughly examines the client's condition and treatment, including:
395.27 (1) a review of the client's reason for seeking treatment, diagnoses and assessments, and
395.28 the individual treatment plan; (2) a review of the appropriateness, duration, and outcome
395.29 of treatment provided to the client; and (3) treatment recommendations.

Sec. 22. Minnesota Statutes 2021 Supplement, section 245I.23, subdivision 22, is amended to read:

Subd. 22. **Additional policy and procedure requirements.** (a) In addition to the policies and procedures in section 245I.03, the license holder must establish, enforce, and maintain the policies and procedures in this subdivision.

(b) The license holder must have policies and procedures for receiving referrals and making admissions determinations about referred persons under subdivisions ~~14 to 16~~ 15 to 17.

(c) The license holder must have policies and procedures for discharging clients under subdivision ~~17~~ 18. In the policies and procedures, the license holder must identify the staff persons who are authorized to discharge clients from the program.

EFFECTIVE DATE. This section is effective July 1, 2022, or upon federal approval, whichever is later. The commissioner of human services shall notify the revisor of statutes when federal approval is obtained.

Sec. 23. Minnesota Statutes 2021 Supplement, section 254B.05, subdivision 5, is amended to read:

Subd. 5. **Rate requirements.** (a) The commissioner shall establish rates for substance use disorder services and service enhancements funded under this chapter.

(b) Eligible substance use disorder treatment services include:

(1) outpatient treatment services that are licensed according to sections 245G.01 to 245G.17, or applicable tribal license;

(2) comprehensive assessments provided according to sections 245.4863, paragraph (a), and 245G.05;

(3) care coordination services provided according to section 245G.07, subdivision 1, paragraph (a), clause (5);

(4) peer recovery support services provided according to section 245G.07, subdivision 2, clause (8);

(5) on July 1, 2019, or upon federal approval, whichever is later, withdrawal management services provided according to chapter 245F;

(6) medication-assisted therapy services that are licensed according to sections 245G.01 to 245G.17 and 245G.22, or applicable tribal license;

397.1 (7) medication-assisted therapy plus enhanced treatment services that meet the
397.2 requirements of clause (6) and provide nine hours of clinical services each week;

397.3 (8) high, medium, and low intensity residential treatment services that are licensed
397.4 according to sections 245G.01 to 245G.17 and 245G.21 or applicable tribal license which
397.5 provide, respectively, 30, 15, and five hours of clinical services each week;

397.6 (9) hospital-based treatment services that are licensed according to sections 245G.01 to
397.7 245G.17 or applicable tribal license and licensed as a hospital under sections 144.50 to
397.8 144.56;

397.9 (10) adolescent treatment programs that are licensed as outpatient treatment programs
397.10 according to sections 245G.01 to 245G.18 or as residential treatment programs according
397.11 to Minnesota Rules, parts 2960.0010 to 2960.0220, and 2960.0430 to 2960.0490, or
397.12 applicable tribal license;

397.13 (11) high-intensity residential treatment services that are licensed according to sections
397.14 245G.01 to 245G.17 and 245G.21 or applicable tribal license, which provide 30 hours of
397.15 clinical services each week provided by a state-operated vendor or to clients who have been
397.16 civilly committed to the commissioner, present the most complex and difficult care needs,
397.17 and are a potential threat to the community; and

397.18 (12) room and board facilities that meet the requirements of subdivision 1a.

397.19 (c) The commissioner shall establish higher rates for programs that meet the requirements
397.20 of paragraph (b) and one of the following additional requirements:

397.21 (1) programs that serve parents with their children if the program:

397.22 (i) provides on-site child care during the hours of treatment activity that:

397.23 (A) is licensed under chapter 245A as a child care center under Minnesota Rules, chapter
397.24 9503; or

397.25 (B) meets the licensure exclusion criteria of section 245A.03, subdivision 2, paragraph
397.26 (a), clause (6), and meets the requirements under section 245G.19, subdivision 4; or

397.27 (ii) arranges for off-site child care during hours of treatment activity at a facility that is
397.28 licensed under chapter 245A as:

397.29 (A) a child care center under Minnesota Rules, chapter 9503; or

397.30 (B) a family child care home under Minnesota Rules, chapter 9502;

(2) culturally specific or culturally responsive programs as defined in section 254B.01, subdivision 4a;

(3) disability responsive programs as defined in section 254B.01, subdivision 4b;

(4) programs that offer medical services delivered by appropriately credentialed health care staff in an amount equal to two hours per client per week if the medical needs of the client and the nature and provision of any medical services provided are documented in the client file; or

(5) programs that offer services to individuals with co-occurring mental health and chemical dependency problems if:

(i) the program meets the co-occurring requirements in section 245G.20;

(ii) 25 percent of the counseling staff are licensed mental health professionals~~, as defined in section 245.462, subdivision 18, clauses (1) to (6)~~ under section 245I.04, subdivision 2, or are students or licensing candidates under the supervision of a licensed alcohol and drug counselor supervisor and ~~licensed~~ mental health professional under section 245I.04, subdivision 2, except that no more than 50 percent of the mental health staff may be students or licensing candidates with time documented to be directly related to provisions of co-occurring services;

(iii) clients scoring positive on a standardized mental health screen receive a mental health diagnostic assessment within ten days of admission;

(iv) the program has standards for multidisciplinary case review that include a monthly review for each client that, at a minimum, includes a licensed mental health professional and licensed alcohol and drug counselor, and their involvement in the review is documented;

(v) family education is offered that addresses mental health and substance abuse disorders and the interaction between the two; and

(vi) co-occurring counseling staff shall receive eight hours of co-occurring disorder training annually.

(d) In order to be eligible for a higher rate under paragraph (c), clause (1), a program that provides arrangements for off-site child care must maintain current documentation at the chemical dependency facility of the child care provider's current licensure to provide child care services. Programs that provide child care according to paragraph (c), clause (1), must be deemed in compliance with the licensing requirements in section 245G.19.

399.1 (e) Adolescent residential programs that meet the requirements of Minnesota Rules,
399.2 parts 2960.0430 to 2960.0490 and 2960.0580 to 2960.0690, are exempt from the requirements
399.3 in paragraph (c), clause (4), items (i) to (iv).

399.4 (f) Subject to federal approval, substance use disorder services that are otherwise covered
399.5 as direct face-to-face services may be provided via telehealth as defined in section 256B.0625,
399.6 subdivision 3b. The use of telehealth to deliver services must be medically appropriate to
399.7 the condition and needs of the person being served. Reimbursement shall be at the same
399.8 rates and under the same conditions that would otherwise apply to direct face-to-face services.

399.9 (g) For the purpose of reimbursement under this section, substance use disorder treatment
399.10 services provided in a group setting without a group participant maximum or maximum
399.11 client to staff ratio under chapter 245G shall not exceed a client to staff ratio of 48 to one.
399.12 At least one of the attending staff must meet the qualifications as established under this
399.13 chapter for the type of treatment service provided. A recovery peer may not be included as
399.14 part of the staff ratio.

399.15 (h) Payment for outpatient substance use disorder services that are licensed according
399.16 to sections 245G.01 to 245G.17 is limited to six hours per day or 30 hours per week unless
399.17 prior authorization of a greater number of hours is obtained from the commissioner.

399.18 **EFFECTIVE DATE.** This section is effective July 1, 2022, or upon federal approval,
399.19 whichever is later. The commissioner of human services shall notify the revisor of statutes
399.20 when federal approval is obtained.

399.21 Sec. 24. Minnesota Statutes 2021 Supplement, section 256B.0622, subdivision 2, is
399.22 amended to read:

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

399.25 (b) "ACT team" means the group of interdisciplinary mental health staff who work as
399.26 a team to provide assertive community treatment.

399.27 (c) "Assertive community treatment" means intensive nonresidential treatment and
399.28 rehabilitative mental health services provided according to the assertive community treatment
399.29 model. Assertive community treatment provides a single, fixed point of responsibility for
399.30 treatment, rehabilitation, and support needs for clients. Services are offered 24 hours per
399.31 day, seven days per week, in a community-based setting.

399.32 (d) "Individual treatment plan" means a plan described by section 245I.10, subdivisions
399.33 7 and 8.

(e) "Crisis assessment and intervention" means ~~mental health~~ mobile crisis response services ~~as defined in~~ under section 256B.0624~~, subdivision 2~~.

(f) "Individual treatment team" means a minimum of three members of the ACT team who are responsible for consistently carrying out most of a client's assertive community treatment services.

(g) "Primary team member" means the person who leads and coordinates the activities of the individual treatment team and is the individual treatment team member who has primary responsibility for establishing and maintaining a therapeutic relationship with the client on a continuing basis.

(h) "Certified rehabilitation specialist" means a staff person who is qualified according to section 245I.04, subdivision 8.

(i) "Clinical trainee" means a staff person who is qualified according to section 245I.04, subdivision 6.

(j) "Mental health certified peer specialist" means a staff person who is qualified according to section 245I.04, subdivision 10.

(k) "Mental health practitioner" means a staff person who is qualified according to section 245I.04, subdivision 4.

(l) "Mental health professional" means a staff person who is qualified according to section 245I.04, subdivision 2.

(m) "Mental health rehabilitation worker" means a staff person who is qualified according to section 245I.04, subdivision 14.

EFFECTIVE DATE. This section is effective July 1, 2022, or upon federal approval, whichever is later. The commissioner of human services shall notify the revisor of statutes when federal approval is obtained.

Sec. 25. Minnesota Statutes 2021 Supplement, section 256B.0625, subdivision 3b, is amended to read:

Subd. 3b. **Telehealth services.** (a) Medical assistance covers medically necessary services and consultations delivered by a health care provider through telehealth in the same manner as if the service or consultation was delivered through in-person contact. Services or consultations delivered through telehealth shall be paid at the full allowable rate.

401.1 (b) The commissioner may establish criteria that a health care provider must attest to in
401.2 order to demonstrate the safety or efficacy of delivering a particular service through
401.3 telehealth. The attestation may include that the health care provider:

401.4 (1) has identified the categories or types of services the health care provider will provide
401.5 through telehealth;

401.6 (2) has written policies and procedures specific to services delivered through telehealth
401.7 that are regularly reviewed and updated;

401.8 (3) has policies and procedures that adequately address patient safety before, during,
401.9 and after the service is delivered through telehealth;

401.10 (4) has established protocols addressing how and when to discontinue telehealth services;
401.11 and

401.12 (5) has an established quality assurance process related to delivering services through
401.13 telehealth.

401.14 (c) As a condition of payment, a licensed health care provider must document each
401.15 occurrence of a health service delivered through telehealth to a medical assistance enrollee.
401.16 Health care service records for services delivered through telehealth must meet the
401.17 requirements set forth in Minnesota Rules, part 9505.2175, subparts 1 and 2, and must
401.18 document:

401.19 (1) the type of service delivered through telehealth;

401.20 (2) the time the service began and the time the service ended, including an a.m. and p.m.
401.21 designation;

401.22 (3) the health care provider's basis for determining that telehealth is an appropriate and
401.23 effective means for delivering the service to the enrollee;

401.24 (4) the mode of transmission used to deliver the service through telehealth and records
401.25 evidencing that a particular mode of transmission was utilized;

401.26 (5) the location of the originating site and the distant site;

401.27 (6) if the claim for payment is based on a physician's consultation with another physician
401.28 through telehealth, the written opinion from the consulting physician providing the telehealth
401.29 consultation; and

401.30 (7) compliance with the criteria attested to by the health care provider in accordance
401.31 with paragraph (b).

402.1 (d) Telehealth visits, as described in this subdivision provided through audio and visual
402.2 communication, or accessible video-based platforms may be used to satisfy the face-to-face
402.3 requirement for reimbursement under the payment methods that apply to a federally qualified
402.4 health center, rural health clinic, Indian health service, 638 tribal clinic, and certified
402.5 community behavioral health clinic, if the service would have otherwise qualified for
402.6 payment if performed in person. Beginning July 1, 2021, visits provided through telephone
402.7 may satisfy the face-to-face requirement for reimbursement under these payment methods
402.8 if the service would have otherwise qualified for payment if performed in person until the
402.9 COVID-19 federal public health emergency ends or July 1, 2023, whichever is earlier.

402.10 (e) For mental health services or assessments delivered through telehealth that are based
402.11 on an individual treatment plan, the provider may document the client's verbal approval or
402.12 electronic written approval of the treatment plan or change in the treatment plan in lieu of
402.13 the client's signature in accordance with Minnesota Rules, part 9505.0371.

402.14 (f) (e) For purposes of this subdivision, unless otherwise covered under this chapter:

402.15 (1) "telehealth" means the delivery of health care services or consultations through the
402.16 use of real-time two-way interactive audio and visual communication to provide or support
402.17 health care delivery and facilitate the assessment, diagnosis, consultation, treatment,
402.18 education, and care management of a patient's health care. Telehealth includes the application
402.19 of secure video conferencing, store-and-forward technology, and synchronous interactions
402.20 between a patient located at an originating site and a health care provider located at a distant
402.21 site. Telehealth does not include communication between health care providers, or between
402.22 a health care provider and a patient that consists solely of an audio-only communication,
402.23 e-mail, or facsimile transmission or as specified by law;

402.24 (2) "health care provider" means a health care provider as defined under section 62A.673,
402.25 a community paramedic as defined under section 144E.001, subdivision 5f, a community
402.26 health worker who meets the criteria under subdivision 49, paragraph (a), a mental health
402.27 certified peer specialist under section 256B.0615, subdivision 5 245I.04, subdivision 10, a
402.28 mental health certified family peer specialist under section 256B.0616, subdivision 5 245I.04,
402.29 subdivision 12, a mental health rehabilitation worker under section 256B.0623, subdivision
402.30 5, paragraph (a), clause (4), and paragraph (b) 245I.04, subdivision 14, a mental health
402.31 behavioral aide under section 256B.0943, subdivision 7, paragraph (b), clause (3) 245I.04,
402.32 subdivision 16, a treatment coordinator under section 245G.11, subdivision 7, an alcohol
402.33 and drug counselor under section 245G.11, subdivision 5, or a recovery peer under section
402.34 245G.11, subdivision 8; and

403.1 (3) "originating site," "distant site," and "store-and-forward technology" have the
403.2 meanings given in section 62A.673, subdivision 2.

403.3 **EFFECTIVE DATE.** This section is effective July 1, 2022, or upon federal approval,
403.4 whichever is later, except that the amendment to paragraph (d) is effective retroactively
403.5 from July 1, 2021, and expires when the COVID-19 federal public health emergency ends
403.6 or July 1, 2023, whichever is earlier. The commissioner of human services shall notify the
403.7 revisor of statutes when federal approval is obtained and when the amendments to paragraph
403.8 (d) expire.

403.9 Sec. 26. Minnesota Statutes 2020, section 256B.0659, subdivision 19, is amended to read:

403.10 Subd. 19. **Personal care assistance choice option; qualifications; duties.** (a) Under
403.11 personal care assistance choice, the recipient or responsible party shall:

403.12 (1) recruit, hire, schedule, and terminate personal care assistants according to the terms
403.13 of the written agreement required under subdivision 20, paragraph (a);

403.14 (2) develop a personal care assistance care plan based on the assessed needs and
403.15 addressing the health and safety of the recipient with the assistance of a qualified professional
403.16 as needed;

403.17 (3) orient and train the personal care assistant with assistance as needed from the qualified
403.18 professional;

403.19 (4) ~~effective January 1, 2010,~~ supervise and evaluate the personal care assistant with the
403.20 qualified professional, who is required to visit the recipient at least every 180 days;

403.21 (5) monitor and verify in writing and report to the personal care assistance choice agency
403.22 the number of hours worked by the personal care assistant and the qualified professional;

403.23 (6) engage in an annual ~~face-to-face~~ reassessment as required in subdivision 3a to
403.24 determine continuing eligibility and service authorization; and

403.25 (7) use the same personal care assistance choice provider agency if shared personal
403.26 assistance care is being used.

403.27 (b) The personal care assistance choice provider agency shall:

403.28 (1) meet all personal care assistance provider agency standards;

403.29 (2) enter into a written agreement with the recipient, responsible party, and personal
403.30 care assistants;

(3) not be related as a parent, child, sibling, or spouse to the recipient or the personal care assistant; and

(4) ensure arm's-length transactions without undue influence or coercion with the recipient and personal care assistant.

(c) The duties of the personal care assistance choice provider agency are to:

(1) be the employer of the personal care assistant and the qualified professional for employment law and related regulations including~~,~~ but not limited to~~,~~ purchasing and maintaining workers' compensation, unemployment insurance, surety and fidelity bonds, and liability insurance, and submit any or all necessary documentation including~~,~~ but not limited to~~,~~ workers' compensation, unemployment insurance, and labor market data required under section 256B.4912, subdivision 1a;

(2) bill the medical assistance program for personal care assistance services and qualified professional services;

(3) request and complete background studies that comply with the requirements for personal care assistants and qualified professionals;

(4) pay the personal care assistant and qualified professional based on actual hours of services provided;

(5) withhold and pay all applicable federal and state taxes;

(6) verify and keep records of hours worked by the personal care assistant and qualified professional;

(7) make the arrangements and pay taxes and other benefits, if any, and comply with any legal requirements for a Minnesota employer;

(8) enroll in the medical assistance program as a personal care assistance choice agency; and

(9) enter into a written agreement as specified in subdivision 20 before services are provided.

Sec. 27. Minnesota Statutes 2021 Supplement, section 256B.0671, subdivision 6, is amended to read:

Subd. 6. **Dialectical behavior therapy.** (a) Subject to federal approval, medical assistance covers intensive mental health outpatient treatment for dialectical behavior therapy for adults. A dialectical behavior therapy provider must make reasonable and good faith efforts

405.1 to report individual client outcomes to the commissioner using instruments and protocols
405.2 that are approved by the commissioner.

405.3 (b) "Dialectical behavior therapy" means an evidence-based treatment approach that a
405.4 mental health professional or clinical trainee provides to a client or a group of clients in an
405.5 intensive outpatient treatment program using a combination of individualized rehabilitative
405.6 and psychotherapeutic interventions. A dialectical behavior therapy program involves:
405.7 individual dialectical behavior therapy, group skills training, telephone coaching, and team
405.8 consultation meetings.

405.9 (c) To be eligible for dialectical behavior therapy, a client must:

405.10 ~~(1) be 18 years of age or older;~~

405.11 ~~(2)~~ (1) have mental health needs that available community-based services cannot meet
405.12 or that the client must receive concurrently with other community-based services;

405.13 ~~(3)~~ (2) have either:

405.14 (i) a diagnosis of borderline personality disorder; or

405.15 (ii) multiple mental health diagnoses, exhibit behaviors characterized by impulsivity or
405.16 intentional self-harm, and be at significant risk of death, morbidity, disability, or severe
405.17 dysfunction in multiple areas of the client's life;

405.18 ~~(4)~~ (3) be cognitively capable of participating in dialectical behavior therapy as an
405.19 intensive therapy program and be able and willing to follow program policies and rules to
405.20 ensure the safety of the client and others; and

405.21 ~~(5)~~ (4) be at significant risk of one or more of the following if the client does not receive
405.22 dialectical behavior therapy:

405.23 (i) having a mental health crisis;

405.24 (ii) requiring a more restrictive setting such as hospitalization;

405.25 (iii) decompensating; or

405.26 (iv) engaging in intentional self-harm behavior.

405.27 (d) Individual dialectical behavior therapy combines individualized rehabilitative and
405.28 psychotherapeutic interventions to treat a client's suicidal and other dysfunctional behaviors
405.29 and to reinforce a client's use of adaptive skillful behaviors. A mental health professional
405.30 or clinical trainee must provide individual dialectical behavior therapy to a client. A mental
405.31 health professional or clinical trainee providing dialectical behavior therapy to a client must:

406.1 (1) identify, prioritize, and sequence the client's behavioral targets;

406.2 (2) treat the client's behavioral targets;

406.3 (3) assist the client in applying dialectical behavior therapy skills to the client's natural
406.4 environment through telephone coaching outside of treatment sessions;

406.5 (4) measure the client's progress toward dialectical behavior therapy targets;

406.6 (5) help the client manage mental health crises and life-threatening behaviors; and

406.7 (6) help the client learn and apply effective behaviors when working with other treatment
406.8 providers.

406.9 (e) Group skills training combines individualized psychotherapeutic and psychiatric
406.10 rehabilitative interventions conducted in a group setting to reduce the client's suicidal and
406.11 other dysfunctional coping behaviors and restore function. Group skills training must teach
406.12 the client adaptive skills in the following areas: (1) mindfulness; (2) interpersonal
406.13 effectiveness; (3) emotional regulation; and (4) distress tolerance.

406.14 (f) Group skills training must be provided by two mental health professionals or by a
406.15 mental health professional co-facilitating with a clinical trainee or a mental health practitioner.
406.16 Individual skills training must be provided by a mental health professional, a clinical trainee,
406.17 or a mental health practitioner.

406.18 (g) Before a program provides dialectical behavior therapy to a client, the commissioner
406.19 must certify the program as a dialectical behavior therapy provider. To qualify for
406.20 certification as a dialectical behavior therapy provider, a provider must:

406.21 (1) allow the commissioner to inspect the provider's program;

406.22 (2) provide evidence to the commissioner that the program's policies, procedures, and
406.23 practices meet the requirements of this subdivision and chapter 245I;

406.24 (3) be enrolled as a MHCP provider; and

406.25 (4) have a manual that outlines the program's policies, procedures, and practices that
406.26 meet the requirements of this subdivision.

406.27 **EFFECTIVE DATE.** This section is effective July 1, 2022, or upon federal approval,
406.28 whichever is later. The commissioner of human services shall notify the revisor of statutes
406.29 when federal approval is obtained.

Sec. 28. Minnesota Statutes 2021 Supplement, section 256B.0911, subdivision 3a, is amended to read:

Subd. 3a. **Assessment and support planning.** (a) Persons requesting assessment, services planning, or other assistance intended to support community-based living, including persons who need assessment ~~in order~~ to determine waiver or alternative care program eligibility, must be visited by a long-term care consultation team within 20 calendar days after the date on which an assessment was requested or recommended. Upon statewide implementation of subdivisions 2b, 2c, and 5, this requirement also applies to an assessment of a person requesting personal care assistance services. The commissioner shall provide at least a 90-day notice to lead agencies prior to the effective date of this requirement. Assessments must be conducted according to paragraphs (b) to (r).

(b) Upon implementation of subdivisions 2b, 2c, and 5, lead agencies shall use certified assessors to conduct the assessment. For a person with complex health care needs, a public health or registered nurse from the team must be consulted.

(c) The MnCHOICES assessment provided by the commissioner to lead agencies must be used to complete a comprehensive, conversation-based, person-centered assessment. The assessment must include the health, psychological, functional, environmental, and social needs of the individual necessary to develop a person-centered community support plan that meets the individual's needs and preferences.

(d) Except as provided in paragraph (r), the assessment must be conducted by a certified assessor in a face-to-face conversational interview with the person being assessed. The person's legal representative must provide input during the assessment process and may do so remotely if requested. At the request of the person, other individuals may participate in the assessment to provide information on the needs, strengths, and preferences of the person necessary to develop a community support plan that ensures the person's health and safety. Except for legal representatives or family members invited by the person, persons participating in the assessment may not be a provider of service or have any financial interest in the provision of services. For persons who are to be assessed for elderly waiver customized living or adult day services under chapter 256S, with the permission of the person being assessed or the person's designated or legal representative, the client's current or proposed provider of services may submit a copy of the provider's nursing assessment or written report outlining its recommendations regarding the client's care needs. The person conducting the assessment must notify the provider of the date by which this information is to be submitted. This information shall be provided to the person conducting the assessment prior to the assessment. For a person who is to be assessed for waiver services under section

408.1 256B.092 or 256B.49, with the permission of the person being assessed or the person's
408.2 designated legal representative, the person's current provider of services may submit a
408.3 written report outlining recommendations regarding the person's care needs the person
408.4 completed in consultation with someone who is known to the person and has interaction
408.5 with the person on a regular basis. The provider must submit the report at least 60 days
408.6 before the end of the person's current service agreement. The certified assessor must consider
408.7 the content of the submitted report prior to finalizing the person's assessment or reassessment.

408.8 (e) The certified assessor and the individual responsible for developing the coordinated
408.9 service and support plan must complete the community support plan and the coordinated
408.10 service and support plan no more than 60 calendar days from the assessment visit. The
408.11 person or the person's legal representative must be provided with a written community
408.12 support plan within the timelines established by the commissioner, regardless of whether
408.13 the person is eligible for Minnesota health care programs.

408.14 (f) For a person being assessed for elderly waiver services under chapter 256S, a provider
408.15 who submitted information under paragraph (d) shall receive the final written community
408.16 support plan when available and the Residential Services Workbook.

408.17 (g) The written community support plan must include:

408.18 (1) a summary of assessed needs as defined in paragraphs (c) and (d);

408.19 (2) the individual's options and choices to meet identified needs, including:

408.20 (i) all available options for case management services and providers;

408.21 (ii) all available options for employment services, settings, and providers;

408.22 (iii) all available options for living arrangements;

408.23 (iv) all available options for self-directed services and supports, including self-directed
408.24 budget options; and

408.25 (v) service provided in a non-disability-specific setting;

408.26 (3) identification of health and safety risks and how those risks will be addressed,
408.27 including personal risk management strategies;

408.28 (4) referral information; and

408.29 (5) informal caregiver supports, if applicable.

409.1 For a person determined eligible for state plan home care under subdivision 1a, paragraph
409.2 (b), clause (1), the person or person's representative must also receive a copy of the home
409.3 care service plan developed by the certified assessor.

409.4 (h) A person may request assistance in identifying community supports without
409.5 participating in a complete assessment. Upon a request for assistance identifying community
409.6 support, the person must be transferred or referred to long-term care options counseling
409.7 services available under sections 256.975, subdivision 7, and 256.01, subdivision 24, for
409.8 telephone assistance and follow up.

409.9 (i) The person has the right to make the final decision:

409.10 (1) between institutional placement and community placement after the recommendations
409.11 have been provided, except as provided in section 256.975, subdivision 7a, paragraph (d);

409.12 (2) between community placement in a setting controlled by a provider and living
409.13 independently in a setting not controlled by a provider;

409.14 (3) between day services and employment services; and

409.15 (4) regarding available options for self-directed services and supports, including
409.16 self-directed funding options.

409.17 (j) The lead agency must give the person receiving long-term care consultation services
409.18 or the person's legal representative, materials, and forms supplied by the commissioner
409.19 containing the following information:

409.20 (1) written recommendations for community-based services and consumer-directed
409.21 options;

409.22 (2) documentation that the most cost-effective alternatives available were offered to the
409.23 individual. For purposes of this clause, "cost-effective" means community services and
409.24 living arrangements that cost the same as or less than institutional care. For an individual
409.25 found to meet eligibility criteria for home and community-based service programs under
409.26 chapter 256S or section 256B.49, "cost-effectiveness" has the meaning found in the federally
409.27 approved waiver plan for each program;

409.28 (3) the need for and purpose of preadmission screening conducted by long-term care
409.29 options counselors according to section 256.975, subdivisions 7a to 7c, if the person selects
409.30 nursing facility placement. If the individual selects nursing facility placement, the lead
409.31 agency shall forward information needed to complete the level of care determinations and
409.32 screening for developmental disability and mental illness collected during the assessment
409.33 to the long-term care options counselor using forms provided by the commissioner;

410.1 (4) the role of long-term care consultation assessment and support planning in eligibility
410.2 determination for waiver and alternative care programs, and state plan home care, case
410.3 management, and other services as defined in subdivision 1a, paragraphs (a), clause (6),
410.4 and (b);

410.5 (5) information about Minnesota health care programs;

410.6 (6) the person's freedom to accept or reject the recommendations of the team;

410.7 (7) the person's right to confidentiality under the Minnesota Government Data Practices
410.8 Act, chapter 13;

410.9 (8) the certified assessor's decision regarding the person's need for institutional level of
410.10 care as determined under criteria established in subdivision 4e and the certified assessor's
410.11 decision regarding eligibility for all services and programs as defined in subdivision 1a,
410.12 paragraphs (a), clause (6), and (b);

410.13 (9) the person's right to appeal the certified assessor's decision regarding eligibility for
410.14 all services and programs as defined in subdivision 1a, paragraphs (a), clauses (6), (7), and
410.15 (8), and (b), and incorporating the decision regarding the need for institutional level of care
410.16 or the lead agency's final decisions regarding public programs eligibility according to section
410.17 256.045, subdivision 3. The certified assessor must verbally communicate this appeal right
410.18 to the person and must visually point out where in the document the right to appeal is stated;
410.19 and

410.20 (10) documentation that available options for employment services, independent living,
410.21 and self-directed services and supports were described to the individual.

410.22 (k) An assessment that is completed as part of an eligibility determination for multiple
410.23 programs for the alternative care, elderly waiver, developmental disabilities, community
410.24 access for disability inclusion, community alternative care, and brain injury waiver programs
410.25 under chapter 256S and sections 256B.0913, 256B.092, and 256B.49 is valid to establish
410.26 service eligibility for no more than 60 calendar days after the date of the assessment.

410.27 (l) The effective eligibility start date for programs in paragraph (k) can never be prior
410.28 to the date of assessment. If an assessment was completed more than 60 days before the
410.29 effective waiver or alternative care program eligibility start date, assessment and support
410.30 plan information must be updated and documented in the department's Medicaid Management
410.31 Information System (MMIS). Notwithstanding retroactive medical assistance coverage of
410.32 state plan services, the effective date of eligibility for programs included in paragraph (k)
410.33 cannot be prior to the date the most recent updated assessment is completed.

411.1 (m) If an eligibility update is completed within 90 days of the previous assessment and
411.2 documented in the department's Medicaid Management Information System (MMIS), the
411.3 effective date of eligibility for programs included in paragraph (k) is the date of the previous
411.4 face-to-face assessment when all other eligibility requirements are met.

411.5 (n) If a person who receives home and community-based waiver services under section
411.6 256B.0913, 256B.092, or 256B.49 or chapter 256S temporarily enters for 121 days or fewer
411.7 a hospital, institution of mental disease, nursing facility, intensive residential treatment
411.8 services program, transitional care unit, or inpatient substance use disorder treatment setting,
411.9 the person may return to the community with home and community-based waiver services
411.10 under the same waiver, without requiring an assessment or reassessment under this section,
411.11 unless the person's annual reassessment is otherwise due. Nothing in this paragraph shall
411.12 change annual long-term care consultation reassessment requirements, payment for
411.13 institutional or treatment services, medical assistance financial eligibility, or any other law.

411.14 (o) At the time of reassessment, the certified assessor shall assess each person receiving
411.15 waiver residential supports and services currently residing in a community residential setting,
411.16 licensed adult foster care home that is either not the primary residence of the license holder
411.17 or in which the license holder is not the primary caregiver, family adult foster care residence,
411.18 customized living setting, or supervised living facility to determine if that person would
411.19 prefer to be served in a community-living setting as defined in section 256B.49, subdivision
411.20 23, in a setting not controlled by a provider, or to receive integrated community supports
411.21 as described in section 245D.03, subdivision 1, paragraph (c), clause (8). The certified
411.22 assessor shall offer the person, through a person-centered planning process, the option to
411.23 receive alternative housing and service options.

411.24 (p) At the time of reassessment, the certified assessor shall assess each person receiving
411.25 waiver day services to determine if that person would prefer to receive employment services
411.26 as described in section 245D.03, subdivision 1, paragraph (c), clauses (5) to (7). The certified
411.27 assessor shall describe to the person through a person-centered planning process the option
411.28 to receive employment services.

411.29 (q) At the time of reassessment, the certified assessor shall assess each person receiving
411.30 non-self-directed waiver services to determine if that person would prefer an available
411.31 service and setting option that would permit self-directed services and supports. The certified
411.32 assessor shall describe to the person through a person-centered planning process the option
411.33 to receive self-directed services and supports.

(r) All assessments performed according to this subdivision must be face-to-face unless the assessment is a reassessment meeting the requirements of this paragraph. Remote reassessments conducted by interactive video or telephone may substitute for face-to-face reassessments. For services provided by the developmental disabilities waiver under section 256B.092, and the community access for disability inclusion, community alternative care, and brain injury waiver programs under section 256B.49, remote reassessments may be substituted for two consecutive reassessments if followed by a face-to-face reassessment. For services provided by alternative care under section 256B.0913, essential community supports under section 256B.0922, and the elderly waiver under chapter 256S, remote reassessments may be substituted for one reassessment if followed by a face-to-face reassessment. A remote reassessment is permitted only if the person being reassessed~~, or the person's legal representative, and the lead agency case manager both agree that there is no change in the person's condition, there is no need for a change in service, and that a remote reassessment is appropriate~~ or the person's legal representative provide informed choice for a remote assessment. The person being reassessed, or the person's legal representative, has the right to refuse a remote reassessment at any time. During a remote reassessment, if the certified assessor determines a face-to-face reassessment is necessary ~~in order~~ to complete the assessment, the lead agency shall schedule a face-to-face reassessment. All other requirements of a face-to-face reassessment shall apply to a remote reassessment, including updates to a person's support plan.

Sec. 29. Minnesota Statutes 2021 Supplement, section 256B.0946, subdivision 1, is amended to read:

Subdivision 1. **Required covered service components.** (a) Subject to federal approval, medical assistance covers medically necessary intensive treatment services when the services are provided by a provider entity certified under and meeting the standards in this section. The provider entity must make reasonable and good faith efforts to report individual client outcomes to the commissioner, using instruments and protocols approved by the commissioner.

(b) Intensive treatment services to children with mental illness residing in foster family settings that comprise specific required service components provided in clauses (1) to (6) are reimbursed by medical assistance when they meet the following standards:

(1) psychotherapy provided by a mental health professional or a clinical trainee;

(2) crisis planning;

413.1 (3) individual, family, and group psychoeducation services provided by a mental health
413.2 professional or a clinical trainee;

413.3 (4) clinical care consultation provided by a mental health professional or a clinical
413.4 trainee;

413.5 (5) individual treatment plan development as defined in ~~Minnesota Rules, part 9505.0371,~~
413.6 ~~subpart 7~~ section 245I.10, subdivisions 7 and 8; and

413.7 (6) service delivery payment requirements as provided under subdivision 4.

413.8 **EFFECTIVE DATE.** This section is effective July 1, 2022, or upon federal approval,
413.9 whichever is later. The commissioner of human services shall notify the revisor of statutes
413.10 when federal approval is obtained.

413.11 Sec. 30. Minnesota Statutes 2021 Supplement, section 256B.0947, subdivision 2, is
413.12 amended to read:

413.13 Subd. 2. **Definitions.** For purposes of this section, the following terms have the meanings
413.14 given them.

413.15 (a) "Intensive nonresidential rehabilitative mental health services" means child
413.16 rehabilitative mental health services as defined in section 256B.0943, except that these
413.17 services are provided by a multidisciplinary staff using a total team approach consistent
413.18 with assertive community treatment, as adapted for youth, and are directed to recipients
413.19 who are eight years of age or older and under 26 years of age who require intensive services
413.20 to prevent admission to an inpatient psychiatric hospital or placement in a residential
413.21 treatment facility or who require intensive services to step down from inpatient or residential
413.22 care to community-based care.

413.23 (b) "Co-occurring mental illness and substance use disorder" means a dual diagnosis of
413.24 at least one form of mental illness and at least one substance use disorder. Substance use
413.25 disorders include alcohol or drug abuse or dependence, excluding nicotine use.

413.26 (c) "Standard diagnostic assessment" means the assessment described in section 245I.10,
413.27 subdivision 6.

413.28 (d) "Medication education services" means services provided individually or in groups,
413.29 which focus on:

413.30 (1) educating the client and client's family or significant nonfamilial supporters about
413.31 mental illness and symptoms;

413.32 (2) the role and effects of medications in treating symptoms of mental illness; and

414.1 (3) the side effects of medications.

414.2 Medication education is coordinated with medication management services and does not
414.3 duplicate it. Medication education services are provided by physicians, pharmacists, or
414.4 registered nurses with certification in psychiatric and mental health care.

414.5 (e) "Mental health professional" means a staff person who is qualified according to
414.6 section 245I.04, subdivision 2.

414.7 (f) "Provider agency" means a for-profit or nonprofit organization established to
414.8 administer an assertive community treatment for youth team.

414.9 (g) "Substance use disorders" means one or more of the disorders defined in the diagnostic
414.10 and statistical manual of mental disorders, current edition.

414.11 (h) "Transition services" means:

414.12 (1) activities, materials, consultation, and coordination that ensures continuity of the
414.13 client's care in advance of and in preparation for the client's move from one stage of care
414.14 or life to another by maintaining contact with the client and assisting the client to establish
414.15 provider relationships;

414.16 (2) providing the client with knowledge and skills needed posttransition;

414.17 (3) establishing communication between sending and receiving entities;

414.18 (4) supporting a client's request for service authorization and enrollment; and

414.19 (5) establishing and enforcing procedures and schedules.

414.20 ~~A youth's transition from the children's mental health system and services to the adult~~
414.21 ~~mental health system and services and return to the client's home and entry or re-entry into~~
414.22 ~~community-based mental health services following discharge from an out-of-home placement~~
414.23 ~~or inpatient hospital stay.~~

414.24 (i) "Treatment team" means all staff who provide services to recipients under this section.

414.25 (j) "Family peer specialist" means a staff person who is qualified under section
414.26 256B.0616.

414.27 Sec. 31. Minnesota Statutes 2021 Supplement, section 256B.0947, subdivision 6, is
414.28 amended to read:

414.29 Subd. 6. **Service standards.** The standards in this subdivision apply to intensive
414.30 nonresidential rehabilitative mental health services.

(a) The treatment team must use team treatment, not an individual treatment model.

(b) Services must be available at times that meet client needs.

(c) Services must be age-appropriate and meet the specific needs of the client.

(d) The level of care assessment as defined in section 245I.02, subdivision 19, and functional assessment as defined in section 245I.02, subdivision 17, must be updated at least every ~~90 days~~ six months or prior to discharge from the service, whichever comes first.

(e) The treatment team must complete an individual treatment plan for each client, according to section 245I.10, subdivisions 7 and 8, and the individual treatment plan must:

(1) be completed in consultation with the client's current therapist and key providers and provide for ongoing consultation with the client's current therapist to ensure therapeutic continuity and to facilitate the client's return to the community. For clients under the age of 18, the treatment team must consult with parents and guardians in developing the treatment plan;

(2) if a need for substance use disorder treatment is indicated by validated assessment:

(i) identify goals, objectives, and strategies of substance use disorder treatment;

(ii) develop a schedule for accomplishing substance use disorder treatment goals and objectives; and

(iii) identify the individuals responsible for providing substance use disorder treatment services and supports; and

(3) provide for the client's transition out of intensive nonresidential rehabilitative mental health services by defining the team's actions to assist the client and subsequent providers in the transition to less intensive or "stepped down" services~~; and~~.

~~(4) notwithstanding section 245I.10, subdivision 8, be reviewed at least every 90 days and revised to document treatment progress or, if progress is not documented, to document changes in treatment.~~

(f) The treatment team shall actively and assertively engage the client's family members and significant others by establishing communication and collaboration with the family and significant others and educating the family and significant others about the client's mental illness, symptom management, and the family's role in treatment, unless the team knows or has reason to suspect that the client has suffered or faces a threat of suffering any physical or mental injury, abuse, or neglect from a family member or significant other.

416.1 (g) For a client age 18 or older, the treatment team may disclose to a family member,
416.2 other relative, or a close personal friend of the client, or other person identified by the client,
416.3 the protected health information directly relevant to such person's involvement with the
416.4 client's care, as provided in Code of Federal Regulations, title 45, part 164.502(b). If the
416.5 client is present, the treatment team shall obtain the client's agreement, provide the client
416.6 with an opportunity to object, or reasonably infer from the circumstances, based on the
416.7 exercise of professional judgment, that the client does not object. If the client is not present
416.8 or is unable, by incapacity or emergency circumstances, to agree or object, the treatment
416.9 team may, in the exercise of professional judgment, determine whether the disclosure is in
416.10 the best interests of the client and, if so, disclose only the protected health information that
416.11 is directly relevant to the family member's, relative's, friend's, or client-identified person's
416.12 involvement with the client's health care. The client may orally agree or object to the
416.13 disclosure and may prohibit or restrict disclosure to specific individuals.

416.14 (h) The treatment team shall provide interventions to promote positive interpersonal
416.15 relationships.

416.16 **EFFECTIVE DATE.** This section is effective July 1, 2022, or upon federal approval,
416.17 whichever is later. The commissioner of human services shall notify the revisor of statutes
416.18 when federal approval is obtained.

416.19 Sec. 32. Minnesota Statutes 2021 Supplement, section 256B.0949, subdivision 2, is
416.20 amended to read:

416.21 Subd. 2. **Definitions.** (a) The terms used in this section have the meanings given in this
416.22 subdivision.

416.23 (b) "Agency" means the legal entity that is enrolled with Minnesota health care programs
416.24 as a medical assistance provider according to Minnesota Rules, part 9505.0195, to provide
416.25 EIDBI services and that has the legal responsibility to ensure that its employees or contractors
416.26 carry out the responsibilities defined in this section. Agency includes a licensed individual
416.27 professional who practices independently and acts as an agency.

416.28 (c) "Autism spectrum disorder or a related condition" or "ASD or a related condition"
416.29 means either autism spectrum disorder (ASD) as defined in the current version of the
416.30 Diagnostic and Statistical Manual of Mental Disorders (DSM) or a condition that is found
416.31 to be closely related to ASD, as identified under the current version of the DSM, and meets
416.32 all of the following criteria:

416.33 (1) is severe and chronic;

417.1 (2) results in impairment of adaptive behavior and function similar to that of a person
417.2 with ASD;

417.3 (3) requires treatment or services similar to those required for a person with ASD; and

417.4 (4) results in substantial functional limitations in three core developmental deficits of
417.5 ASD: social or interpersonal interaction; functional communication, including nonverbal
417.6 or social communication; and restrictive or repetitive behaviors or hyperreactivity or
417.7 hyporeactivity to sensory input; and may include deficits or a high level of support in one
417.8 or more of the following domains:

417.9 (i) behavioral challenges and self-regulation;

417.10 (ii) cognition;

417.11 (iii) learning and play;

417.12 (iv) self-care; or

417.13 (v) safety.

417.14 (d) "Person" means a person under 21 years of age.

417.15 (e) "Clinical supervision" means the overall responsibility for the control and direction
417.16 of EIDBI service delivery, including individual treatment planning, staff supervision,
417.17 individual treatment plan progress monitoring, and treatment review for each person. Clinical
417.18 supervision is provided by a qualified supervising professional (QSP) who takes full
417.19 professional responsibility for the service provided by each supervisee.

417.20 (f) "Commissioner" means the commissioner of human services, unless otherwise
417.21 specified.

417.22 (g) "Comprehensive multidisciplinary evaluation" or "CMDE" means a comprehensive
417.23 evaluation of a person to determine medical necessity for EIDBI services based on the
417.24 requirements in subdivision 5.

417.25 (h) "Department" means the Department of Human Services, unless otherwise specified.

417.26 (i) "Early intensive developmental and behavioral intervention benefit" or "EIDBI
417.27 benefit" means a variety of individualized, intensive treatment modalities approved and
417.28 published by the commissioner that are based in behavioral and developmental science
417.29 consistent with best practices on effectiveness.

417.30 (j) "Generalizable goals" means results or gains that are observed during a variety of
417.31 activities over time with different people, such as providers, family members, other adults,

418.1 and people, and in different environments including, but not limited to, clinics, homes,
418.2 schools, and the community.

418.3 (k) "Incident" means when any of the following occur:

418.4 (1) an illness, accident, or injury that requires first aid treatment;

418.5 (2) a bump or blow to the head; or

418.6 (3) an unusual or unexpected event that jeopardizes the safety of a person or staff,
418.7 including a person leaving the agency unattended.

418.8 (l) "Individual treatment plan" or "ITP" means the person-centered, individualized written
418.9 plan of care that integrates and coordinates person and family information from the CMDE
418.10 for a person who meets medical necessity for the EIDBI benefit. An individual treatment
418.11 plan must meet the standards in subdivision 6.

418.12 (m) "Legal representative" means the parent of a child who is under 18 years of age, a
418.13 court-appointed guardian, or other representative with legal authority to make decisions
418.14 about service for a person. For the purpose of this subdivision, "other representative with
418.15 legal authority to make decisions" includes a health care agent or an attorney-in-fact
418.16 authorized through a health care directive or power of attorney.

418.17 (n) "Mental health professional" means a staff person who is qualified according to
418.18 section 245I.04, subdivision 2.

418.19 (o) "Person-centered" means a service that both responds to the identified needs, interests,
418.20 values, preferences, and desired outcomes of the person or the person's legal representative
418.21 and respects the person's history, dignity, and cultural background and allows inclusion and
418.22 participation in the person's community.

418.23 (p) "Qualified EIDBI provider" means a person who is a QSP or a level I, level II, or
418.24 level III treatment provider.

418.25 (q) "Advanced certification" means a person who has completed advanced certification
418.26 in an approved modality under subdivision 13, paragraph (b).

418.27 Sec. 33. Minnesota Statutes 2021 Supplement, section 256B.0949, subdivision 13, is
418.28 amended to read:

418.29 Subd. 13. **Covered services.** (a) The services described in paragraphs (b) to (l) are
418.30 eligible for reimbursement by medical assistance under this section. Services must be
418.31 provided by a qualified EIDBI provider and supervised by a QSP. An EIDBI service must
418.32 address the person's medically necessary treatment goals and must be targeted to develop,

419.1 enhance, or maintain the individual developmental skills of a person with ASD or a related
419.2 condition to improve functional communication, including nonverbal or social
419.3 communication, social or interpersonal interaction, restrictive or repetitive behaviors,
419.4 hyperreactivity or hyporeactivity to sensory input, behavioral challenges and self-regulation,
419.5 cognition, learning and play, self-care, and safety.

419.6 (b) EIDBI treatment must be delivered consistent with the standards of an approved
419.7 modality, as published by the commissioner. EIDBI modalities include:

419.8 (1) applied behavior analysis (ABA);

419.9 (2) developmental individual-difference relationship-based model (DIR/Floortime);

419.10 (3) early start Denver model (ESDM);

419.11 (4) PLAY project;

419.12 (5) relationship development intervention (RDI); or

419.13 (6) additional modalities not listed in clauses (1) to (5) upon approval by the
419.14 commissioner.

419.15 (c) An EIDBI provider may use one or more of the EIDBI modalities in paragraph (b),
419.16 clauses (1) to (5), as the primary modality for treatment as a covered service, or several
419.17 EIDBI modalities in combination as the primary modality of treatment, as approved by the
419.18 commissioner. An EIDBI provider that identifies and provides assurance of qualifications
419.19 for a single specific treatment modality, including an EIDBI provider with advanced
419.20 certification overseeing implementation, must document the required qualifications to meet
419.21 fidelity to the specific model in a manner determined by the commissioner.

419.22 (d) Each qualified EIDBI provider must identify and provide assurance of qualifications
419.23 for professional licensure certification, or training in evidence-based treatment methods,
419.24 and must document the required qualifications outlined in subdivision 15 in a manner
419.25 determined by the commissioner.

419.26 (e) CMDE is a comprehensive evaluation of the person's developmental status to
419.27 determine medical necessity for EIDBI services and meets the requirements of subdivision
419.28 5. The services must be provided by a qualified CMDE provider.

419.29 (f) EIDBI intervention observation and direction is the clinical direction and oversight
419.30 of EIDBI services by the QSP, level I treatment provider, or level II treatment provider,
419.31 including developmental and behavioral techniques, progress measurement, data collection,
419.32 function of behaviors, and generalization of acquired skills for the direct benefit of a person.

EIDBI intervention observation and direction informs any modification of the current treatment protocol to support the outcomes outlined in the ITP.

(g) Intervention is medically necessary direct treatment provided to a person with ASD or a related condition as outlined in their ITP. All intervention services must be provided under the direction of a QSP. Intervention may take place across multiple settings. The frequency and intensity of intervention services are provided based on the number of treatment goals, person and family or caregiver preferences, and other factors. Intervention services may be provided individually or in a group. Intervention with a higher provider ratio may occur when deemed medically necessary through the person's ITP.

(1) Individual intervention is treatment by protocol administered by a single qualified EIDBI provider delivered to one person.

(2) Group intervention is treatment by protocol provided by one or more qualified EIDBI providers, delivered to at least two people who receive EIDBI services.

(3) Higher provider ratio intervention is treatment with protocol modification provided by two or more qualified EIDBI providers delivered to one person in an environment that meets the person's needs and under the direction of the QSP or level I provider.

(h) ITP development and ITP progress monitoring is development of the initial, annual, and progress monitoring of an ITP. ITP development and ITP progress monitoring documents provide oversight and ongoing evaluation of a person's treatment and progress on targeted goals and objectives and integrate and coordinate the person's and the person's legal representative's information from the CMDE and ITP progress monitoring. This service must be reviewed and completed by the QSP, and may include input from a level I provider or a level II provider.

(i) Family caregiver training and counseling is specialized training and education for a family or primary caregiver to understand the person's developmental status and help with the person's needs and development. This service must be provided by the QSP, level I provider, or level II provider.

(j) A coordinated care conference is a voluntary meeting with the person and the person's family to review the CMDE or ITP progress monitoring and to integrate and coordinate services across providers and service-delivery systems to develop the ITP. This service ~~must be provided by the QSP and~~ may include the CMDE provider ~~or~~, QSP, a level I provider, or a level II provider.

421.1 (k) Travel time is allowable billing for traveling to and from the person's home, school,
421.2 a community setting, or place of service outside of an EIDBI center, clinic, or office from
421.3 a specified location to provide in-person EIDBI intervention, observation and direction, or
421.4 family caregiver training and counseling. The person's ITP must specify the reasons the
421.5 provider must travel to the person.

421.6 (l) Medical assistance covers medically necessary EIDBI services and consultations
421.7 delivered ~~by a licensed health care provider~~ via telehealth, as defined under section
421.8 256B.0625, subdivision 3b, in the same manner as if the service or consultation was delivered
421.9 in person.

421.10 Sec. 34. Minnesota Statutes 2020, section 256K.26, subdivision 2, is amended to read:

421.11 Subd. 2. **Implementation.** The commissioner, in consultation with the commissioners
421.12 of the Department of Corrections and the Minnesota Housing Finance Agency, counties,
421.13 Tribes, providers, and funders of supportive housing and services, shall develop application
421.14 requirements and make funds available according to this section, with the goal of providing
421.15 maximum flexibility in program design.

421.16 Sec. 35. Minnesota Statutes 2020, section 256K.26, subdivision 6, is amended to read:

421.17 Subd. 6. **Outcomes.** Projects will be selected to further the following outcomes:

421.18 (1) reduce the number of Minnesota individuals and families that experience long-term
421.19 homelessness;

421.20 (2) increase the number of housing opportunities with supportive services;

421.21 (3) develop integrated, cost-effective service models that address the multiple barriers
421.22 to obtaining housing stability faced by people experiencing long-term homelessness,
421.23 including abuse, neglect, chemical dependency, disability, chronic health problems, or other
421.24 factors including ethnicity and race that may result in poor outcomes or service disparities;

421.25 (4) encourage partnerships among counties, Tribes, community agencies, schools, and
421.26 other providers so that the service delivery system is seamless for people experiencing
421.27 long-term homelessness;

421.28 (5) increase employability, self-sufficiency, and other social outcomes for individuals
421.29 and families experiencing long-term homelessness; and

(6) reduce inappropriate use of emergency health care, shelter, ~~chemical dependency~~ substance use disorder treatment, foster care, child protection, corrections, and similar services used by people experiencing long-term homelessness.

Sec. 36. Minnesota Statutes 2020, section 256K.26, subdivision 7, is amended to read:

Subd. 7. **Eligible services.** Services eligible for funding under this section are all services needed to maintain households in permanent supportive housing, as determined by the ~~county or~~ counties or Tribes administering the project or projects.

Sec. 37. Minnesota Statutes 2021 Supplement, section 256P.01, subdivision 6a, is amended to read:

Subd. 6a. **Qualified professional.** (a) For illness, injury, or incapacity, a "qualified professional" means a licensed physician, physician assistant, advanced practice registered nurse, physical therapist, occupational therapist, or licensed chiropractor, according to their scope of practice.

(b) For developmental disability, learning disability, and intelligence testing, a "qualified professional" means a licensed physician, physician assistant, advanced practice registered nurse, licensed independent clinical social worker, licensed psychologist, certified school psychologist, or certified psychometrist working under the supervision of a licensed psychologist.

(c) For mental health, a "qualified professional" means a licensed physician, advanced practice registered nurse, or qualified mental health professional under section 245I.04, subdivision 2.

(d) For substance use disorder, a "qualified professional" means a licensed physician, a qualified mental health professional under section ~~245.462, subdivision 18, clauses (1) to (6)~~ 245I.04, subdivision 2, or an individual as defined in section 245G.11, subdivision 3, 4, or 5.

EFFECTIVE DATE. This section is effective July 1, 2022, or upon federal approval, whichever is later. The commissioner of human services shall notify the revisor of statutes when federal approval is obtained.

423.1 Sec. 38. Minnesota Statutes 2020, section 256Q.06, is amended by adding a subdivision
423.2 to read:

423.3 Subd. 6. **Account creation.** If an eligible individual is unable to establish the eligible
423.4 individual's own ABLE account, an ABLE account may be established on behalf of the
423.5 eligible individual by the eligible individual's agent under a power of attorney or, if none,
423.6 by the eligible individual's conservator or legal guardian, spouse, parent, sibling, or
423.7 grandparent or a representative payee appointed for the eligible individual by the Social
423.8 Security Administration, in that order.

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

423.10 Sec. 39. Laws 2020, First Special Session chapter 7, section 1, subdivision 1, as amended
423.11 by Laws 2021, First Special Session chapter 7, article 2, section 71, is amended to read:

423.12 Subdivision 1. **Waivers and modifications; federal funding extension.** When the
423.13 peacetime emergency declared by the governor in response to the COVID-19 outbreak
423.14 expires, is terminated, or is rescinded by the proper authority, the following waivers and
423.15 modifications to human services programs issued by the commissioner of human services
423.16 pursuant to Executive Orders 20-11 and 20-12 ~~that are required to comply with federal law~~
423.17 may remain in effect for the time period set out in applicable federal law or for the time
423.18 period set out in any applicable federally approved waiver or state plan amendment,
423.19 whichever is later:

423.20 (1) CV15: allowing telephone or video visits for waiver programs;

423.21 (2) CV17: preserving health care coverage for Medical Assistance and MinnesotaCare;

423.22 (3) CV18: implementation of federal changes to the Supplemental Nutrition Assistance
423.23 Program;

423.24 (4) CV20: eliminating cost-sharing for COVID-19 diagnosis and treatment;

423.25 (5) CV24: allowing telephone or video use for targeted case management visits;

423.26 (6) CV30: expanding telemedicine in health care, mental health, and substance use
423.27 disorder settings;

423.28 (7) CV37: implementation of federal changes to the Supplemental Nutrition Assistance
423.29 Program;

423.30 (8) CV39: implementation of federal changes to the Supplemental Nutrition Assistance
423.31 Program;

424.1 (9) CV42: implementation of federal changes to the Supplemental Nutrition Assistance
424.2 Program;

424.3 (10) CV43: expanding remote home and community-based waiver services;

424.4 (11) CV44: allowing remote delivery of adult day services;

424.5 (12) CV59: modifying eligibility period for the federally funded Refugee Cash Assistance
424.6 Program;

424.7 (13) CV60: modifying eligibility period for the federally funded Refugee Social Services
424.8 Program; and

424.9 (14) CV109: providing 15 percent increase for Minnesota Food Assistance Program and
424.10 Minnesota Family Investment Program maximum food benefits.

424.11 Sec. 40. **REVISOR INSTRUCTION.**

424.12 In Minnesota Statutes and Minnesota Rules, the revisor of statutes shall change the term
424.13 "chemical dependency" or similar terms to "substance use disorder." The revisor may make
424.14 grammatical changes related to the term change.

424.15 Sec. 41. **REPEALER.**

424.16 (a) Minnesota Statutes 2020, sections 254A.04; and 254B.14, subdivisions 1, 2, 3, 4,
424.17 and 6, are repealed.

424.18 (b) Minnesota Statutes 2021 Supplement, section 254B.14, subdivision 5, is repealed.

424.19 **ARTICLE 9**
424.20 **COMMUNITY SUPPORTS**

424.21 Section 1. Minnesota Statutes 2020, section 245A.04, is amended by adding a subdivision
424.22 to read:

424.23 Subd. 15b. **Additional community residential setting closure requirements.** (a) In
424.24 addition to the requirements in subdivision 15a, in the event that a license holder elects to
424.25 voluntarily close a community residential setting, the license holder must notify the
424.26 commissioner, the Office of Ombudsman for Mental Health and Developmental Disabilities,
424.27 and the Office of Ombudsman for Long-Term Care in writing by submitting notification at
424.28 least 60 days prior to closure. The closure notification must include:

425.1 (1) assurance that the license holder notified or will notify residents and their expanded
425.2 support teams, if applicable, of the closure and comply with the conditions for service
425.3 terminations under section 245D.10, subdivision 3a;

425.4 (2) procedures and actions the license holder will implement to maintain compliance
425.5 with this subdivision and subdivision 15a; and

425.6 (3) assurance that the license holder will meet with the case manager and each resident's
425.7 expanded support team, as defined in section 245D.02, subdivision 8b, within ten working
425.8 days of delivering any service terminations to develop a person-centered relocation plan
425.9 with each individual impacted by the change in service. The license holder must complete
425.10 a relocation plan for each impacted individual 45 days prior to the service termination or
425.11 closure date, whichever is sooner.

425.12 (b) The commissioner may require the license holder to work with a transitional team
425.13 that includes department staff, staff of the Office of Ombudsman for Mental Health and
425.14 Developmental Disabilities, staff of the Office of Ombudsman for Long-Term Care, and
425.15 other professionals the commissioner deems necessary to assist in the proper relocation of
425.16 residents.

425.17 (c) The commissioner may eliminate a closure rate adjustment under section 256B.493
425.18 for violations of this subdivision.

425.19 Sec. 2. Minnesota Statutes 2020, section 245D.10, subdivision 3a, is amended to read:

425.20 Subd. 3a. **Service termination.** (a) The license holder must establish policies and
425.21 procedures for service termination that promote continuity of care and service coordination
425.22 with the person and the case manager and with other licensed caregivers, if any, who also
425.23 provide support to the person. The policy must include the requirements specified in
425.24 paragraphs (b) to (f).

425.25 (b) The license holder must permit each person to remain in the program or to continue
425.26 receiving services and must not terminate services unless:

425.27 (1) the termination is necessary for the person's welfare and the ~~facility~~ license holder
425.28 cannot meet the person's needs;

425.29 (2) the safety of the person ~~or~~, others in the program, or staff is endangered and positive
425.30 support strategies were attempted and have not achieved and effectively maintained safety
425.31 for the person or others;

(3) the health of the person ~~or~~, others in the program, or staff would otherwise be endangered;

(4) the ~~program~~ license holder has not been paid for services;

(5) the program or license holder ceases to operate;

(6) the person has been terminated by the lead agency from waiver eligibility; or

(7) for state-operated community-based services, the person no longer demonstrates complex behavioral needs that cannot be met by private community-based providers identified in section 252.50, subdivision 5, paragraph (a), clause (1).

(c) Prior to giving notice of service termination, the license holder must document actions taken to minimize or eliminate the need for termination. Action taken by the license holder must include, at a minimum:

(1) consultation with the person's support team or expanded support team to identify and resolve issues leading to issuance of the termination notice;

(2) a request to the case manager for intervention services identified in section 245D.03, subdivision 1, paragraph (c), clause (1), or other professional consultation or intervention services to support the person in the program. This requirement does not apply to notices of service termination issued under paragraph (b), clauses (4) and (7); and

(3) for state-operated community-based services terminating services under paragraph (b), clause (7), the state-operated community-based services must engage in consultation with the person's support team or expanded support team to:

(i) identify that the person no longer demonstrates complex behavioral needs that cannot be met by private community-based providers identified in section 252.50, subdivision 5, paragraph (a), clause (1);

(ii) provide notice of intent to issue a termination of services to the lead agency when a finding has been made that a person no longer demonstrates complex behavioral needs that cannot be met by private community-based providers identified in section 252.50, subdivision 5, paragraph (a), clause (1);

(iii) assist the lead agency and case manager in developing a person-centered transition plan to a private community-based provider to ensure continuity of care; and

(iv) coordinate with the lead agency to ensure the private community-based service provider is able to meet the person's needs and criteria established in a person's person-centered transition plan.

427.1 If, based on the best interests of the person, the circumstances at the time of the notice were
427.2 such that the license holder was unable to take the action specified in clauses (1) and (2),
427.3 the license holder must document the specific circumstances and the reason for being unable
427.4 to do so.

427.5 (d) The notice of service termination must meet the following requirements:

427.6 (1) the license holder must notify the person or the person's legal representative and the
427.7 case manager in writing of the intended service termination. If the service termination is
427.8 from residential supports and services as defined in section 245D.03, subdivision 1, paragraph
427.9 (c), clause (3), the license holder must also notify the commissioner in writing; and

427.10 (2) the notice must include:

427.11 (i) the reason for the action;

427.12 (ii) except for a service termination under paragraph (b), clause (5), a summary of actions
427.13 taken to minimize or eliminate the need for service termination or temporary service
427.14 suspension as required under paragraph (c), and why these measures failed to prevent the
427.15 termination or suspension;

427.16 (iii) the person's right to appeal the termination of services under section 256.045,
427.17 subdivision 3, paragraph (a); and

427.18 (iv) the person's right to seek a temporary order staying the termination of services
427.19 according to the procedures in section 256.045, subdivision 4a or 6, paragraph (c).

427.20 (e) Notice of the proposed termination of service, including those situations that began
427.21 with a temporary service suspension, must be given at least 90 days prior to termination of
427.22 services under paragraph (b), clause (7), 60 days prior to termination when a license holder
427.23 is providing intensive supports and services identified in section 245D.03, subdivision 1,
427.24 paragraph (c), and 30 days prior to termination for all other services licensed under this
427.25 chapter. This notice may be given in conjunction with a notice of temporary service
427.26 suspension under subdivision 3.

427.27 (f) During the service termination notice period, the license holder must:

427.28 (1) work with the support team or expanded support team to develop reasonable
427.29 alternatives to protect the person and others and to support continuity of care;

427.30 (2) provide information requested by the person or case manager; and

427.31 (3) maintain information about the service termination, including the written notice of
427.32 intended service termination, in the service recipient record.

428.1 (g) For notices issued under paragraph (b), clause (7), the lead agency shall provide
428.2 notice to the commissioner and state-operated services at least 30 days before the conclusion
428.3 of the 90-day termination period, if an appropriate alternative provider cannot be secured.
428.4 Upon receipt of this notice, the commissioner and state-operated services shall reassess
428.5 whether a private community-based service can meet the person's needs. If the commissioner
428.6 determines that a private provider can meet the person's needs, state-operated services shall,
428.7 if necessary, extend notice of service termination until placement can be made. If the
428.8 commissioner determines that a private provider cannot meet the person's needs,
428.9 state-operated services shall rescind the notice of service termination and re-engage with
428.10 the lead agency in service planning for the person.

428.11 (h) For state-operated community-based services, the license holder shall prioritize the
428.12 capacity created within the existing service site by the termination of services under paragraph
428.13 (b), clause (7), to serve persons described in section 252.50, subdivision 5, paragraph (a),
428.14 clause (1).

428.15 Sec. 3. Minnesota Statutes 2020, section 256.01, is amended by adding a subdivision to
428.16 read:

428.17 Subd. 12b. **Department of Human Services systemic critical incident review team.** (a)
428.18 The commissioner may establish a Department of Human Services systemic critical incident
428.19 review team to review required critical incident reports under section 626.557 for which
428.20 the Department of Human Services is responsible under section 626.5572, subdivision 13;
428.21 chapter 245D; or Minnesota Rules, chapter 9544. When reviewing a critical incident, the
428.22 systemic critical incident review team must identify systemic influences to the incident
428.23 rather than determining the culpability of any actors involved in the incident. The systemic
428.24 critical incident review may assess the entire critical incident process from the point of an
428.25 entity reporting the critical incident through the ongoing case management process.
428.26 Department staff must lead and conduct the reviews and may utilize county staff as reviewers.
428.27 The systemic critical incident review process may include but is not limited to:

428.28 (1) data collection about the incident and actors involved. Data may include the critical
428.29 incident report under review; previous incident reports pertaining to the person receiving
428.30 services; the service provider's policies and procedures applicable to the incident; the
428.31 coordinated service and support plan as defined in section 245D.02, subdivision 4b, for the
428.32 person receiving services; or an interview of an actor involved in the critical incident or the
428.33 review of the critical incident. Actors may include:

428.34 (i) staff of the provider agency;

429.1 (ii) lead agency staff administering home and community-based services delivered by
429.2 the provider;

429.3 (iii) Department of Human Services staff with oversight of home and community-based
429.4 services;

429.5 (iv) Department of Health staff with oversight of home and community-based services;

429.6 (v) members of the community including advocates, legal representatives, health care
429.7 providers, pharmacy staff, or others with knowledge of the incident or the actors in the
429.8 incident; and

429.9 (vi) staff from the Office of the Ombudsman for Mental Health and Developmental
429.10 Disabilities;

429.11 (2) systemic mapping of the critical incident. The team conducting the systemic mapping
429.12 of the incident may include any actors identified in clause (1), designated representatives
429.13 of other provider agencies, regional teams, and representatives of the local regional quality
429.14 council identified in section 256B.097; and

429.15 (3) analysis of the case for systemic influences.

429.16 (b) The critical incident review team must aggregate data collected and provide the
429.17 aggregated data to regional teams, participating regional quality councils, and the
429.18 commissioner. The regional teams and quality councils must analyze the data and make
429.19 recommendations to the commissioner regarding systemic changes that would decrease the
429.20 number and severity of critical incidents in the future or improve the quality of the home
429.21 and community-based service system.

429.22 (c) A selection committee must select cases for the systemic critical incident review
429.23 process from among the following critical incident categories:

429.24 (1) cases of caregiver neglect identified in section 626.5572, subdivision 17;

429.25 (2) cases involving financial exploitation identified in section 626.5572, subdivision 9;

429.26 (3) incidents identified in section 245D.02, subdivision 11;

429.27 (4) incidents identified in Minnesota Rules, part 9544.0110; and

429.28 (5) service terminations reported to the department in accordance with section 245D.10,
429.29 subdivision 3a.

429.30 (d) The systemic critical incident review under this section must not replace the process
429.31 for screening or investigating cases of alleged maltreatment of an adult under section 626.557.

430.1 The department, under the jurisdiction of the commissioner, may select for systemic critical
430.2 incident review cases reported for suspected maltreatment and closed following initial or
430.3 final disposition.

430.4 (e) The proceedings and records of the review team are confidential data on individuals
430.5 or protected nonpublic data as defined in section 13.02, subdivisions 3 and 13. Data that
430.6 document a person's opinions formed as a result of the review are not subject to discovery
430.7 or introduction into evidence in a civil or criminal action against a professional, the state,
430.8 or a county agency arising out of the matters that the team is reviewing. Information,
430.9 documents, and records otherwise available from other sources are not immune from
430.10 discovery or use in a civil or criminal action solely because the information, documents,
430.11 and records were assessed or presented during review team proceedings. A person who
430.12 presented information before the systemic critical incident review team or who is a member
430.13 of the team must not be prevented from testifying about matters within the person's
430.14 knowledge. In a civil or criminal proceeding, a person must not be questioned about opinions
430.15 formed by the person as a result of the review.

430.16 (f) By October 1 of each year, the commissioner shall prepare an annual public report
430.17 containing the following information:

430.18 (1) the number of cases reviewed under each critical incident category identified in
430.19 paragraph (b) and a geographical description of where cases under each category originated;

430.20 (2) an aggregate summary of the systemic themes from the critical incidents examined
430.21 by the critical incident review team during the previous year;

430.22 (3) a synopsis of the conclusions, incident analyses, or exploratory activities taken in
430.23 regard to the critical incidents examined by the critical incident review team; and

430.24 (4) recommendations made to the commissioner regarding systemic changes that could
430.25 decrease the number and severity of critical incidents in the future or improve the quality
430.26 of the home and community-based service system.

430.27 Sec. 4. Minnesota Statutes 2020, section 256.045, subdivision 3, is amended to read:

430.28 Subd. 3. **State agency hearings.** (a) State agency hearings are available for the following:

430.29 (1) any person applying for, receiving or having received public assistance, medical
430.30 care, or a program of social services granted by the state agency or a county agency or the
430.31 federal Food and Nutrition Act whose application for assistance is denied, not acted upon
430.32 with reasonable promptness, or whose assistance is suspended, reduced, terminated, or
430.33 claimed to have been incorrectly paid;

431.1 (2) any patient or relative aggrieved by an order of the commissioner under section
431.2 252.27;

431.3 (3) a party aggrieved by a ruling of a prepaid health plan;

431.4 (4) except as provided under chapter 245C, any individual or facility determined by a
431.5 lead investigative agency to have maltreated a vulnerable adult under section 626.557 after
431.6 they have exercised their right to administrative reconsideration under section 626.557;

431.7 (5) any person whose claim for foster care payment according to a placement of the
431.8 child resulting from a child protection assessment under chapter 260E is denied or not acted
431.9 upon with reasonable promptness, regardless of funding source;

431.10 (6) any person to whom a right of appeal according to this section is given by other
431.11 provision of law;

431.12 (7) an applicant aggrieved by an adverse decision to an application for a hardship waiver
431.13 under section 256B.15;

431.14 (8) an applicant aggrieved by an adverse decision to an application or redetermination
431.15 for a Medicare Part D prescription drug subsidy under section 256B.04, subdivision 4a;

431.16 (9) except as provided under chapter 245A, an individual or facility determined to have
431.17 maltreated a minor under chapter 260E, after the individual or facility has exercised the
431.18 right to administrative reconsideration under chapter 260E;

431.19 (10) except as provided under chapter 245C, an individual disqualified under sections
431.20 245C.14 and 245C.15, following a reconsideration decision issued under section 245C.23,
431.21 on the basis of serious or recurring maltreatment; a preponderance of the evidence that the
431.22 individual has committed an act or acts that meet the definition of any of the crimes listed
431.23 in section 245C.15, subdivisions 1 to 4; or for failing to make reports required under section
431.24 260E.06, subdivision 1, or 626.557, subdivision 3. Hearings regarding a maltreatment
431.25 determination under clause (4) or (9) and a disqualification under this clause in which the
431.26 basis for a disqualification is serious or recurring maltreatment, shall be consolidated into
431.27 a single fair hearing. In such cases, the scope of review by the human services judge shall
431.28 include both the maltreatment determination and the disqualification. The failure to exercise
431.29 the right to an administrative reconsideration shall not be a bar to a hearing under this section
431.30 if federal law provides an individual the right to a hearing to dispute a finding of
431.31 maltreatment;

431.32 (11) any person with an outstanding debt resulting from receipt of public assistance,
431.33 medical care, or the federal Food and Nutrition Act who is contesting a setoff claim by the

432.1 Department of Human Services or a county agency. The scope of the appeal is the validity
432.2 of the claimant agency's intention to request a setoff of a refund under chapter 270A against
432.3 the debt;

432.4 (12) a person issued a notice of service termination under section 245D.10, subdivision
432.5 3a, ~~from~~ by a licensed provider of any residential supports ~~and~~ or services ~~as defined~~ listed
432.6 in section 245D.03, subdivision 1, ~~paragraph~~ paragraphs (b) and (c), ~~clause (3),~~ that is not
432.7 otherwise subject to appeal under subdivision 4a;

432.8 (13) an individual disability waiver recipient based on a denial of a request for a rate
432.9 exception under section 256B.4914; or

432.10 (14) a person issued a notice of service termination under section 245A.11, subdivision
432.11 11, that is not otherwise subject to appeal under subdivision 4a.

432.12 (b) The hearing for an individual or facility under paragraph (a), clause (4), (9), or (10),
432.13 is the only administrative appeal to the final agency determination specifically, including
432.14 a challenge to the accuracy and completeness of data under section 13.04. Hearings requested
432.15 under paragraph (a), clause (4), apply only to incidents of maltreatment that occur on or
432.16 after October 1, 1995. Hearings requested by nursing assistants in nursing homes alleged
432.17 to have maltreated a resident prior to October 1, 1995, shall be held as a contested case
432.18 proceeding under the provisions of chapter 14. Hearings requested under paragraph (a),
432.19 clause (9), apply only to incidents of maltreatment that occur on or after July 1, 1997. A
432.20 hearing for an individual or facility under paragraph (a), clauses (4), (9), and (10), is only
432.21 available when there is no district court action pending. If such action is filed in district
432.22 court while an administrative review is pending that arises out of some or all of the events
432.23 or circumstances on which the appeal is based, the administrative review must be suspended
432.24 until the judicial actions are completed. If the district court proceedings are completed,
432.25 dismissed, or overturned, the matter may be considered in an administrative hearing.

432.26 (c) For purposes of this section, bargaining unit grievance procedures are not an
432.27 administrative appeal.

432.28 (d) The scope of hearings involving claims to foster care payments under paragraph (a),
432.29 clause (5), shall be limited to the issue of whether the county is legally responsible for a
432.30 child's placement under court order or voluntary placement agreement and, if so, the correct
432.31 amount of foster care payment to be made on the child's behalf and shall not include review
432.32 of the propriety of the county's child protection determination or child placement decision.

432.33 (e) The scope of hearings under paragraph (a), clauses (12) and (14), shall be limited to
432.34 whether the proposed termination of services is authorized under section 245D.10,

433.1 subdivision 3a, paragraph (b), or 245A.11, subdivision 11, and whether the requirements
433.2 of section 245D.10, subdivision 3a, paragraphs (c) to (e), or 245A.11, subdivision 2a,
433.3 paragraphs (d) to (f), were met. If the appeal includes a request for a temporary stay of
433.4 termination of services, the scope of the hearing shall also include whether the case
433.5 management provider has finalized arrangements for a residential facility, a program, or
433.6 services that will meet the assessed needs of the recipient by the effective date of the service
433.7 termination.

433.8 (f) A vendor of medical care as defined in section 256B.02, subdivision 7, or a vendor
433.9 under contract with a county agency to provide social services is not a party and may not
433.10 request a hearing under this section, except if assisting a recipient as provided in subdivision
433.11 4.

433.12 (g) An applicant or recipient is not entitled to receive social services beyond the services
433.13 prescribed under chapter 256M or other social services the person is eligible for under state
433.14 law.

433.15 (h) The commissioner may summarily affirm the county or state agency's proposed
433.16 action without a hearing when the sole issue is an automatic change due to a change in state
433.17 or federal law.

433.18 (i) Unless federal or Minnesota law specifies a different time frame in which to file an
433.19 appeal, an individual or organization specified in this section may contest the specified
433.20 action, decision, or final disposition before the state agency by submitting a written request
433.21 for a hearing to the state agency within 30 days after receiving written notice of the action,
433.22 decision, or final disposition, or within 90 days of such written notice if the applicant,
433.23 recipient, patient, or relative shows good cause, as defined in section 256.0451, subdivision
433.24 13, why the request was not submitted within the 30-day time limit. The individual filing
433.25 the appeal has the burden of proving good cause by a preponderance of the evidence.

433.26 Sec. 5. Minnesota Statutes 2020, section 256B.0651, subdivision 1, is amended to read:

433.27 Subdivision 1. **Definitions.** (a) For the purposes of sections 256B.0651 to 256B.0654
433.28 and 256B.0659, the terms in paragraphs (b) to ~~(g)~~ (i) have the meanings given.

433.29 (b) "Activities of daily living" has the meaning given in section 256B.0659, subdivision
433.30 1, paragraph (b).

433.31 (c) "Assessment" means a review and evaluation of a recipient's need for home care
433.32 services conducted in person.

434.1 (d) "Care coordination" means a service performed by a licensed professional to
434.2 coordinate both skilled and unskilled home care services, except personal care assistance,
434.3 for a recipient, and may include documentation and coordination activities not carried out
434.4 in conjunction with a care evaluation visit.

434.5 (e) "Care evaluation" means a start-of-care visit, a resumption-of-care visit, or a
434.6 recertification visit that is a face-to-face assessment of a person by a licensed professional
434.7 to develop, update, or review the service plan for both skilled and unskilled home care
434.8 services, except personal care assistance.

434.9 ~~(d)~~ (f) "Home care services" means medical assistance covered services that are home
434.10 health agency services, including skilled nurse visits; home health aide visits; physical
434.11 therapy, occupational therapy, respiratory therapy, and language-speech pathology therapy;
434.12 home care nursing; and personal care assistance.

434.13 ~~(e)~~ (g) "Home residence," effective January 1, 2010, means a residence owned or rented
434.14 by the recipient either alone, with roommates of the recipient's choosing, or with an unpaid
434.15 responsible party or legal representative; or a family foster home where the license holder
434.16 lives with the recipient and is not paid to provide home care services for the recipient except
434.17 as allowed under sections 256B.0652, subdivision 10, and 256B.0654, subdivision 4.

434.18 ~~(f)~~ (h) "Medically necessary" has the meaning given in Minnesota Rules, parts 9505.0170
434.19 to 9505.0475.

434.20 ~~(g)~~ (i) "Ventilator-dependent" means an individual who receives mechanical ventilation
434.21 for life support at least six hours per day and is expected to be or has been dependent on a
434.22 ventilator for at least 30 consecutive days.

434.23 **EFFECTIVE DATE.** This section is effective January 1, 2023, or upon federal approval,
434.24 whichever is later. The commissioner of human services shall notify the revisor of statutes
434.25 when federal approval is obtained.

434.26 Sec. 6. Minnesota Statutes 2020, section 256B.0651, subdivision 2, is amended to read:

434.27 Subd. 2. **Services covered.** Home care services covered under this section and sections
434.28 256B.0652 to 256B.0654 and 256B.0659 include:

434.29 (1) care coordination services under subdivision 1, paragraph (d);

434.30 (2) care evaluation services under subdivision 1, paragraph (e);

434.31 ~~(1)~~ (3) nursing services under sections 256B.0625, subdivision 6a, and 256B.0653;

435.1 ~~(2)~~ (4) home care nursing services under sections 256B.0625, subdivision 7, and
435.2 256B.0654;

435.3 ~~(3)~~ (5) home health services under sections 256B.0625, subdivision 6a, and 256B.0653;

435.4 ~~(4)~~ (6) personal care assistance services under sections 256B.0625, subdivision 19a, and
435.5 256B.0659;

435.6 ~~(5)~~ (7) supervision of personal care assistance services provided by a qualified
435.7 professional under sections 256B.0625, subdivision 19a, and 256B.0659;

435.8 ~~(6)~~ (8) face-to-face assessments by county public health nurses for services under sections
435.9 256B.0625, subdivision 19a, and 256B.0659; and

435.10 ~~(7)~~ (9) service updates and review of temporary increases for personal care assistance
435.11 services by the county public health nurse for services under sections 256B.0625, subdivision
435.12 19a, and 256B.0659.

435.13 **EFFECTIVE DATE.** This section is effective January 1, 2023, or upon federal approval,
435.14 whichever is later. The commissioner of human services shall notify the revisor of statutes
435.15 when federal approval is obtained.

435.16 Sec. 7. Minnesota Statutes 2020, section 256B.0652, subdivision 11, is amended to read:

435.17 Subd. 11. **Limits on services without authorization.** A recipient may receive the
435.18 following home care services during a calendar year:

435.19 (1) up to two face-to-face assessments to determine a recipient's need for personal care
435.20 assistance services;

435.21 (2) one service update done to determine a recipient's need for personal care assistance
435.22 services; ~~and~~

435.23 (3) up to nine face-to-face visits that may include both skilled nurse visits~~.~~ and care
435.24 evaluations; and

435.25 (4) up to four 15-minute units of care coordination per episode of care to coordinate
435.26 home health services for a recipient.

435.27 **EFFECTIVE DATE.** This section is effective January 1, 2023, or upon federal approval,
435.28 whichever is later. The commissioner of human services shall notify the revisor of statutes
435.29 when federal approval is obtained.

436.1 Sec. 8. Minnesota Statutes 2020, section 256B.0653, subdivision 6, is amended to read:

436.2 Subd. 6. **Noncovered home health agency services.** The following are not eligible for
436.3 payment under medical assistance as a home health agency service:

436.4 (1) telehomecare skilled nurses services that is communication between the home care
436.5 nurse and recipient that consists solely of a telephone conversation, facsimile, electronic
436.6 mail, or a consultation between two health care practitioners;

436.7 (2) the following skilled nurse visits:

436.8 (i) for the purpose of monitoring medication compliance with an established medication
436.9 program for a recipient;

436.10 (ii) administering or assisting with medication administration, including injections,
436.11 prefilling syringes for injections, or oral medication setup of an adult recipient, when, as
436.12 determined and documented by the registered nurse, the need can be met by an available
436.13 pharmacy or the recipient or a family member is physically and mentally able to
436.14 self-administer or prefill a medication;

436.15 (iii) services done for the sole purpose of supervision of the home health aide or personal
436.16 care assistant;

436.17 (iv) services done for the sole purpose to train other home health agency workers;

436.18 (v) services done for the sole purpose of blood samples or lab draw when the recipient
436.19 is able to access these services outside the home; and

436.20 (vi) Medicare evaluation or administrative nursing visits required by Medicare, with the
436.21 exception of care evaluation as defined in section 256B.0651, subdivision 1, paragraph (e);

436.22 (3) home health aide visits when the following activities are the sole purpose for the
436.23 visit: companionship, socialization, household tasks, transportation, and education;

436.24 (4) home care therapies provided in other settings such as a clinic or as an inpatient or
436.25 when the recipient can access therapy outside of the recipient's residence; and

436.26 (5) home health agency services without qualifying documentation of a face-to-face
436.27 encounter as specified in subdivision 7.

436.28 **EFFECTIVE DATE.** This section is effective January 1, 2023, or upon federal approval,
436.29 whichever is later. The commissioner of human services shall notify the revisor of statutes
436.30 when federal approval is obtained.

437.1 Sec. 9. Minnesota Statutes 2020, section 256B.0659, subdivision 1, is amended to read:

437.2 Subdivision 1. **Definitions.** (a) For the purposes of this section, the terms defined in
437.3 paragraphs (b) to (r) have the meanings given unless otherwise provided in text.

437.4 (b) "Activities of daily living" means grooming, dressing, bathing, transferring, mobility,
437.5 positioning, eating, and toileting.

437.6 (c) "Behavior," effective January 1, 2010, means a category to determine the home care
437.7 rating and is based on the criteria found in this section. "Level I behavior" means physical
437.8 aggression ~~towards~~ toward self, others, or destruction of property that requires the immediate
437.9 response of another person.

437.10 (d) "Complex health-related needs," effective January 1, 2010, means a category to
437.11 determine the home care rating and is based on the criteria found in this section.

437.12 (e) "Critical activities of daily living," effective January 1, 2010, means transferring,
437.13 mobility, eating, and toileting.

437.14 (f) "Dependency in activities of daily living" means a person requires assistance to begin
437.15 and complete one or more of the activities of daily living.

437.16 (g) "Extended personal care assistance service" means personal care assistance services
437.17 included in a service plan under one of the home and community-based services waivers
437.18 authorized under chapter 256S and sections 256B.092, subdivision 5, and 256B.49, which
437.19 exceed the amount, duration, and frequency of the state plan personal care assistance services
437.20 for participants who:

437.21 (1) need assistance provided periodically during a week, but less than daily will not be
437.22 able to remain in their homes without the assistance, and other replacement services are
437.23 more expensive or are not available when personal care assistance services are to be reduced;
437.24 or

437.25 (2) need additional personal care assistance services beyond the amount authorized by
437.26 the state plan personal care assistance assessment in order to ensure that their safety, health,
437.27 and welfare are provided for in their homes.

437.28 (h) "Health-related procedures and tasks" means procedures and tasks that can be
437.29 delegated or assigned by a licensed health care professional under state law to be performed
437.30 by a personal care assistant.

437.31 (i) "Instrumental activities of daily living" means activities to include meal planning and
437.32 preparation; basic assistance with paying bills; shopping for food, clothing, and other

438.1 essential items; performing household tasks integral to the personal care assistance services;
438.2 communication by telephone and other media; and traveling, including to medical
438.3 appointments and to participate in the community. For purposes of this paragraph, traveling
438.4 includes driving and accompanying the recipient in the recipient's chosen mode of
438.5 transportation and according to the recipient's personal care assistance care plan.

438.6 (j) "Managing employee" has the same definition as Code of Federal Regulations, title
438.7 42, section 455.

438.8 (k) "Qualified professional" means a professional providing supervision of personal care
438.9 assistance services and staff as defined in section 256B.0625, subdivision 19c.

438.10 (l) "Personal care assistance provider agency" means a medical assistance enrolled
438.11 provider that provides or assists with providing personal care assistance services and includes
438.12 a personal care assistance provider organization, personal care assistance choice agency,
438.13 class A licensed nursing agency, and Medicare-certified home health agency.

438.14 (m) "Personal care assistant" or "PCA" means an individual employed by a personal
438.15 care assistance agency who provides personal care assistance services.

438.16 (n) "Personal care assistance care plan" means a written description of personal care
438.17 assistance services developed by the personal care assistance provider according to the
438.18 service plan.

438.19 (o) "Responsible party" means an individual who is capable of providing the support
438.20 necessary to assist the recipient to live in the community.

438.21 (p) "Self-administered medication" means medication taken orally, by injection, nebulizer,
438.22 or insertion, or applied topically without the need for assistance.

438.23 (q) "Service plan" means a written summary of the assessment and description of the
438.24 services needed by the recipient.

438.25 (r) "Wages and benefits" means wages and salaries, the employer's share of FICA taxes,
438.26 Medicare taxes, state and federal unemployment taxes, workers' compensation, mileage
438.27 reimbursement, health and dental insurance, life insurance, disability insurance, long-term
438.28 care insurance, uniform allowance, and contributions to employee retirement accounts.

438.29 **EFFECTIVE DATE.** This section is effective within 90 days following federal approval.
438.30 The commissioner of human services shall notify the revisor of statutes when federal approval
438.31 is obtained.

439.1 Sec. 10. Minnesota Statutes 2020, section 256B.0659, subdivision 12, is amended to read:

439.2 Subd. 12. **Documentation of personal care assistance services provided.** (a) Personal
439.3 care assistance services for a recipient must be documented daily by each personal care
439.4 assistant, on a time sheet form approved by the commissioner. All documentation may be
439.5 web-based, electronic, or paper documentation. The completed form must be submitted on
439.6 a monthly basis to the provider and kept in the recipient's health record.

439.7 (b) The activity documentation must correspond to the personal care assistance care plan
439.8 and be reviewed by the qualified professional.

439.9 (c) The personal care assistant time sheet must be on a form approved by the
439.10 commissioner documenting time the personal care assistant provides services in the home.
439.11 The following criteria must be included in the time sheet:

439.12 (1) full name of personal care assistant and individual provider number;

439.13 (2) provider name and telephone numbers;

439.14 (3) full name of recipient and either the recipient's medical assistance identification
439.15 number or date of birth;

439.16 (4) consecutive dates, including month, day, and year, and arrival and departure times
439.17 with a.m. or p.m. notations;

439.18 (5) signatures of recipient or the responsible party;

439.19 (6) personal signature of the personal care assistant;

439.20 (7) any shared care provided, if applicable;

439.21 (8) a statement that it is a federal crime to provide false information on personal care
439.22 service billings for medical assistance payments; ~~and~~

439.23 (9) dates and location of recipient stays in a hospital, care facility, or incarceration; and

439.24 (10) any time spent traveling, as described in subdivision 1, paragraph (i), including
439.25 start and stop times with a.m. and p.m. designations, the origination site, and the destination
439.26 site.

439.27 **EFFECTIVE DATE.** This section is effective within 90 days following federal approval.
439.28 The commissioner of human services shall notify the revisor of statutes when federal approval
439.29 is obtained.

Sec. 11. Minnesota Statutes 2020, section 256B.0659, subdivision 19, is amended to read:

Subd. 19. **Personal care assistance choice option; qualifications; duties.** (a) Under personal care assistance choice, the recipient or responsible party shall:

(1) recruit, hire, schedule, and terminate personal care assistants according to the terms of the written agreement required under subdivision 20, paragraph (a);

(2) develop a personal care assistance care plan based on the assessed needs and addressing the health and safety of the recipient with the assistance of a qualified professional as needed;

(3) orient and train the personal care assistant with assistance as needed from the qualified professional;

(4) ~~effective January 1, 2010,~~ supervise and evaluate the personal care assistant with the qualified professional, who is required to visit the recipient at least every 180 days;

(5) monitor and verify in writing and report to the personal care assistance choice agency the number of hours worked by the personal care assistant and the qualified professional;

(6) engage in an annual face-to-face reassessment to determine continuing eligibility and service authorization; ~~and~~

(7) use the same personal care assistance choice provider agency if shared personal assistance care is being used; and

(8) ensure that a personal care assistant driving the recipient under subdivision 1, paragraph (i), has a valid driver's license and the vehicle used is registered and insured according to Minnesota law.

(b) The personal care assistance choice provider agency shall:

(1) meet all personal care assistance provider agency standards;

(2) enter into a written agreement with the recipient, responsible party, and personal care assistants;

(3) not be related as a parent, child, sibling, or spouse to the recipient or the personal care assistant; and

(4) ensure arm's-length transactions without undue influence or coercion with the recipient and personal care assistant.

(c) The duties of the personal care assistance choice provider agency are to:

441.1 (1) be the employer of the personal care assistant and the qualified professional for
441.2 employment law and related regulations including, but not limited to, purchasing and
441.3 maintaining workers' compensation, unemployment insurance, surety and fidelity bonds,
441.4 and liability insurance, and submit any or all necessary documentation including, but not
441.5 limited to, workers' compensation, unemployment insurance, and labor market data required
441.6 under section 256B.4912, subdivision 1a;

441.7 (2) bill the medical assistance program for personal care assistance services and qualified
441.8 professional services;

441.9 (3) request and complete background studies that comply with the requirements for
441.10 personal care assistants and qualified professionals;

441.11 (4) pay the personal care assistant and qualified professional based on actual hours of
441.12 services provided;

441.13 (5) withhold and pay all applicable federal and state taxes;

441.14 (6) verify and keep records of hours worked by the personal care assistant and qualified
441.15 professional;

441.16 (7) make the arrangements and pay taxes and other benefits, if any, and comply with
441.17 any legal requirements for a Minnesota employer;

441.18 (8) enroll in the medical assistance program as a personal care assistance choice agency;
441.19 and

441.20 (9) enter into a written agreement as specified in subdivision 20 before services are
441.21 provided.

441.22 **EFFECTIVE DATE.** This section is effective within 90 days following federal approval.
441.23 The commissioner of human services shall notify the revisor of statutes when federal approval
441.24 is obtained.

441.25 Sec. 12. Minnesota Statutes 2020, section 256B.0659, subdivision 24, is amended to read:

441.26 Subd. 24. **Personal care assistance provider agency; general duties.** A personal care
441.27 assistance provider agency shall:

441.28 (1) enroll as a Medicaid provider meeting all provider standards, including completion
441.29 of the required provider training;

441.30 (2) comply with general medical assistance coverage requirements;

442.1 (3) demonstrate compliance with law and policies of the personal care assistance program
442.2 to be determined by the commissioner;

442.3 (4) comply with background study requirements;

442.4 (5) verify and keep records of hours worked by the personal care assistant and qualified
442.5 professional;

442.6 (6) not engage in any agency-initiated direct contact or marketing in person, by phone,
442.7 or other electronic means to potential recipients, guardians, or family members;

442.8 (7) pay the personal care assistant and qualified professional based on actual hours of
442.9 services provided;

442.10 (8) withhold and pay all applicable federal and state taxes;

442.11 (9) document that the agency uses a minimum of 72.5 percent of the revenue generated
442.12 by the medical assistance rate for personal care assistance services for employee personal
442.13 care assistant wages and benefits. The revenue generated by the qualified professional and
442.14 the reasonable costs associated with the qualified professional shall not be used in making
442.15 this calculation;

442.16 (10) make the arrangements and pay unemployment insurance, taxes, workers'
442.17 compensation, liability insurance, and other benefits, if any;

442.18 (11) enter into a written agreement under subdivision 20 before services are provided;

442.19 (12) report suspected neglect and abuse to the common entry point according to section
442.20 256B.0651;

442.21 (13) provide the recipient with a copy of the home care bill of rights at start of service;

442.22 (14) request reassessments at least 60 days prior to the end of the current authorization
442.23 for personal care assistance services, on forms provided by the commissioner;

442.24 (15) comply with the labor market reporting requirements described in section 256B.4912,
442.25 subdivision 1a; ~~and~~

442.26 (16) document that the agency uses the additional revenue due to the enhanced rate under
442.27 subdivision 17a for the wages and benefits of the PCAs whose services meet the requirements
442.28 under subdivision 11, paragraph (d); and

442.29 (17) ensure that a personal care assistant driving a recipient under subdivision 1,
442.30 paragraph (i), has a valid driver's license and the vehicle used is registered and insured
442.31 according to Minnesota law.

443.1 **EFFECTIVE DATE.** This section is effective within 90 days following federal approval.
443.2 The commissioner of human services shall notify the revisor of statutes when federal approval
443.3 is obtained.

443.4 Sec. 13. Minnesota Statutes 2020, section 256B.092, is amended by adding a subdivision
443.5 to read:

443.6 Subd. 15. **Community residential setting notice of closure; planning process.** (a) The
443.7 lead agency shall, within five working days of receiving initial notice of a community
443.8 residential setting's intent to terminate services of a person due to closure pursuant to section
443.9 245A.04, subdivision 15b, provide the license holder and the expanded support team with
443.10 the contact information of those persons responsible for coordinating county and state social
443.11 services agency efforts in the planning process.

443.12 (b) Within ten working days of receipt of the notice of closure and proposed closure
443.13 plan, the county social services agency and license holder shall meet to develop a
443.14 person-centered relocation plan with each individual impacted by the closure. The license
443.15 holder shall inform the commissioner, the Office of Ombudsman for Mental Health and
443.16 Developmental Disabilities, and the Office of Ombudsman for Long-Term Care of the date,
443.17 time, and location of the meeting so that their representatives may attend.

443.18 Sec. 14. Minnesota Statutes 2020, section 256B.49, is amended by adding a subdivision
443.19 to read:

443.20 Subd. 30. **Community residential setting notice of closure; planning process.** (a) The
443.21 lead agency shall, within five working days of receiving initial notice of a community
443.22 residential setting's intent to terminate services of a person due to closure pursuant to section
443.23 245A.04, subdivision 15b, provide the license holder and the expanded support team with
443.24 the contact information of those persons responsible for coordinating county and state social
443.25 services agency efforts in the planning process.

443.26 (b) Within ten working days of receipt of the notice of closure and proposed closure
443.27 plan, the county social services agency and license holder shall meet to develop a
443.28 person-centered relocation plan with each individual impacted by the closure. The license
443.29 holder shall inform the commissioner, the Office of Ombudsman for Mental Health and
443.30 Developmental Disabilities, and the Office of Ombudsman for Long-Term Care of the date,
443.31 time, and location of the meeting so that their representatives may attend.

444.1 Sec. 15. Minnesota Statutes 2020, section 256B.4911, is amended by adding a subdivision
444.2 to read:

444.3 Subd. 6. **Services provided by parents and spouses.** (a) Upon federal approval, this
444.4 subdivision limits medical assistance payments under the consumer-directed community
444.5 supports option for personal assistance services provided by a parent to the parent's minor
444.6 child or by a spouse. This subdivision applies to the consumer-directed community supports
444.7 option available under all of the following:

444.8 (1) alternative care program;

444.9 (2) brain injury waiver;

444.10 (3) community alternative care waiver;

444.11 (4) community access for disability inclusion waiver;

444.12 (5) developmental disabilities waiver;

444.13 (6) elderly waiver; and

444.14 (7) Minnesota senior health option.

444.15 (b) For the purposes of this subdivision, "parent" means a parent, stepparent, or legal
444.16 guardian of a minor.

444.17 (c) If multiple parents are providing personal assistance services to their minor child or
444.18 children, each parent may provide up to 40 hours of personal assistance services in any
444.19 seven-day period regardless of the number of children served. The total number of hours
444.20 of personal assistance services provided by all of the parents must not exceed 80 hours in
444.21 a seven-day period regardless of the number of children served.

444.22 (d) If only one parent is providing personal assistance services to a minor child or
444.23 children, the parent may provide up to 60 hours of personal assistance services in a seven-day
444.24 period regardless of the number of children served.

444.25 (e) If a spouse is providing personal assistance services, the spouse may provide up to
444.26 60 hours of personal assistance services in a seven-day period.

444.27 (f) This subdivision must not be construed to permit an increase in the total authorized
444.28 consumer-directed community supports budget for an individual.

444.29 **EFFECTIVE DATE.** This section is effective July 1, 2022, or upon federal approval,
444.30 whichever is later. The commissioner of human services shall notify the revisor of statutes
444.31 when federal approval is obtained.

445.1 Sec. 16. Minnesota Statutes 2020, section 256B.4914, subdivision 8, as amended by Laws
445.2 2022, chapter 33, section 1, is amended to read:

445.3 Subd. 8. **Unit-based services with programming; component values and calculation**
445.4 **of payment rates.** (a) For the purpose of this section, unit-based services with programming
445.5 include employment exploration services, employment development services, employment
445.6 support services, individualized home supports with family training, individualized home
445.7 supports with training, and positive support services provided to an individual outside of
445.8 any service plan for a day program or residential support service.

445.9 (b) Component values for unit-based services with programming are:

445.10 (1) competitive workforce factor: 4.7 percent;

445.11 (2) supervisory span of control ratio: 11 percent;

445.12 (3) employee vacation, sick, and training allowance ratio: 8.71 percent;

445.13 (4) employee-related cost ratio: 23.6 percent;

445.14 (5) program plan support ratio: 15.5 percent;

445.15 (6) client programming and support ratio: 4.7 percent, updated as specified in subdivision
445.16 5b;

445.17 (7) general administrative support ratio: 13.25 percent;

445.18 (8) program-related expense ratio: 6.1 percent; and

445.19 (9) absence and utilization factor ratio: 3.9 percent.

445.20 (c) A unit of service for unit-based services with programming is 15 minutes.

445.21 (d) Payments for unit-based services with programming must be calculated as follows,
445.22 unless the services are reimbursed separately as part of a residential support services or day
445.23 program payment rate:

445.24 (1) determine the number of units of service to meet a recipient's needs;

445.25 (2) determine the appropriate hourly staff wage rates derived by the commissioner as
445.26 provided in subdivisions 5 and 5a;

445.27 (3) except for subdivision 5a, clauses (1) to (4), multiply the result of clause (2) by the
445.28 product of one plus the competitive workforce factor;

446.1 (4) for a recipient requiring customization for deaf and hard-of-hearing language
446.2 accessibility under subdivision 12, add the customization rate provided in subdivision 12
446.3 to the result of clause (3);

446.4 (5) multiply the number of direct staffing hours by the appropriate staff wage;

446.5 (6) multiply the number of direct staffing hours by the product of the supervisory span
446.6 of control ratio and the appropriate supervisory staff wage in subdivision 5a, clause (1);

446.7 (7) combine the results of clauses (5) and (6), and multiply the result by one plus the
446.8 employee vacation, sick, and training allowance ratio. This is defined as the direct staffing
446.9 rate;

446.10 (8) for program plan support, multiply the result of clause (7) by one plus the program
446.11 plan support ratio;

446.12 (9) for employee-related expenses, multiply the result of clause (8) by one plus the
446.13 employee-related cost ratio;

446.14 (10) for client programming and supports, multiply the result of clause (9) by one plus
446.15 the client programming and support ratio;

446.16 (11) this is the subtotal rate;

446.17 (12) sum the standard general administrative support ratio, the program-related expense
446.18 ratio, and the absence and utilization factor ratio;

446.19 (13) divide the result of clause (11) by one minus the result of clause (12). This is the
446.20 total payment amount;

446.21 (14) for services provided in a shared manner, divide the total payment in clause (13)
446.22 as follows:

446.23 (i) for employment exploration services, divide by the number of service recipients, not
446.24 to exceed five;

446.25 (ii) for employment support services, divide by the number of service recipients, not to
446.26 exceed six; and

446.27 (iii) for individualized home supports with training and individualized home supports
446.28 with family training, divide by the number of service recipients, not to exceed ~~two~~ three;
446.29 and

446.30 (15) adjust the result of clause (14) by a factor to be determined by the commissioner
446.31 to adjust for regional differences in the cost of providing services.

447.1 **EFFECTIVE DATE.** This section is effective January 1, 2023, or upon federal approval,
447.2 whichever occurs later. The commissioner of human services shall notify the revisor of
447.3 statutes when federal approval is obtained.

447.4 Sec. 17. Minnesota Statutes 2020, section 256B.4914, subdivision 9, as amended by Laws
447.5 2022, chapter 33, section 1, is amended to read:

447.6 Subd. 9. **Unit-based services without programming; component values and**
447.7 **calculation of payment rates.** (a) For the purposes of this section, unit-based services
447.8 without programming include individualized home supports without training and night
447.9 supervision provided to an individual outside of any service plan for a day program or
447.10 residential support service. Unit-based services without programming do not include respite.

447.11 (b) Component values for unit-based services without programming are:

447.12 (1) competitive workforce factor: 4.7 percent;

447.13 (2) supervisory span of control ratio: 11 percent;

447.14 (3) employee vacation, sick, and training allowance ratio: 8.71 percent;

447.15 (4) employee-related cost ratio: 23.6 percent;

447.16 (5) program plan support ratio: 7.0 percent;

447.17 (6) client programming and support ratio: 2.3 percent, updated as specified in subdivision
447.18 5b;

447.19 (7) general administrative support ratio: 13.25 percent;

447.20 (8) program-related expense ratio: 2.9 percent; and

447.21 (9) absence and utilization factor ratio: 3.9 percent.

447.22 (c) A unit of service for unit-based services without programming is 15 minutes.

447.23 (d) Payments for unit-based services without programming must be calculated as follows
447.24 unless the services are reimbursed separately as part of a residential support services or day
447.25 program payment rate:

447.26 (1) determine the number of units of service to meet a recipient's needs;

447.27 (2) determine the appropriate hourly staff wage rates derived by the commissioner as
447.28 provided in subdivisions 5 to 5a;

447.29 (3) except for subdivision 5a, clauses (1) to (4), multiply the result of clause (2) by the
447.30 product of one plus the competitive workforce factor;

448.1 (4) for a recipient requiring customization for deaf and hard-of-hearing language
448.2 accessibility under subdivision 12, add the customization rate provided in subdivision 12
448.3 to the result of clause (3);

448.4 (5) multiply the number of direct staffing hours by the appropriate staff wage;

448.5 (6) multiply the number of direct staffing hours by the product of the supervisory span
448.6 of control ratio and the appropriate supervisory staff wage in subdivision 5a, clause (1);

448.7 (7) combine the results of clauses (5) and (6), and multiply the result by one plus the
448.8 employee vacation, sick, and training allowance ratio. This is defined as the direct staffing
448.9 rate;

448.10 (8) for program plan support, multiply the result of clause (7) by one plus the program
448.11 plan support ratio;

448.12 (9) for employee-related expenses, multiply the result of clause (8) by one plus the
448.13 employee-related cost ratio;

448.14 (10) for client programming and supports, multiply the result of clause (9) by one plus
448.15 the client programming and support ratio;

448.16 (11) this is the subtotal rate;

448.17 (12) sum the standard general administrative support ratio, the program-related expense
448.18 ratio, and the absence and utilization factor ratio;

448.19 (13) divide the result of clause (11) by one minus the result of clause (12). This is the
448.20 total payment amount;

448.21 (14) for individualized home supports without training provided in a shared manner,
448.22 divide the total payment amount in clause (13) by the number of service recipients, not to
448.23 exceed ~~two~~ three; and

448.24 (15) adjust the result of clause (14) by a factor to be determined by the commissioner
448.25 to adjust for regional differences in the cost of providing services.

448.26 **EFFECTIVE DATE.** This section is effective January 1, 2023, or upon federal approval,
448.27 whichever occurs later. The commissioner of human services shall notify the revisor of
448.28 statutes when federal approval is obtained.

Sec. 18. Minnesota Statutes 2021 Supplement, section 256B.85, subdivision 7, is amended to read:

Subd. 7. **Community first services and supports; covered services.** Services and supports covered under CFSS include:

(1) assistance to accomplish activities of daily living (ADLs), instrumental activities of daily living (IADLs), and health-related procedures and tasks through hands-on assistance to accomplish the task or constant supervision and cueing to accomplish the task;

(2) assistance to acquire, maintain, or enhance the skills necessary for the participant to accomplish activities of daily living, instrumental activities of daily living, or health-related tasks;

(3) expenditures for items, services, supports, environmental modifications, or goods, including assistive technology. These expenditures must:

(i) relate to a need identified in a participant's CFSS service delivery plan; and

(ii) increase independence or substitute for human assistance, to the extent that expenditures would otherwise be made for human assistance for the participant's assessed needs;

(4) observation and redirection for behavior or symptoms where there is a need for assistance;

(5) back-up systems or mechanisms, such as the use of pagers or other electronic devices, to ensure continuity of the participant's services and supports;

(6) services provided by a consultation services provider as defined under subdivision 17, that is under contract with the department and enrolled as a Minnesota health care program provider;

(7) services provided by an FMS provider as defined under subdivision 13a, that is an enrolled provider with the department;

(8) CFSS services provided by a support worker who is a parent, stepparent, or legal guardian of a participant under age 18, or who is the participant's spouse. ~~These support workers shall not:~~ Covered services under this clause are subject to the limitations described in subdivision 7b; and

~~(i) provide any medical assistance home and community-based services in excess of 40 hours per seven-day period regardless of the number of parents providing services,~~

450.1 ~~combination of parents and spouses providing services, or number of children who receive~~
450.2 ~~medical assistance services; and~~

450.3 ~~(ii) have a wage that exceeds the current rate for a CFSS support worker including the~~
450.4 ~~wage, benefits, and payroll taxes; and~~

450.5 (9) worker training and development services as described in subdivision 18a.

450.6 **EFFECTIVE DATE.** This section is effective July 1, 2022, or upon federal approval,
450.7 whichever is later. The commissioner of human services shall notify the revisor of statutes
450.8 when federal approval is obtained.

450.9 Sec. 19. Minnesota Statutes 2020, section 256B.85, is amended by adding a subdivision
450.10 to read:

450.11 Subd. 7b. **Services provided by parents and spouses.** (a) This subdivision applies to
450.12 services and supports described in subdivision 7, clause (8).

450.13 (b) If multiple parents are support workers providing CFSS services to their minor child
450.14 or children, each parent may provide up to 40 hours of medical assistance home and
450.15 community-based services in any seven-day period regardless of the number of children
450.16 served. The total number of hours of medical assistance home and community-based services
450.17 provided by all of the parents must not exceed 80 hours in a seven-day period regardless of
450.18 the number of children served.

450.19 (c) If only one parent is a support worker providing CFSS services to the parent's minor
450.20 child or children, the parent may provide up to 60 hours of medical assistance home and
450.21 community-based services in a seven-day period regardless of the number of children served.

450.22 (d) If a spouse is a support worker providing CFSS services, the spouse may provide up
450.23 to 60 hours of medical assistance home and community-based services in a seven-day period.

450.24 (e) Paragraphs (b) to (d) must not be construed to permit an increase in either the total
450.25 authorized service budget for an individual or the total number of authorized service units.

450.26 (f) A parent or spouse must not receive a wage that exceeds the current rate for a CFSS
450.27 support worker, including the wage, benefits, and payroll taxes.

450.28 **EFFECTIVE DATE.** This section is effective July 1, 2022, or upon federal approval,
450.29 whichever is later. The commissioner of human services shall notify the revisor of statutes
450.30 when federal approval is obtained.

451.1 Sec. 20. Minnesota Statutes 2021 Supplement, section 256B.85, subdivision 8, is amended
451.2 to read:

451.3 Subd. 8. **Determination of CFSS service authorization amount.** (a) All community
451.4 first services and supports must be authorized by the commissioner or the commissioner's
451.5 designee before services begin. The authorization for CFSS must be completed as soon as
451.6 possible following an assessment but no later than 40 calendar days from the date of the
451.7 assessment.

451.8 (b) The amount of CFSS authorized must be based on the participant's home care rating
451.9 described in paragraphs (d) and (e) and any additional service units for which the participant
451.10 qualifies as described in paragraph (f).

451.11 (c) The home care rating shall be determined by the commissioner or the commissioner's
451.12 designee based on information submitted to the commissioner identifying the following for
451.13 a participant:

451.14 (1) the total number of dependencies of activities of daily living;

451.15 (2) the presence of complex health-related needs; and

451.16 (3) the presence of Level I behavior.

451.17 (d) The methodology to determine the total service units for CFSS for each home care
451.18 rating is based on the median paid units per day for each home care rating from fiscal year
451.19 2007 data for the PCA program.

451.20 (e) Each home care rating is designated by the letters P through Z and EN and has the
451.21 following base number of service units assigned:

451.22 (1) P home care rating requires Level I behavior or one to three dependencies in ADLs
451.23 and qualifies the person for five service units;

451.24 (2) Q home care rating requires Level I behavior and one to three dependencies in ADLs
451.25 and qualifies the person for six service units;

451.26 (3) R home care rating requires a complex health-related need and one to three
451.27 dependencies in ADLs and qualifies the person for seven service units;

451.28 (4) S home care rating requires four to six dependencies in ADLs and qualifies the person
451.29 for ten service units;

451.30 (5) T home care rating requires four to six dependencies in ADLs and Level I behavior
451.31 and qualifies the person for 11 service units;

452.1 (6) U home care rating requires four to six dependencies in ADLs and a complex
452.2 health-related need and qualifies the person for 14 service units;

452.3 (7) V home care rating requires seven to eight dependencies in ADLs and qualifies the
452.4 person for 17 service units;

452.5 (8) W home care rating requires seven to eight dependencies in ADLs and Level I
452.6 behavior and qualifies the person for 20 service units;

452.7 (9) Z home care rating requires seven to eight dependencies in ADLs and a complex
452.8 health-related need and qualifies the person for 30 service units; and

452.9 (10) EN home care rating includes ventilator dependency as defined in section 256B.0651,
452.10 subdivision 1, paragraph ~~(g)~~ (i). A person who meets the definition of ventilator-dependent
452.11 and the EN home care rating and utilize a combination of CFSS and home care nursing
452.12 services is limited to a total of 96 service units per day for those services in combination.
452.13 Additional units may be authorized when a person's assessment indicates a need for two
452.14 staff to perform activities. Additional time is limited to 16 service units per day.

452.15 (f) Additional service units are provided through the assessment and identification of
452.16 the following:

452.17 (1) 30 additional minutes per day for a dependency in each critical activity of daily
452.18 living;

452.19 (2) 30 additional minutes per day for each complex health-related need; and

452.20 (3) 30 additional minutes per day for each behavior under this clause that requires
452.21 assistance at least four times per week:

452.22 (i) level I behavior that requires the immediate response of another person;

452.23 (ii) increased vulnerability due to cognitive deficits or socially inappropriate behavior;
452.24 or

452.25 (iii) increased need for assistance for participants who are verbally aggressive or resistive
452.26 to care so that the time needed to perform activities of daily living is increased.

452.27 (g) The service budget for budget model participants shall be based on:

452.28 (1) assessed units as determined by the home care rating; and

452.29 (2) an adjustment needed for administrative expenses.

453.1 **EFFECTIVE DATE.** This section is effective January 1, 2023, or upon federal approval,
453.2 whichever is later. The commissioner of human services shall notify the revisor of statutes
453.3 when federal approval is obtained.

453.4 Sec. 21. Minnesota Statutes 2021 Supplement, section 256B.851, subdivision 5, is amended
453.5 to read:

453.6 Subd. 5. **Payment rates; component values.** (a) The commissioner must use the
453.7 following component values:

453.8 (1) employee vacation, sick, and training factor, 8.71 percent;

453.9 (2) employer taxes and workers' compensation factor, 11.56 percent;

453.10 (3) employee benefits factor, 12.04 percent;

453.11 (4) client programming and supports factor, 2.30 percent;

453.12 (5) program plan support factor, 7.00 percent;

453.13 (6) general business and administrative expenses factor, 13.25 percent;

453.14 (7) program administration expenses factor, 2.90 percent; and

453.15 (8) absence and utilization factor, 3.90 percent.

453.16 (b) For purposes of implementation, the commissioner shall use the following
453.17 implementation components:

453.18 (1) personal care assistance services and CFSS: ~~75.45~~ 79.5 percent;

453.19 (2) enhanced rate personal care assistance services and enhanced rate CFSS: ~~75.45~~ 79.5
453.20 percent; and

453.21 (3) qualified professional services and CFSS worker training and development: ~~75.45~~
453.22 79.5 percent.

453.23 **EFFECTIVE DATE.** This section is effective January 1, 2023, or 60 days following
453.24 federal approval, whichever is later. The commissioner of human services shall notify the
453.25 revisor of statutes when federal approval is obtained.

453.26 Sec. 22. Minnesota Statutes 2020, section 256I.04, subdivision 3, is amended to read:

453.27 Subd. 3. **Moratorium on development of housing support beds.** (a) Agencies shall
453.28 not enter into agreements for new housing support beds with total rates in excess of the
453.29 MSA equivalent rate except:

454.1 (1) for establishments licensed under chapter 245D provided the facility is needed to
454.2 meet the census reduction targets for persons with developmental disabilities at regional
454.3 treatment centers;

454.4 (2) up to 80 beds in a single, specialized facility located in Hennepin County that will
454.5 provide housing for chronic inebriates who are repetitive users of detoxification centers and
454.6 are refused placement in emergency shelters because of their state of intoxication, and
454.7 planning for the specialized facility must have been initiated before July 1, 1991, in
454.8 anticipation of receiving a grant from the Housing Finance Agency under section 462A.05,
454.9 subdivision 20a, paragraph (b);

454.10 (3) notwithstanding the provisions of subdivision 2a, for up to ~~226~~ 500 supportive
454.11 housing units in Anoka, Carver, Dakota, Hennepin, ~~or~~ Ramsey, Scott, or Washington County
454.12 for homeless adults with a disability, including but not limited to mental illness, a history
454.13 of substance abuse, or human immunodeficiency virus or acquired immunodeficiency
454.14 syndrome. For purposes of this ~~section~~ clause, "homeless adult" means a person who is: (i)
454.15 living on the street or in a shelter; or (ii) discharged from a regional treatment center,
454.16 community hospital, or residential treatment program and has no appropriate housing
454.17 available and lacks the resources and support necessary to access appropriate housing. ~~At~~
454.18 ~~least 70 percent of the supportive housing units must serve homeless adults with mental~~
454.19 ~~illness, substance abuse problems, or human immunodeficiency virus or acquired~~
454.20 ~~immunodeficiency syndrome who are about to be or, within the previous six months, have~~
454.21 ~~been discharged from a regional treatment center, or a state-contracted psychiatric bed in~~
454.22 ~~a community hospital, or a residential mental health or chemical dependency treatment~~
454.23 ~~program.~~ If a person meets the requirements of subdivision 1, paragraph (a) or (b), and
454.24 receives a federal or state housing subsidy, the housing support rate for that person is limited
454.25 to the supplementary rate under section 256I.05, subdivision 1a~~, and is determined by~~
454.26 ~~subtracting the amount of the person's countable income that exceeds the MSA equivalent~~
454.27 ~~rate from the housing support supplementary service rate~~. A resident in a demonstration
454.28 project site who no longer participates in the demonstration program shall retain eligibility
454.29 for a housing support payment in an amount determined under section 256I.06, subdivision
454.30 8, using the MSA equivalent rate~~. Service funding under section 256I.05, subdivision 1a,~~
454.31 ~~will end June 30, 1997, if federal matching funds are available and the services can be~~
454.32 ~~provided through a managed care entity. If federal matching funds are not available, then~~
454.33 ~~service funding will continue under section 256I.05, subdivision 1a~~;

454.34 (4) for an additional two beds, resulting in a total of 32 beds, for a facility located in
454.35 Hennepin County providing services for recovering and chemically dependent men that has

455.1 had a housing support contract with the county and has been licensed as a board and lodge
455.2 facility with special services since 1980;

455.3 (5) for a housing support provider located in the city of St. Cloud, or a county contiguous
455.4 to the city of St. Cloud, that operates a 40-bed facility, that received financing through the
455.5 Minnesota Housing Finance Agency Ending Long-Term Homelessness Initiative and serves
455.6 chemically dependent clientele, providing 24-hour-a-day supervision;

455.7 (6) for a new 65-bed facility in Crow Wing County that will serve chemically dependent
455.8 persons, operated by a housing support provider that currently operates a 304-bed facility
455.9 in Minneapolis, and a 44-bed facility in Duluth;

455.10 (7) for a housing support provider that operates two ten-bed facilities, one located in
455.11 Hennepin County and one located in Ramsey County, that provide community support and
455.12 24-hour-a-day supervision to serve the mental health needs of individuals who have
455.13 chronically lived unsheltered; and

455.14 (8) for a facility authorized for recipients of housing support in Hennepin County with
455.15 a capacity of up to 48 beds that has been licensed since 1978 as a board and lodging facility
455.16 and that until August 1, 2007, operated as a licensed chemical dependency treatment program.

455.17 (b) An agency may enter into a housing support agreement for beds with rates in excess
455.18 of the MSA equivalent rate in addition to those currently covered under a housing support
455.19 agreement if the additional beds are only a replacement of beds with rates in excess of the
455.20 MSA equivalent rate which have been made available due to closure of a setting, a change
455.21 of licensure or certification which removes the beds from housing support payment, or as
455.22 a result of the downsizing of a setting authorized for recipients of housing support. The
455.23 transfer of available beds from one agency to another can only occur by the agreement of
455.24 both agencies.

455.25 (c) The appropriation for this subdivision must include administrative funding equal to
455.26 the cost of two full-time equivalent employees to process eligibility. The commissioner
455.27 must disburse administrative funding to the fiscal agent for the counties under this
455.28 subdivision.

455.29 Sec. 23. Minnesota Statutes 2020, section 256S.16, is amended to read:

455.30 **256S.16 AUTHORIZATION OF ELDERLY WAIVER SERVICES AND SERVICE**
455.31 **RATES.**

455.32 Subdivision 1. **Service rates; generally.** A lead agency must use the service rates and
455.33 service rate limits published by the commissioner to authorize services.

456.1 Subd. 2. **Shared services; rates.** The commissioner shall provide a rate system for
456.2 shared homemaker services and shared chore services, based on homemaker rates for a
456.3 single individual under section 256S.215, subdivisions 9 to 11, and the chore rate for a
456.4 single individual under section 256S.215, subdivision 7. For two persons sharing services,
456.5 the rate paid to a provider must not exceed 1-1/2 times the rate paid for serving a single
456.6 individual, and for three persons sharing services, the rate paid to a provider must not exceed
456.7 two times the rate paid for serving a single individual. These rates apply only when all of
456.8 the criteria for the shared service have been met.

456.9 Sec. 24. Minnesota Statutes 2020, section 256S.18, subdivision 1, is amended to read:

456.10 Subdivision 1. **Case mix classifications.** (a) The elderly waiver case mix classifications
456.11 A to K shall be the resident classes A to K established under Minnesota Rules, parts
456.12 9549.0058 and 9549.0059.

456.13 (b) A participant assigned to elderly waiver case mix classification A must be reassigned
456.14 to elderly waiver case mix classification L if an assessment or reassessment performed
456.15 under section 256B.0911 determines that the participant has:

456.16 (1) no dependencies in activities of daily living; or

456.17 (2) up to two dependencies in bathing, dressing, grooming, walking, or eating when the
456.18 dependency score in eating is three or greater.

456.19 (c) A participant must be assigned to elderly waiver case mix classification V if the
456.20 participant meets the definition of ventilator-dependent in section 256B.0651, subdivision
456.21 1, paragraph ~~(g)~~ (i).

456.22 **EFFECTIVE DATE.** This section is effective January 1, 2023, or upon federal approval,
456.23 whichever is later. The commissioner of human services shall notify the revisor of statutes
456.24 when federal approval is obtained.

456.25 Sec. 25. Laws 2021, First Special Session chapter 7, article 17, section 14, subdivision 3,
456.26 is amended to read:

456.27 Subd. 3. **Membership.** (a) The task force consists of ~~16~~ 20 members, appointed as
456.28 follows:

456.29 (1) the commissioner of human services or a designee;

456.30 (2) the commissioner of labor and industry or a designee;

456.31 (3) the commissioner of education or a designee;

(4) the commissioner of employment and economic development or a designee;

(5) a representative of the Department of Employment and Economic Development's Vocational Rehabilitation Services Division appointed by the commissioner of employment and economic development;

(6) one member appointed by the Minnesota Disability Law Center;

(7) one member appointed by The Arc of Minnesota;

(8) ~~three~~ four members who are persons with disabilities appointed by the commissioner of human services, at least one of whom ~~must be~~ is neurodiverse, ~~and~~ at least one of whom ~~must have~~ has a significant physical disability, and at least one of whom at the time of the appointment is being paid a subminimum wage;

(9) two representatives of employers authorized to pay subminimum wage and one representative of an employer who successfully transitioned away from payment of subminimum wages to people with disabilities, appointed by the commissioner of human services;

(10) one member appointed by the Minnesota Organization for Habilitation and Rehabilitation;

(11) one member appointed by ARRM; ~~and~~

(12) one member appointed by the State Rehabilitation Council; and

(13) three members who are parents or guardians of persons with disabilities appointed by the commissioner of human services, at least one of whom is a parent or guardian of a person who is neurodiverse, at least one of whom is a parent or guardian of a person with a significant physical disability, and at least one of whom is a parent or guardian of a person being paid a subminimum wage as of the date of the appointment.

(b) To the extent possible, membership on the task force under paragraph (a) shall reflect geographic parity throughout the state and representation from Black, Indigenous, and communities of color.

EFFECTIVE DATE. This section is effective the day following final enactment. The commissioner of human services must make the additional appointments required under this section within 30 days following final enactment.

458.1 Sec. 26. Laws 2022, chapter 33, section 1, subdivision 5a, is amended to read:

458.2 Subd. 5a. **Base wage index; calculations.** The base wage index must be calculated as
458.3 follows:

458.4 (1) for supervisory staff, 100 percent of the median wage for community and social
458.5 services specialist (SOC code 21-1099), with the exception of the supervisor of positive
458.6 supports professional, positive supports analyst, and positive supports specialist, which is
458.7 100 percent of the median wage for clinical counseling and school psychologist (SOC code
458.8 19-3031);

458.9 (2) for registered nurse staff, 100 percent of the median wage for registered nurses (SOC
458.10 code 29-1141);

458.11 (3) for licensed practical nurse staff, 100 percent of the median wage for licensed practical
458.12 nurses (SOC code 29-2061);

458.13 (4) for residential asleep-overnight staff, the minimum wage in Minnesota for large
458.14 employers, with the exception of asleep-overnight staff for family residential services, which
458.15 is 36 percent of the minimum wage in Minnesota for large employers;

458.16 (5) for residential direct care staff, the sum of:

458.17 (i) 15 percent of the subtotal of 50 percent of the median wage for home health and
458.18 personal care aide (SOC code 31-1120); 30 percent of the median wage for nursing assistant
458.19 (SOC code 31-1131); and 20 percent of the median wage for social and human services
458.20 aide (SOC code 21-1093); and

458.21 (ii) 85 percent of the subtotal of 40 percent of the median wage for home health and
458.22 personal care aide (SOC code 31-1120); 20 percent of the median wage for nursing assistant
458.23 (SOC code 31-1014); 20 percent of the median wage for psychiatric technician (SOC code
458.24 29-2053); and 20 percent of the median wage for social and human services aide (SOC code
458.25 21-1093);

458.26 (6) for adult day services staff, 70 percent of the median wage for nursing assistant (SOC
458.27 code 31-1131); and 30 percent of the median wage for home health and personal care aide
458.28 (SOC code 31-1120);

458.29 (7) for day support services staff and prevocational services staff, 20 percent of the
458.30 median wage for nursing assistant (SOC code 31-1131); 20 percent of the median wage for
458.31 psychiatric technician (SOC code 29-2053); and 60 percent of the median wage for social
458.32 and human services aide (SOC code 21-1093);

459.1 (8) for positive supports analyst staff, 100 percent of the median wage for substance
459.2 abuse, behavioral disorder, and mental health counselor (SOC code 21-1018);

459.3 (9) for positive supports professional staff, 100 percent of the median wage for clinical
459.4 counseling and school psychologist (SOC code 19-3031);

459.5 (10) for positive supports specialist staff, 100 percent of the median wage for psychiatric
459.6 technicians (SOC code 29-2053);

459.7 (11) for individualized home supports with family training staff, 20 percent of the median
459.8 wage for nursing aide (SOC code 31-1131); 30 percent of the median wage for community
459.9 social service specialist (SOC code 21-1099); 40 percent of the median wage for social and
459.10 human services aide (SOC code 21-1093); and ten percent of the median wage for psychiatric
459.11 technician (SOC code 29-2053);

459.12 (12) for individualized home supports with training services staff, 40 percent of the
459.13 median wage for community social service specialist (SOC code 21-1099); 50 percent of
459.14 the median wage for social and human services aide (SOC code 21-1093); and ten percent
459.15 of the median wage for psychiatric technician (SOC code 29-2053);

459.16 (13) for employment support services staff, 50 percent of the median wage for
459.17 rehabilitation counselor (SOC code 21-1015); and 50 percent of the median wage for
459.18 community and social services specialist (SOC code 21-1099);

459.19 (14) for employment exploration services staff, 50 percent of the median wage for
459.20 ~~rehabilitation counselor (SOC code 21-1015)~~ education, guidance, school, and vocational
459.21 counselors (SOC code 21-1012); and 50 percent of the median wage for community and
459.22 social services specialist (SOC code 21-1099);

459.23 (15) for employment development services staff, 50 percent of the median wage for
459.24 education, guidance, school, and vocational counselors (SOC code 21-1012); and 50 percent
459.25 of the median wage for community and social services specialist (SOC code 21-1099);

459.26 (16) for individualized home support without training staff, 50 percent of the median
459.27 wage for home health and personal care aide (SOC code 31-1120); and 50 percent of the
459.28 median wage for nursing assistant (SOC code 31-1131);

459.29 (17) for night supervision staff, 40 percent of the median wage for home health and
459.30 personal care aide (SOC code 31-1120); 20 percent of the median wage for nursing assistant
459.31 (SOC code 31-1131); 20 percent of the median wage for psychiatric technician (SOC code
459.32 29-2053); and 20 percent of the median wage for social and human services aide (SOC code
459.33 21-1093); and

460.1 (18) for respite staff, 50 percent of the median wage for home health and personal care
460.2 aide (SOC code 31-1131); and 50 percent of the median wage for nursing assistant (SOC
460.3 code 31-1014).

460.4 **EFFECTIVE DATE.** This section is effective January 1, 2023, or upon federal approval,
460.5 whichever is later. The commissioner of human services shall notify the revisor of statutes
460.6 when federal approval is obtained.

460.7 Sec. 27. Laws 2022, chapter 33, section 1, subdivision 9a, is amended to read:

460.8 Subd. 9a. **Respite services; component values and calculation of payment rates.** (a)
460.9 For the purposes of this section, respite services include respite services provided to an
460.10 individual outside of any service plan for a day program or residential support service.

460.11 (b) Component values for respite services are:

460.12 (1) competitive workforce factor: 4.7 percent;

460.13 (2) supervisory span of control ratio: 11 percent;

460.14 (3) employee vacation, sick, and training allowance ratio: 8.71 percent;

460.15 (4) employee-related cost ratio: 23.6 percent;

460.16 (5) general administrative support ratio: 13.25 percent;

460.17 (6) program-related expense ratio: 2.9 percent; and

460.18 (7) absence and utilization factor ratio: 3.9 percent.

460.19 (c) A unit of service for respite services is 15 minutes.

460.20 (d) Payments for respite services must be calculated as follows unless the service is
460.21 reimbursed separately as part of a residential support services or day program payment rate:

460.22 (1) determine the number of units of service to meet an individual's needs;

460.23 (2) determine the appropriate hourly staff wage rates derived by the commissioner as
460.24 provided in subdivisions 5 and 5a;

460.25 (3) except for subdivision 5a, clauses (1) to (4), multiply the result of clause (2) by the
460.26 product of one plus the competitive workforce factor;

460.27 (4) for a recipient requiring deaf and hard-of-hearing customization under subdivision
460.28 12, add the customization rate provided in subdivision 12 to the result of clause (3);

460.29 (5) multiply the number of direct staffing hours by the appropriate staff wage;

461.1 (6) multiply the number of direct staffing hours by the product of the supervisory span
461.2 of control ratio and the appropriate supervisory staff wage in subdivision 5a, clause (1);

461.3 (7) combine the results of clauses (5) and (6), and multiply the result by one plus the
461.4 employee vacation, sick, and training allowance ratio. This is defined as the direct staffing
461.5 rate;

461.6 (8) for employee-related expenses, multiply the result of clause (7) by one plus the
461.7 employee-related cost ratio;

461.8 (9) this is the subtotal rate;

461.9 (10) sum the standard general administrative support ratio, the program-related expense
461.10 ratio, and the absence and utilization factor ratio;

461.11 (11) divide the result of clause (9) by one minus the result of clause (10). This is the
461.12 total payment amount;

461.13 (12) for respite services provided in a shared manner, divide the total payment amount
461.14 in clause (11) by the number of service recipients, not to exceed three; ~~and~~

461.15 (13) for night supervision provided in a shared manner, divide the total payment amount
461.16 in clause (11) by the number of service recipients, not to exceed two; and

461.17 ~~(13)~~ (14) adjust the result of ~~clause~~ clauses (12) and (13) by a factor to be determined
461.18 by the commissioner to adjust for regional differences in the cost of providing services.

461.19 **EFFECTIVE DATE.** This section is effective January 1, 2023, or upon federal approval,
461.20 whichever occurs later. The commissioner of human services shall notify the revisor of
461.21 statutes when federal approval is obtained.

461.22 Sec. 28. Laws 2022, chapter 40, section 7, is amended to read:

461.23 Sec. 7. **APPROPRIATION; TEMPORARY STAFFING POOL.**

461.24 ~~$1,029,000~~ $3,181,000 in fiscal year 2022 is appropriated from the general fund to the
461.25 commissioner of human services for the temporary staffing pool described in this act. This
461.26 is a onetime appropriation and is available until ~~June 30, 2022~~ September 30, 2023.

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

461.28 Sec. 29. **WORKFORCE INCENTIVE FUND GRANTS.**

461.29 Subdivision 1. **Grant program established.** The commissioner of human services shall
461.30 establish grants for behavioral health, housing, disability, and home and community-based

462.1 older adult providers to assist with recruiting and retaining direct support and frontline
462.2 workers.

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

462.5 (b) "Commissioner" means the commissioner of human services.

462.6 (c) "Eligible employer" means an organization enrolled in a Minnesota health care
462.7 program or providing housing services that is:

462.8 (1) a provider of home and community-based services under Minnesota Statutes, chapter
462.9 245D;

462.10 (2) an agency provider or financial management service provider under Minnesota
462.11 Statutes, section 256B.85;

462.12 (3) a home care provider licensed under Minnesota Statutes, sections 144A.43 to
462.13 144A.482;

462.14 (4) a facility certified as an intermediate care facility for persons with developmental
462.15 disabilities;

462.16 (5) a provider of home care services as defined in Minnesota Statutes, section 256B.0651,
462.17 subdivision 1, paragraph (d);

462.18 (6) an agency as defined in Minnesota Statutes, section 256B.0949, subdivision 2;

462.19 (7) a provider of mental health day treatment services for children or adults;

462.20 (8) a provider of emergency services as defined in Minnesota Statutes, section 256E.36;

462.21 (9) a provider of housing support as defined in Minnesota Statutes, chapter 256I;

462.22 (10) a provider of housing stabilization services as defined in Minnesota Statutes, section
462.23 256B.051;

462.24 (11) a provider of transitional housing programs as defined in Minnesota Statutes, section
462.25 256E.33;

462.26 (12) a provider of substance use disorder services as defined in Minnesota Statutes,
462.27 chapter 245G;

462.28 (13) an eligible financial management service provider serving people through
462.29 consumer-directed community supports under Minnesota Statutes, sections 256B.092 and
462.30 256B.49, and chapter 256S, and consumer support grants under Minnesota Statutes, section
462.31 256.476;

463.1 (14) a provider of customized living services as defined in Minnesota Statutes, section
463.2 256S.02, subdivision 12; or

463.3 (15) a provider who serves children with an emotional disorder or adults with mental
463.4 illness under Minnesota Statutes, section 245I.011 or 256B.0671, providing services,
463.5 including:

463.6 (i) assertive community treatment;

463.7 (ii) intensive residential treatment services;

463.8 (iii) adult rehabilitative mental health services;

463.9 (iv) mobile crisis services;

463.10 (v) children's therapeutic services and supports;

463.11 (vi) children's residential services;

463.12 (vii) psychiatric residential treatment services;

463.13 (viii) outpatient mental health treatment provided by mental health professionals,
463.14 community mental health center services, or certified community behavioral health clinics;
463.15 and

463.16 (ix) intensive mental health outpatient treatment services.

463.17 (d) "Eligible worker" means a worker who earns $30 per hour or less and has worked
463.18 in an eligible profession for at least six months. Eligible workers may receive up to $5,000
463.19 annually in payments from the workforce incentive fund.

463.20 Subd. 3. **Allowable uses of grant money.** (a) Grantees must use money awarded to
463.21 provide payments to eligible workers for the following purposes:

463.22 (1) retention and incentive payments;

463.23 (2) postsecondary loan and tuition payments;

463.24 (3) child care costs;

463.25 (4) transportation-related costs; and

463.26 (5) other costs associated with retaining and recruiting workers, as approved by the
463.27 commissioner.

463.28 (b) The commissioner must develop a grant cycle distribution plan that allows for
463.29 equitable distribution of funding among eligible employer types. The commissioner's
463.30 determination of the grant awards and amounts is final and is not subject to appeal.

464.1 (c) The commissioner must make efforts to prioritize eligible employers owned by
464.2 persons who are Black, Indigenous, and people of color and small- to mid-sized eligible
464.3 employers.

464.4 Subd. 4. **Attestation.** As a condition of obtaining grant payments under this section, an
464.5 eligible employer must attest and agree to the following:

464.6 (1) the employer is an eligible employer;

464.7 (2) the total number of eligible employees;

464.8 (3) the employer will distribute the entire value of the grant to eligible employees, as
464.9 allowed under this section;

464.10 (4) the employer will create and maintain records under subdivision 6;

464.11 (5) the employer will not use the money appropriated under this section for any purpose
464.12 other than the purposes permitted under this section; and

464.13 (6) the entire value of any grant amounts must be distributed to eligible employees
464.14 identified by the provider.

464.15 Subd. 5. **Audits and recoupment.** (a) The commissioner may perform an audit under
464.16 this section up to six years after the grant is awarded to ensure:

464.17 (1) the grantee used the money solely for the purposes stated in subdivision 3;

464.18 (2) the grantee was truthful when making attestations under subdivision 5; and

464.19 (3) the grantee complied with the conditions of receiving a grant under this section.

464.20 (b) If the commissioner determines that a grantee used awarded money for purposes not
464.21 authorized under this section, the commissioner must treat any amount used for a purpose
464.22 not authorized under this section as an overpayment. The commissioner must recover any
464.23 overpayment.

464.24 Subd. 6. **Self-directed services workforce.** Grants paid to eligible employees providing
464.25 services within the covered programs defined in Minnesota Statutes, section 256B.0711,
464.26 do not constitute a change in a term or condition for individual providers in covered programs
464.27 and are not subject to the state's obligation to meet and negotiate under Minnesota Statutes,
464.28 chapter 179A.

464.29 Subd. 7. **Grants not to be considered income.** (a) For the purposes of this subdivision,
464.30 "subtraction" has the meaning given in Minnesota Statutes, section 290.0132, subdivision

465.1 1, paragraph (a), and the rules in that subdivision apply for this subdivision. The definitions
465.2 in Minnesota Statutes, section 290.01, apply to this subdivision.

465.3 (b) The amount of grant awards received under this section is a subtraction.

465.4 (c) Grant awards under this section are excluded from income, as defined in Minnesota
465.5 Statutes, sections 290.0674, subdivision 2a, and 290A.03, subdivision 3.

465.6 (d) Notwithstanding any law to the contrary, grant awards under this section must not
465.7 be considered income, assets, or personal property for purposes of determining eligibility
465.8 or recertifying eligibility for:

465.9 (1) child care assistance programs under Minnesota Statutes, chapter 119B;

465.10 (2) general assistance, Minnesota supplemental aid, and food support under Minnesota
465.11 Statutes, chapter 256D;

465.12 (3) housing support under Minnesota Statutes, chapter 256I;

465.13 (4) Minnesota family investment program and diversionary work program under
465.14 Minnesota Statutes, chapter 256J; and

465.15 (5) economic assistance programs under Minnesota Statutes, chapter 256P.

465.16 (e) The commissioner of human services must not consider grant awards under this
465.17 section as income or assets under Minnesota Statutes, section 256B.056, subdivision 1a,
465.18 paragraph (a); 3; or 3c, or for persons with eligibility determined under Minnesota Statutes,
465.19 section 256B.057, subdivision 3, 3a, or 3b.

465.20 **EFFECTIVE DATE.** This section is effective July 1, 2022.

465.21 Sec. 30. **DIRECT CARE SERVICE CORPS PILOT PROJECT.**

465.22 Subdivision 1. **Establishment.** HealthForce Minnesota at Winona State University must
465.23 develop a pilot project establishing the Minnesota Direct Care Service Corps. The pilot
465.24 program must utilize financial incentives to attract postsecondary students to work as personal
465.25 care assistants or direct support professionals. HealthForce Minnesota must establish the
465.26 financial incentives and minimum work requirements to be eligible for incentive payments.
465.27 The financial incentive must increase with each semester that the student participates in the
465.28 Minnesota Direct Care Service Corps.

465.29 Subd. 2. **Pilot sites.** (a) Pilot sites must include one postsecondary institution in the
465.30 seven-county metropolitan area and at least one postsecondary institution outside of the
465.31 seven-county metropolitan area. If more than one postsecondary institution outside the

466.1 metropolitan area is selected, one must be located in northern Minnesota and the other must
466.2 be located in southern Minnesota.

466.3 (b) After satisfactorily completing the work requirements for a semester, the pilot site
466.4 or its fiscal agent must pay students the financial incentive developed for the pilot project.

466.5 Subd. 3. **Evaluation and report.** (a) HealthForce Minnesota must contract with a third
466.6 party to evaluate the pilot project's impact on health care costs, retention of personal care
466.7 assistants, and patients' and providers' satisfaction of care. The evaluation must include the
466.8 number of participants, the hours of care provided by participants, and the retention of
466.9 participants from semester to semester.

466.10 (b) By January 4, 2024, HealthForce Minnesota must report the findings under paragraph
466.11 (a) to the chairs and ranking members of the legislative committees with jurisdiction over
466.12 human services policy and finance.

466.13 Sec. 31. **DIRECTION TO COMMISSIONER OF HUMAN SERVICES;**
466.14 **LIFE-SHARING SERVICES.**

466.15 Subdivision 1. **Recommendations required.** The commissioner of human services shall
466.16 develop recommendations for establishing life sharing as a covered medical assistance
466.17 waiver service.

466.18 Subd. 2. **Definition.** For the purposes of this section, "life sharing" means a
466.19 relationship-based living arrangement between an adult with a disability and an individual
466.20 or family in which they share their lives and experiences while the adult with a disability
466.21 receives support from the individual or family using person-centered practices.

466.22 Subd. 3. **Stakeholder engagement and consultation.** (a) The commissioner must
466.23 proactively solicit participation in the development of the life-sharing medical assistance
466.24 service through a robust stakeholder engagement process that results in the inclusion of a
466.25 racially, culturally, and geographically diverse group of interested stakeholders from each
466.26 of the following groups:

466.27 (1) providers currently providing or interested in providing life-sharing services;

466.28 (2) people with disabilities accessing or interested in accessing life-sharing services;

466.29 (3) disability advocacy organizations; and

466.30 (4) lead agencies.

467.1 (b) The commissioner must proactively seek input into and assistance with the
467.2 development of recommendations for establishing the life-sharing service from interested
467.3 stakeholders.

467.4 (c) The commissioner must provide a method for the commissioner and interested
467.5 stakeholders to cofacilitate public meetings. The first meeting must occur before January
467.6 31, 2023. The commissioner must host the cofacilitated meetings at least monthly through
467.7 October 31, 2023. All meetings must be accessible to all interested stakeholders, recorded,
467.8 and posted online within one week of the meeting date.

467.9 Subd. 4. **Required topics to be discussed during development of the**
467.10 **recommendations.** The commissioner and the interested stakeholders must discuss the
467.11 following topics:

467.12 (1) the distinction between life sharing and adult family foster care;

467.13 (2) successful life-sharing models used in other states;

467.14 (3) services and supports that could be included in a life-sharing service;

467.15 (4) potential barriers to providing or accessing life-sharing services;

467.16 (5) solutions to remove identified barriers to providing or accessing life-sharing services;

467.17 (6) potential medical assistance payment methodologies for life-sharing services;

467.18 (7) expanding awareness of the life-sharing model; and

467.19 (8) draft language for legislation necessary to define and implement life-sharing services.

467.20 Subd. 5. **Report to the legislature.** By December 31, 2023, the commissioner must
467.21 provide to the chairs and ranking minority members of the house of representatives and
467.22 senate committees and divisions with jurisdiction over direct care services a report
467.23 summarizing the discussions between the commissioner and the interested stakeholders and
467.24 the commissioner's recommendations. The report must also include any draft legislation
467.25 necessary to define and implement life-sharing services.

467.26 Sec. 32. **TASK FORCE ON DISABILITY SERVICES ACCESSIBILITY.**

467.27 Subdivision 1. **Establishment; purpose.** The Task Force on Disability Services
467.28 Accessibility is established to evaluate the accessibility of current state and county disability
467.29 services and to develop and evaluate plans to address barriers to accessibility.

467.30 Subd. 2. **Definitions.** (a) For purposes of this section, the terms in this subdivision have
467.31 the meanings given.

468.1 (b) "Accessible" means that a service or program is easily navigated without
468.2 accommodation or assistance, or, if reasonable accommodations are needed to navigate a
468.3 service or program, accommodations are chosen by the participant and effectively
468.4 implemented without excessive burden to the participant. Accessible communication means
468.5 communication that a person understands, with appropriate accommodations as needed,
468.6 including language or other interpretation.

468.7 (c) "Commissioner" means the commissioner of the Department of Human Services.

468.8 (d) "Disability services" means services provided through Medicaid, including personal
468.9 care assistance, home care, other home and community-based services, waivers, and other
468.10 home and community-based disability services provided through lead agencies.

468.11 (e) "Lead agency" means a county, Tribe, or health plan under contract with the
468.12 commissioner to administer disability services.

468.13 (f) "Task force" means the Task Force on Disability Services Accessibility.

468.14 Subd. 3. **Membership.** (a) The task force consists of 24 members as follows:

468.15 (1) the commissioner of human services or a designee;

468.16 (2) one member appointed by the Minnesota Council on Disability;

468.17 (3) the ombudsman for mental health and developmental disabilities or a designee;

468.18 (4) two representatives of counties or Tribal agencies appointed by the commissioner
468.19 of human services;

468.20 (5) one member appointed by the Minnesota Association of County Social Service
468.21 Administrators;

468.22 (6) one member appointed by the Minnesota Disability Law Center;

468.23 (7) one member appointed by the Arc of Minnesota;

468.24 (8) one member appointed by the Autism Society of Minnesota;

468.25 (9) one member appointed by the Service Employees International Union;

468.26 (10) five members appointed by the commissioner of human services who are people
468.27 with disabilities, including at least one individual who has been denied services from the
468.28 state or county and two individuals who use different types of disability services;

468.29 (11) three members appointed by the commissioner of human services who are parents
468.30 of children with disabilities who use different types of disability services;

469.1 (12) one member appointed by the Association of Residential Resources in Minnesota;

469.2 (13) one member appointed by the Minnesota First Provider Alliance;

469.3 (14) one member appointed by the Minnesota Commission of the Deaf, DeafBlind and
469.4 Hard of Hearing;

469.5 (15) one member appointed by the Minnesota Organization for Habilitation and
469.6 Rehabilitation; and

469.7 (16) two members appointed by the commissioner of human services who are direct
469.8 service professionals.

469.9 (b) To the extent possible, membership on the task force under paragraph (a) shall reflect
469.10 geographic parity throughout the state and representation from Black and Indigenous
469.11 communities and communities of color.

469.12 (c) The membership terms, compensation, expense reimbursement, and removal and
469.13 filling of vacancies of task force members are as provided in section 15.059.

469.14 Subd. 4. **Appointment deadline; first meeting; chair.** Appointing authorities must
469.15 complete member selections by August 1, 2022. The commissioner shall convene the first
469.16 meeting of the task force by September 15, 2022. The task force shall select a chair from
469.17 among its members at its first meeting. The chair shall convene all subsequent meetings.

469.18 Subd. 5. **Goals.** The goals of the task force include:

469.19 (1) developing plans and executing methods to investigate accessibility of disability
469.20 services, including consideration of the following inquiries:

469.21 (i) how accessible is the program or service without assistance or accommodation,
469.22 including what accessibility options exist, how the accessibility options are communicated,
469.23 what communication options are available, what trainings are provided to ensure accessibility
469.24 options are implemented, and available processes for filing consumer accessibility complaints
469.25 and correcting administrative errors;

469.26 (ii) the impact of accessibility barriers on individuals' access to services, including
469.27 information about service denials or reductions due to accessibility issues, and aggregate
469.28 information about reductions and denials related to disability or support need types and
469.29 reasons for reductions and denials; and

469.30 (iii) what areas of discrepancy exist between declared state and county disability policy
469.31 goals and enumerated state and federal laws and the experiences of people who have
469.32 disabilities in accessing services;

470.1 (2) identifying areas of inaccessibility creating inefficiencies that financially impact the
470.2 state and counties, including:

470.3 (i) the number and cost of appeals, including the number of appeals of service denials
470.4 or reductions that are ultimately overturned;

470.5 (ii) the cost of crisis intervention because of service failure; and

470.6 (iii) the cost of redoing work that was not done correctly initially; and

470.7 (3) assessing the efficacy of possible solutions.

470.8 Subd. 6. **Duties; plan and recommendations.** (a) The task force shall work with the
470.9 commissioner to identify investigative areas and to develop a plan to conduct an accessibility
470.10 assessment of disability services provided by lead agencies and the Department of Human
470.11 Services. The assessment shall:

470.12 (1) identify accessibility barriers and impediments created by current policies, procedures,
470.13 and implementation;

470.14 (2) identify and analyze accessibility barrier and impediment impacts on different
470.15 demographics;

470.16 (3) gather information from:

470.17 (i) the Department of Human Services;

470.18 (ii) relevant state agencies and staff;

470.19 (iii) counties and relevant staff;

470.20 (iv) people who use disability services;

470.21 (v) disability advocates; and

470.22 (vi) family members and other support people for individuals who use disability services;

470.23 (4) identify barriers to accessibility improvements in state and county services; and

470.24 (5) identify benefits to the state and counties in improving accessibility of disability
470.25 services.

470.26 (b) For the purposes of the assessment, disability services include:

470.27 (1) access to services;

470.28 (2) explanation of services;

470.29 (3) maintenance of services;

471.1 (4) application of services;

471.2 (5) services participant understanding of rights and responsibilities;

471.3 (6) communication regarding services;

471.4 (7) requests for accommodations;

471.5 (8) processes for filing complaints or grievances; and

471.6 (9) processes for appealing decisions denying or reducing services or eligibility.

471.7 (c) The task force shall collaborate with stakeholders, counties, and state agencies to
471.8 develop recommendations from the findings of the assessment and to create sustainable and
471.9 accessible changes to county and state services to improve outcomes for people with
471.10 disabilities. The recommendations shall include:

471.11 (1) recommendations to eliminate barriers identified in the assessment, including but
471.12 not limited to recommendations for state legislative action, state policy action, and lead
471.13 agency changes;

471.14 (2) benchmarks for measuring annual progress toward increasing accessibility in county
471.15 and state disability services to be annually evaluated by the commissioner and the Minnesota
471.16 Council on Disability;

471.17 (3) a proposed method for monitoring and tracking accessibility in disability services;

471.18 (4) proposed initiatives, training, and services designed to improve accessibility and
471.19 effectiveness of county and state disability services, including recommendations for needed
471.20 electronic or other communication changes in order to facilitate accessible communication
471.21 for participants; and

471.22 (5) recommendations for sustainable financial support and resources for improving
471.23 accessibility.

471.24 (d) The task force shall oversee preparation of a report outlining the findings from the
471.25 accessibility assessment in paragraph (a) and the recommendations developed pursuant to
471.26 paragraph (b) according to subdivision 7.

471.27 Subd. 7. **Report.** By September 30, 2023, the task force shall submit a report with
471.28 recommendations to the chairs and ranking minority members of the committees and divisions
471.29 in the senate and house of representatives with jurisdiction over health and human services.
471.30 This report must comply with subdivision 6, paragraph (d), include any changes to statutes,
471.31 laws, or rules required to implement the recommendations of the task force, and include a
471.32 recommendation concerning continuing the task force beyond its scheduled expiration.

472.1 Subd. 8. **Administrative support.** The commissioner of human services shall provide
472.2 meeting space and administrative services to the task force.

472.3 Subd. 9. **Expiration.** The task force expires on June 30, 2023.

472.4 Sec. 33. **DIRECTION TO COMMISSIONER; SHARED SERVICES.**

472.5 (a) By December 1, 2022, the commissioner of human services shall seek any necessary
472.6 changes to home and community-based services waiver plans regarding sharing services in
472.7 order to:

472.8 (1) permit shared services for more services, including chore, homemaker, and night
472.9 supervision;

472.10 (2) permit shared services for some services for higher ratios, including individualized
472.11 home supports without training, individualized home supports with training, and
472.12 individualized home supports with family training for a ratio of one staff person to three
472.13 recipients;

472.14 (3) ensure that individuals who are seeking to share services permitted under the waiver
472.15 plans in an own-home setting are not required to live in a licensed setting in order to share
472.16 services so long as all other requirements are met; and

472.17 (4) issue guidance for shared services, including:

472.18 (i) informed choice for all individuals sharing the services;

472.19 (ii) guidance for when multiple shared services by different providers occur in one home
472.20 and how lead agencies and individuals shall determine that shared service is appropriate to
472.21 meet the needs, health, and safety of each individual for whom the lead agency provides
472.22 case management or care coordination; and

472.23 (iii) guidance clarifying that an individual's decision to share services does not reduce
472.24 any determination of the individual's overall or assessed needs for services.

472.25 (b) The commissioner shall develop or provide guidance outlining:

472.26 (1) instructions for shared services support planning;

472.27 (2) person-centered approaches and informed choice in shared services support planning;
472.28 and

472.29 (3) required contents of shared services agreements.

472.30 (c) The commissioner shall seek and utilize stakeholder input for any proposed changes
472.31 to waiver plans and any shared services guidance.

473.1 Sec. 34. **DIRECTION TO COMMISSIONER; DISABILITY WAIVER SHARED**
473.2 **SERVICES RATES.**

473.3 The commissioner of human services shall provide a rate system for shared homemaker
473.4 services and shared chore services provided under Minnesota Statutes, sections 256B.092
473.5 and 256B.49. For two persons sharing services, the rate paid to a provider must not exceed
473.6 1-1/2 times the rate paid for serving a single individual, and for three persons sharing
473.7 services, the rate paid to a provider must not exceed two times the rate paid for serving a
473.8 single individual. These rates apply only when all of the criteria for the shared service have
473.9 been met.

473.10 Sec. 35. **DIRECTION TO COMMISSIONER; CONSUMER-DIRECTED**
473.11 **COMMUNITY SUPPORTS.**

473.12 The commissioner of human services shall increase individual budgets for people
473.13 receiving consumer-directed community supports available under programs established
473.14 pursuant to home and community-based service waivers authorized under section 1915(c)
473.15 of the federal Social Security Act and Minnesota Statutes, sections 256B.092 and 256B.49,
473.16 by 2.8 percent.

473.17 **EFFECTIVE DATE.** This section is effective January 1, 2023, or upon federal approval,
473.18 whichever is later. The commissioner of human services shall notify the revisor of statutes
473.19 when federal approval is obtained.

473.20 Sec. 36. **DIRECTION TO COMMISSIONER; DIRECT SUPPORT SERVICES**
473.21 **WORKFORCE COLLECTIVE BARGAINING.**

473.22 Notwithstanding Minnesota Statutes, section 256B.851, subdivision 11, or any other
473.23 law to the contrary, the commissioner of management and budget shall meet and negotiate
473.24 in good faith with the exclusive representative of individual providers under Minnesota
473.25 Statutes, section 179A.54, for an amendment to the current contract covering individual
473.26 providers to establish a mutually acceptable increase in wages and benefits made possible
473.27 by the funds provided by the rate increase in this act. Any such amendment agreed upon
473.28 between the state and the exclusive representative of individual providers must be submitted
473.29 for acceptance or rejection in accordance with Minnesota Statutes, section 179A.54,
473.30 subdivision 5, and is subject to an appropriation by the legislature.

Sec. 37. **DIRECTION TO COMMISSIONER; INTERMEDIATE CARE FACILITIES FOR PERSONS WITH DISABILITIES RATE STUDY.**

The commissioner of human services shall study medical assistance payment rates for intermediate care facilities for persons with disabilities under Minnesota Statutes, sections 256B.5011 to 256B.5015; make recommendations on establishing a new payment rate methodology for these facilities; and submit a report to the chairs and ranking minority members of the legislative committees with jurisdiction over human services finance by February 15, 2023, that includes the recommendations and any draft legislation necessary to implement the recommendations.

ARTICLE 10
BEHAVIORAL HEALTH

Section 1. Minnesota Statutes 2020, section 62N.25, subdivision 5, is amended to read:

Subd. 5. **Benefits.** Community integrated service networks must offer the health maintenance organization benefit set, as defined in chapter 62D, and other laws applicable to entities regulated under chapter 62D. Community networks and chemical dependency facilities under contract with a community network shall use the assessment criteria in ~~Minnesota Rules, parts 9530.6600 to 9530.6655,~~ section 245G.05 when assessing enrollees for chemical dependency treatment.

EFFECTIVE DATE. This section is effective July 1, 2022.

Sec. 2. Minnesota Statutes 2020, section 62Q.1055, is amended to read:

62Q.1055 CHEMICAL DEPENDENCY.

All health plan companies shall use the assessment criteria in ~~Minnesota Rules, parts 9530.6600 to 9530.6655,~~ section 245G.05 when assessing and ~~placing~~ treating enrollees for chemical dependency treatment.

EFFECTIVE DATE. This section is effective July 1, 2022.

Sec. 3. Minnesota Statutes 2020, section 62Q.47, is amended to read:

62Q.47 ALCOHOLISM, MENTAL HEALTH, AND CHEMICAL DEPENDENCY SERVICES.

(a) All health plans, as defined in section 62Q.01, that provide coverage for alcoholism, mental health, or chemical dependency services, must comply with the requirements of this section.

475.1 (b) Cost-sharing requirements and benefit or service limitations for outpatient mental
475.2 health and outpatient chemical dependency and alcoholism services, except for persons
475.3 ~~placed in~~ seeking chemical dependency services under ~~Minnesota Rules, parts 9530.6600~~
475.4 ~~to 9530.6655~~ section 245G.05, must not place a greater financial burden on the insured or
475.5 enrollee, or be more restrictive than those requirements and limitations for outpatient medical
475.6 services.

475.7 (c) Cost-sharing requirements and benefit or service limitations for inpatient hospital
475.8 mental health and inpatient hospital and residential chemical dependency and alcoholism
475.9 services, except for persons ~~placed in~~ seeking chemical dependency services under ~~Minnesota~~
475.10 ~~Rules, parts 9530.6600 to 9530.6655~~ section 245G.05, must not place a greater financial
475.11 burden on the insured or enrollee, or be more restrictive than those requirements and
475.12 limitations for inpatient hospital medical services.

475.13 (d) A health plan company must not impose an NQTL with respect to mental health and
475.14 substance use disorders in any classification of benefits unless, under the terms of the health
475.15 plan as written and in operation, any processes, strategies, evidentiary standards, or other
475.16 factors used in applying the NQTL to mental health and substance use disorders in the
475.17 classification are comparable to, and are applied no more stringently than, the processes,
475.18 strategies, evidentiary standards, or other factors used in applying the NQTL with respect
475.19 to medical and surgical benefits in the same classification.

475.20 (e) All health plans must meet the requirements of the federal Mental Health Parity Act
475.21 of 1996, Public Law 104-204; Paul Wellstone and Pete Domenici Mental Health Parity and
475.22 Addiction Equity Act of 2008; the Affordable Care Act; and any amendments to, and federal
475.23 guidance or regulations issued under, those acts.

475.24 (f) The commissioner may require information from health plan companies to confirm
475.25 that mental health parity is being implemented by the health plan company. Information
475.26 required may include comparisons between mental health and substance use disorder
475.27 treatment and other medical conditions, including a comparison of prior authorization
475.28 requirements, drug formulary design, claim denials, rehabilitation services, and other
475.29 information the commissioner deems appropriate.

475.30 (g) Regardless of the health care provider's professional license, if the service provided
475.31 is consistent with the provider's scope of practice and the health plan company's credentialing
475.32 and contracting provisions, mental health therapy visits and medication maintenance visits
475.33 shall be considered primary care visits for the purpose of applying any enrollee cost-sharing
475.34 requirements imposed under the enrollee's health plan.

476.1 (h) By June 1 of each year, beginning June 1, 2021, the commissioner of commerce, in
476.2 consultation with the commissioner of health, shall submit a report on compliance and
476.3 oversight to the chairs and ranking minority members of the legislative committees with
476.4 jurisdiction over health and commerce. The report must:

476.5 (1) describe the commissioner's process for reviewing health plan company compliance
476.6 with United States Code, title 42, section 18031(j), any federal regulations or guidance
476.7 relating to compliance and oversight, and compliance with this section and section 62Q.53;

476.8 (2) identify any enforcement actions taken by either commissioner during the preceding
476.9 12-month period regarding compliance with parity for mental health and substance use
476.10 disorders benefits under state and federal law, summarizing the results of any market conduct
476.11 examinations. The summary must include: (i) the number of formal enforcement actions
476.12 taken; (ii) the benefit classifications examined in each enforcement action; and (iii) the
476.13 subject matter of each enforcement action, including quantitative and nonquantitative
476.14 treatment limitations;

476.15 (3) detail any corrective action taken by either commissioner to ensure health plan
476.16 company compliance with this section, section 62Q.53, and United States Code, title 42,
476.17 section 18031(j); and

476.18 (4) describe the information provided by either commissioner to the public about
476.19 alcoholism, mental health, or chemical dependency parity protections under state and federal
476.20 law.

476.21 The report must be written in nontechnical, readily understandable language and must be
476.22 made available to the public by, among other means as the commissioners find appropriate,
476.23 posting the report on department websites. Individually identifiable information must be
476.24 excluded from the report, consistent with state and federal privacy protections.

476.25 **EFFECTIVE DATE.** This section is effective July 1, 2022.

476.26 Sec. 4. Minnesota Statutes 2020, section 169A.70, subdivision 3, is amended to read:

476.27 Subd. 3. **Assessment report.** (a) The assessment report must be on a form prescribed
476.28 by the commissioner and shall contain an evaluation of the convicted defendant concerning
476.29 the defendant's prior traffic and criminal record, characteristics and history of alcohol and
476.30 chemical use problems, and amenability to rehabilitation through the alcohol safety program.
476.31 The report is classified as private data on individuals as defined in section 13.02, subdivision
476.32 12.

476.33 (b) The assessment report must include:

(1) a diagnosis of the nature of the offender's chemical and alcohol involvement;

(2) an assessment of the severity level of the involvement;

(3) a recommended level of care for the offender in accordance with the criteria contained in ~~rules adopted by the commissioner of human services under section 254A.03, subdivision 3 (chemical dependency treatment rules)~~ section 245G.05;

(4) an assessment of the offender's placement needs;

(5) recommendations for other appropriate remedial action or care, including aftercare services in section 254B.01, subdivision 3, that may consist of educational programs, one-on-one counseling, a program or type of treatment that addresses mental health concerns, or a combination of them; and

(6) a specific explanation why no level of care or action was recommended, if applicable.

EFFECTIVE DATE. This section is effective July 1, 2022.

Sec. 5. Minnesota Statutes 2020, section 169A.70, subdivision 4, is amended to read:

Subd. 4. **Assessor standards; rules; assessment time limits.** A chemical use assessment required by this section must be conducted by an assessor appointed by the court. The assessor must meet the training and qualification requirements of ~~rules adopted by the commissioner of human services under section 254A.03, subdivision 3 (chemical dependency treatment rules)~~ section 245G.11, subdivisions 1 and 5. Notwithstanding section 13.82 (law enforcement data), the assessor shall have access to any police reports, laboratory test results, and other law enforcement data relating to the current offense or previous offenses that are necessary to complete the evaluation. ~~An assessor providing an assessment under this section may not have any direct or shared financial interest or referral relationship resulting in shared financial gain with a treatment provider, except as authorized under section 254A.19, subdivision 3. If an independent assessor is not available, the court may use the services of an assessor authorized to perform assessments for the county social services agency under a variance granted under rules adopted by the commissioner of human services under section 254A.03, subdivision 3.~~ An appointment for the defendant to undergo the assessment must be made by the court, a court services probation officer, or the court administrator as soon as possible but in no case more than one week after the defendant's court appearance. The assessment must be completed no later than three weeks after the defendant's court appearance. If the assessment is not performed within this time limit, the county where the defendant is to be sentenced shall perform the assessment. The county of financial responsibility must be determined under chapter 256G.

478.1 **EFFECTIVE DATE.** This section is effective July 1, 2022.

478.2 Sec. 6. **[245.4866] CHILDREN'S MENTAL HEALTH COMMUNITY OF**
478.3 **PRACTICE.**

478.4 Subdivision 1. **Establishment; purpose.** The commissioner of human services, in
478.5 consultation with children's mental health subject matter experts, shall establish a children's
478.6 mental health community of practice. The purposes of the community of practice are to
478.7 improve treatment outcomes for children and adolescents with mental illness and reduce
478.8 disparities. The community of practice shall use evidence-based and best practices through
478.9 peer-to-peer and person-to-provider sharing.

478.10 Subd. 2. **Participants; meetings.** (a) The community of practice must include the
478.11 following participants:

478.12 (1) researchers or members of the academic community who are children's mental health
478.13 subject matter experts who do not have financial relationships with treatment providers;

478.14 (2) children's mental health treatment providers;

478.15 (3) a representative from a mental health advocacy organization;

478.16 (4) a representative from the Department of Human Services;

478.17 (5) a representative from the Department of Health;

478.18 (6) a representative from the Department of Education;

478.19 (7) representatives from county social services agencies;

478.20 (8) representatives from Tribal nations or Tribal social services providers; and

478.21 (9) representatives from managed care organizations.

478.22 (b) The community of practice must include, to the extent possible, individuals and
478.23 family members who have used mental health treatment services and must highlight the
478.24 voices and experiences of individuals who are Black, Indigenous, people of color, and
478.25 people from other communities that are disproportionately impacted by mental illness.

478.26 (c) The community of practice must meet regularly and must hold its first meeting before
478.27 January 1, 2023.

478.28 (d) Compensation and reimbursement for expenses for participants in paragraph (b) are
478.29 governed by section 15.059, subdivision 3.

478.30 Subd. 3. **Duties.** (a) The community of practice must:

479.1 (1) identify gaps in children's mental health treatment services;

479.2 (2) enhance collective knowledge of issues related to children's mental health;

479.3 (3) understand evidence-based practices, best practices, and promising approaches to
479.4 address children's mental health;

479.5 (4) use knowledge gathered through the community of practice to develop strategic plans
479.6 to improve outcomes for children who participate in mental health treatment and related
479.7 services in Minnesota;

479.8 (5) increase knowledge about the challenges and opportunities learned by implementing
479.9 strategies; and

479.10 (6) develop capacity for community advocacy.

479.11 (b) The commissioner, in collaboration with subject matter experts and other participants,
479.12 may issue reports and recommendations to the chairs and ranking minority members of the
479.13 legislative committees with jurisdiction over health and human services policy and finance
479.14 and to local and regional governments.

479.15 Sec. 7. Minnesota Statutes 2020, section 245.4882, is amended by adding a subdivision
479.16 to read:

479.17 Subd. 2a. **Assessment requirements.** (a) A residential treatment service provider must
479.18 complete a diagnostic assessment of a child within ten calendar days of the child's admission.
479.19 If a diagnostic assessment has been completed by a mental health professional within the
479.20 past 180 days, a new diagnostic assessment need not be completed unless in the opinion of
479.21 the current treating mental health professional the child's mental health status has changed
479.22 markedly since the assessment was completed.

479.23 (b) The service provider must complete the screenings required by Minnesota Rules,
479.24 part 2960.0070, subpart 5, within ten calendar days.

479.25 Sec. 8. Minnesota Statutes 2020, section 245.4882, is amended by adding a subdivision
479.26 to read:

479.27 Subd. 6. **Crisis admissions and stabilization.** (a) A child may be referred for residential
479.28 treatment services under this section for the purpose of crisis stabilization by:

479.29 (1) a mental health professional as defined in section 245I.04, subdivision 2;

479.30 (2) a physician licensed under chapter 147 who is assessing a child in an emergency
479.31 department; or

480.1 (3) a member of a mobile crisis team who meets the qualifications under section
480.2 256B.0624, subdivision 5.

480.3 (b) A provider making a referral under paragraph (a) must conduct an assessment of the
480.4 child's mental health needs and make a determination that the child is experiencing a mental
480.5 health crisis and is in need of residential treatment services under this section.

480.6 (c) A child may receive services under this subdivision for up to 30 days and must be
480.7 subject to the screening and admissions criteria and processes under section 245.4885
480.8 thereafter.

480.9 Sec. 9. Minnesota Statutes 2021 Supplement, section 245.4885, subdivision 1, is amended
480.10 to read:

480.11 Subdivision 1. **Admission criteria.** (a) Prior to admission or placement, except in the
480.12 case of an emergency, all children referred for treatment of severe emotional disturbance
480.13 in a treatment foster care setting, residential treatment facility, or informally admitted to a
480.14 regional treatment center shall undergo an assessment to determine the appropriate level of
480.15 care if county funds are used to pay for the child's services. An emergency includes when
480.16 a child is in need of and has been referred for crisis stabilization services under section
480.17 245.4882, subdivision 6. A child who has been referred to residential treatment for crisis
480.18 stabilization services in a residential treatment center is not required to undergo an assessment
480.19 under this section.

480.20 (b) The county board shall determine the appropriate level of care for a child when
480.21 county-controlled funds are used to pay for the child's residential treatment under this
480.22 chapter, including residential treatment provided in a qualified residential treatment program
480.23 as defined in section 260C.007, subdivision 26d. When a county board does not have
480.24 responsibility for a child's placement and the child is enrolled in a prepaid health program
480.25 under section 256B.69, the enrolled child's contracted health plan must determine the
480.26 appropriate level of care for the child. When Indian Health Services funds or funds of a
480.27 tribally owned facility funded under the Indian Self-Determination and Education Assistance
480.28 Act, Public Law 93-638, are used for the child, the Indian Health Services or 638 tribal
480.29 health facility must determine the appropriate level of care for the child. When more than
480.30 one entity bears responsibility for a child's coverage, the entities shall coordinate level of
480.31 care determination activities for the child to the extent possible.

480.32 (c) The child's level of care determination shall determine whether the proposed treatment:

480.33 (1) is necessary;

481.1 (2) is appropriate to the child's individual treatment needs;

481.2 (3) cannot be effectively provided in the child's home; and

481.3 (4) provides a length of stay as short as possible consistent with the individual child's
481.4 needs.

481.5 (d) When a level of care determination is conducted, the county board or other entity
481.6 may not determine that a screening of a child, referral, or admission to a residential treatment
481.7 facility is not appropriate solely because services were not first provided to the child in a
481.8 less restrictive setting and the child failed to make progress toward or meet treatment goals
481.9 in the less restrictive setting. The level of care determination must be based on a diagnostic
481.10 assessment of a child that evaluates the child's family, school, and community living
481.11 situations; and an assessment of the child's need for care out of the home using a validated
481.12 tool which assesses a child's functional status and assigns an appropriate level of care to the
481.13 child. The validated tool must be approved by the commissioner of human services and
481.14 may be the validated tool approved for the child's assessment under section 260C.704 if the
481.15 juvenile treatment screening team recommended placement of the child in a qualified
481.16 residential treatment program. If a diagnostic assessment has been completed by a mental
481.17 health professional within the past 180 days, a new diagnostic assessment need not be
481.18 completed unless in the opinion of the current treating mental health professional the child's
481.19 mental health status has changed markedly since the assessment was completed. The child's
481.20 parent shall be notified if an assessment will not be completed and of the reasons. A copy
481.21 of the notice shall be placed in the child's file. Recommendations developed as part of the
481.22 level of care determination process shall include specific community services needed by
481.23 the child and, if appropriate, the child's family, and shall indicate whether these services
481.24 are available and accessible to the child and the child's family. The child and the child's
481.25 family must be invited to any meeting where the level of care determination is discussed
481.26 and decisions regarding residential treatment are made. The child and the child's family
481.27 may invite other relatives, friends, or advocates to attend these meetings.

481.28 (e) During the level of care determination process, the child, child's family, or child's
481.29 legal representative, as appropriate, must be informed of the child's eligibility for case
481.30 management services and family community support services and that an individual family
481.31 community support plan is being developed by the case manager, if assigned.

481.32 (f) The level of care determination, placement decision, and recommendations for mental
481.33 health services must be documented in the child's record and made available to the child's
481.34 family, as appropriate.

Sec. 10. Minnesota Statutes 2021 Supplement, section 245.4889, subdivision 1, is amended to read:

Subdivision 1. **Establishment and authority.** (a) The commissioner is authorized to make grants from available appropriations to assist:

(1) counties;

(2) Indian tribes;

(3) children's collaboratives under section 124D.23 or 245.493; ~~or~~

(4) mental health service providers~~.~~; or

(5) school districts and charter schools.

(b) The following services are eligible for grants under this section:

(1) services to children with emotional disturbances as defined in section 245.4871, subdivision 15, and their families;

(2) transition services under section 245.4875, subdivision 8, for young adults under age 21 and their families;

(3) respite care services for children with emotional disturbances or severe emotional disturbances who are at risk of out-of-home placement or already in out-of-home placement and at risk of change in placement or a higher level of care. Allowable activities and expenses for respite care services are defined under subdivision 4. A child is not required to have case management services to receive respite care services;

(4) children's mental health crisis services;

(5) mental health services for people from cultural and ethnic minorities, including supervision of clinical trainees who are Black, indigenous, or people of color;

(6) children's mental health screening and follow-up diagnostic assessment and treatment;

(7) services to promote and develop the capacity of providers to use evidence-based practices in providing children's mental health services;

(8) school-linked mental health services under section 245.4901;

(9) building evidence-based mental health intervention capacity for children birth to age five;

(10) suicide prevention and counseling services that use text messaging statewide;

(11) mental health first aid training;

(12) training for parents, collaborative partners, and mental health providers on the impact of adverse childhood experiences and trauma and development of an interactive website to share information and strategies to promote resilience and prevent trauma;

(13) transition age services to develop or expand mental health treatment and supports for adolescents and young adults 26 years of age or younger;

(14) early childhood mental health consultation;

(15) evidence-based interventions for youth at risk of developing or experiencing a first episode of psychosis, and a public awareness campaign on the signs and symptoms of psychosis;

(16) psychiatric consultation for primary care practitioners; ~~and~~

(17) providers to begin operations and meet program requirements when establishing a new children's mental health program. These may be start-up grants~~.~~; and

(18) intensive developmentally appropriate and culturally informed interventions for youth who are at risk of developing a mood disorder or experiencing a first episode of a mood disorder and a public awareness campaign on the signs and symptoms of mood disorders in youth.

(c) Services under paragraph (b) must be designed to help each child to function and remain with the child's family in the community and delivered consistent with the child's treatment plan. Transition services to eligible young adults under this paragraph must be designed to foster independent living in the community.

(d) As a condition of receiving grant funds, a grantee shall obtain all available third-party reimbursement sources, if applicable.

Sec. 11. Minnesota Statutes 2020, section 245.4889, is amended by adding a subdivision to read:

Subd. 4. **Covered respite care services.** Respite care services under subdivision 1, paragraph (b), clause (3), include hourly or overnight stays at a licensed foster home or with a qualified and approved family member or friend and may occur at a child's or a provider's home. Respite care services may also include the following activities and expenses:

(1) recreational, sport, and nonsport extracurricular activities and programs for the child such as camps, clubs, activities, lessons, group outings, sports, or other activities and programs;

484.1 (2) family activities, camps, and retreats that the whole family does together that provide
484.2 a break from the family's circumstances;

484.3 (3) cultural programs and activities for the child and family designed to address the
484.4 unique needs of individuals who share a common language or racial, ethnic, or social
484.5 background; and

484.6 (4) costs of transportation, food, supplies, and equipment directly associated with
484.7 approved respite care services and expenses necessary for the child and family to access
484.8 and participate in respite care services.

484.9 **EFFECTIVE DATE.** This section is effective July 1, 2022.

484.10 Sec. 12. **[245.4903] CULTURAL AND ETHNIC MINORITY INFRASTRUCTURE**
484.11 **GRANT PROGRAM.**

484.12 Subdivision 1. **Establishment.** The commissioner of human services shall establish a
484.13 cultural and ethnic minority infrastructure grant program to ensure that mental health and
484.14 substance use disorder treatment supports and services are culturally specific and culturally
484.15 responsive to meet the cultural needs of the communities served.

484.16 Subd. 2. **Eligible applicants.** An eligible applicant is a licensed entity or provider from
484.17 a cultural or ethnic minority population who:

484.18 (1) provides mental health or substance use disorder treatment services and supports to
484.19 individuals from cultural and ethnic minority populations, including individuals who are
484.20 lesbian, gay, bisexual, transgender, or queer, from cultural and ethnic minority populations;

484.21 (2) provides or is qualified and has the capacity to provide clinical supervision and
484.22 support to members of culturally diverse and ethnic minority communities to qualify as
484.23 mental health and substance use disorder treatment providers; or

484.24 (3) has the capacity and experience to provide training for mental health and substance
484.25 use disorder treatment providers on cultural competency and cultural humility.

484.26 Subd. 3. **Allowable grant activities.** (a) The cultural and ethnic minority infrastructure
484.27 grant program grantees must engage in activities and provide supportive services to ensure
484.28 and increase equitable access to culturally specific and responsive care and to build
484.29 organizational and professional capacity for licensure and certification for the communities
484.30 served. Allowable grant activities include but are not limited to:

485.1 (1) workforce development activities focused on recruiting, supporting, training, and
485.2 supervision activities for mental health and substance use disorder practitioners and
485.3 professionals from diverse racial, cultural, and ethnic communities;

485.4 (2) supporting members of culturally diverse and ethnic minority communities to qualify
485.5 as mental health and substance use disorder professionals, practitioners, clinical supervisors,
485.6 recovery peer specialists, mental health certified peer specialists, and mental health certified
485.7 family peer specialists;

485.8 (3) culturally specific outreach, early intervention, trauma-informed services, and recovery
485.9 support in mental health and substance use disorder services;

485.10 (4) provision of trauma-informed, culturally responsive mental health and substance use
485.11 disorder supports and services for children and families, youth, or adults who are from
485.12 cultural and ethnic minority backgrounds and are uninsured or underinsured;

485.13 (5) mental health and substance use disorder service expansion and infrastructure
485.14 improvement activities, particularly in greater Minnesota;

485.15 (6) training for mental health and substance use disorder treatment providers on cultural
485.16 competency and cultural humility; and

485.17 (7) activities to increase the availability of culturally responsive mental health and
485.18 substance use disorder services for children and families, youth, or adults or to increase the
485.19 availability of substance use disorder services for individuals from cultural and ethnic
485.20 minorities in the state.

485.21 (b) The commissioner must assist grantees with meeting third-party credentialing
485.22 requirements, and grantees must obtain all available third-party reimbursement sources as
485.23 a condition of receiving grant funds. Grantees must serve individuals from cultural and
485.24 ethnic minority communities regardless of health coverage status or ability to pay.

485.25 Subd. 4. **Data collection and outcomes.** Grantees must provide regular data summaries
485.26 to the commissioner for purposes of evaluating the effectiveness of the cultural and ethnic
485.27 minority infrastructure grant program. The commissioner must use identified culturally
485.28 appropriate outcome measures instruments to evaluate outcomes and must evaluate program
485.29 activities by analyzing whether the program:

485.30 (1) increased access to culturally specific services for individuals from cultural and
485.31 ethnic minority communities across the state;

485.32 (2) increased number of individuals from cultural and ethnic minority communities
485.33 served by grantees;

486.1 (3) increased cultural responsiveness and cultural competency of mental health and
486.2 substance use disorder treatment providers;

486.3 (4) increased number of mental health and substance use disorder treatment providers
486.4 and clinical supervisors from cultural and ethnic minority communities;

486.5 (5) increased number of mental health and substance use disorder treatment organizations
486.6 owned, managed, or led by individuals who are Black, Indigenous, or people of color;

486.7 (6) reduced in health disparities through improved clinical and functional outcomes for
486.8 those accessing services; and

486.9 (7) led to an overall increase in culturally specific mental health and substance use
486.10 disorder service availability.

486.11 Sec. 13. **[245.4904] EMERGING MOOD DISORDER GRANT PROGRAM.**

486.12 Subdivision 1. **Creation.** (a) The emerging mood disorder grant program is established
486.13 in the Department of Human Services to fund:

486.14 (1) evidence-informed interventions for youth and young adults who are at risk of
486.15 developing a mood disorder or are experiencing an emerging mood disorder, including
486.16 major depression and bipolar disorders; and

486.17 (2) a public awareness campaign on the signs and symptoms of mood disorders in youth
486.18 and young adults.

486.19 (b) Emerging mood disorder services are eligible for children's mental health grants as
486.20 specified in section 245.4889, subdivision 1, paragraph (b), clause (18).

486.21 Subd. 2. **Activities.** (a) All emerging mood disorder grant programs must:

486.22 (1) provide intensive treatment and support to adolescents and young adults experiencing
486.23 or at risk of experiencing an emerging mood disorder. Intensive treatment and support
486.24 includes medication management, psychoeducation for the individual and the individual's
486.25 family, case management, employment support, education support, cognitive behavioral
486.26 approaches, social skills training, peer support, crisis planning, and stress management;

486.27 (2) conduct outreach and provide training and guidance to mental health and health care
486.28 professionals, including postsecondary health clinicians, on early symptoms of mood
486.29 disorders, screening tools, and best practices;

486.30 (3) ensure access for individuals to emerging mood disorder services under this section,
486.31 including ensuring access for individuals who live in rural areas; and

487.1 (4) use all available funding streams.

487.2 (b) Grant money may also be used to pay for housing or travel expenses for individuals
487.3 receiving services or to address other barriers preventing individuals and their families from
487.4 participating in emerging mood disorder services.

487.5 (c) Grant money may be used by the grantee to evaluate the efficacy of providing
487.6 intensive services and supports to people with emerging mood disorders.

487.7 Subd. 3. **Eligibility.** Program activities must be provided to youth and young adults with
487.8 early signs of an emerging mood disorder.

487.9 Subd. 4. **Outcomes.** Evaluation of program activities must utilize evidence-based
487.10 practices and must include the following outcome evaluation criteria:

487.11 (1) whether individuals experience a reduction in mood disorder symptoms; and

487.12 (2) whether individuals experience a decrease in inpatient mental health hospitalizations.

487.13 Sec. 14. **[245.4905] FIRST EPISODE OF PSYCHOSIS GRANT PROGRAM.**

487.14 Subdivision 1. **Creation.** The first episode of psychosis grant program is established in
487.15 the Department of Human Services to fund evidence-based interventions for youth at risk
487.16 of developing or experiencing a first episode of psychosis and a public awareness campaign
487.17 on the signs and symptoms of psychosis. First episode of psychosis services are eligible for
487.18 children's mental health grants as specified in section 245.4889, subdivision 1, paragraph
487.19 (b), clause (15).

487.20 Subd. 2. **Activities.** (a) All first episode of psychosis grant programs must:

487.21 (1) provide intensive treatment and support for adolescents and adults experiencing or
487.22 at risk of experiencing a first psychotic episode. Intensive treatment and support includes
487.23 medication management, psychoeducation for an individual and an individual's family, case
487.24 management, employment support, education support, cognitive behavioral approaches,
487.25 social skills training, peer support, crisis planning, and stress management;

487.26 (2) conduct outreach and provide training and guidance to mental health and health care
487.27 professionals, including postsecondary health clinicians, on early psychosis symptoms,
487.28 screening tools, and best practices;

487.29 (3) ensure access for individuals to first psychotic episode services under this section,
487.30 including access for individuals who live in rural areas; and

487.31 (4) use all available funding streams.

488.1 (b) Grant money may also be used to pay for housing or travel expenses for individuals
488.2 receiving services or to address other barriers preventing individuals and their families from
488.3 participating in first psychotic episode services.

488.4 Subd. 3. **Eligibility.** Program activities must be provided to people 15 to 40 years old
488.5 with early signs of psychosis.

488.6 Subd. 4. **Outcomes.** Evaluation of program activities must utilize evidence-based
488.7 practices and must include the following outcome evaluation criteria:

488.8 (1) whether individuals experience a reduction in psychotic symptoms;

488.9 (2) whether individuals experience a decrease in inpatient mental health hospitalizations;
488.10 and

488.11 (3) whether individuals experience an increase in educational attainment.

488.12 Subd. 5. **Federal aid or grants.** The commissioner of human services must comply with
488.13 all conditions and requirements necessary to receive federal aid or grants.

488.14 Sec. 15. Minnesota Statutes 2020, section 245.713, subdivision 2, is amended to read:

488.15 Subd. 2. **Total funds available; allocation.** Funds granted to the state by the federal
488.16 government under United States Code, title 42, sections 300X to 300X-9 each federal fiscal
488.17 year for mental health services must be allocated as follows:

488.18 (a) Any amount set aside by the commissioner of human services for American Indian
488.19 organizations within the state, which funds shall not duplicate any direct federal funding of
488.20 American Indian organizations and which funds shall be at least 25 percent of the total
488.21 federal allocation to the state for mental health services~~; provided that sufficient applications~~
488.22 ~~for funding are received by the commissioner which meet the specifications contained in~~
488.23 ~~requests for proposals~~. Money from this source may be used for special committees to advise
488.24 the commissioner on mental health programs and services for American Indians and other
488.25 minorities or underserved groups. For purposes of this subdivision, "American Indian
488.26 organization" means an American Indian tribe or band or an organization providing mental
488.27 health services that is legally incorporated as a nonprofit organization registered with the
488.28 secretary of state and governed by a board of directors having at least a majority of American
488.29 Indian directors.

488.30 (b) An amount not to exceed five percent of the federal block grant allocation for mental
488.31 health services to be retained by the commissioner for administration.

489.1 (c) Any amount permitted under federal law which the commissioner approves for
489.2 demonstration or research projects for severely disturbed children and adolescents, the
489.3 underserved, special populations or multiply disabled mentally ill persons. The groups to
489.4 be served, the extent and nature of services to be provided, the amount and duration of any
489.5 grant awards are to be based on criteria set forth in the Alcohol, Drug Abuse and Mental
489.6 Health Block Grant Law, United States Code, title 42, sections 300X to 300X-9, and on
489.7 state policies and procedures determined necessary by the commissioner. Grant recipients
489.8 must comply with applicable state and federal requirements and demonstrate fiscal and
489.9 program management capabilities that will result in provision of quality, cost-effective
489.10 services.

489.11 (d) The amount required under federal law, for federally mandated expenditures.

489.12 (e) An amount not to exceed 15 percent of the federal block grant allocation for mental
489.13 health services to be retained by the commissioner for planning and evaluation.

489.14 **EFFECTIVE DATE.** This section is effective July 1, 2022.

489.15 Sec. 16. **[245.991] PROJECTS FOR ASSISTANCE IN TRANSITION FROM**
489.16 **HOMELESSNESS PROGRAM.**

489.17 Subdivision 1. **Creation.** The projects for assistance in transition from homelessness
489.18 program is established in the Department of Human Services to prevent or end homelessness
489.19 for people with serious mental illness and substance use disorders and ensure the
489.20 commissioner may achieve the goals of the housing mission statement in section 245.461,
489.21 subdivision 4.

489.22 Subd. 2. **Activities.** All projects for assistance in transition from homelessness must
489.23 provide homeless outreach and case management services. Projects may provide clinical
489.24 assessment, habilitation and rehabilitation services, community mental health services,
489.25 substance use disorder treatment, housing transition and sustaining services, direct assistance
489.26 funding, and other activities as determined by the commissioner.

489.27 Subd. 3. **Eligibility.** Program activities must be provided to people with serious mental
489.28 illness or a substance use disorder who meet homeless criteria determined by the
489.29 commissioner. People receiving homeless outreach may be presumed eligible until a serious
489.30 mental illness or a substance use disorder can be verified.

489.31 Subd. 4. **Outcomes.** Evaluation of each project must include the following outcome
489.32 evaluation criteria:

489.33 (1) whether people are contacted through homeless outreach services;

490.1 (2) whether people are enrolled in case management services;

490.2 (3) whether people access behavioral health services; and

490.3 (4) whether people transition from homelessness to housing.

490.4 Subd. 5. **Federal aid or grants.** The commissioner of human services must comply with
490.5 all conditions and requirements necessary to receive federal aid or grants with respect to
490.6 homeless services or programs as specified in section 245.70.

490.7 Sec. 17. **[245.992] HOUSING WITH SUPPORT FOR BEHAVIORAL HEALTH.**

490.8 Subdivision 1. **Creation.** The housing with support for behavioral health program is
490.9 established in the Department of Human Services to prevent or end homelessness for people
490.10 with serious mental illness and substance use disorders, increase the availability of housing
490.11 with support, and ensure the commissioner may achieve the goals of the housing mission
490.12 statement in section 245.461, subdivision 4.

490.13 Subd. 2. **Activities.** The housing with support for behavioral health program may provide
490.14 a range of activities and supportive services to ensure that people obtain and retain permanent
490.15 supportive housing. Program activities may include case management, site-based housing
490.16 services, housing transition and sustaining services, outreach services, community support
490.17 services, direct assistance funding, and other activities as determined by the commissioner.

490.18 Subd. 3. **Eligibility.** Program activities must be provided to people with a serious mental
490.19 illness or a substance use disorder who meet homeless criteria determined by the
490.20 commissioner.

490.21 Subd. 4. **Outcomes.** Evaluation of program activities must utilize evidence-based
490.22 practices and must include the following outcome evaluation criteria:

490.23 (1) whether housing and activities utilize evidence-based practices;

490.24 (2) whether people transition from homelessness to housing;

490.25 (3) whether people retain housing; and

490.26 (4) whether people are satisfied with their current housing.

490.27 Sec. 18. Minnesota Statutes 2021 Supplement, section 245A.043, subdivision 3, is amended
490.28 to read:

490.29 Subd. 3. **Change of ownership process.** (a) When a change in ownership is proposed
490.30 and the party intends to assume operation without an interruption in service longer than 60

days after acquiring the program or service, the license holder must provide the commissioner with written notice of the proposed change on a form provided by the commissioner at least 60 days before the anticipated date of the change in ownership. For purposes of this subdivision and subdivision 4, "party" means the party that intends to operate the service or program.

(b) The party must submit a license application under this chapter on the form and in the manner prescribed by the commissioner at least 30 days before the change in ownership is complete, and must include documentation to support the upcoming change. The party must comply with background study requirements under chapter 245C and shall pay the application fee required under section 245A.10. A party that intends to assume operation without an interruption in service longer than 60 days after acquiring the program or service is exempt from the requirements of sections 245G.03, subdivision 2, paragraph (b), and 254B.03, subdivision 2, paragraphs ~~(d)~~ (c) and ~~(e)~~ (d).

(c) The commissioner may streamline application procedures when the party is an existing license holder under this chapter and is acquiring a program licensed under this chapter or service in the same service class as one or more licensed programs or services the party operates and those licenses are in substantial compliance. For purposes of this subdivision, "substantial compliance" means within the previous 12 months the commissioner did not (1) issue a sanction under section 245A.07 against a license held by the party, or (2) make a license held by the party conditional according to section 245A.06.

(d) Except when a temporary change in ownership license is issued pursuant to subdivision 4, the existing license holder is solely responsible for operating the program according to applicable laws and rules until a license under this chapter is issued to the party.

(e) If a licensing inspection of the program or service was conducted within the previous 12 months and the existing license holder's license record demonstrates substantial compliance with the applicable licensing requirements, the commissioner may waive the party's inspection required by section 245A.04, subdivision 4. The party must submit to the commissioner (1) proof that the premises was inspected by a fire marshal or that the fire marshal deemed that an inspection was not warranted, and (2) proof that the premises was inspected for compliance with the building code or that no inspection was deemed warranted.

(f) If the party is seeking a license for a program or service that has an outstanding action under section 245A.06 or 245A.07, the party must submit a letter as part of the application

492.1 process identifying how the party has or will come into full compliance with the licensing
492.2 requirements.

492.3 (g) The commissioner shall evaluate the party's application according to section 245A.04,
492.4 subdivision 6. If the commissioner determines that the party has remedied or demonstrates
492.5 the ability to remedy the outstanding actions under section 245A.06 or 245A.07 and has
492.6 determined that the program otherwise complies with all applicable laws and rules, the
492.7 commissioner shall issue a license or conditional license under this chapter. The conditional
492.8 license remains in effect until the commissioner determines that the grounds for the action
492.9 are corrected or no longer exist.

492.10 (h) The commissioner may deny an application as provided in section 245A.05. An
492.11 applicant whose application was denied by the commissioner may appeal the denial according
492.12 to section 245A.05.

492.13 (i) This subdivision does not apply to a licensed program or service located in a home
492.14 where the license holder resides.

492.15 Sec. 19. **[245A.26] CHILDREN'S RESIDENTIAL FACILITY CRISIS**
492.16 **STABILIZATION SERVICES.**

492.17 Subdivision 1. **Definitions.** (a) For the purposes of this section, the terms defined in this
492.18 subdivision have the meanings given.

492.19 (b) "Clinical trainee" means a staff person who is qualified under section 245I.04,
492.20 subdivision 6.

492.21 (c) "License holder" means an individual, organization, or government entity that was
492.22 issued a license by the commissioner of human services under this chapter for residential
492.23 mental health treatment for children with emotional disturbance according to Minnesota
492.24 Rules, parts 2960.0010 to 2960.0220 and 2960.0580 to 2960.0700, or shelter care services
492.25 according to Minnesota Rules, parts 2960.0010 to 2960.0120 and 2960.0510 to 2960.0530.

492.26 (d) "Mental health professional" means an individual who is qualified under section
492.27 245I.04, subdivision 2.

492.28 Subd. 2. **Scope and applicability.** (a) This section establishes additional licensing
492.29 requirements for a children's residential facility to provide children's residential crisis
492.30 stabilization services to a child who is experiencing a mental health crisis and is in need of
492.31 residential treatment services.

493.1 (b) A children's residential facility may provide residential crisis stabilization services
493.2 only if the facility is licensed to provide:

493.3 (1) residential mental health treatment for children with emotional disturbance according
493.4 to Minnesota Rules, parts 2960.0010 to 2960.0220 and 2960.0580 to 2960.0700; or

493.5 (2) shelter care services according to Minnesota Rules, parts 2960.0010 to 2960.0120
493.6 and 2960.0510 to 2960.0530.

493.7 (c) If a child receives residential crisis stabilization services for 35 days or fewer in a
493.8 facility licensed according to paragraph (b), clause (1), the facility is not required to complete
493.9 a diagnostic assessment or treatment plan under Minnesota Rules, part 2960.0180, subpart
493.10 2, and part 2960.0600.

493.11 (d) If a child receives residential crisis stabilization services for 35 days or fewer in a
493.12 facility licensed according to paragraph (b), clause (2), the facility is not required to develop
493.13 a plan for meeting the child's immediate needs under Minnesota Rules, part 2960.0520,
493.14 subpart 3.

493.15 Subd. 3. **Eligibility for services.** An individual is eligible for children's residential crisis
493.16 stabilization services if the individual is under 19 years of age and meets the eligibility
493.17 criteria for crisis services under section 256B.0624, subdivision 3.

493.18 Subd. 4. **Required services; providers.** (a) A license holder providing residential crisis
493.19 stabilization services must continually follow a child's individual crisis treatment plan to
493.20 improve the child's functioning.

493.21 (b) The license holder must offer and have the capacity to directly provide the following
493.22 treatment services to a child:

493.23 (1) crisis stabilization services as described in section 256B.0624, subdivision 7;

493.24 (2) mental health services as specified in the child's individual crisis treatment plan,
493.25 according to the child's treatment needs;

493.26 (3) health services and medication administration, if applicable; and

493.27 (4) referrals for the child to community-based treatment providers and support services
493.28 for the child's transition from residential crisis stabilization to another treatment setting.

493.29 (c) Children's residential crisis stabilization services must be provided by a qualified
493.30 staff person listed in section 256B.0624, subdivision 8, according to the scope of practice
493.31 for the individual staff person's position.

494.1 Subd. 5. **Assessment and treatment planning.** (a) Within 24 hours of a child's admission
494.2 for residential crisis stabilization, the license holder must assess the child and document the
494.3 child's immediate needs, including the child's:

494.4 (1) health and safety, including the need for crisis assistance; and

494.5 (2) need for connection to family and other natural supports.

494.6 (b) Within 24 hours of a child's admission for residential crisis stabilization, the license
494.7 holder must complete a crisis treatment plan for the child, according to the requirements
494.8 for a crisis treatment plan under section 256B.0624, subdivision 11. The license holder must
494.9 base the child's crisis treatment plan on the child's referral information and the assessment
494.10 of the child's immediate needs under paragraph (a). A mental health professional or a clinical
494.11 trainee under the supervision of a mental health professional must complete the crisis
494.12 treatment plan. A crisis treatment plan completed by a clinical trainee must contain
494.13 documentation of approval, as defined in section 245I.02, subdivision 2, by a mental health
494.14 professional within five business days of initial completion by the clinical trainee.

494.15 (c) A mental health professional must review a child's crisis treatment plan each week
494.16 and document the weekly reviews in the child's client file.

494.17 (d) For a client receiving children's residential crisis stabilization services who is 18
494.18 years of age or older, the license holder must complete an individual abuse prevention plan
494.19 for the client, pursuant to section 245A.65, subdivision 2, as part of the client's crisis
494.20 treatment plan.

494.21 Subd. 6. **Staffing requirements.** Staff members of facilities providing services under
494.22 this section must have access to a mental health professional or clinical trainee within 30
494.23 minutes, either in person or by telephone. The license holder must maintain a current schedule
494.24 of available mental health professionals or clinical trainees and include contact information
494.25 for each mental health professional or clinical trainee. The schedule must be readily available
494.26 to all staff members.

494.27 Sec. 20. Minnesota Statutes 2020, section 245F.03, is amended to read:

494.28 **245F.03 APPLICATION.**

494.29 (a) This chapter establishes minimum standards for withdrawal management programs
494.30 licensed by the commissioner that serve one or more unrelated persons.

494.31 (b) This chapter does not apply to a withdrawal management program licensed as a
494.32 hospital under sections 144.50 to 144.581. A withdrawal management program located in

a hospital licensed under sections 144.50 to 144.581 that chooses to be licensed under this chapter is deemed to be in compliance with section 245F.13.

~~(c) Minnesota Rules, parts 9530.6600 to 9530.6655, do not apply to withdrawal management programs licensed under this chapter.~~

EFFECTIVE DATE. This section is effective July 1, 2022.

Sec. 21. Minnesota Statutes 2020, section 245G.05, subdivision 2, is amended to read:

Subd. 2. **Assessment summary.** (a) An alcohol and drug counselor must complete an assessment summary within three calendar days from the day of service initiation for a residential program and within three calendar days on which a treatment session has been provided from the day of service initiation for a client in a nonresidential program. The comprehensive assessment summary is complete upon a qualified staff member's dated signature. If the comprehensive assessment is used to authorize the treatment service, the alcohol and drug counselor must prepare an assessment summary on the same date the comprehensive assessment is completed. If the comprehensive assessment and assessment summary are to authorize treatment services, the assessor must determine appropriate level of care and services for the client using the ~~dimensions in Minnesota Rules, part 9530.6622~~ criteria established in section 254B.04, subdivision 4, and document the recommendations.

(b) An assessment summary must include:

(1) a risk description according to section 245G.05 for each dimension listed in paragraph (c);

(2) a narrative summary supporting the risk descriptions; and

(3) a determination of whether the client has a substance use disorder.

(c) An assessment summary must contain information relevant to treatment service planning and recorded in the dimensions in clauses (1) to (6). The license holder must consider:

(1) Dimension 1, acute intoxication/withdrawal potential; the client's ability to cope with withdrawal symptoms and current state of intoxication;

(2) Dimension 2, biomedical conditions and complications; the degree to which any physical disorder of the client would interfere with treatment for substance use, and the client's ability to tolerate any related discomfort. The license holder must determine the impact of continued substance use on the unborn child, if the client is pregnant;

496.1 (3) Dimension 3, emotional, behavioral, and cognitive conditions and complications;
496.2 the degree to which any condition or complication is likely to interfere with treatment for
496.3 substance use or with functioning in significant life areas and the likelihood of harm to self
496.4 or others;

496.5 (4) Dimension 4, readiness for change; the support necessary to keep the client involved
496.6 in treatment service;

496.7 (5) Dimension 5, relapse, continued use, and continued problem potential; the degree
496.8 to which the client recognizes relapse issues and has the skills to prevent relapse of either
496.9 substance use or mental health problems; and

496.10 (6) Dimension 6, recovery environment; whether the areas of the client's life are
496.11 supportive of or antagonistic to treatment participation and recovery.

496.12 **EFFECTIVE DATE.** This section is effective July 1, 2022.

496.13 Sec. 22. Minnesota Statutes 2020, section 245G.22, subdivision 2, is amended to read:

496.14 Subd. 2. **Definitions.** (a) For purposes of this section, the terms defined in this subdivision
496.15 have the meanings given them.

496.16 (b) "Diversion" means the use of a medication for the treatment of opioid addiction being
496.17 diverted from intended use of the medication.

496.18 (c) "Guest dose" means administration of a medication used for the treatment of opioid
496.19 addiction to a person who is not a client of the program that is administering or dispensing
496.20 the medication.

496.21 (d) "Medical director" means a practitioner licensed to practice medicine in the
496.22 jurisdiction that the opioid treatment program is located who assumes responsibility for
496.23 administering all medical services performed by the program, either by performing the
496.24 services directly or by delegating specific responsibility to a practitioner of the opioid
496.25 treatment program.

496.26 (e) "Medication used for the treatment of opioid use disorder" means a medication
496.27 approved by the Food and Drug Administration for the treatment of opioid use disorder.

496.28 (f) "Minnesota health care programs" has the meaning given in section 256B.0636.

496.29 (g) "Opioid treatment program" has the meaning given in Code of Federal Regulations,
496.30 title 42, section 8.12, and includes programs licensed under this chapter.

497.1 ~~(h) "Placing authority" has the meaning given in Minnesota Rules, part 9530.6605,~~
497.2 ~~subpart 21a.~~

497.3 ~~(i)~~ (h) "Practitioner" means a staff member holding a current, unrestricted license to
497.4 practice medicine issued by the Board of Medical Practice or nursing issued by the Board
497.5 of Nursing and is currently registered with the Drug Enforcement Administration to order
497.6 or dispense controlled substances in Schedules II to V under the Controlled Substances Act,
497.7 United States Code, title 21, part B, section 821. Practitioner includes an advanced practice
497.8 registered nurse and physician assistant if the staff member receives a variance by the state
497.9 opioid treatment authority under section 254A.03 and the federal Substance Abuse and
497.10 Mental Health Services Administration.

497.11 ~~(j)~~ (i) "Unsupervised use" means the use of a medication for the treatment of opioid use
497.12 disorder dispensed for use by a client outside of the program setting.

497.13 **EFFECTIVE DATE.** This section is effective July 1, 2022.

497.14 Sec. 23. Minnesota Statutes 2020, section 245G.22, subdivision 15, is amended to read:

497.15 Subd. 15. **Nonmedication treatment services; documentation.** ~~(a) The program must~~
497.16 ~~offer at least 50 consecutive minutes of individual or group therapy treatment services as~~
497.17 ~~defined in section 245G.07, subdivision 1, paragraph (a), clause (1), per week, for the first~~
497.18 ~~ten weeks following the day of service initiation, and at least 50 consecutive minutes per~~
497.19 ~~month thereafter. As clinically appropriate, the program may offer these services cumulatively~~
497.20 ~~and not consecutively in increments of no less than 15 minutes over the required time period,~~
497.21 ~~and for a total of 60 minutes of treatment services over the time period, and must document~~
497.22 ~~the reason for providing services cumulatively in the client's record. The program may offer~~
497.23 ~~additional levels of service when deemed clinically necessary.~~

497.24 (a) The program must meet the requirements in section 245G.07, subdivision 1, paragraph
497.25 (a), and must document each occurrence when the program offered the client an individual
497.26 or group counseling service. If the program offered an individual or group counseling service
497.27 but did not provide the service to the client, the program must document the reason the
497.28 service was not provided. If the service is provided, the program must ensure that the staff
497.29 member who provides the treatment service documents in the client record the date, type,
497.30 and amount of the treatment service and the client's response to the treatment service within
497.31 seven days of providing the treatment service.

497.32 (b) Notwithstanding the requirements of comprehensive assessments in section 245G.05,
497.33 the assessment must be completed within 21 days from the day of service initiation.

498.1 (c) Notwithstanding the requirements of individual treatment plans set forth in section
498.2 245G.06:

498.3 (1) treatment plan contents for a maintenance client are not required to include goals
498.4 the client must reach to complete treatment and have services terminated;

498.5 (2) treatment plans for a client in a taper or detox status must include goals the client
498.6 must reach to complete treatment and have services terminated; and

498.7 (3) for the ten weeks following the day of service initiation for all new admissions,
498.8 readmissions, and transfers, a weekly treatment plan review must be documented once the
498.9 treatment plan is completed. Subsequently, the counselor must document treatment plan
498.10 reviews in the six dimensions at least once monthly or, when clinical need warrants, more
498.11 frequently.

498.12 Sec. 24. Minnesota Statutes 2021 Supplement, section 245I.23, is amended by adding a
498.13 subdivision to read:

498.14 Subd. 19a. **Additional requirements for locked program facility.** (a) A license holder
498.15 that prohibits clients from leaving the facility by locking exit doors or other permissible
498.16 methods must meet the additional requirements of this subdivision.

498.17 (b) The license holder must meet all applicable building and fire codes to operate a
498.18 building with locked exit doors. The license holder must have the appropriate license from
498.19 the Department of Health, as determined by the Department of Health, for operating a
498.20 program with locked exit doors.

498.21 (c) The license holder's policies and procedures must clearly describe the types of court
498.22 orders that authorize the license holder to prohibit clients from leaving the facility.

498.23 (d) For each client present in the facility under a court order, the license holder must
498.24 maintain documentation of the court order authorizing the license holder to prohibit the
498.25 client from leaving the facility.

498.26 (e) Upon a client's admission to a locked program facility, the license holder must
498.27 document in the client file that the client was informed:

498.28 (1) that the client has the right to leave the facility according to the client's rights under
498.29 section 144.651, subdivision 12, if the client is not subject to a court order authorizing the
498.30 license holder to prohibit the client from leaving the facility; or

498.31 (2) that the client cannot leave the facility due to a court order authorizing the license
498.32 holder to prohibit the client from leaving the facility.

(f) If the license holder prohibits a client from leaving the facility, the client's treatment plan must reflect this restriction.

Sec. 25. Minnesota Statutes 2021 Supplement, section 254A.03, subdivision 3, is amended to read:

Subd. 3. **Rules for substance use disorder care.** (a) ~~The commissioner of human services shall establish by rule criteria to be used in determining the appropriate level of chemical dependency care for each recipient of public assistance seeking treatment for substance misuse or substance use disorder. Upon federal approval of a comprehensive assessment as a Medicaid benefit, or on July 1, 2018, whichever is later, and notwithstanding the criteria in Minnesota Rules, parts 9530.6600 to 9530.6655,~~ An eligible vendor of comprehensive assessments under section 254B.05 may determine ~~and approve~~ the appropriate level of substance use disorder treatment for a recipient of public assistance. ~~The process for determining an individual's financial eligibility for the behavioral health fund or determining an individual's enrollment in or eligibility for a publicly subsidized health plan is not affected by the individual's choice to access a comprehensive assessment for placement.~~

(b) The commissioner shall develop and implement a utilization review process for publicly funded treatment placements to monitor and review the clinical appropriateness and timeliness of all publicly funded placements in treatment.

(c) If a screen result is positive for alcohol or substance misuse, a brief screening for alcohol or substance use disorder that is provided to a recipient of public assistance within a primary care clinic, hospital, or other medical setting or school setting establishes medical necessity and approval for an initial set of substance use disorder services identified in section 254B.05, subdivision 5. The initial set of services approved for a recipient whose screen result is positive may include any combination of up to four hours of individual or group substance use disorder treatment, two hours of substance use disorder treatment coordination, or two hours of substance use disorder peer support services provided by a qualified individual according to chapter 245G. A recipient must obtain an assessment pursuant to paragraph (a) to be approved for additional treatment services. ~~Minnesota Rules, parts 9530.6600 to 9530.6655, and~~ A comprehensive assessment pursuant to section 245G.05 ~~are not applicable~~ is not required to receive the initial set of services allowed under this subdivision. A positive screen result establishes eligibility for the initial set of services allowed under this subdivision.

(d) ~~Notwithstanding Minnesota Rules, parts 9530.6600 to 9530.6655,~~ An individual may choose to obtain a comprehensive assessment as provided in section 245G.05. Individuals obtaining a comprehensive assessment may access any enrolled provider that is licensed to provide the level of service authorized pursuant to section 254A.19, subdivision 3~~, paragraph (d)~~. If the individual is enrolled in a prepaid health plan, the individual must comply with any provider network requirements or limitations. ~~This paragraph expires July 1, 2022.~~

EFFECTIVE DATE. This section is effective July 1, 2022.

Sec. 26. Minnesota Statutes 2020, section 254A.19, subdivision 1, is amended to read:

Subdivision 1. **Persons arrested outside of ~~home county~~ county of residence.** When a chemical use assessment is required ~~under Minnesota Rules, parts 9530.6600 to 9530.6655,~~ for a person who is arrested and taken into custody by a peace officer outside of the person's county of residence, the ~~assessment must be completed by the person's county of residence no later than three weeks after the assessment is initially requested. If the assessment is not performed within this time limit, the county where the person is to be sentenced shall perform the assessment~~ county where the person is detained must facilitate access to an assessor qualified under subdivision 3. The county of financial responsibility is determined under chapter 256G.

EFFECTIVE DATE. This section is effective July 1, 2022.

Sec. 27. Minnesota Statutes 2020, section 254A.19, subdivision 3, is amended to read:

Subd. 3. **~~Financial conflicts of interest~~ Comprehensive assessments.** ~~(a) Except as provided in paragraph (b), (c), or (d), an assessor conducting a chemical use assessment under Minnesota Rules, parts 9530.6600 to 9530.6655, may not have any direct or shared financial interest or referral relationship resulting in shared financial gain with a treatment provider.~~

~~(b) A county may contract with an assessor having a conflict described in paragraph (a) if the county documents that:~~

~~(1) the assessor is employed by a culturally specific service provider or a service provider with a program designed to treat individuals of a specific age, sex, or sexual preference;~~

~~(2) the county does not employ a sufficient number of qualified assessors and the only qualified assessors available in the county have a direct or shared financial interest or a referral relationship resulting in shared financial gain with a treatment provider; or~~

501.1 ~~(3) the county social service agency has an existing relationship with an assessor or~~
501.2 ~~service provider and elects to enter into a contract with that assessor to provide both~~
501.3 ~~assessment and treatment under circumstances specified in the county's contract, provided~~
501.4 ~~the county retains responsibility for making placement decisions.~~

501.5 ~~(c) The county may contract with a hospital to conduct chemical assessments if the~~
501.6 ~~requirements in subdivision 1a are met.~~

501.7 ~~An assessor under this paragraph may not place clients in treatment. The assessor shall~~
501.8 ~~gather required information and provide it to the county along with any required~~
501.9 ~~documentation. The county shall make all placement decisions for clients assessed by~~
501.10 ~~assessors under this paragraph.~~

501.11 ~~(d)~~ An eligible vendor under section 254B.05 conducting a comprehensive assessment
501.12 for an individual seeking treatment shall approve the nature, intensity level, and duration
501.13 of treatment service if a need for services is indicated, but the individual assessed can access
501.14 any enrolled provider that is licensed to provide the level of service authorized, including
501.15 the provider or program that completed the assessment. If an individual is enrolled in a
501.16 prepaid health plan, the individual must comply with any provider network requirements
501.17 or limitations. An eligible vendor of a comprehensive assessment must provide information,
501.18 in a format provided by the commissioner, on medical assistance and the behavioral health
501.19 fund to individuals seeking an assessment.

501.20 **EFFECTIVE DATE.** This section is effective July 1, 2022.

501.21 Sec. 28. Minnesota Statutes 2021 Supplement, section 254A.19, subdivision 4, is amended
501.22 to read:

501.23 Subd. 4. **Civil commitments.** ~~A Rule 25 assessment, under Minnesota Rules, part~~
501.24 ~~9530.6615,~~ For the purposes of determining level of care, a comprehensive assessment does
501.25 not need to be completed for an individual being committed as a chemically dependent
501.26 person, as defined in section 253B.02, and for the duration of a civil commitment under
501.27 section ~~253B.065,~~ 253B.09~~,~~ or 253B.095 in order for a county to access the behavioral
501.28 health fund under section 254B.04. The county must determine if the individual meets the
501.29 financial eligibility requirements for the behavioral health fund under section 254B.04.
501.30 ~~Nothing in this subdivision prohibits placement in a treatment facility or treatment program~~
501.31 ~~governed under this chapter or Minnesota Rules, parts 9530.6600 to 9530.6655.~~

501.32 **EFFECTIVE DATE.** This section is effective July 1, 2022.

502.1 Sec. 29. Minnesota Statutes 2020, section 254A.19, is amended by adding a subdivision
502.2 to read:

502.3 Subd. 6. **Assessments for detoxification programs.** For detoxification programs licensed
502.4 under chapter 245A according to Minnesota Rules, parts 9530.6510 to 9530.6590, a
502.5 "chemical use assessment" means a comprehensive assessment and assessment summary
502.6 completed according to section 245G.05 and a "chemical dependency assessor" or "assessor"
502.7 means an individual who meets the qualifications of section 245G.11, subdivisions 1 and
502.8 5.

502.9 **EFFECTIVE DATE.** This section is effective July 1, 2022.

502.10 Sec. 30. Minnesota Statutes 2020, section 254A.19, is amended by adding a subdivision
502.11 to read:

502.12 Subd. 7. **Assessments for children's residential facilities.** For children's residential
502.13 facilities licensed under chapter 245A according to Minnesota Rules, parts 2960.0010 to
502.14 2960.0220 and 2960.0430 to 2960.0490, a "chemical use assessment" means a comprehensive
502.15 assessment and assessment summary completed according to section 245G.05 by an
502.16 individual who meets the qualifications of section 245G.11, subdivisions 1 and 5.

502.17 **EFFECTIVE DATE.** This section is effective July 1, 2022.

502.18 Sec. 31. Minnesota Statutes 2020, section 254B.01, is amended by adding a subdivision
502.19 to read:

502.20 Subd. 2a. **Behavioral health fund.** "Behavioral health fund" means money allocated
502.21 for payment of treatment services under this chapter.

502.22 **EFFECTIVE DATE.** This section is effective July 1, 2022.

502.23 Sec. 32. Minnesota Statutes 2020, section 254B.01, is amended by adding a subdivision
502.24 to read:

502.25 Subd. 2b. **Client.** "Client" means an individual who has requested substance use disorder
502.26 services, or for whom substance use disorder services have been requested.

502.27 **EFFECTIVE DATE.** This section is effective July 1, 2022.

503.1 Sec. 33. Minnesota Statutes 2020, section 254B.01, is amended by adding a subdivision
503.2 to read:

503.3 Subd. 2c. **Co-payment.** "Co-payment" means the amount an insured person is obligated
503.4 to pay before the person's third-party payment source is obligated to make a payment, or
503.5 the amount an insured person is obligated to pay in addition to the amount the person's
503.6 third-party payment source is obligated to pay.

503.7 **EFFECTIVE DATE.** This section is effective July 1, 2022.

503.8 Sec. 34. Minnesota Statutes 2020, section 254B.01, is amended by adding a subdivision
503.9 to read:

503.10 Subd. 4c. **Department.** "Department" means the Department of Human Services.

503.11 **EFFECTIVE DATE.** This section is effective July 1, 2022.

503.12 Sec. 35. Minnesota Statutes 2020, section 254B.01, is amended by adding a subdivision
503.13 to read:

503.14 Subd. 4d. **Drug and alcohol abuse normative evaluation system or DAANES.** "Drug
503.15 and alcohol abuse normative evaluation system" or "DAANES" means the reporting system
503.16 used to collect substance use disorder treatment data across all levels of care and providers.

503.17 **EFFECTIVE DATE.** This section is effective July 1, 2022.

503.18 Sec. 36. Minnesota Statutes 2020, section 254B.01, subdivision 5, is amended to read:

503.19 Subd. 5. **Local agency.** "Local agency" means the agency designated by a board of
503.20 county commissioners, a local social services agency, or a human services board ~~to make~~
503.21 ~~placements and submit state invoices according to Laws 1986, chapter 394, sections 8 to~~
503.22 ~~20~~ authorized under section 254B.03, subdivision 1, to determine financial eligibility for
503.23 the behavioral health fund.

503.24 Sec. 37. Minnesota Statutes 2020, section 254B.01, is amended by adding a subdivision
503.25 to read:

503.26 Subd. 6a. **Minor child.** "Minor child" means an individual under the age of 18 years.

503.27 **EFFECTIVE DATE.** This section is effective July 1, 2022.

504.1 Sec. 38. Minnesota Statutes 2020, section 254B.01, is amended by adding a subdivision
504.2 to read:

504.3 Subd. 6b. **Policy holder.** "Policy holder" means a person who has a third-party payment
504.4 policy under which a third-party payment source has an obligation to pay all or part of a
504.5 client's treatment costs.

504.6 **EFFECTIVE DATE.** This section is effective July 1, 2022.

504.7 Sec. 39. Minnesota Statutes 2020, section 254B.01, is amended by adding a subdivision
504.8 to read:

504.9 Subd. 9. **Responsible relative.** "Responsible relative" means a person who is a member
504.10 of the client's household and is a client's spouse or the parent of a minor child who is a
504.11 client.

504.12 **EFFECTIVE DATE.** This section is effective July 1, 2022.

504.13 Sec. 40. Minnesota Statutes 2020, section 254B.01, is amended by adding a subdivision
504.14 to read:

504.15 Subd. 10. **Third-party payment source.** "Third-party payment source" means a person,
504.16 entity, or public or private agency other than medical assistance or general assistance medical
504.17 care that has a probable obligation to pay all or part of the costs of a client's substance use
504.18 disorder treatment.

504.19 **EFFECTIVE DATE.** This section is effective July 1, 2022.

504.20 Sec. 41. Minnesota Statutes 2020, section 254B.01, is amended by adding a subdivision
504.21 to read:

504.22 Subd. 11. **Vendor.** "Vendor" means a provider of substance use disorder treatment
504.23 services that meets the criteria established in section 254B.05 and that has applied to
504.24 participate as a provider in the medical assistance program according to Minnesota Rules,
504.25 part 9505.0195.

504.26 **EFFECTIVE DATE.** This section is effective July 1, 2022.

504.27 Sec. 42. Minnesota Statutes 2020, section 254B.01, is amended by adding a subdivision
504.28 to read:

504.29 Subd. 12. **American Society of Addiction Medicine criteria or ASAM**
504.30 **criteria.** "American Society of Addiction Medicine criteria" or "ASAM criteria" means the

505.1 clinical guidelines for purposes of the assessment, treatment, placement, and transfer or
505.2 discharge of individuals with substance use disorders. The ASAM criteria are contained in
505.3 the current edition of the ASAM Criteria: Treatment Criteria for Addictive,
505.4 Substance-Related, and Co-Occurring Conditions.

505.5 **EFFECTIVE DATE.** This section is effective July 1, 2022.

505.6 Sec. 43. Minnesota Statutes 2020, section 254B.01, is amended by adding a subdivision
505.7 to read:

505.8 Subd. 13. **Skilled treatment services.** "Skilled treatment services" means the "treatment
505.9 services" described by section 245G.07, subdivisions 1, paragraph (a), clauses (1) to (4);
505.10 and 2, clauses (1) to (6). Skilled treatment services must be provided by qualified
505.11 professionals as identified in section 245G.07, subdivision 3.

505.12 **EFFECTIVE DATE.** This section is effective July 1, 2022.

505.13 Sec. 44. Minnesota Statutes 2020, section 254B.03, subdivision 1, is amended to read:

505.14 Subdivision 1. **Local agency duties.** (a) Every local agency ~~shall~~ must determine financial
505.15 eligibility for substance use disorder services and provide ~~chemical dependency~~ substance
505.16 use disorder services to persons residing within its jurisdiction who meet criteria established
505.17 by the commissioner ~~for placement in a chemical dependency residential or nonresidential~~
505.18 ~~treatment service~~. Chemical dependency money must be administered by the local agencies
505.19 according to law and rules adopted by the commissioner under sections 14.001 to 14.69.

505.20 (b) In order to contain costs, the commissioner of human services shall select eligible
505.21 vendors of chemical dependency services who can provide economical and appropriate
505.22 treatment. Unless the local agency is a social services department directly administered by
505.23 a county or human services board, the local agency shall not be an eligible vendor under
505.24 section 254B.05. The commissioner may approve proposals from county boards to provide
505.25 services in an economical manner or to control utilization, with safeguards to ensure that
505.26 necessary services are provided. If a county implements a demonstration or experimental
505.27 medical services funding plan, the commissioner shall transfer the money as appropriate.

505.28 ~~(c) A culturally specific vendor that provides assessments under a variance under~~
505.29 ~~Minnesota Rules, part 9530.6610, shall be allowed to provide assessment services to persons~~
505.30 ~~not covered by the variance.~~

505.31 ~~(d) Notwithstanding Minnesota Rules, parts 9530.6600 to 9530.6655,~~ (c) An individual
505.32 may choose to obtain a comprehensive assessment as provided in section 245G.05.

Individuals obtaining a comprehensive assessment may access any enrolled provider that is licensed to provide the level of service authorized pursuant to section 254A.19, subdivision 3~~, paragraph (d)~~. If the individual is enrolled in a prepaid health plan, the individual must comply with any provider network requirements or limitations.

~~(e)~~ (d) Beginning July 1, 2022, local agencies shall not make placement location determinations.

EFFECTIVE DATE. This section is effective July 1, 2022.

Sec. 45. Minnesota Statutes 2021 Supplement, section 254B.03, subdivision 2, is amended to read:

Subd. 2. **Behavioral health fund payment.** (a) Payment from the behavioral health fund is limited to payments for services identified in section 254B.05, other than detoxification licensed under Minnesota Rules, parts 9530.6510 to 9530.6590, and detoxification provided in another state that would be required to be licensed as a chemical dependency program if the program were in the state. Out of state vendors must also provide the commissioner with assurances that the program complies substantially with state licensing requirements and possesses all licenses and certifications required by the host state to provide chemical dependency treatment. Vendors receiving payments from the behavioral health fund must not require co-payment from a recipient of benefits for services provided under this subdivision. The vendor is prohibited from using the client's public benefits to offset the cost of services paid under this section. The vendor shall not require the client to use public benefits for room or board costs. This includes but is not limited to cash assistance benefits under chapters 119B, 256D, and 256J, or SNAP benefits. Retention of SNAP benefits is a right of a client receiving services through the behavioral health fund or through state contracted managed care entities. Payment from the behavioral health fund shall be made for necessary room and board costs provided by vendors meeting the criteria under section 254B.05, subdivision 1a, or in a community hospital licensed by the commissioner of health according to sections 144.50 to 144.56 to a client who is:

(1) determined to meet the criteria for placement in a residential chemical dependency treatment program according to rules adopted under section 254A.03, subdivision 3; and

(2) concurrently receiving a chemical dependency treatment service in a program licensed by the commissioner and reimbursed by the behavioral health fund.

~~(b) A county may, from its own resources, provide chemical dependency services for which state payments are not made. A county may elect to use the same invoice procedures~~

507.1 ~~and obtain the same state payment services as are used for chemical dependency services~~
507.2 ~~for which state payments are made under this section if county payments are made to the~~
507.3 ~~state in advance of state payments to vendors. When a county uses the state system for~~
507.4 ~~payment, the commissioner shall make monthly billings to the county using the most recent~~
507.5 ~~available information to determine the anticipated services for which payments will be made~~
507.6 ~~in the coming month. Adjustment of any overestimate or underestimate based on actual~~
507.7 ~~expenditures shall be made by the state agency by adjusting the estimate for any succeeding~~
507.8 ~~month.~~

507.9 ~~(c)~~ (b) The commissioner shall coordinate chemical dependency services and determine
507.10 whether there is a need for any proposed expansion of chemical dependency treatment
507.11 services. The commissioner shall deny vendor certification to any provider that has not
507.12 received prior approval from the commissioner for the creation of new programs or the
507.13 expansion of existing program capacity. The commissioner shall consider the provider's
507.14 capacity to obtain clients from outside the state based on plans, agreements, and previous
507.15 utilization history, when determining the need for new treatment services.

507.16 ~~(d)~~ (c) At least 60 days prior to submitting an application for new licensure under chapter
507.17 245G, the applicant must notify the county human services director in writing of the
507.18 applicant's intent to open a new treatment program. The written notification must include,
507.19 at a minimum:

507.20 (1) a description of the proposed treatment program; and

507.21 (2) a description of the target population to be served by the treatment program.

507.22 ~~(e)~~ (d) The county human services director may submit a written statement to the
507.23 commissioner, within 60 days of receiving notice from the applicant, regarding the county's
507.24 support of or opposition to the opening of the new treatment program. The written statement
507.25 must include documentation of the rationale for the county's determination. The commissioner
507.26 shall consider the county's written statement when determining whether there is a need for
507.27 the treatment program as required by paragraph ~~(c)~~ (b).

507.28 **EFFECTIVE DATE.** This section is effective July 1, 2022.

507.29 Sec. 46. Minnesota Statutes 2020, section 254B.03, subdivision 4, is amended to read:

507.30 Subd. 4. **Division of costs.** (a) Except for services provided by a county under section
507.31 254B.09, subdivision 1, or services provided under section 256B.69, the county shall, out
507.32 of local money, pay the state for 22.95 percent of the cost of chemical dependency services,
507.33 except for those services provided to persons enrolled in medical assistance under chapter

508.1 256B and room and board services under section 254B.05, subdivision 5, paragraph (b),
508.2 clause ~~(12)~~ (11). Counties may use the indigent hospitalization levy for treatment and hospital
508.3 payments made under this section.

508.4 (b) 22.95 percent of any state collections from private or third-party pay, less 15 percent
508.5 for the cost of payment and collections, must be distributed to the county that paid for a
508.6 portion of the treatment under this section.

508.7 Sec. 47. Minnesota Statutes 2020, section 254B.03, subdivision 5, is amended to read:

508.8 Subd. 5. **Rules; appeal.** The commissioner shall adopt rules as necessary to implement
508.9 this chapter. ~~The commissioner shall establish an appeals process for use by recipients when~~
508.10 ~~services certified by the county are disputed. The commissioner shall adopt rules and~~
508.11 ~~standards for the appeal process to assure adequate redress for persons referred to~~
508.12 ~~inappropriate services.~~

508.13 **EFFECTIVE DATE.** This section is effective July 1, 2022.

508.14 Sec. 48. Minnesota Statutes 2021 Supplement, section 254B.04, subdivision 1, is amended
508.15 to read:

508.16 Subdivision 1. **Client eligibility.** (a) Persons eligible for benefits under Code of Federal
508.17 Regulations, title 25, part 20, who meet the income standards of section 256B.056,
508.18 subdivision 4, and are not enrolled in medical assistance, are entitled to behavioral health
508.19 fund services. State money appropriated for this paragraph must be placed in a separate
508.20 account established for this purpose.

508.21 (b) Persons with dependent children who are determined to be in need of chemical
508.22 dependency treatment pursuant to an assessment under section 260E.20, subdivision 1, or
508.23 a case plan under section 260C.201, subdivision 6, or 260C.212, shall be assisted by the
508.24 local agency to access needed treatment services. Treatment services must be appropriate
508.25 for the individual or family, which may include long-term care treatment or treatment in a
508.26 facility that allows the dependent children to stay in the treatment facility. The county shall
508.27 pay for out-of-home placement costs, if applicable.

508.28 (c) Notwithstanding paragraph (a), persons enrolled in medical assistance are eligible
508.29 for room and board services under section 254B.05, subdivision 5, paragraph (b), clause
508.30 ~~(12)~~ (11).

508.31 (d) A client is eligible to have substance use disorder treatment paid for with funds from
508.32 the behavioral health fund if:

509.1 (1) the client is eligible for MFIP as determined under chapter 256J;

509.2 (2) the client is eligible for medical assistance as determined under Minnesota Rules,
509.3 parts 9505.0010 to 9505.0150;

509.4 (3) the client is eligible for general assistance, general assistance medical care, or work
509.5 readiness as determined under Minnesota Rules, parts 9500.1200 to 9500.1272; or

509.6 (4) the client's income is within current household size and income guidelines for entitled
509.7 persons, as defined in this subdivision and subdivision 7.

509.8 (e) Clients who meet the financial eligibility requirement in paragraph (a) and who have
509.9 a third-party payment source are eligible for the behavioral health fund if the third-party
509.10 payment source pays less than 100 percent of the cost of treatment services for eligible
509.11 clients.

509.12 (f) A client is ineligible to have substance use disorder treatment services paid for by
509.13 the behavioral health fund if the client:

509.14 (1) has an income that exceeds current household size and income guidelines for entitled
509.15 persons, as defined in this subdivision and subdivision 7; or

509.16 (2) has an available third-party payment source that will pay the total cost of the client's
509.17 treatment.

509.18 (g) A client who is disenrolled from a state prepaid health plan during a treatment episode
509.19 is eligible for continued treatment service paid for by the behavioral health fund until the
509.20 treatment episode is completed or the client is re-enrolled in a state prepaid health plan if
509.21 the client:

509.22 (1) continues to be enrolled in MinnesotaCare, medical assistance, or general assistance
509.23 medical care; or

509.24 (2) is eligible according to paragraphs (a) and (b) and is determined eligible by a local
509.25 agency under this section.

509.26 (h) If a county commits a client under chapter 253B to a regional treatment center for
509.27 substance use disorder services and the client is ineligible for the behavioral health fund,
509.28 the county is responsible for payment to the regional treatment center according to section
509.29 254B.05, subdivision 4.

509.30 **EFFECTIVE DATE.** This section is effective July 1, 2022.

510.1 Sec. 49. Minnesota Statutes 2020, section 254B.04, subdivision 2a, is amended to read:

510.2 Subd. 2a. **Eligibility for ~~treatment in residential settings~~ room and board services**
510.3 **for persons in outpatient substance use disorder treatment.** ~~Notwithstanding provisions~~
510.4 ~~of Minnesota Rules, part 9530.6622, subparts 5 and 6, related to an assessor's discretion in~~
510.5 ~~making placements to residential treatment settings,~~ A person eligible for room and board
510.6 services under ~~this~~ section 254B.05, subdivision 5, paragraph (b), clause (12), must score
510.7 at level 4 on assessment dimensions related to readiness to change, relapse, continued use,
510.8 or recovery environment ~~in order~~ to be assigned to services with a room and board component
510.9 reimbursed under this section. Whether a treatment facility has been designated an institution
510.10 for mental diseases under United States Code, title 42, section 1396d, shall not be a factor
510.11 in making placements.

510.12 **EFFECTIVE DATE.** This section is effective July 1, 2022.

510.13 Sec. 50. Minnesota Statutes 2020, section 254B.04, is amended by adding a subdivision
510.14 to read:

510.15 Subd. 4. **Assessment criteria and risk descriptions.** (a) The level of care determination
510.16 must follow criteria approved by the commissioner.

510.17 (b) Dimension 1: the vendor must use the criteria in Dimension 1 to determine a client's
510.18 acute intoxication and withdrawal potential.

510.19 (1) "0" The client displays full functioning with good ability to tolerate and cope with
510.20 withdrawal discomfort. The client displays no signs or symptoms of intoxication or
510.21 withdrawal or diminishing signs or symptoms.

510.22 (2) "1" The client can tolerate and cope with withdrawal discomfort. The client displays
510.23 mild to moderate intoxication or signs and symptoms interfering with daily functioning but
510.24 does not immediately endanger self or others. The client poses minimal risk of severe
510.25 withdrawal.

510.26 (3) "2" The client has some difficulty tolerating and coping with withdrawal discomfort.
510.27 The client's intoxication may be severe, but the client responds to support and treatment
510.28 such that the client does not immediately endanger self or others. The client displays moderate
510.29 signs and symptoms with moderate risk of severe withdrawal.

510.30 (4) "3" The client tolerates and copes with withdrawal discomfort poorly. The client has
510.31 severe intoxication, such that the client endangers self or others, or has intoxication that has
510.32 not abated with less intensive services. The client displays severe signs and symptoms, risk

511.1 of severe but manageable withdrawal, or worsening withdrawal despite detoxification at a
511.2 less intensive level.

511.3 (5) "4" The client is incapacitated with severe signs and symptoms. The client displays
511.4 severe withdrawal and is a danger to self or others.

511.5 (c) Dimension 2: the vendor must use the criteria in Dimension 2 to determine a client's
511.6 biomedical conditions and complications.

511.7 (1) "0" The client displays full functioning with good ability to cope with physical
511.8 discomfort.

511.9 (2) "1" The client tolerates and copes with physical discomfort and is able to get the
511.10 services that the client needs.

511.11 (3) "2" The client has difficulty tolerating and coping with physical problems or has
511.12 other biomedical problems that interfere with recovery and treatment. The client neglects
511.13 or does not seek care for serious biomedical problems.

511.14 (4) "3" The client tolerates and copes poorly with physical problems or has poor general
511.15 health. The client neglects the client's medical problems without active assistance.

511.16 (5) "4" The client is unable to participate in substance use disorder treatment and has
511.17 severe medical problems, has a condition that requires immediate intervention, or is
511.18 incapacitated.

511.19 (d) Dimension 3: the vendor must use the criteria in Dimension 3 to determine a client's
511.20 emotional, behavioral, and cognitive conditions and complications.

511.21 (1) "0" The client has good impulse control and coping skills and presents no risk of
511.22 harm to self or others. The client functions in all life areas and displays no emotional,
511.23 behavioral, or cognitive problems or the problems are stable.

511.24 (2) "1" The client has impulse control and coping skills. The client presents a mild to
511.25 moderate risk of harm to self or others or displays symptoms of emotional, behavioral, or
511.26 cognitive problems. The client has a mental health diagnosis and is stable. The client
511.27 functions adequately in significant life areas.

511.28 (3) "2" The client has difficulty with impulse control and lacks coping skills. The client
511.29 has thoughts of suicide or harm to others without means; however, the thoughts may interfere
511.30 with participation in some activities. The client has difficulty functioning in significant life
511.31 areas. The client has moderate symptoms of emotional, behavioral, or cognitive problems.
511.32 The client is able to participate in most treatment activities.

512.1 (4) "3" The client has a severe lack of impulse control and coping skills. The client also
512.2 has frequent thoughts of suicide or harm to others, including a plan and the means to carry
512.3 out the plan. In addition, the client is severely impaired in significant life areas and has
512.4 severe symptoms of emotional, behavioral, or cognitive problems that interfere with the
512.5 client's participation in treatment activities.

512.6 (5) "4" The client has severe emotional or behavioral symptoms that place the client or
512.7 others at acute risk of harm. The client also has intrusive thoughts of harming self or others.
512.8 The client is unable to participate in treatment activities.

512.9 (e) Dimension 4: the vendor must use the criteria in Dimension 4 to determine a client's
512.10 readiness for change.

512.11 (1) "0" The client admits to problems and is cooperative, motivated, ready to change,
512.12 committed to change, and engaged in treatment as a responsible participant.

512.13 (2) "1" The client is motivated with active reinforcement to explore treatment and
512.14 strategies for change but ambivalent about the client's illness or need for change.

512.15 (3) "2" The client displays verbal compliance but lacks consistent behaviors, has low
512.16 motivation for change, and is passively involved in treatment.

512.17 (4) "3" The client displays inconsistent compliance, has minimal awareness of either
512.18 the client's addiction or mental disorder, and is minimally cooperative.

512.19 (5) "4" The client is:

512.20 (i) noncompliant with treatment and has no awareness of addiction or mental disorder
512.21 and does not want or is unwilling to explore change or is in total denial of the client's illness
512.22 and its implications; or

512.23 (ii) dangerously oppositional to the extent that the client is a threat of imminent harm
512.24 to self and others.

512.25 (f) Dimension 5: the vendor must use the criteria in Dimension 5 to determine a client's
512.26 relapse, continued substance use, and continued problem potential.

512.27 (1) "0" The client recognizes risk well and is able to manage potential problems.

512.28 (2) "1" The client recognizes relapse issues and prevention strategies, but displays some
512.29 vulnerability for further substance use or mental health problems.

512.30 (3) "2" The client has minimal recognition and understanding of relapse and recidivism
512.31 issues and displays moderate vulnerability for further substance use or mental health
512.32 problems. The client has some coping skills inconsistently applied.

513.1 (4) "3" The client has poor recognition and understanding of relapse and recidivism
513.2 issues and displays moderately high vulnerability for further substance use or mental health
513.3 problems. The client has few coping skills and rarely applies coping skills.

513.4 (5) "4" The client has no coping skills to arrest mental health or addiction illnesses or
513.5 to prevent relapse. The client has no recognition or understanding of relapse and recidivism
513.6 issues and displays high vulnerability for further substance use or mental health problems.

513.7 (g) Dimension 6: the vendor must use the criteria in Dimension 6 to determine a client's
513.8 recovery environment.

513.9 (1) "0" The client is engaged in structured, meaningful activity and has a supportive
513.10 significant other, family, and living environment.

513.11 (2) "1" The client has passive social network support or the client's family and significant
513.12 other are not interested in the client's recovery. The client is engaged in structured, meaningful
513.13 activity.

513.14 (3) "2" The client is engaged in structured, meaningful activity, but the client's peers,
513.15 family, significant other, and living environment are unsupportive, or there is criminal
513.16 justice system involvement by the client or among the client's peers or significant other or
513.17 in the client's living environment.

513.18 (4) "3" The client is not engaged in structured, meaningful activity and the client's peers,
513.19 family, significant other, and living environment are unsupportive, or there is significant
513.20 criminal justice system involvement.

513.21 (5) "4" The client has:

513.22 (i) a chronically antagonistic significant other, living environment, family, or peer group
513.23 or long-term criminal justice system involvement that is harmful to the client's recovery or
513.24 treatment progress; or

513.25 (ii) an actively antagonistic significant other, family, work, or living environment, with
513.26 an immediate threat to the client's safety and well-being.

513.27 **EFFECTIVE DATE.** This section is effective July 1, 2022.

513.28 Sec. 51. Minnesota Statutes 2020, section 254B.04, is amended by adding a subdivision
513.29 to read:

513.30 Subd. 5. **Scope and applicability.** This section governs administration of the behavioral
513.31 health fund, establishes the criteria to be applied by local agencies to determine a client's

514.1 financial eligibility under the behavioral health fund, and determines a client's obligation
514.2 to pay for substance use disorder treatment services.

514.3 **EFFECTIVE DATE.** This section is effective July 1, 2022.

514.4 Sec. 52. Minnesota Statutes 2020, section 254B.04, is amended by adding a subdivision
514.5 to read:

514.6 Subd. 6. **Local agency responsibility to provide services.** The local agency may employ
514.7 individuals to conduct administrative activities and facilitate access to substance use disorder
514.8 treatment services.

514.9 **EFFECTIVE DATE.** This section is effective July 1, 2022.

514.10 Sec. 53. Minnesota Statutes 2020, section 254B.04, is amended by adding a subdivision
514.11 to read:

514.12 Subd. 7. **Local agency to determine client financial eligibility.** (a) The local agency
514.13 shall determine a client's financial eligibility for the behavioral health fund according to
514.14 subdivision 1 with the income calculated prospectively for one year from the date of
514.15 comprehensive assessment. The local agency shall pay for eligible clients according to
514.16 chapter 256G. The local agency shall enter the financial eligibility span within ten calendar
514.17 days of request. Client eligibility must be determined using forms prescribed by the
514.18 commissioner. The local agency must determine a client's eligibility as follows:

514.19 (1) The local agency must determine the client's income. A client who is a minor child
514.20 must not be deemed to have income available to pay for substance use disorder treatment,
514.21 unless the minor child is responsible for payment under section 144.347 for substance use
514.22 disorder treatment services sought under section 144.343, subdivision 1.

514.23 (2) The local agency must determine the client's household size according to the
514.24 following:

514.25 (i) If the client is a minor child, the household size includes the following persons living
514.26 in the same dwelling unit:

514.27 (A) the client;

514.28 (B) the client's birth or adoptive parents; and

514.29 (C) the client's siblings who are minors.

514.30 (ii) If the client is an adult, the household size includes the following persons living in
514.31 the same dwelling unit:

515.1 (A) the client;

515.2 (B) the client's spouse;

515.3 (C) the client's minor children; and

515.4 (D) the client's spouse's minor children.

515.5 (iii) Household size includes a person listed in items (i) and (ii) who is in out-of-home
515.6 placement if a person listed in item (i) or (ii) is contributing to the cost of care of the person
515.7 in out-of-home placement.

515.8 (3) The local agency must determine the client's current prepaid health plan enrollment
515.9 and the availability of a third-party payment source, including the availability of total or
515.10 partial payment and the amount of co-payment.

515.11 (4) The local agency must provide the required eligibility information to the commissioner
515.12 in the manner specified by the commissioner.

515.13 (5) The local agency must require the client and policyholder to conditionally assign to
515.14 the department the client's and policyholder's rights and the rights of minor children to
515.15 benefits or services provided to the client if the commissioner is required to collect from a
515.16 third-party payment source.

515.17 (b) The local agency must redetermine a client's eligibility for the behavioral health fund
515.18 every 12 months.

515.19 (c) A client, responsible relative, and policyholder must provide income or wage
515.20 verification and household size verification under paragraph (a), clause (3), and must make
515.21 an assignment of third-party payment rights under paragraph (a), clause (5). If a client,
515.22 responsible relative, or policyholder does not comply with this subdivision, the client is
515.23 ineligible for behavioral health fund payment for substance use disorder treatment, and the
515.24 client and responsible relative are obligated to pay the full cost of substance use disorder
515.25 treatment services provided to the client.

515.26 **EFFECTIVE DATE.** This section is effective July 1, 2022.

515.27 Sec. 54. Minnesota Statutes 2020, section 254B.04, is amended by adding a subdivision
515.28 to read:

515.29 Subd. 8. **Client fees.** A client whose household income is within current household size
515.30 and income guidelines for entitled persons as defined in subdivision 1 must pay no fee.

515.31 **EFFECTIVE DATE.** This section is effective July 1, 2022.

516.1 Sec. 55. Minnesota Statutes 2020, section 254B.04, is amended by adding a subdivision
516.2 to read:

516.3 Subd. 9. **Vendor must participate in DAANES.** To be eligible for payment under the
516.4 behavioral health fund, a vendor must participate in DAANES or submit to the commissioner
516.5 the information required in DAANES in the format specified by the commissioner.

516.6 **EFFECTIVE DATE.** This section is effective July 1, 2022.

516.7 Sec. 56. Minnesota Statutes 2021 Supplement, section 254B.05, subdivision 1a, is amended
516.8 to read:

516.9 Subd. 1a. **Room and board provider requirements.** (a) Effective January 1, 2000,
516.10 vendors of room and board are eligible for behavioral health fund payment if the vendor:

516.11 (1) has rules prohibiting residents bringing chemicals into the facility or using chemicals
516.12 while residing in the facility and provide consequences for infractions of those rules;

516.13 (2) is determined to meet applicable health and safety requirements;

516.14 (3) is not a jail or prison;

516.15 (4) is not concurrently receiving funds under chapter 256I for the recipient;

516.16 (5) admits individuals who are 18 years of age or older;

516.17 (6) is registered as a board and lodging or lodging establishment according to section
516.18 157.17;

516.19 (7) has awake staff on site 24 hours per day;

516.20 (8) has staff who are at least 18 years of age and meet the requirements of section
516.21 245G.11, subdivision 1, paragraph (b);

516.22 (9) has emergency behavioral procedures that meet the requirements of section 245G.16;

516.23 (10) meets the requirements of section 245G.08, subdivision 5, if administering
516.24 medications to clients;

516.25 (11) meets the abuse prevention requirements of section 245A.65, including a policy on
516.26 fraternization and the mandatory reporting requirements of section 626.557;

516.27 (12) documents coordination with the treatment provider to ensure compliance with
516.28 section 254B.03, subdivision 2;

516.29 (13) protects client funds and ensures freedom from exploitation by meeting the
516.30 provisions of section 245A.04, subdivision 13;

517.1 (14) has a grievance procedure that meets the requirements of section 245G.15,
517.2 subdivision 2; and

517.3 (15) has sleeping and bathroom facilities for men and women separated by a door that
517.4 is locked, has an alarm, or is supervised by awake staff.

517.5 (b) Programs licensed according to Minnesota Rules, chapter 2960, are exempt from
517.6 paragraph (a), clauses (5) to (15).

517.7 (c) Programs providing children's mental health crisis admissions and stabilization under
517.8 section 245.4882, subdivision 6, are eligible vendors of room and board.

517.9 ~~(c)~~ (d) Licensed programs providing intensive residential treatment services or residential
517.10 crisis stabilization services pursuant to section 256B.0622 or 256B.0624 are eligible vendors
517.11 of room and board and are exempt from paragraph (a), clauses (6) to (15).

517.12 Sec. 57. Minnesota Statutes 2021 Supplement, section 254B.05, subdivision 4, is amended
517.13 to read:

517.14 Subd. 4. **Regional treatment centers.** Regional treatment center chemical dependency
517.15 treatment units are eligible vendors. The commissioner may expand the capacity of chemical
517.16 dependency treatment units beyond the capacity funded by direct legislative appropriation
517.17 to serve individuals who are referred for treatment by counties and whose treatment will be
517.18 paid for by funding under this chapter or other funding sources. Notwithstanding the
517.19 provisions of sections 254B.03 to ~~254B.041~~ 254B.04, payment for any person committed
517.20 at county request to a regional treatment center under chapter 253B for chemical dependency
517.21 treatment and determined to be ineligible under the behavioral health fund, shall become
517.22 the responsibility of the county.

517.23 Sec. 58. Minnesota Statutes 2021 Supplement, section 254B.05, subdivision 5, is amended
517.24 to read:

517.25 Subd. 5. **Rate requirements.** (a) The commissioner shall establish rates for substance
517.26 use disorder services and service enhancements funded under this chapter.

517.27 (b) Eligible substance use disorder treatment services include:

517.28 ~~(1) outpatient treatment services that are licensed according to sections 245G.01 to~~
517.29 ~~245G.17, or applicable tribal license;~~

517.30 (1) outpatient treatment services licensed according to sections 245G.01 to 245G.17, or
517.31 applicable Tribal license, including:

(i) ASAM 1.0 Outpatient: zero to eight hours per week of skilled treatment services for adults and zero to five hours per week for adolescents. Peer recovery and treatment coordination may be provided beyond the skilled treatment service hours allowable per week; and

(ii) ASAM 2.1 Intensive Outpatient: nine or more hours per week of skilled treatment services for adults and six or more hours per week for adolescents in accordance with the limitations in paragraph (h). Peer recovery and treatment coordination may be provided beyond the skilled treatment service hours allowable per week;

(2) comprehensive assessments provided according to sections 245.4863, paragraph (a), and 245G.05;

(3) care coordination services provided according to section 245G.07, subdivision 1, paragraph (a), clause (5);

(4) peer recovery support services provided according to section 245G.07, subdivision 2, clause (8);

(5) on July 1, 2019, or upon federal approval, whichever is later, withdrawal management services provided according to chapter 245F;

(6) ~~medication-assisted therapy services that are~~ substance use disorder treatment with medication for opioid use disorders provided in an opioid treatment program that is licensed according to sections 245G.01 to 245G.17 and 245G.22, or applicable tribal license;

~~(7) medication-assisted therapy plus enhanced treatment services that meet the requirements of clause (6) and provide nine hours of clinical services each week;~~

~~(8)~~ (7) high, medium, and low intensity residential treatment services that are licensed according to sections 245G.01 to 245G.17 and 245G.21 or applicable tribal license which provide, respectively, 30, 15, and five hours of clinical services each week;

~~(9)~~ (8) hospital-based treatment services that are licensed according to sections 245G.01 to 245G.17 or applicable tribal license and licensed as a hospital under sections 144.50 to 144.56;

~~(10)~~ (9) adolescent treatment programs that are licensed as outpatient treatment programs according to sections 245G.01 to 245G.18 or as residential treatment programs according to Minnesota Rules, parts 2960.0010 to 2960.0220, and 2960.0430 to 2960.0490, or applicable tribal license;

~~(11)~~ (10) high-intensity residential treatment services that are licensed according to sections 245G.01 to 245G.17 and 245G.21 or applicable tribal license, which provide 30 hours of clinical services each week provided by a state-operated vendor or to clients who have been civilly committed to the commissioner, present the most complex and difficult care needs, and are a potential threat to the community; and

~~(12)~~ (11) room and board facilities that meet the requirements of subdivision 1a.

(c) The commissioner shall establish higher rates for programs that meet the requirements of paragraph (b) and one of the following additional requirements:

(1) programs that serve parents with their children if the program:

(i) provides on-site child care during the hours of treatment activity that:

(A) is licensed under chapter 245A as a child care center under Minnesota Rules, chapter 9503; or

(B) meets the licensure exclusion criteria of section 245A.03, subdivision 2, paragraph (a), clause (6), and meets the requirements under section 245G.19, subdivision 4; or

(ii) arranges for off-site child care during hours of treatment activity at a facility that is licensed under chapter 245A as:

(A) a child care center under Minnesota Rules, chapter 9503; or

(B) a family child care home under Minnesota Rules, chapter 9502;

(2) culturally specific or culturally responsive programs as defined in section 254B.01, subdivision 4a;

(3) disability responsive programs as defined in section 254B.01, subdivision 4b;

(4) programs that offer medical services delivered by appropriately credentialed health care staff in an amount equal to two hours per client per week if the medical needs of the client and the nature and provision of any medical services provided are documented in the client file; or

(5) programs that offer services to individuals with co-occurring mental health and chemical dependency problems if:

(i) the program meets the co-occurring requirements in section 245G.20;

(ii) 25 percent of the counseling staff are licensed mental health professionals, as defined in section 245.462, subdivision 18, clauses (1) to (6), or are students or licensing candidates under the supervision of a licensed alcohol and drug counselor supervisor and licensed

520.1 mental health professional, except that no more than 50 percent of the mental health staff
520.2 may be students or licensing candidates with time documented to be directly related to
520.3 provisions of co-occurring services;

520.4 (iii) clients scoring positive on a standardized mental health screen receive a mental
520.5 health diagnostic assessment within ten days of admission;

520.6 (iv) the program has standards for multidisciplinary case review that include a monthly
520.7 review for each client that, at a minimum, includes a licensed mental health professional
520.8 and licensed alcohol and drug counselor, and their involvement in the review is documented;

520.9 (v) family education is offered that addresses mental health and substance abuse disorders
520.10 and the interaction between the two; and

520.11 (vi) co-occurring counseling staff shall receive eight hours of co-occurring disorder
520.12 training annually.

520.13 (d) In order to be eligible for a higher rate under paragraph (c), clause (1), a program
520.14 that provides arrangements for off-site child care must maintain current documentation at
520.15 the chemical dependency facility of the child care provider's current licensure to provide
520.16 child care services. Programs that provide child care according to paragraph (c), clause (1),
520.17 must be deemed in compliance with the licensing requirements in section 245G.19.

520.18 (e) Adolescent residential programs that meet the requirements of Minnesota Rules,
520.19 parts 2960.0430 to 2960.0490 and 2960.0580 to 2960.0690, are exempt from the requirements
520.20 in paragraph (c), clause (4), items (i) to (iv).

520.21 (f) Subject to federal approval, substance use disorder services that are otherwise covered
520.22 as direct face-to-face services may be provided via telehealth as defined in section 256B.0625,
520.23 subdivision 3b. The use of telehealth to deliver services must be medically appropriate to
520.24 the condition and needs of the person being served. Reimbursement shall be at the same
520.25 rates and under the same conditions that would otherwise apply to direct face-to-face services.

520.26 (g) For the purpose of reimbursement under this section, substance use disorder treatment
520.27 services provided in a group setting without a group participant maximum or maximum
520.28 client to staff ratio under chapter 245G shall not exceed a client to staff ratio of 48 to one.
520.29 At least one of the attending staff must meet the qualifications as established under this
520.30 chapter for the type of treatment service provided. A recovery peer may not be included as
520.31 part of the staff ratio.

521.1 (h) Payment for outpatient substance use disorder services that are licensed according
521.2 to sections 245G.01 to 245G.17 is limited to six hours per day or 30 hours per week unless
521.3 prior authorization of a greater number of hours is obtained from the commissioner.

521.4 **EFFECTIVE DATE.** This section is effective July 1, 2022, or upon federal approval,
521.5 whichever is later. The commissioner of human services shall notify the revisor of statutes
521.6 when federal approval is obtained.

521.7 Sec. 59. Minnesota Statutes 2020, section 256.042, subdivision 1, is amended to read:

521.8 Subdivision 1. **Establishment of the advisory council.** (a) The Opiate Epidemic
521.9 Response Advisory Council is established to develop and implement a comprehensive and
521.10 effective statewide effort to address the opioid addiction and overdose epidemic in Minnesota.
521.11 The council shall focus on:

521.12 (1) prevention and education, including public education and awareness for adults and
521.13 youth, prescriber education, the development and sustainability of opioid overdose prevention
521.14 and education programs, the role of adult protective services in prevention and response,
521.15 and providing financial support to local law enforcement agencies for opiate antagonist
521.16 programs;

521.17 (2) training on the treatment of opioid addiction, including the use of all Food and Drug
521.18 Administration approved opioid addiction medications, detoxification, relapse prevention,
521.19 patient assessment, individual treatment planning, counseling, recovery supports, diversion
521.20 control, and other best practices;

521.21 (3) the expansion and enhancement of a continuum of care for opioid-related substance
521.22 use disorders, including primary prevention, early intervention, treatment, recovery, and
521.23 aftercare services; and

521.24 (4) the development of measures to assess and protect the ability of cancer patients and
521.25 survivors, persons battling life-threatening illnesses, persons suffering from severe chronic
521.26 pain, and persons at the end stages of life, who legitimately need prescription pain
521.27 medications, to maintain their quality of life by accessing these pain medications without
521.28 facing unnecessary barriers. The measures must also address the needs of individuals
521.29 described in this clause who are elderly or who reside in underserved or rural areas of the
521.30 state.

521.31 (b) The council shall:

522.1 (1) review local, state, and federal initiatives and activities related to education,
522.2 prevention, treatment, and services for individuals and families experiencing and affected
522.3 by opioid use disorder;

522.4 (2) establish priorities to address the state's opioid epidemic, for the purpose of
522.5 recommending initiatives to fund;

522.6 (3) recommend to the commissioner of human services specific projects and initiatives
522.7 to be funded;

522.8 (4) ensure that available funding is allocated to align with other state and federal funding,
522.9 to achieve the greatest impact and ensure a coordinated state effort;

522.10 (5) consult with the commissioners of human services, health, and management and
522.11 budget to develop measurable outcomes to determine the effectiveness of funds allocated;
522.12 ~~and~~

522.13 (6) develop recommendations for an administrative and organizational framework for
522.14 the allocation, on a sustainable and ongoing basis, of any money deposited into the separate
522.15 account under section 16A.151, subdivision 2, paragraph (f), in order to address the opioid
522.16 abuse and overdose epidemic in Minnesota and the areas of focus specified in paragraph
522.17 (a)~~.~~;

522.18 (7) review reports, data, and performance measures submitted by municipalities, as
522.19 defined in section 466.01, subdivision 1, in receipt of direct payments from settlement
522.20 agreements, as described in section 256.043, subdivision 4; and

522.21 (8) consult with relevant stakeholders, including lead agencies and municipalities, to
522.22 review and provide recommendations for necessary revisions to required reporting to ensure
522.23 the reporting reflects measures of progress in addressing the harms of the opioid epidemic.

522.24 (c) The council, in consultation with the commissioner of management and budget, and
522.25 within available appropriations, shall select from the awarded grants projects or may select
522.26 municipality projects funded by settlement monies as described in section 256.043,
522.27 subdivision 4, that include promising practices or theory-based activities for which the
522.28 commissioner of management and budget shall conduct evaluations using experimental or
522.29 quasi-experimental design. Grants awarded to proposals or municipality projects funded by
522.30 settlement monies that include promising practices or theory-based activities and that are
522.31 selected for an evaluation shall be administered to support the experimental or
522.32 quasi-experimental evaluation and require grantees and municipality projects to collect and
522.33 report information that is needed to complete the evaluation. The commissioner of

523.1 management and budget, under section 15.08, may obtain additional relevant data to support
523.2 the experimental or quasi-experimental evaluation studies. For the purposes of this paragraph,
523.3 "municipality" has the meaning given in section 466.01, subdivision 1.

523.4 (d) The council, in consultation with the commissioners of human services, health, public
523.5 safety, and management and budget, shall establish goals related to addressing the opioid
523.6 epidemic and determine a baseline against which progress shall be monitored and set
523.7 measurable outcomes, including benchmarks. The goals established must include goals for
523.8 prevention and public health, access to treatment, and multigenerational impacts. The council
523.9 shall use existing measures and data collection systems to determine baseline data against
523.10 which progress shall be measured. The council shall include the proposed goals, the
523.11 measurable outcomes, and proposed benchmarks to meet these goals in its initial report to
523.12 the legislature under subdivision 5, paragraph (a), due January 31, 2021.

523.13 Sec. 60. Minnesota Statutes 2020, section 256.042, subdivision 2, is amended to read:

523.14 Subd. 2. **Membership.** (a) The council shall consist of the following ~~19~~ 30 voting
523.15 members, appointed by the commissioner of human services except as otherwise specified,
523.16 and three nonvoting members:

523.17 (1) two members of the house of representatives, appointed in the following sequence:
523.18 the first from the majority party appointed by the speaker of the house and the second from
523.19 the minority party appointed by the minority leader. Of these two members, one member
523.20 must represent a district outside of the seven-county metropolitan area, and one member
523.21 must represent a district that includes the seven-county metropolitan area. The appointment
523.22 by the minority leader must ensure that this requirement for geographic diversity in
523.23 appointments is met;

523.24 (2) two members of the senate, appointed in the following sequence: the first from the
523.25 majority party appointed by the senate majority leader and the second from the minority
523.26 party appointed by the senate minority leader. Of these two members, one member must
523.27 represent a district outside of the seven-county metropolitan area and one member must
523.28 represent a district that includes the seven-county metropolitan area. The appointment by
523.29 the minority leader must ensure that this requirement for geographic diversity in appointments
523.30 is met;

523.31 (3) one member appointed by the Board of Pharmacy;

523.32 (4) one member who is a physician appointed by the Minnesota Medical Association;

524.1 (5) one member representing opioid treatment programs, sober living programs, or
524.2 substance use disorder programs licensed under chapter 245G;

524.3 (6) one member appointed by the Minnesota Society of Addiction Medicine who is an
524.4 addiction psychiatrist;

524.5 (7) one member representing professionals providing alternative pain management
524.6 therapies, including, but not limited to, acupuncture, chiropractic, or massage therapy;

524.7 (8) one member representing nonprofit organizations conducting initiatives to address
524.8 the opioid epidemic, with the commissioner's initial appointment being a member
524.9 representing the Steve Rummler Hope Network, and subsequent appointments representing
524.10 this or other organizations;

524.11 (9) one member appointed by the Minnesota Ambulance Association who is serving
524.12 with an ambulance service as an emergency medical technician, advanced emergency
524.13 medical technician, or paramedic;

524.14 (10) one member representing the Minnesota courts who is a judge or law enforcement
524.15 officer;

524.16 (11) one public member who is a Minnesota resident and who is in opioid addiction
524.17 recovery;

524.18 (12) ~~two~~ 11 members representing Indian tribes, one representing ~~the Ojibwe tribes and~~
524.19 ~~one representing the Dakota tribes~~ each of Minnesota's Tribal Nations;

524.20 (13) two members representing the urban American Indian population;

524.21 ~~(13)~~ (14) one public member who is a Minnesota resident and who is suffering from
524.22 chronic pain, intractable pain, or a rare disease or condition;

524.23 ~~(14)~~ (15) one mental health advocate representing persons with mental illness;

524.24 ~~(15)~~ (16) one member appointed by the Minnesota Hospital Association;

524.25 ~~(16)~~ (17) one member representing a local health department; and

524.26 ~~(17)~~ (18) the commissioners of human services, health, and corrections, or their designees,
524.27 who shall be ex officio nonvoting members of the council.

524.28 (b) The commissioner of human services shall coordinate the commissioner's
524.29 appointments to provide geographic, racial, and gender diversity, and shall ensure that at
524.30 least one-half of council members appointed by the commissioner reside outside of the
524.31 seven-county metropolitan area and that at least one-half of the members have lived

525.1 experience with opiate addiction. Of the members appointed by the commissioner, to the
525.2 extent practicable, at least one member must represent a community of color
525.3 disproportionately affected by the opioid epidemic.

525.4 (c) The council is governed by section 15.059, except that members of the council shall
525.5 serve three-year terms and shall receive no compensation other than reimbursement for
525.6 expenses. Notwithstanding section 15.059, subdivision 6, the council shall not expire.

525.7 (d) The chair shall convene the council at least quarterly, and may convene other meetings
525.8 as necessary. The chair shall convene meetings at different locations in the state to provide
525.9 geographic access, and shall ensure that at least one-half of the meetings are held at locations
525.10 outside of the seven-county metropolitan area.

525.11 (e) The commissioner of human services shall provide staff and administrative services
525.12 for the advisory council.

525.13 (f) The council is subject to chapter 13D.

525.14 Sec. 61. Minnesota Statutes 2021 Supplement, section 256.042, subdivision 4, is amended
525.15 to read:

525.16 Subd. 4. **Grants.** (a) The commissioner of human services shall submit a report of the
525.17 grants proposed by the advisory council to be awarded for the upcoming calendar year to
525.18 the chairs and ranking minority members of the legislative committees with jurisdiction
525.19 over health and human services policy and finance, by December 1 of each year, beginning
525.20 March 1, 2020.

525.21 (b) The grants shall be awarded to proposals selected by the advisory council that address
525.22 the priorities in subdivision 1, paragraph (a), clauses (1) to (4), unless otherwise appropriated
525.23 by the legislature. The advisory council shall determine grant awards and funding amounts
525.24 based on the funds appropriated to the commissioner under section 256.043, subdivision 3,
525.25 paragraph (e). The commissioner shall award the grants from the opiate epidemic response
525.26 fund and administer the grants in compliance with section 16B.97. No more than ten percent
525.27 of the grant amount may be used by a grantee for administration. The commissioner must
525.28 award at least 40 percent of grants to projects that include a focus on addressing the opiate
525.29 crisis in Black and Indigenous communities and communities of color.

525.30 Sec. 62. Minnesota Statutes 2020, section 256.042, subdivision 5, is amended to read:

525.31 Subd. 5. **Reports.** (a) The advisory council shall report annually to the chairs and ranking
525.32 minority members of the legislative committees with jurisdiction over health and human

526.1 services policy and finance by January 31 of each year~~, beginning January 31, 2021~~. The
526.2 report shall include information about the individual projects that receive grants, the
526.3 municipality projects funded by settlement monies as described in section 256.043,
526.4 subdivision 4, and the overall role of the ~~project~~ projects in addressing the opioid addiction
526.5 and overdose epidemic in Minnesota. The report must describe the grantees and the activities
526.6 implemented, along with measurable outcomes as determined by the council in consultation
526.7 with the commissioner of human services and the commissioner of management and budget.
526.8 At a minimum, the report must include information about the number of individuals who
526.9 received information or treatment, the outcomes the individuals achieved, and demographic
526.10 information about the individuals participating in the project; an assessment of the progress
526.11 toward achieving statewide access to qualified providers and comprehensive treatment and
526.12 recovery services; and an update on the evaluations implemented by the commissioner of
526.13 management and budget for the promising practices and theory-based projects that receive
526.14 funding.

526.15 (b) The commissioner of management and budget, in consultation with the Opiate
526.16 Epidemic Response Advisory Council, shall report to the chairs and ranking minority
526.17 members of the legislative committees with jurisdiction over health and human services
526.18 policy and finance when an evaluation study described in subdivision 1, paragraph (c), is
526.19 complete on the promising practices or theory-based projects that are selected for evaluation
526.20 activities. The report shall include demographic information; outcome information for the
526.21 individuals in the program; the results for the program in promoting recovery, employment,
526.22 family reunification, and reducing involvement with the criminal justice system; and other
526.23 relevant outcomes determined by the commissioner of management and budget that are
526.24 specific to the projects that are evaluated. The report shall include information about the
526.25 ability of grant programs to be scaled to achieve the statewide results that the grant project
526.26 demonstrated.

526.27 (c) The advisory council, in its annual report to the legislature under paragraph (a) due
526.28 by January 31, 2024, shall include recommendations on whether the appropriations to the
526.29 specified entities under Laws 2019, chapter 63, should be continued, adjusted, or
526.30 discontinued; whether funding should be appropriated for other purposes related to opioid
526.31 abuse prevention, education, and treatment; and on the appropriate level of funding for
526.32 existing and new uses.

526.33 (d) Municipalities receiving direct payments for settlement agreements as described in
526.34 section 256.043, subdivision 4, must annually report to the commissioner on how the funds
526.35 were used on opioid remediation. The report must be submitted in a format prescribed by

527.1 the commissioner. The report must include data and measurable outcomes on expenditures
527.2 funded with opioid settlement funds, as identified by the commissioner, including details
527.3 on services drawn from the categories of approved uses, as identified in agreements between
527.4 the state of Minnesota, the Association of Minnesota Counties, and the League of Minnesota
527.5 Cities. Minimum reporting requirements must include:

527.6 (1) contact information;

527.7 (2) information on funded services and programs; and

527.8 (3) target populations for each funded service and program.

527.9 (e) In reporting data and outcomes under paragraph (d), municipalities should include
527.10 information on the use of evidence-based and culturally relevant services, to the extent
527.11 feasible.

527.12 (f) Reporting requirements for municipal projects using $25,000 or more of settlement
527.13 funds in a calendar year must also include:

527.14 (1) a brief qualitative description of successes or challenges; and

527.15 (2) results using process and quality measures.

527.16 (g) For the purposes of this subdivision, "municipality" or "municipalities" has the
527.17 meaning given in section 466.01, subdivision 1.

527.18 Sec. 63. Minnesota Statutes 2021 Supplement, section 256B.0625, subdivision 5m, is
527.19 amended to read:

527.20 Subd. 5m. **Certified community behavioral health clinic services.** (a) Medical
527.21 assistance covers services provided by a not-for-profit certified community behavioral health
527.22 clinic (CCBHC) ~~services~~ that ~~meet~~ meets the requirements of section 245.735, subdivision
527.23 3.

527.24 (b) The commissioner shall reimburse CCBHCs on a ~~per-visit~~ per-day basis ~~under the~~
527.25 ~~prospective payment~~ for each day that an eligible service is delivered using the CCBHC
527.26 daily bundled rate system for medical assistance payments as described in paragraph (c).
527.27 The commissioner shall include a quality incentive payment in the ~~prospective payment~~
527.28 CCBHC daily bundled rate system as described in paragraph (e). There is no county share
527.29 for medical assistance services when reimbursed through the CCBHC ~~prospective payment~~
527.30 daily bundled rate system.

527.31 (c) The commissioner shall ensure that the ~~prospective payment~~ CCBHC daily bundled
527.32 rate system for CCBHC payments under medical assistance meets the following requirements:

528.1 (1) the ~~prospective payment~~ CCBHC daily bundled rate shall be a provider-specific rate
528.2 calculated for each CCBHC, based on the daily cost of providing CCBHC services and the
528.3 total annual allowable CCBHC costs ~~for CCBHCs~~ divided by the total annual number of
528.4 CCBHC visits. For calculating the payment rate, total annual visits include visits covered
528.5 by medical assistance and visits not covered by medical assistance. Allowable costs include
528.6 but are not limited to the salaries and benefits of medical assistance providers; the cost of
528.7 CCBHC services provided under section 245.735, subdivision 3, paragraph (a), clauses (6)
528.8 and (7); and other costs such as insurance or supplies needed to provide CCBHC services;

528.9 (2) payment shall be limited to one payment per day per medical assistance enrollee ~~for~~
528.10 ~~each~~ when an eligible CCBHC ~~visit eligible for reimbursement~~ service is provided. A
528.11 CCBHC visit is eligible for reimbursement if at least one of the CCBHC services listed
528.12 under section 245.735, subdivision 3, paragraph (a), clause (6), is furnished to a medical
528.13 assistance enrollee by a health care practitioner or licensed agency employed by or under
528.14 contract with a CCBHC;

528.15 (3) ~~new payment~~ initial CCBHC daily bundled rates ~~set by the commissioner~~ for newly
528.16 certified CCBHCs under section 245.735, subdivision 3, shall be ~~based on rates for~~
528.17 ~~established CCBHCs with a similar scope of services. If no comparable CCBHC exists, the~~
528.18 ~~commissioner shall establish a clinic-specific rate using audited historical cost report data~~
528.19 ~~adjusted for the estimated cost of delivering CCBHC services, including the estimated cost~~
528.20 ~~of providing the full scope of services and the projected change in visits resulting from the~~
528.21 ~~change in scope~~ established by the commissioner using a provider-specific rate based on
528.22 the newly certified CCBHC's audited historical cost report data adjusted for the expected
528.23 cost of delivering CCBHC services. Estimates are subject to review by the commissioner
528.24 and must include the expected cost of providing the full scope of CCBHC services and the
528.25 expected number of visits for the rate period;

528.26 (4) the commissioner shall rebase CCBHC rates once every three years following the
528.27 last rebasing and no less than 12 months following an initial rate or a rate change due to a
528.28 change in the scope of services;

528.29 (5) the commissioner shall provide for a 60-day appeals process after notice of the results
528.30 of the rebasing;

528.31 (6) the ~~prospective payment~~ CCBHC daily bundled rate under this section does not apply
528.32 to services rendered by CCBHCs to individuals who are dually eligible for Medicare and
528.33 medical assistance when Medicare is the primary payer for the service. An entity that receives

529.1 a ~~prospective payment~~ CCBHC daily bundled rate system ~~rate~~ that overlaps with the CCBHC
529.2 rate is not eligible for the CCBHC rate;

529.3 (7) payments for CCBHC services to individuals enrolled in managed care shall be
529.4 coordinated with the state's phase-out of CCBHC wrap payments. The commissioner shall
529.5 complete the phase-out of CCBHC wrap payments within 60 days of the implementation
529.6 of the ~~prospective payment~~ CCBHC daily bundled rate system in the Medicaid Management
529.7 Information System (MMIS), for CCBHCs reimbursed under this chapter, with a final
529.8 settlement of payments due made payable to CCBHCs no later than 18 months thereafter;

529.9 (8) the ~~prospective payment~~ CCBHC daily bundled rate for each CCBHC shall be updated
529.10 by trending each provider-specific rate by the Medicare Economic Index for primary care
529.11 services. This update shall occur each year in between rebasing periods determined by the
529.12 commissioner in accordance with clause (4). CCBHCs must provide data on costs and visits
529.13 to the state annually using the CCBHC cost report established by the commissioner; and

529.14 (9) a CCBHC may request a rate adjustment for changes in the CCBHC's scope of
529.15 services when such changes are expected to result in an adjustment to the CCBHC payment
529.16 rate by 2.5 percent or more. The CCBHC must provide the commissioner with information
529.17 regarding the changes in the scope of services, including the estimated cost of providing
529.18 the new or modified services and any projected increase or decrease in the number of visits
529.19 resulting from the change. Estimated costs are subject to review by the commissioner. Rate
529.20 adjustments for changes in scope shall occur no more than once per year in between rebasing
529.21 periods per CCBHC and are effective on the date of the annual CCBHC rate update.

529.22 (d) Managed care plans and county-based purchasing plans shall reimburse CCBHC
529.23 providers at the ~~prospective payment~~ CCBHC daily bundled rate. The commissioner shall
529.24 monitor the effect of this requirement on the rate of access to the services delivered by
529.25 CCBHC providers. If, for any contract year, federal approval is not received for this
529.26 paragraph, the commissioner must adjust the capitation rates paid to managed care plans
529.27 and county-based purchasing plans for that contract year to reflect the removal of this
529.28 provision. Contracts between managed care plans and county-based purchasing plans and
529.29 providers to whom this paragraph applies must allow recovery of payments from those
529.30 providers if capitation rates are adjusted in accordance with this paragraph. Payment
529.31 recoveries must not exceed the amount equal to any increase in rates that results from this
529.32 provision. This paragraph expires if federal approval is not received for this paragraph at
529.33 any time.

(e) The commissioner shall implement a quality incentive payment program for CCBHCs that meets the following requirements:

(1) a CCBHC shall receive a quality incentive payment upon meeting specific numeric thresholds for performance metrics established by the commissioner, in addition to payments for which the CCBHC is eligible under the ~~prospective payment~~ CCBHC daily bundled rate system described in paragraph (c);

(2) a CCBHC must be certified and enrolled as a CCBHC for the entire measurement year to be eligible for incentive payments;

(3) each CCBHC shall receive written notice of the criteria that must be met in order to receive quality incentive payments at least 90 days prior to the measurement year; and

(4) a CCBHC must provide the commissioner with data needed to determine incentive payment eligibility within six months following the measurement year. The commissioner shall notify CCBHC providers of their performance on the required measures and the incentive payment amount within 12 months following the measurement year.

(f) All claims to managed care plans for CCBHC services as provided under this section shall be submitted directly to, and paid by, the commissioner on the dates specified no later than January 1 of the following calendar year, if:

(1) one or more managed care plans does not comply with the federal requirement for payment of clean claims to CCBHCs, as defined in Code of Federal Regulations, title 42, section 447.45(b), and the managed care plan does not resolve the payment issue within 30 days of noncompliance; and

(2) the total amount of clean claims not paid in accordance with federal requirements by one or more managed care plans is 50 percent of, or greater than, the total CCBHC claims eligible for payment by managed care plans.

If the conditions in this paragraph are met between January 1 and June 30 of a calendar year, claims shall be submitted to and paid by the commissioner beginning on January 1 of the following year. If the conditions in this paragraph are met between July 1 and December 31 of a calendar year, claims shall be submitted to and paid by the commissioner beginning on July 1 of the following year.

Sec. 64. Minnesota Statutes 2020, section 256B.0757, subdivision 5, is amended to read:

Subd. 5. **Payments.** The commissioner shall ~~make payments to each designated provider for the provision of~~ establish a single statewide reimbursement rate for health home services

~~described in subdivision 3 to each eligible individual under subdivision 2 that selects the health home as a provider~~ under this section. In setting this rate, the commissioner must include input from stakeholders, including providers of the services. The statewide reimbursement rate shall be adjusted annually to match the growth in the Medicare Economic Index.

EFFECTIVE DATE. This section is effective July 1, 2022.

Sec. 65. Minnesota Statutes 2021 Supplement, section 256B.0759, subdivision 4, is amended to read:

Subd. 4. **Provider payment rates.** (a) Payment rates for participating providers must be increased for services provided to medical assistance enrollees. To receive a rate increase, participating providers must meet demonstration project requirements and provide evidence of formal referral arrangements with providers delivering step-up or step-down levels of care. Providers that have enrolled in the demonstration project but have not met the provider standards under subdivision 3 as of July 1, 2022, are not eligible for a rate increase under this subdivision until the date that the provider meets the provider standards in subdivision 3. Services provided from July 1, 2022, to the date that the provider meets the provider standards under subdivision 3 shall be reimbursed at rates according to section 254B.05, subdivision 5, paragraph (b). Rate increases paid under this subdivision to a provider for services provided between July 1, 2021, and July 1, 2022, are not subject to recoupment when the provider is taking meaningful steps to meet demonstration project requirements that are not otherwise required by law, and the provider provides documentation to the commissioner, upon request, of the steps being taken.

(b) The commissioner may temporarily suspend payments to the provider according to section 256B.04, subdivision 21, paragraph (d), if the provider does not meet the requirements in paragraph (a). Payments withheld from the provider must be made once the commissioner determines that the requirements in paragraph (a) are met.

(c) For substance use disorder services under section 254B.05, subdivision 5, paragraph (b), clause ~~(8)~~ (7), provided on or after July 1, 2020, payment rates must be increased by 25 percent over the rates in effect on December 31, 2019.

(d) For substance use disorder services under section 254B.05, subdivision 5, paragraph (b), clauses (1)~~,~~ and (6), ~~and (7),~~ and adolescent treatment programs that are licensed as outpatient treatment programs according to sections 245G.01 to 245G.18, provided on or after January 1, 2021, payment rates must be increased by 20 percent over the rates in effect on December 31, 2020.

532.1 (e) Effective January 1, 2021, and contingent on annual federal approval, managed care
532.2 plans and county-based purchasing plans must reimburse providers of the substance use
532.3 disorder services meeting the criteria described in paragraph (a) who are employed by or
532.4 under contract with the plan an amount that is at least equal to the fee-for-service base rate
532.5 payment for the substance use disorder services described in paragraphs (c) and (d). The
532.6 commissioner must monitor the effect of this requirement on the rate of access to substance
532.7 use disorder services and residential substance use disorder rates. Capitation rates paid to
532.8 managed care organizations and county-based purchasing plans must reflect the impact of
532.9 this requirement. This paragraph expires if federal approval is not received at any time as
532.10 required under this paragraph.

532.11 (f) Effective July 1, 2021, contracts between managed care plans and county-based
532.12 purchasing plans and providers to whom paragraph (e) applies must allow recovery of
532.13 payments from those providers if, for any contract year, federal approval for the provisions
532.14 of paragraph (e) is not received, and capitation rates are adjusted as a result. Payment
532.15 recoveries must not exceed the amount equal to any decrease in rates that results from this
532.16 provision.

532.17 Sec. 66. Minnesota Statutes 2020, section 256B.0941, is amended by adding a subdivision
532.18 to read:

532.19 Subd. 2a. **Sleeping hours.** During normal sleeping hours, a psychiatric residential
532.20 treatment facility provider must provide at least one staff person for every six residents
532.21 present within a living unit. A provider must adjust sleeping-hour staffing levels based on
532.22 the clinical needs of the residents in the facility.

532.23 Sec. 67. Minnesota Statutes 2020, section 256B.0941, subdivision 3, is amended to read:

532.24 Subd. 3. **Per diem rate.** (a) The commissioner must establish one per diem rate per
532.25 provider for psychiatric residential treatment facility services for individuals 21 years of
532.26 age or younger. The rate for a provider must not exceed the rate charged by that provider
532.27 for the same service to other payers. Payment must not be made to more than one entity for
532.28 each individual for services provided under this section on a given day. The commissioner
532.29 must set rates prospectively for the annual rate period. The commissioner must require
532.30 providers to submit annual cost reports on a uniform cost reporting form and must use
532.31 submitted cost reports to inform the rate-setting process. The cost reporting must be done
532.32 according to federal requirements for Medicare cost reports.

532.33 (b) The following are included in the rate:

533.1 (1) costs necessary for licensure and accreditation, meeting all staffing standards for
533.2 participation, meeting all service standards for participation, meeting all requirements for
533.3 active treatment, maintaining medical records, conducting utilization review, meeting
533.4 inspection of care, and discharge planning. The direct services costs must be determined
533.5 using the actual cost of salaries, benefits, payroll taxes, and training of direct services staff
533.6 and service-related transportation; and

533.7 (2) payment for room and board provided by facilities meeting all accreditation and
533.8 licensing requirements for participation.

533.9 (c) A facility may submit a claim for payment outside of the per diem for professional
533.10 services arranged by and provided at the facility by an appropriately licensed professional
533.11 who is enrolled as a provider with Minnesota health care programs. Arranged services may
533.12 be billed by either the facility or the licensed professional. These services must be included
533.13 in the individual plan of care and are subject to prior authorization.

533.14 (d) Medicaid must reimburse for concurrent services as approved by the commissioner
533.15 to support continuity of care and successful discharge from the facility. "Concurrent services"
533.16 means services provided by another entity or provider while the individual is admitted to a
533.17 psychiatric residential treatment facility. Payment for concurrent services may be limited
533.18 and these services are subject to prior authorization by the state's medical review agent.
533.19 Concurrent services may include targeted case management, assertive community treatment,
533.20 clinical care consultation, team consultation, and treatment planning.

533.21 (e) Payment rates under this subdivision must not include the costs of providing the
533.22 following services:

533.23 (1) educational services;

533.24 (2) acute medical care or specialty services for other medical conditions;

533.25 (3) dental services; and

533.26 (4) pharmacy drug costs.

533.27 (f) For purposes of this section, "actual cost" means costs that are allowable, allocable,
533.28 reasonable, and consistent with federal reimbursement requirements in Code of Federal
533.29 Regulations, title 48, chapter 1, part 31, relating to for-profit entities, and the Office of
533.30 Management and Budget Circular Number A-122, relating to nonprofit entities.

533.31 (g) The commissioner shall consult with providers and stakeholders to develop an
533.32 assessment tool that identifies when a child with a medical necessity for psychiatric
533.33 residential treatment facility level of care will require specialized care planning, including

534.1 but not limited to a one-on-one staffing ratio in a living environment. The commissioner
534.2 must develop the tool based on clinical and safety review and recommend best uses of the
534.3 protocols to align with reimbursement structures.

534.4 Sec. 68. Minnesota Statutes 2020, section 256B.0941, is amended by adding a subdivision
534.5 to read:

534.6 Subd. 5. **Start-up grants.** Start-up grants to prospective psychiatric residential treatment
534.7 facility sites may be used for:

534.8 (1) administrative expenses;

534.9 (2) consulting services;

534.10 (3) Health Insurance Portability and Accountability Act of 1996 compliance;

534.11 (4) therapeutic resources including evidence-based, culturally appropriate curriculums,
534.12 and training programs for staff and clients;

534.13 (5) allowable physical renovations to the property; and

534.14 (6) emergency workforce shortage uses, as determined by the commissioner.

534.15 Sec. 69. Minnesota Statutes 2021 Supplement, section 256B.0946, subdivision 1, is
534.16 amended to read:

534.17 Subdivision 1. **Required covered service components.** (a) Subject to federal approval,
534.18 medical assistance covers medically necessary intensive behavioral health treatment services
534.19 when the services are provided by a provider entity certified under and meeting the standards
534.20 in this section. The provider entity must make reasonable and good faith efforts to report
534.21 individual client outcomes to the commissioner, using instruments and protocols approved
534.22 by the commissioner.

534.23 (b) Intensive behavioral health treatment services to children with mental illness residing
534.24 in foster family settings or with legal guardians that comprise specific required service
534.25 components provided in clauses (1) to (6) are reimbursed by medical assistance when they
534.26 meet the following standards:

534.27 (1) psychotherapy provided by a mental health professional or a clinical trainee;

534.28 (2) crisis planning;

534.29 (3) individual, family, and group psychoeducation services provided by a mental health
534.30 professional or a clinical trainee;

535.1 (4) clinical care consultation provided by a mental health professional or a clinical
535.2 trainee;

535.3 (5) individual treatment plan development as defined in Minnesota Rules, part 9505.0371,
535.4 subpart 7; and

535.5 (6) service delivery payment requirements as provided under subdivision 4.

535.6 **EFFECTIVE DATE.** This section is effective January 1, 2023, or upon federal approval,
535.7 whichever is later. The commissioner of human services shall notify the revisor of statutes
535.8 when federal approval is obtained.

535.9 Sec. 70. Minnesota Statutes 2021 Supplement, section 256B.0946, subdivision 1a, is
535.10 amended to read:

535.11 Subd. 1a. **Definitions.** For the purposes of this section, the following terms have the
535.12 meanings given them.

535.13 (a) "At risk of out-of-home placement" means the child has participated in
535.14 community-based therapeutic or behavioral services including psychotherapy within the
535.15 past 30 days and has experienced severe difficulty in managing mental health and behavior
535.16 in multiple settings and has one of the following:

535.17 (1) has previously been in out-of-home placement for mental health issues within the
535.18 past six months;

535.19 (2) has a history of threatening harm to self or others and has actively engaged in
535.20 self-harming or threatening behavior in the past 30 days;

535.21 (3) demonstrates extremely inappropriate or dangerous social behavior in home,
535.22 community, and school settings;

535.23 (4) has a history of repeated intervention from mental health programs, social services,
535.24 mobile crisis programs, or law enforcement to maintain safety in the home, community, or
535.25 school within the past 60 days; or

535.26 (5) whose parent is unable to safely manage the child's mental health, behavioral, or
535.27 emotional problems in the home and has been actively seeking placement for at least two
535.28 weeks.

535.29 ~~(a)~~ (b) "Clinical care consultation" means communication from a treating clinician to
535.30 other providers working with the same client to inform, inquire, and instruct regarding the
535.31 client's symptoms, strategies for effective engagement, care and intervention needs, and
535.32 treatment expectations across service settings, including but not limited to the client's school,

536.1 social services, day care, probation, home, primary care, medication prescribers, disabilities
536.2 services, and other mental health providers and to direct and coordinate clinical service
536.3 components provided to the client and family.

536.4 ~~(b)~~ (c) "Clinical trainee" means a staff person who is qualified according to section
536.5 245I.04, subdivision 6.

536.6 ~~(c)~~ (d) "Crisis planning" has the meaning given in section 245.4871, subdivision 9a.

536.7 ~~(d)~~ (e) "Culturally appropriate" means providing mental health services in a manner that
536.8 incorporates the child's cultural influences into interventions as a way to maximize resiliency
536.9 factors and utilize cultural strengths and resources to promote overall wellness.

536.10 ~~(e)~~ (f) "Culture" means the distinct ways of living and understanding the world that are
536.11 used by a group of people and are transmitted from one generation to another or adopted
536.12 by an individual.

536.13 ~~(f)~~ (g) "Standard diagnostic assessment" means the assessment described in section
536.14 245I.10, subdivision 6.

536.15 ~~(g)~~ (h) "Family" means a person who is identified by the client or the client's parent or
536.16 guardian as being important to the client's mental health treatment. Family may include,
536.17 but is not limited to, parents, foster parents, children, spouse, committed partners, former
536.18 spouses, persons related by blood or adoption, persons who are a part of the client's
536.19 permanency plan, or persons who are presently residing together as a family unit.

536.20 ~~(h)~~ (i) "Foster care" has the meaning given in section 260C.007, subdivision 18.

536.21 ~~(i)~~ (j) "Foster family setting" means the foster home in which the license holder resides.

536.22 ~~(j)~~ (k) "Individual treatment plan" means the plan described in section 245I.10,
536.23 subdivisions 7 and 8.

536.24 ~~(k)~~ (l) "Mental health certified family peer specialist" means a staff person who is
536.25 qualified according to section 245I.04, subdivision 12.

536.26 ~~(l)~~ (m) "Mental health professional" means a staff person who is qualified according to
536.27 section 245I.04, subdivision 2.

536.28 ~~(m)~~ (n) "Mental illness" has the meaning given in section 245I.02, subdivision 29.

536.29 ~~(n)~~ (o) "Parent" has the meaning given in section 260C.007, subdivision 25.

536.30 ~~(o)~~ (p) "Psychoeducation services" means information or demonstration provided to an
536.31 individual, family, or group to explain, educate, and support the individual, family, or group

in understanding a child's symptoms of mental illness, the impact on the child's development, and needed components of treatment and skill development so that the individual, family, or group can help the child to prevent relapse, prevent the acquisition of comorbid disorders, and achieve optimal mental health and long-term resilience.

~~(p)~~ (q) "Psychotherapy" means the treatment described in section 256B.0671, subdivision 11.

~~(q)~~ (r) "Team consultation and treatment planning" means the coordination of treatment plans and consultation among providers in a group concerning the treatment needs of the child, including disseminating the child's treatment service schedule to all members of the service team. Team members must include all mental health professionals working with the child, a parent, the child unless the team lead or parent deem it clinically inappropriate, and at least two of the following: an individualized education program case manager; probation agent; children's mental health case manager; child welfare worker, including adoption or guardianship worker; primary care provider; foster parent; and any other member of the child's service team.

~~(r)~~ (s) "Trauma" has the meaning given in section 245I.02, subdivision 38.

~~(s)~~ (t) "Treatment supervision" means the supervision described under section 245I.06.

EFFECTIVE DATE. This section is effective January 1, 2023, or upon federal approval, whichever is later. The commissioner of human services shall notify the revisor of statutes when federal approval is obtained.

Sec. 71. Minnesota Statutes 2021 Supplement, section 256B.0946, subdivision 2, is amended to read:

Subd. 2. **Determination of client eligibility.** An eligible recipient is an individual, from birth through age 20, who is currently placed in a foster home licensed under Minnesota Rules, parts 2960.3000 to 2960.3340, or placed in a foster home licensed under the regulations established by a federally recognized Minnesota Tribe, or who is residing in the legal guardian's home and is at risk of out-of-home placement, and has received: (1) a standard diagnostic assessment within 180 days before the start of service that documents that intensive behavioral health treatment services are medically necessary ~~within a foster family setting~~ to ameliorate identified symptoms and functional impairments; and (2) a level of care assessment as defined in section 245I.02, subdivision 19, that demonstrates that the individual requires intensive intervention without 24-hour medical monitoring, and a functional assessment as defined in section 245I.02, subdivision 17. The level of care

538.1 assessment and the functional assessment must include information gathered from the
538.2 placing county, Tribe, or case manager.

538.3 **EFFECTIVE DATE.** This section is effective January 1, 2023, or upon federal approval,
538.4 whichever is later. The commissioner of human services shall notify the revisor of statutes
538.5 when federal approval is obtained.

538.6 Sec. 72. Minnesota Statutes 2021 Supplement, section 256B.0946, subdivision 3, is
538.7 amended to read:

538.8 Subd. 3. **Eligible mental health services providers.** (a) Eligible providers for children's
538.9 intensive ~~children's mental health~~ behavioral health services ~~in a foster family setting~~ must
538.10 be certified by the state ~~and have a service provision contract with a county board or a~~
538.11 ~~reservation tribal council~~ and must be able to demonstrate the ability to provide all of the
538.12 services required in this section and meet the standards in chapter 245I, as required in section
538.13 245I.011, subdivision 5.

538.14 (b) For purposes of this section, a provider agency must be:

538.15 (1) a county-operated entity certified by the state;

538.16 (2) an Indian Health Services facility operated by a Tribe or Tribal organization under
538.17 funding authorized by United States Code, title 25, sections 450f to 450n, or title 3 of the
538.18 Indian Self-Determination Act, Public Law 93-638, section 638 (facilities or providers); or

538.19 (3) a noncounty entity.

538.20 (c) Certified providers that do not meet the service delivery standards required in this
538.21 section shall be subject to a decertification process.

538.22 (d) For the purposes of this section, all services delivered to a client must be provided
538.23 by a mental health professional or a clinical trainee.

538.24 **EFFECTIVE DATE.** This section is effective January 1, 2023, or upon federal approval,
538.25 whichever is later. The commissioner of human services shall notify the revisor of statutes
538.26 when federal approval is obtained.

538.27 Sec. 73. Minnesota Statutes 2021 Supplement, section 256B.0946, subdivision 4, is
538.28 amended to read:

538.29 Subd. 4. **Service delivery payment requirements.** (a) To be eligible for payment under
538.30 this section, a provider must develop and practice written policies and procedures for
538.31 children's intensive ~~treatment in foster care~~ behavioral health services, consistent with

539.1 subdivision 1, paragraph (b), and comply with the following requirements in paragraphs
539.2 (b) to (n).

539.3 (b) Each previous and current mental health, school, and physical health treatment
539.4 provider must be contacted to request documentation of treatment and assessments that the
539.5 eligible client has received. This information must be reviewed and incorporated into the
539.6 standard diagnostic assessment and team consultation and treatment planning review process.

539.7 (c) Each client receiving treatment must be assessed for a trauma history, and the client's
539.8 treatment plan must document how the results of the assessment will be incorporated into
539.9 treatment.

539.10 (d) The level of care assessment as defined in section 245I.02, subdivision 19, and
539.11 functional assessment as defined in section 245I.02, subdivision 17, must be updated at
539.12 least every 90 days or prior to discharge from the service, whichever comes first.

539.13 (e) Each client receiving treatment services must have an individual treatment plan that
539.14 is reviewed, evaluated, and approved every 90 days using the team consultation and treatment
539.15 planning process.

539.16 (f) Clinical care consultation must be provided in accordance with the client's individual
539.17 treatment plan.

539.18 (g) Each client must have a crisis plan within ten days of initiating services and must
539.19 have access to clinical phone support 24 hours per day, seven days per week, during the
539.20 course of treatment. The crisis plan must demonstrate coordination with the local or regional
539.21 mobile crisis intervention team.

539.22 (h) Services must be delivered and documented at least three days per week, equaling
539.23 at least six hours of treatment per week. If the mental health professional, client, and family
539.24 agree, service units may be temporarily reduced for a period of no more than 60 days in
539.25 order to meet the needs of the client and family, or as part of transition or on a discharge
539.26 plan to another service or level of care. The reasons for service reduction must be identified,
539.27 documented, and included in the treatment plan. Billing and payment are prohibited for
539.28 days on which no services are delivered and documented.

539.29 (i) Location of service delivery must be in the client's home, day care setting, school, or
539.30 other community-based setting that is specified on the client's individualized treatment plan.

539.31 (j) Treatment must be developmentally and culturally appropriate for the client.

539.32 (k) Services must be delivered in continual collaboration and consultation with the
539.33 client's medical providers and, in particular, with prescribers of psychotropic medications,

including those prescribed on an off-label basis. Members of the service team must be aware of the medication regimen and potential side effects.

(l) Parents, siblings, foster parents, legal guardians, and members of the child's permanency plan must be involved in treatment and service delivery unless otherwise noted in the treatment plan.

(m) Transition planning for ~~the~~ a child in foster care must be conducted starting with the first treatment plan and must be addressed throughout treatment to support the child's permanency plan and postdischarge mental health service needs.

(n) In order for a provider to receive the daily per-client encounter rate, at least one of the services listed in subdivision 1, paragraph (b), clauses (1) to (3), must be provided. The services listed in subdivision 1, paragraph (b), clauses (4) and (5), may be included as part of the daily per-client encounter rate.

EFFECTIVE DATE. This section is effective January 1, 2023, or upon federal approval, whichever is later. The commissioner of human services shall notify the revisor of statutes when federal approval is obtained.

Sec. 74. Minnesota Statutes 2021 Supplement, section 256B.0946, subdivision 6, is amended to read:

Subd. 6. **Excluded services.** (a) Services in clauses (1) to (7) are not covered under this section and are not eligible for medical assistance payment as components of children's intensive ~~treatment in foster care~~ behavioral health services, but may be billed separately:

(1) inpatient psychiatric hospital treatment;

(2) mental health targeted case management;

(3) partial hospitalization;

(4) medication management;

(5) children's mental health day treatment services;

(6) crisis response services under section 256B.0624;

(7) transportation; and

(8) mental health certified family peer specialist services under section 256B.0616.

(b) Children receiving intensive ~~treatment in foster care~~ behavioral health services are not eligible for medical assistance reimbursement for the following services while receiving children's intensive ~~treatment in foster care~~ behavioral health services:

541.1 (1) psychotherapy and skills training components of children's therapeutic services and
541.2 supports under section 256B.0943;

541.3 (2) mental health behavioral aide services as defined in section 256B.0943, subdivision
541.4 1, paragraph (l);

541.5 (3) home and community-based waiver services;

541.6 (4) mental health residential treatment; and

541.7 (5) room and board costs as defined in section 256I.03, subdivision 6.

541.8 **EFFECTIVE DATE.** This section is effective January 1, 2023, or upon federal approval,
541.9 whichever is later. The commissioner of human services shall notify the revisor of statutes
541.10 when federal approval is obtained.

541.11 Sec. 75. Minnesota Statutes 2020, section 256B.0946, subdivision 7, is amended to read:

541.12 Subd. 7. **Medical assistance payment and rate setting.** The commissioner shall establish
541.13 a single daily per-client encounter rate for children's intensive ~~treatment in foster care~~
541.14 behavioral health services. The rate must be constructed to cover only eligible services
541.15 delivered to an eligible recipient by an eligible provider, as prescribed in subdivision 1,
541.16 paragraph (b).

541.17 **EFFECTIVE DATE.** This section is effective January 1, 2023, or upon federal approval,
541.18 whichever is later. The commissioner of human services shall notify the revisor of statutes
541.19 when federal approval is obtained.

541.20 Sec. 76. Minnesota Statutes 2021 Supplement, section 256B.0947, subdivision 2, is
541.21 amended to read:

541.22 Subd. 2. **Definitions.** For purposes of this section, the following terms have the meanings
541.23 given them.

541.24 (a) "Intensive nonresidential rehabilitative mental health services" means child
541.25 rehabilitative mental health services as defined in section 256B.0943, except that these
541.26 services are provided by a multidisciplinary staff using a total team approach consistent
541.27 with assertive community treatment, as adapted for youth, and are directed to recipients
541.28 who are eight years of age or older and under ~~26~~ 21 years of age who require intensive
541.29 services to prevent admission to an inpatient psychiatric hospital or placement in a residential
541.30 treatment facility or who require intensive services to step down from inpatient or residential
541.31 care to community-based care.

542.1 (b) "Co-occurring mental illness and substance use disorder" means a dual diagnosis of
542.2 at least one form of mental illness and at least one substance use disorder. Substance use
542.3 disorders include alcohol or drug abuse or dependence, excluding nicotine use.

542.4 (c) "Standard diagnostic assessment" means the assessment described in section 245I.10,
542.5 subdivision 6.

542.6 (d) "Medication education services" means services provided individually or in groups,
542.7 which focus on:

542.8 (1) educating the client and client's family or significant nonfamilial supporters about
542.9 mental illness and symptoms;

542.10 (2) the role and effects of medications in treating symptoms of mental illness; and

542.11 (3) the side effects of medications.

542.12 Medication education is coordinated with medication management services and does not
542.13 duplicate it. Medication education services are provided by physicians, pharmacists, or
542.14 registered nurses with certification in psychiatric and mental health care.

542.15 (e) "Mental health professional" means a staff person who is qualified according to
542.16 section 245I.04, subdivision 2.

542.17 (f) "Provider agency" means a for-profit or nonprofit organization established to
542.18 administer an assertive community treatment for youth team.

542.19 (g) "Substance use disorders" means one or more of the disorders defined in the diagnostic
542.20 and statistical manual of mental disorders, current edition.

542.21 (h) "Transition services" means:

542.22 (1) activities, materials, consultation, and coordination that ensures continuity of the
542.23 client's care in advance of and in preparation for the client's move from one stage of care
542.24 or life to another by maintaining contact with the client and assisting the client to establish
542.25 provider relationships;

542.26 (2) providing the client with knowledge and skills needed posttransition;

542.27 (3) establishing communication between sending and receiving entities;

542.28 (4) supporting a client's request for service authorization and enrollment; and

542.29 (5) establishing and enforcing procedures and schedules.

542.30 A youth's transition from the children's mental health system and services to the adult
542.31 mental health system and services and return to the client's home and entry or re-entry into

community-based mental health services following discharge from an out-of-home placement or inpatient hospital stay.

(i) "Treatment team" means all staff who provide services to recipients under this section.

(j) "Family peer specialist" means a staff person who is qualified under section 256B.0616.

Sec. 77. Minnesota Statutes 2021 Supplement, section 256B.0947, subdivision 3, is amended to read:

Subd. 3. **Client eligibility.** An eligible recipient is an individual who:

(1) is eight years of age or older and under ~~26~~ 21 years of age;

(2) is diagnosed with a serious mental illness or co-occurring mental illness and substance use disorder, for which intensive nonresidential rehabilitative mental health services are needed;

(3) has received a level of care assessment as defined in section 245I.02, subdivision 19, that indicates a need for intensive integrated intervention without 24-hour medical monitoring and a need for extensive collaboration among multiple providers;

(4) has received a functional assessment as defined in section 245I.02, subdivision 17, that indicates functional impairment and a history of difficulty in functioning safely and successfully in the community, school, home, or job; or who is likely to need services from the adult mental health system during adulthood; and

(5) has had a recent standard diagnostic assessment that documents that intensive nonresidential rehabilitative mental health services are medically necessary to ameliorate identified symptoms and functional impairments and to achieve individual transition goals.

Sec. 78. Minnesota Statutes 2021 Supplement, section 256B.0947, subdivision 5, is amended to read:

Subd. 5. **Standards for intensive nonresidential rehabilitative providers.** (a) Services must meet the standards in this section and chapter 245I as required in section 245I.011, subdivision 5.

(b) The treatment team must have specialized training in providing services to the specific age group of youth that the team serves. An individual treatment team must serve youth who are: (1) at least eight years of age or older and under 16 years of age, or (2) at least 14 years of age or older and under ~~26~~ 21 years of age.

544.1 (c) The treatment team for intensive nonresidential rehabilitative mental health services
544.2 comprises both permanently employed core team members and client-specific team members
544.3 as follows:

544.4 (1) Based on professional qualifications and client needs, clinically qualified core team
544.5 members are assigned on a rotating basis as the client's lead worker to coordinate a client's
544.6 care. The core team must comprise at least four full-time equivalent direct care staff and
544.7 must minimally include:

544.8 (i) a mental health professional who serves as team leader to provide administrative
544.9 direction and treatment supervision to the team;

544.10 (ii) an advanced-practice registered nurse with certification in psychiatric or mental
544.11 health care or a board-certified child and adolescent psychiatrist, either of which must be
544.12 credentialed to prescribe medications;

544.13 (iii) a licensed alcohol and drug counselor who is also trained in mental health
544.14 interventions; and

544.15 (iv) a mental health certified peer specialist who is qualified according to section 245I.04,
544.16 subdivision 10, and is also a former children's mental health consumer.

544.17 (2) The core team may also include any of the following:

544.18 (i) additional mental health professionals;

544.19 (ii) a vocational specialist;

544.20 (iii) an educational specialist with knowledge and experience working with youth
544.21 regarding special education requirements and goals, special education plans, and coordination
544.22 of educational activities with health care activities;

544.23 (iv) a child and adolescent psychiatrist who may be retained on a consultant basis;

544.24 (v) a clinical trainee qualified according to section 245I.04, subdivision 6;

544.25 (vi) a mental health practitioner qualified according to section 245I.04, subdivision 4;

544.26 (vii) a case management service provider, as defined in section 245.4871, subdivision
544.27 4;

544.28 (viii) a housing access specialist; and

544.29 (ix) a family peer specialist as defined in subdivision 2, paragraph (j).

544.30 (3) A treatment team may include, in addition to those in clause (1) or (2), ad hoc
544.31 members not employed by the team who consult on a specific client and who must accept

545.1 overall clinical direction from the treatment team for the duration of the client's placement
545.2 with the treatment team and must be paid by the provider agency at the rate for a typical
545.3 session by that provider with that client or at a rate negotiated with the client-specific
545.4 member. Client-specific treatment team members may include:

545.5 (i) the mental health professional treating the client prior to placement with the treatment
545.6 team;

545.7 (ii) the client's current substance use counselor, if applicable;

545.8 (iii) a lead member of the client's individualized education program team or school-based
545.9 mental health provider, if applicable;

545.10 (iv) a representative from the client's health care home or primary care clinic, as needed
545.11 to ensure integration of medical and behavioral health care;

545.12 (v) the client's probation officer or other juvenile justice representative, if applicable;
545.13 and

545.14 (vi) the client's current vocational or employment counselor, if applicable.

545.15 (d) The treatment supervisor shall be an active member of the treatment team and shall
545.16 function as a practicing clinician at least on a part-time basis. The treatment team shall meet
545.17 with the treatment supervisor at least weekly to discuss recipients' progress and make rapid
545.18 adjustments to meet recipients' needs. The team meeting must include client-specific case
545.19 reviews and general treatment discussions among team members. Client-specific case
545.20 reviews and planning must be documented in the individual client's treatment record.

545.21 (e) The staffing ratio must not exceed ten clients to one full-time equivalent treatment
545.22 team position.

545.23 (f) The treatment team shall serve no more than 80 clients at any one time. Should local
545.24 demand exceed the team's capacity, an additional team must be established rather than
545.25 exceed this limit.

545.26 (g) Nonclinical staff shall have prompt access in person or by telephone to a mental
545.27 health practitioner, clinical trainee, or mental health professional. The provider shall have
545.28 the capacity to promptly and appropriately respond to emergent needs and make any
545.29 necessary staffing adjustments to ensure the health and safety of clients.

545.30 (h) The intensive nonresidential rehabilitative mental health services provider shall
545.31 participate in evaluation of the assertive community treatment for youth (Youth ACT) model

546.1 as conducted by the commissioner, including the collection and reporting of data and the
546.2 reporting of performance measures as specified by contract with the commissioner.

546.3 (i) A regional treatment team may serve multiple counties.

546.4 Sec. 79. Minnesota Statutes 2020, section 256B.0949, subdivision 15, is amended to read:

546.5 Subd. 15. **EIDBI provider qualifications.** (a) A QSP must be employed by an agency
546.6 and be:

546.7 (1) a licensed mental health professional who has at least 2,000 hours of supervised
546.8 clinical experience or training in examining or treating people with ASD or a related condition
546.9 or equivalent documented coursework at the graduate level by an accredited university in
546.10 ASD diagnostics, ASD developmental and behavioral treatment strategies, and typical child
546.11 development; or

546.12 (2) a developmental or behavioral pediatrician who has at least 2,000 hours of supervised
546.13 clinical experience or training in examining or treating people with ASD or a related condition
546.14 or equivalent documented coursework at the graduate level by an accredited university in
546.15 the areas of ASD diagnostics, ASD developmental and behavioral treatment strategies, and
546.16 typical child development.

546.17 (b) A level I treatment provider must be employed by an agency and:

546.18 (1) have at least 2,000 hours of supervised clinical experience or training in examining
546.19 or treating people with ASD or a related condition or equivalent documented coursework
546.20 at the graduate level by an accredited university in ASD diagnostics, ASD developmental
546.21 and behavioral treatment strategies, and typical child development or an equivalent
546.22 combination of documented coursework or hours of experience; and

546.23 (2) have or be at least one of the following:

546.24 (i) a master's degree in behavioral health or child development or related fields including,
546.25 but not limited to, mental health, special education, social work, psychology, speech
546.26 pathology, or occupational therapy from an accredited college or university;

546.27 (ii) a bachelor's degree in a behavioral health, child development, or related field
546.28 including, but not limited to, mental health, special education, social work, psychology,
546.29 speech pathology, or occupational therapy, from an accredited college or university, and
546.30 advanced certification in a treatment modality recognized by the department;

546.31 (iii) a board-certified behavior analyst; or

547.1 (iv) a board-certified assistant behavior analyst with 4,000 hours of supervised clinical
547.2 experience that meets all registration, supervision, and continuing education requirements
547.3 of the certification.

547.4 (c) A level II treatment provider must be employed by an agency and must be:

547.5 (1) a person who has a bachelor's degree from an accredited college or university in a
547.6 behavioral or child development science or related field including, but not limited to, mental
547.7 health, special education, social work, psychology, speech pathology, or occupational
547.8 therapy; and meets at least one of the following:

547.9 (i) has at least 1,000 hours of supervised clinical experience or training in examining or
547.10 treating people with ASD or a related condition or equivalent documented coursework at
547.11 the graduate level by an accredited university in ASD diagnostics, ASD developmental and
547.12 behavioral treatment strategies, and typical child development or a combination of
547.13 coursework or hours of experience;

547.14 (ii) has certification as a board-certified assistant behavior analyst from the Behavior
547.15 Analyst Certification Board;

547.16 (iii) is a registered behavior technician as defined by the Behavior Analyst Certification
547.17 Board; or

547.18 (iv) is certified in one of the other treatment modalities recognized by the department;
547.19 or

547.20 (2) a person who has:

547.21 (i) an associate's degree in a behavioral or child development science or related field
547.22 including, but not limited to, mental health, special education, social work, psychology,
547.23 speech pathology, or occupational therapy from an accredited college or university; and

547.24 (ii) at least 2,000 hours of supervised clinical experience in delivering treatment to people
547.25 with ASD or a related condition. Hours worked as a mental health behavioral aide or level
547.26 III treatment provider may be included in the required hours of experience; or

547.27 (3) a person who has at least 4,000 hours of supervised clinical experience in delivering
547.28 treatment to people with ASD or a related condition. Hours worked as a mental health
547.29 behavioral aide or level III treatment provider may be included in the required hours of
547.30 experience; or

547.31 (4) a person who is a graduate student in a behavioral science, child development science,
547.32 or related field and is receiving clinical supervision by a QSP affiliated with an agency to

548.1 meet the clinical training requirements for experience and training with people with ASD
548.2 or a related condition; or

548.3 (5) a person who is at least 18 years of age and who:

548.4 (i) is fluent in a non-English language or an individual certified by a Tribal Nation;

548.5 (ii) completed the level III EIDBI training requirements; and

548.6 (iii) receives observation and direction from a QSP or level I treatment provider at least
548.7 once a week until the person meets 1,000 hours of supervised clinical experience.

548.8 (d) A level III treatment provider must be employed by an agency, have completed the
548.9 level III training requirement, be at least 18 years of age, and have at least one of the
548.10 following:

548.11 (1) a high school diploma or commissioner of education-selected high school equivalency
548.12 certification;

548.13 (2) fluency in a non-English language or certification by a Tribal Nation;

548.14 (3) one year of experience as a primary personal care assistant, community health worker,
548.15 waiver service provider, or special education assistant to a person with ASD or a related
548.16 condition within the previous five years; or

548.17 (4) completion of all required EIDBI training within six months of employment.

548.18 **EFFECTIVE DATE.** This section is effective January 1, 2023, or upon federal approval,
548.19 whichever is later. The commissioner of human services shall notify the revisor of statutes
548.20 when federal approval is obtained.

548.21 Sec. 80. Minnesota Statutes 2020, section 256D.09, subdivision 2a, is amended to read:

548.22 Subd. 2a. **Vendor payments for drug dependent persons.** If, at the time of application
548.23 or at any other time, there is a reasonable basis for questioning whether a person applying
548.24 for or receiving financial assistance is drug dependent, as defined in section 254A.02,
548.25 subdivision 5, the person shall be referred for a chemical health assessment, and only
548.26 emergency assistance payments or general assistance vendor payments may be provided
548.27 until the assessment is complete and the results of the assessment made available to the
548.28 county agency. A reasonable basis for referring an individual for an assessment exists when:

548.29 (1) the person has required detoxification two or more times in the past 12 months;

548.30 (2) the person appears intoxicated at the county agency as indicated by two or more of
548.31 the following:

(i) the odor of alcohol;

(ii) slurred speech;

(iii) disconjugate gaze;

(iv) impaired balance;

(v) difficulty remaining awake;

(vi) consumption of alcohol;

(vii) responding to sights or sounds that are not actually present;

(viii) extreme restlessness, fast speech, or unusual belligerence;

(3) the person has been involuntarily committed for drug dependency at least once in the past 12 months; or

(4) the person has received treatment, including domiciliary care, for drug abuse or dependency at least twice in the past 12 months.

The assessment and determination of drug dependency, if any, must be made by an assessor qualified under ~~Minnesota Rules, part 9530.6615, subpart 2~~ section 245G.11, subdivisions 1 and 5, to perform an assessment of chemical use. The county shall only provide emergency general assistance or vendor payments to an otherwise eligible applicant or recipient who is determined to be drug dependent, except up to 15 percent of the grant amount the person would otherwise receive may be paid in cash. Notwithstanding subdivision 1, the commissioner of human services shall also require county agencies to provide assistance only in the form of vendor payments to all eligible recipients who assert chemical dependency as a basis for eligibility under section 256D.05, subdivision 1, paragraph (a), clauses (1) and (5).

The determination of drug dependency shall be reviewed at least every 12 months. If the county determines a recipient is no longer drug dependent, the county may cease vendor payments and provide the recipient payments in cash.

Sec. 81. Minnesota Statutes 2021 Supplement, section 256L.03, subdivision 2, is amended to read:

Subd. 2. **Alcohol and drug dependency.** Beginning July 1, 1993, covered health services shall include individual outpatient treatment of alcohol or drug dependency by a qualified health professional or outpatient program.

550.1 Persons who may need chemical dependency services under the provisions of this chapter
550.2 ~~shall be assessed by a local agency~~ must be offered access by a local agency to a
550.3 comprehensive assessment as defined under section ~~254B.01~~ 245G.05, and under the
550.4 assessment provisions of section 254A.03, subdivision 3. A local agency or managed care
550.5 plan under contract with the Department of Human Services must ~~place~~ offer services to a
550.6 person in need of chemical dependency services ~~as provided in Minnesota Rules, parts~~
550.7 ~~9530.6600 to 9530.6655~~ based on the recommendations of section 245G.05. Persons who
550.8 are recipients of medical benefits under the provisions of this chapter and who are financially
550.9 eligible for behavioral health fund services provided under the provisions of chapter 254B
550.10 shall receive chemical dependency treatment services under the provisions of chapter 254B
550.11 only if:

550.12 (1) they have exhausted the chemical dependency benefits offered under this chapter;
550.13 or

550.14 (2) an assessment indicates that they need a level of care not provided under the provisions
550.15 of this chapter.

550.16 Recipients of covered health services under the children's health plan, as provided in
550.17 Minnesota Statutes 1990, section 256.936, and as amended by Laws 1991, chapter 292,
550.18 article 4, section 17, and recipients of covered health services enrolled in the children's
550.19 health plan or the MinnesotaCare program after October 1, 1992, pursuant to Laws 1992,
550.20 chapter 549, article 4, sections 5 and 17, are eligible to receive alcohol and drug dependency
550.21 benefits under this subdivision.

550.22 Sec. 82. Minnesota Statutes 2020, section 256L.12, subdivision 8, is amended to read:

550.23 Subd. 8. **Chemical dependency assessments.** The managed care plan shall be responsible
550.24 for assessing the need and ~~placement for~~ provision of chemical dependency services
550.25 according to criteria set forth in ~~Minnesota Rules, parts 9530.6600 to 9530.6655~~ section
550.26 245G.05.

550.27 Sec. 83. Minnesota Statutes 2020, section 260B.157, subdivision 1, is amended to read:

550.28 Subdivision 1. **Investigation.** Upon request of the court the local social services agency
550.29 or probation officer shall investigate the personal and family history and environment of
550.30 any minor coming within the jurisdiction of the court under section 260B.101 and shall
550.31 report its findings to the court. The court may order any minor coming within its jurisdiction
550.32 to be examined by a duly qualified physician, psychiatrist, or psychologist appointed by the
550.33 court.

The court shall order a chemical use assessment conducted when a child is (1) found to be delinquent for violating a provision of chapter 152, or for committing a felony-level violation of a provision of chapter 609 if the probation officer determines that alcohol or drug use was a contributing factor in the commission of the offense, or (2) alleged to be delinquent for violating a provision of chapter 152, if the child is being held in custody under a detention order. The assessor's qualifications must comply with section 245G.11, subdivisions 1 and 5, and the assessment criteria ~~shall~~ must comply with ~~Minnesota Rules, parts 9530.6600 to 9530.6655~~ section 245G.05. If funds under chapter 254B are to be used to pay for the recommended treatment, the assessment ~~and placement~~ must comply with all provisions of ~~Minnesota Rules, parts 9530.6600 to 9530.6655 and 9530.7000 to 9530.7030~~ sections 245G.05 and 254B.04. The commissioner of human services shall reimburse the court for the cost of the chemical use assessment, up to a maximum of $100.

The court shall order a children's mental health screening conducted when a child is found to be delinquent. The screening shall be conducted with a screening instrument approved by the commissioner of human services and shall be conducted by a mental health practitioner as defined in section 245.4871, subdivision 26, or a probation officer who is trained in the use of the screening instrument. If the screening indicates a need for assessment, the local social services agency, in consultation with the child's family, shall have a diagnostic assessment conducted, including a functional assessment, as defined in section 245.4871.

With the consent of the commissioner of corrections and agreement of the county to pay the costs thereof, the court may, by order, place a minor coming within its jurisdiction in an institution maintained by the commissioner for the detention, diagnosis, custody and treatment of persons adjudicated to be delinquent, in order that the condition of the minor be given due consideration in the disposition of the case. Any funds received under the provisions of this subdivision shall not cancel until the end of the fiscal year immediately following the fiscal year in which the funds were received. The funds are available for use by the commissioner of corrections during that period and are hereby appropriated annually to the commissioner of corrections as reimbursement of the costs of providing these services to the juvenile courts.

Sec. 84. Minnesota Statutes 2020, section 260B.157, subdivision 3, is amended to read:

Subd. 3. **Juvenile treatment screening team.** (a) The local social services agency shall establish a juvenile treatment screening team to conduct screenings and prepare case plans under this subdivision. The team, which may be the team constituted under section 245.4885 or 256B.092 or ~~Minnesota Rules, parts 9530.6600 to 9530.6655~~ chapter 254B, shall consist

552.1 of social workers, juvenile justice professionals, and persons with expertise in the treatment
552.2 of juveniles who are emotionally disabled, chemically dependent, or have a developmental
552.3 disability. The team shall involve parents or guardians in the screening process as appropriate.
552.4 The team may be the same team as defined in section 260C.157, subdivision 3.

552.5 (b) If the court, prior to, or as part of, a final disposition, proposes to place a child:

552.6 (1) for the primary purpose of treatment for an emotional disturbance, and residential
552.7 placement is consistent with section 260.012, a developmental disability, or chemical
552.8 dependency in a residential treatment facility out of state or in one which is within the state
552.9 and licensed by the commissioner of human services under chapter 245A; or

552.10 (2) in any out-of-home setting potentially exceeding 30 days in duration, including a
552.11 post-dispositional placement in a facility licensed by the commissioner of corrections or
552.12 human services, the court shall notify the county welfare agency. The county's juvenile
552.13 treatment screening team must either:

552.14 (i) screen and evaluate the child and file its recommendations with the court within 14
552.15 days of receipt of the notice; or

552.16 (ii) elect not to screen a given case, and notify the court of that decision within three
552.17 working days.

552.18 (c) If the screening team has elected to screen and evaluate the child, the child may not
552.19 be placed for the primary purpose of treatment for an emotional disturbance, a developmental
552.20 disability, or chemical dependency, in a residential treatment facility out of state nor in a
552.21 residential treatment facility within the state that is licensed under chapter 245A, unless one
552.22 of the following conditions applies:

552.23 (1) a treatment professional certifies that an emergency requires the placement of the
552.24 child in a facility within the state;

552.25 (2) the screening team has evaluated the child and recommended that a residential
552.26 placement is necessary to meet the child's treatment needs and the safety needs of the
552.27 community, that it is a cost-effective means of meeting the treatment needs, and that it will
552.28 be of therapeutic value to the child; or

552.29 (3) the court, having reviewed a screening team recommendation against placement,
552.30 determines to the contrary that a residential placement is necessary. The court shall state
552.31 the reasons for its determination in writing, on the record, and shall respond specifically to
552.32 the findings and recommendation of the screening team in explaining why the

553.1 recommendation was rejected. The attorney representing the child and the prosecuting
553.2 attorney shall be afforded an opportunity to be heard on the matter.

553.3 Sec. 85. Minnesota Statutes 2021 Supplement, section 260C.157, subdivision 3, is amended
553.4 to read:

553.5 Subd. 3. **Juvenile treatment screening team.** (a) The responsible social services agency
553.6 shall establish a juvenile treatment screening team to conduct screenings under this chapter
553.7 and chapter 260D, for a child to receive treatment for an emotional disturbance, a
553.8 developmental disability, or related condition in a residential treatment facility licensed by
553.9 the commissioner of human services under chapter 245A, or licensed or approved by a
553.10 Tribe. A screening team is not required for a child to be in: (1) a residential facility
553.11 specializing in prenatal, postpartum, or parenting support; (2) a facility specializing in
553.12 high-quality residential care and supportive services to children and youth who have been
553.13 or are at risk of becoming victims of sex trafficking or commercial sexual exploitation; (3)
553.14 supervised settings for youth who are 18 years of age or older and living independently; or
553.15 (4) a licensed residential family-based treatment facility for substance abuse consistent with
553.16 section 260C.190. Screenings are also not required when a child must be placed in a facility
553.17 due to an emotional crisis or other mental health emergency.

553.18 (b) The responsible social services agency shall conduct screenings within 15 days of a
553.19 request for a screening, unless the screening is for the purpose of residential treatment and
553.20 the child is enrolled in a prepaid health program under section 256B.69, in which case the
553.21 agency shall conduct the screening within ten working days of a request. The responsible
553.22 social services agency shall convene the juvenile treatment screening team, which may be
553.23 constituted under section 245.4885 ~~or~~, 254B.05, or 256B.092 ~~or Minnesota Rules, parts~~
553.24 ~~9530.6600 to 9530.6655~~. The team shall consist of social workers; persons with expertise
553.25 in the treatment of juveniles who are emotionally disturbed, chemically dependent, or have
553.26 a developmental disability; and the child's parent, guardian, or permanent legal custodian.
553.27 The team may include the child's relatives as defined in section 260C.007, subdivisions 26b
553.28 and 27, the child's foster care provider, and professionals who are a resource to the child's
553.29 family such as teachers, medical or mental health providers, and clergy, as appropriate,
553.30 consistent with the family and permanency team as defined in section 260C.007, subdivision
553.31 16a. Prior to forming the team, the responsible social services agency must consult with the
553.32 child's parents, the child if the child is age 14 or older, and, if applicable, the child's Tribe
553.33 to obtain recommendations regarding which individuals to include on the team and to ensure
553.34 that the team is family-centered and will act in the child's best interests. If the child, child's

554.1 parents, or legal guardians raise concerns about specific relatives or professionals, the team
554.2 should not include those individuals. This provision does not apply to paragraph (c).

554.3 (c) If the agency provides notice to Tribes under section 260.761, and the child screened
554.4 is an Indian child, the responsible social services agency must make a rigorous and concerted
554.5 effort to include a designated representative of the Indian child's Tribe on the juvenile
554.6 treatment screening team, unless the child's Tribal authority declines to appoint a
554.7 representative. The Indian child's Tribe may delegate its authority to represent the child to
554.8 any other federally recognized Indian Tribe, as defined in section 260.755, subdivision 12.
554.9 The provisions of the Indian Child Welfare Act of 1978, United States Code, title 25, sections
554.10 1901 to 1963, and the Minnesota Indian Family Preservation Act, sections 260.751 to
554.11 260.835, apply to this section.

554.12 (d) If the court, prior to, or as part of, a final disposition or other court order, proposes
554.13 to place a child with an emotional disturbance or developmental disability or related condition
554.14 in residential treatment, the responsible social services agency must conduct a screening.
554.15 If the team recommends treating the child in a qualified residential treatment program, the
554.16 agency must follow the requirements of sections 260C.70 to 260C.714.

554.17 The court shall ascertain whether the child is an Indian child and shall notify the
554.18 responsible social services agency and, if the child is an Indian child, shall notify the Indian
554.19 child's Tribe as paragraph (c) requires.

554.20 (e) When the responsible social services agency is responsible for placing and caring
554.21 for the child and the screening team recommends placing a child in a qualified residential
554.22 treatment program as defined in section 260C.007, subdivision 26d, the agency must: (1)
554.23 begin the assessment and processes required in section 260C.704 without delay; and (2)
554.24 conduct a relative search according to section 260C.221 to assemble the child's family and
554.25 permanency team under section 260C.706. Prior to notifying relatives regarding the family
554.26 and permanency team, the responsible social services agency must consult with the child's
554.27 parent or legal guardian, the child if the child is age 14 or older, and, if applicable, the child's
554.28 Tribe to ensure that the agency is providing notice to individuals who will act in the child's
554.29 best interests. The child and the child's parents may identify a culturally competent qualified
554.30 individual to complete the child's assessment. The agency shall make efforts to refer the
554.31 assessment to the identified qualified individual. The assessment may not be delayed for
554.32 the purpose of having the assessment completed by a specific qualified individual.

554.33 (f) When a screening team determines that a child does not need treatment in a qualified
554.34 residential treatment program, the screening team must:

555.1 (1) document the services and supports that will prevent the child's foster care placement
555.2 and will support the child remaining at home;

555.3 (2) document the services and supports that the agency will arrange to place the child
555.4 in a family foster home; or

555.5 (3) document the services and supports that the agency has provided in any other setting.

555.6 (g) When the Indian child's Tribe or Tribal health care services provider or Indian Health
555.7 Services provider proposes to place a child for the primary purpose of treatment for an
555.8 emotional disturbance, a developmental disability, or co-occurring emotional disturbance
555.9 and chemical dependency, the Indian child's Tribe or the Tribe delegated by the child's Tribe
555.10 shall submit necessary documentation to the county juvenile treatment screening team,
555.11 which must invite the Indian child's Tribe to designate a representative to the screening
555.12 team.

555.13 (h) The responsible social services agency must conduct and document the screening in
555.14 a format approved by the commissioner of human services.

555.15 Sec. 86. Minnesota Statutes 2020, section 260E.20, subdivision 1, is amended to read:

555.16 Subdivision 1. **General duties.** (a) The local welfare agency shall offer services to
555.17 prevent future maltreatment, safeguarding and enhancing the welfare of the maltreated child,
555.18 and supporting and preserving family life whenever possible.

555.19 (b) If the report alleges a violation of a criminal statute involving maltreatment or child
555.20 endangerment under section 609.378, the local law enforcement agency and local welfare
555.21 agency shall coordinate the planning and execution of their respective investigation and
555.22 assessment efforts to avoid a duplication of fact-finding efforts and multiple interviews.
555.23 Each agency shall prepare a separate report of the results of the agency's investigation or
555.24 assessment.

555.25 (c) In cases of alleged child maltreatment resulting in death, the local agency may rely
555.26 on the fact-finding efforts of a law enforcement investigation to make a determination of
555.27 whether or not maltreatment occurred.

555.28 (d) When necessary, the local welfare agency shall seek authority to remove the child
555.29 from the custody of a parent, guardian, or adult with whom the child is living.

555.30 (e) In performing any of these duties, the local welfare agency shall maintain an
555.31 appropriate record.

(f) In conducting a family assessment or investigation, the local welfare agency shall gather information on the existence of substance abuse and domestic violence.

(g) If the family assessment or investigation indicates there is a potential for abuse of alcohol or other drugs by the parent, guardian, or person responsible for the child's care, the local welfare agency ~~shall conduct a chemical use~~ must coordinate a comprehensive assessment pursuant to ~~Minnesota Rules, part 9530.6615~~ section 245G.05.

(h) The agency may use either a family assessment or investigation to determine whether the child is safe when responding to a report resulting from birth match data under section 260E.03, subdivision 23, paragraph (c). If the child subject of birth match data is determined to be safe, the agency shall consult with the county attorney to determine the appropriateness of filing a petition alleging the child is in need of protection or services under section 260C.007, subdivision 6, clause (16), in order to deliver needed services. If the child is determined not to be safe, the agency and the county attorney shall take appropriate action as required under section 260C.503, subdivision 2.

Sec. 87. Minnesota Statutes 2020, section 299A.299, subdivision 1, is amended to read:

Subdivision 1. **Establishment of team.** A county, a multicounty organization of counties formed by an agreement under section 471.59, or a city with a population of no more than 50,000, may establish a multidisciplinary chemical abuse prevention team. The chemical abuse prevention team may include, but not be limited to, representatives of health, mental health, public health, law enforcement, educational, social service, court service, community education, religious, and other appropriate agencies, and parent and youth groups. For purposes of this section, "chemical abuse" has the meaning given in ~~Minnesota Rules, part 9530.6605, subpart 6~~ section 254A.02, subdivision 6a. When possible the team must coordinate its activities with existing local groups, organizations, and teams dealing with the same issues the team is addressing.

Sec. 88. Laws 2021, First Special Session chapter 7, article 17, section 1, subdivision 2, is amended to read:

Subd. 2. **Eligibility.** An individual is eligible for the transition to community initiative if the individual does not meet eligibility criteria for the medical assistance program under section 256B.056 or 256B.057, but who meets at least one of the following criteria:

(1) the person otherwise meets the criteria under section 256B.092, subdivision 13, or 256B.49, subdivision 24;

(2) the person has met treatment objectives and no longer requires a hospital-level care or a secure treatment setting, but the person's discharge from the Anoka Metro Regional Treatment Center, the Minnesota Security Hospital, or a community behavioral health hospital would be substantially delayed without additional resources available through the transitions to community initiative;

(3) the person is in a community hospital ~~and on the waiting list for the Anoka Metro Regional Treatment Center~~, but alternative community living options would be appropriate for the person~~, and the person has received approval from the commissioner~~; or

(4)(i) the person is receiving customized living services reimbursed under section 256B.4914, 24-hour customized living services reimbursed under section 256B.4914, or community residential services reimbursed under section 256B.4914; (ii) the person expresses a desire to move; and (iii) the person has received approval from the commissioner.

Sec. 89. Laws 2021, First Special Session chapter 7, article 17, section 11, is amended to read:

Sec. 11. **EXPAND MOBILE CRISIS.**

~~(a)~~ This act includes $8,000,000 in fiscal year 2022 and $8,000,000 in fiscal year 2023 for additional funding for grants for adult mobile crisis services under Minnesota Statutes, section 245.4661, subdivision 9, paragraph (b), clause (15) and children's mobile crisis services under Minnesota Statutes, section 256B.0944. The general fund base in this act for this purpose is ~~$4,000,000~~ $8,000,000 in fiscal year 2024 and ~~$0~~ $8,000,000 in fiscal year 2025.

~~(b) Beginning April 1, 2024, counties may fund and continue conducting activities funded under this section.~~

~~(c) All grant activities must be completed by March 31, 2024.~~

~~(d) This section expires June 30, 2024.~~

Sec. 90. Laws 2021, First Special Session chapter 7, article 17, section 12, is amended to read:

Sec. 12. **~~PSYCHIATRIC RESIDENTIAL TREATMENT FACILITY AND CHILD AND ADOLESCENT~~ ADULT AND CHILDREN'S MOBILE TRANSITION ~~UNIT~~ UNITS.**

(a) This act includes $2,500,000 in fiscal year 2022 and $2,500,000 in fiscal year 2023 for the commissioner of human services to create adult and children's mental health transition and support teams to facilitate transition back to the community ~~of children~~ or to the least restrictive level of care from inpatient psychiatric settings, emergency departments, residential treatment facilities, and child and adolescent behavioral health hospitals. The general fund base included in this act for this purpose is $1,875,000 in fiscal year 2024 and $0 in fiscal year 2025.

(b) Beginning April 1, 2024, counties may fund and continue conducting activities funded under this section.

(c) This section expires March 31, 2024.

Sec. 91. **RATE INCREASE FOR MENTAL HEALTH ADULT DAY TREATMENT.**

The commissioner of human services must increase the reimbursement rate for adult day treatment by 50 percent over the reimbursement rate in effect as of June 30, 2022.

EFFECTIVE DATE. This section is effective January 1, 2023, or 60 days following federal approval, whichever is later. The commissioner of human services shall notify the revisor of statutes when federal approval is obtained.

Sec. 92. **DIRECTION TO COMMISSIONER.**

The commissioner must update the behavioral health fund room and board rate schedule to include programs providing children's mental health crisis admissions and stabilization under Minnesota Statutes, section 245.4882, subdivision 6. The commissioner must establish room and board rates commensurate with current room and board rates for adolescent programs licensed under Minnesota Statutes, section 245G.18.

559.1 Sec. 93. **DIRECTION TO COMMISSIONER; BEHAVIORAL HEALTH FUND**
559.2 **ALLOCATION.**

559.3 The commissioner of human services, in consultation with counties and Tribal Nations,
559.4 must make recommendations on an updated allocation to local agencies from funds allocated
559.5 under Minnesota Statutes, section 254B.02, subdivision 5. The commissioner must submit
559.6 the recommendations to the chairs and ranking minority members of the legislative
559.7 committees with jurisdiction over health and human services finance and policy by January
559.8 1, 2024.

559.9 Sec. 94. **DIRECTION TO COMMISSIONER; MEDICATION-ASSISTED THERAPY**
559.10 **SERVICES PAYMENT METHODOLOGY.**

559.11 The commissioner of human services shall revise the payment methodology for
559.12 medication-assisted therapy services under Minnesota Statutes, section 254B.05, subdivision
559.13 5, paragraph (b), clause (6). The revised payment methodology must only allow payment
559.14 if the provider renders the service or services billed on the specified date of service or, in
559.15 the case of drugs and drug-related services, within a week of the specified date of service,
559.16 as defined by the commissioner. The revised payment methodology must include a weekly
559.17 bundled rate, based on the Medicare rate, that includes the costs of drugs; drug administration
559.18 and observation; drug packaging and preparation; and nursing time. The commissioner shall
559.19 seek all necessary waivers, state plan amendments, and federal authorizations required to
559.20 implement the revised payment methodology.

559.21 Sec. 95. **REVISOR INSTRUCTION.**

559.22 (a) The revisor of statutes shall change the terms "medication-assisted treatment" and
559.23 "medication-assisted therapy" or similar terms to "substance use disorder treatment with
559.24 medications for opioid use disorder" whenever the terms appear in Minnesota Statutes and
559.25 Minnesota Rules. The revisor may make technical and other necessary grammatical changes
559.26 related to the term change.

559.27 (b) The revisor of statutes shall change the term "intensive treatment in foster care" or
559.28 similar terms to "children's intensive behavioral health services" wherever they appear in
559.29 Minnesota Statutes and Minnesota Rules when referring to those providers and services
559.30 regulated under Minnesota Statutes, section 256B.0946. The revisor shall make technical
559.31 and grammatical changes related to the changes in terms.

560.1 Sec. 96. **REPEALER.**

560.2 (a) Minnesota Statutes 2020, sections 169A.70, subdivision 6; 245G.22, subdivision 19;
560.3 254A.02, subdivision 8a; 254A.16, subdivision 6; 254A.19, subdivisions 1a and 2; 254B.04,
560.4 subdivisions 2b and 2c; and 254B.041, subdivision 2, are repealed.

560.5 (b) Minnesota Statutes 2021 Supplement, section 254A.19, subdivision 5, is repealed.

560.6 (c) Minnesota Rules, parts 9530.7000, subparts 1, 2, 5, 6, 7, 8, 9, 10, 11, 13, 14, 15, 17a,
560.7 19, 20, and 21; 9530.7005; 9530.7010; 9530.7012; 9530.7015, subparts 1, 2a, 4, 5, and 6;
560.8 9530.7020, subparts 1, 1a, and 2; 9530.7021; 9530.7022, subpart 1; 9530.7025; and
560.9 9530.7030, subpart 1, are repealed.

560.10 **ARTICLE 11**

560.11 **CONTINUING CARE FOR OLDER ADULTS POLICY**

560.12 Section 1. Minnesota Statutes 2020, section 245A.14, subdivision 14, is amended to read:

560.13 Subd. 14. **Attendance records for publicly funded services.** (a) A child care center
560.14 licensed under this chapter and according to Minnesota Rules, chapter 9503, must maintain
560.15 documentation of actual attendance for each child receiving care for which the license holder
560.16 is reimbursed by a governmental program. The records must be accessible to the
560.17 commissioner during the program's hours of operation, they must be completed on the actual
560.18 day of attendance, and they must include:

560.19 (1) the first and last name of the child;

560.20 (2) the time of day that the child was dropped off; and

560.21 (3) the time of day that the child was picked up.

560.22 (b) A family child care provider licensed under this chapter and according to Minnesota
560.23 Rules, chapter 9502, must maintain documentation of actual attendance for each child
560.24 receiving care for which the license holder is reimbursed for the care of that child by a
560.25 governmental program. The records must be accessible to the commissioner during the
560.26 program's hours of operation, they must be completed on the actual day of attendance, and
560.27 they must include:

560.28 (1) the first and last name of the child;

560.29 (2) the time of day that the child was dropped off; and

560.30 (3) the time of day that the child was picked up.

561.1 (c) An adult day services program licensed under this chapter and according to Minnesota
561.2 Rules, parts 9555.5105 to 9555.6265, must maintain documentation of actual attendance
561.3 for each adult day service recipient for which the license holder is reimbursed by a
561.4 governmental program. The records must be accessible to the commissioner during the
561.5 program's hours of operation, they must be completed on the actual day of attendance, and
561.6 they must include:

561.7 (1) the first, middle, and last name of the recipient;

561.8 (2) the time of day that the recipient was dropped off; and

561.9 (3) the time of day that the recipient was picked up.

561.10 (d) ~~The commissioner shall not issue a correction for attendance record errors that occur~~
561.11 ~~before August 1, 2013.~~ Adult day services programs licensed under this chapter that are
561.12 designated for remote adult day services must maintain documentation of actual participation
561.13 for each adult day service recipient for whom the license holder is reimbursed by a
561.14 governmental program. The records must be accessible to the commissioner during the
561.15 program's hours of operation, must be completed on the actual day service is provided, and
561.16 must include the:

561.17 (1) first, middle, and last name of the recipient;

561.18 (2) time of day the remote services started;

561.19 (3) time of day that the remote services ended; and

561.20 (4) means by which the remote services were provided, through audio remote services
561.21 or through audio and video remote services.

561.22 **EFFECTIVE DATE.** This section is effective January 1, 2023.

561.23 Sec. 2. **[245A.70] REMOTE ADULT DAY SERVICES.**

561.24 (a) For the purposes of sections 245A.70 to 245A.75, the following terms have the
561.25 meanings given.

561.26 (b) "Adult day care" and "adult day services" have the meanings given in section 245A.02,
561.27 subdivision 2a.

561.28 (c) "Remote adult day services" means an individualized and coordinated set of services
561.29 provided via live two-way communication by an adult day care or adult day services center.

561.30 (d) "Live two-way communication" means real-time audio or audio and video
561.31 transmission of information between a participant and an actively involved staff member.

562.1 Sec. 3. **[245A.71] APPLICABILITY AND SCOPE.**

562.2 Subdivision 1. **Licensing requirements.** Adult day care centers or adult day services
562.3 centers that provide remote adult day services must be licensed under this chapter and
562.4 comply with the requirements set forth in this section.

562.5 Subd. 2. **Standards for licensure.** License holders seeking to provide remote adult day
562.6 services must submit a request in the manner prescribed by the commissioner. Remote adult
562.7 day services must not be delivered until approved by the commissioner. The designation to
562.8 provide remote services is voluntary for license holders. Upon approval, the designation of
562.9 approval for remote adult day services must be printed on the center's license, and identified
562.10 on the commissioner's public website.

562.11 Subd. 3. **Federal requirements.** Adult day care centers or adult day services centers
562.12 that provide remote adult day services to participants receiving alternative care under section
562.13 256B.0913, essential community supports under section 256B.0922, or home and
562.14 community-based services waivers under chapter 256S or section 256B.092 or 256B.49
562.15 must comply with federally approved waiver plans.

562.16 Subd. 4. **Service limitations.** Remote adult day services must be provided during the
562.17 days and hours of in-person services specified on the license of the adult day care center or
562.18 adult day services center.

562.19 Sec. 4. **[245A.72] RECORD REQUIREMENTS.**

562.20 Adult day care centers and adult day services centers providing remote adult day services
562.21 must comply with participant record requirements set forth in Minnesota Rules, part
562.22 9555.9660. The center must document how remote services will help a participant reach
562.23 the short- and long-term objectives in the participant's plan of care.

562.24 Sec. 5. **[245A.73] REMOTE ADULT DAY SERVICES STAFF.**

562.25 Subdivision 1. **Staff ratios.** (a) A staff person who provides remote adult day services
562.26 without two-way interactive video must only provide services to one participant at a time.

562.27 (b) A staff person who provides remote adult day services through two-way interactive
562.28 video must not provide services to more than eight participants at one time.

562.29 Subd. 2. **Staff training.** A center licensed under section 245A.71 must document training
562.30 provided to each staff person regarding the provision of remote services in the staff person's
562.31 record. The training must be provided prior to a staff person delivering remote adult day
562.32 services without supervision. The training must include:

563.1 (1) how to use the equipment, technology, and devices required to provide remote adult
563.2 day services via live two-way communication;

563.3 (2) orientation and training on each participant's plan of care as directly related to remote
563.4 adult day services; and

563.5 (3) direct observation by a manager or supervisor of the staff person while providing
563.6 supervised remote service delivery sufficient to assess staff competency.

563.7 Sec. 6. **[245A.74] INDIVIDUAL SERVICE PLANNING.**

563.8 Subdivision 1. **Eligibility.** (a) A person must be eligible for and receiving in-person
563.9 adult day services to receive remote adult day services from the same provider. The same
563.10 provider must deliver both in-person adult day services and remote adult day services to a
563.11 participant.

563.12 (b) The license holder must update the participant's plan of care according to Minnesota
563.13 Rules, part 9555.9700.

563.14 (c) For a participant who chooses to receive remote adult day services, the license holder
563.15 must document in the participant's plan of care the participant's proposed schedule and
563.16 frequency for receiving both in-person and remote services. The license holder must also
563.17 document in the participant's plan of care that remote services:

563.18 (1) are chosen as a service delivery method by the participant or the participant's legal
563.19 representative;

563.20 (2) will meet the participant's assessed needs;

563.21 (3) are provided within the scope of adult day services; and

563.22 (4) will help the participant achieve identified short and long-term objectives specific
563.23 to the provision of remote adult day services.

563.24 Subd. 2. **Participant daily service limitations.** In a 24-hour period, a participant may
563.25 receive:

563.26 (1) a combination of in-person adult day services and remote adult day services on the
563.27 same day but not at the same time;

563.28 (2) a combination of in-person and remote adult day services that does not exceed 12
563.29 hours in total; and

563.30 (3) up to six hours of remote adult day services.

564.1 Subd. 3. **Minimum in-person requirement.** A participant who receives remote services
564.2 must receive services in-person as assigned in the participant's plan of care at least quarterly.

564.3 Sec. 7. **[245A.75] SERVICE AND PROGRAM REQUIREMENTS.**

564.4 Remote adult day services must be in the scope of adult day services provided in
564.5 Minnesota Rules, part 9555.9710, subparts 3 to 7.

564.6 **EFFECTIVE DATE.** This section is effective January 1, 2023.

564.7 Sec. 8. Minnesota Statutes 2020, section 256R.02, subdivision 4, is amended to read:

564.8 Subd. 4. **Administrative costs.** "Administrative costs" means the identifiable costs for
564.9 administering the overall activities of the nursing home. These costs include salaries and
564.10 wages of the administrator, assistant administrator, business office employees, security
564.11 guards, purchasing and inventory employees, and associated fringe benefits and payroll
564.12 taxes, fees, contracts, or purchases related to business office functions, licenses, permits
564.13 except as provided in the external fixed costs category, employee recognition, travel including
564.14 meals and lodging, all training except as specified in subdivision 17, voice and data
564.15 communication or transmission, office supplies, property and liability insurance and other
564.16 forms of insurance except insurance that is a fringe benefit under subdivision 22, personnel
564.17 recruitment, legal services, accounting services, management or business consultants, data
564.18 processing, information technology, website, central or home office costs, business meetings
564.19 and seminars, postage, fees for professional organizations, subscriptions, security services,
564.20 nonpromotional advertising, board of directors fees, working capital interest expense, bad
564.21 debts, bad debt collection fees, and costs incurred for travel and ~~housing~~ lodging for persons
564.22 employed by a Minnesota-registered supplemental nursing services agency as defined in
564.23 section 144A.70, subdivision 6.

564.24 Sec. 9. Minnesota Statutes 2020, section 256R.02, subdivision 17, is amended to read:

564.25 Subd. 17. **Direct care costs.** "Direct care costs" means costs for the wages of nursing
564.26 administration, direct care registered nurses, licensed practical nurses, certified nursing
564.27 assistants, trained medication aides, employees conducting training in resident care topics
564.28 and associated fringe benefits and payroll taxes; services from a Minnesota-registered
564.29 supplemental nursing services agency up to the maximum allowable charges under section
564.30 144A.74, excluding associated lodging and travel costs; supplies that are stocked at nursing
564.31 stations or on the floor and distributed or used individually, including, but not limited to:
564.32 rubbing alcohol or alcohol swabs, applicators, cotton balls, incontinence pads, disposable

ice bags, dressings, bandages, water pitchers, tongue depressors, disposable gloves, enemas, enema equipment, personal hygiene soap, medication cups, diapers, ~~plastic waste bags,~~ sanitary products, disposable thermometers, hypodermic needles and syringes, ~~clinical reagents or similar diagnostic agents,~~ drugs ~~that are not paid~~ not payable on a separate fee schedule by the medical assistance program or any other payer, and ~~technology related~~ clinical software costs specific to the provision of nursing care to residents, such as electronic charting systems; costs of materials used for resident care training, and training courses outside of the facility attended by direct care staff on resident care topics; and costs for nurse consultants, pharmacy consultants, and medical directors. Salaries and payroll taxes for nurse consultants who work out of a central office must be allocated proportionately by total resident days or by direct identification to the nursing facilities served by those consultants.

Sec. 10. Minnesota Statutes 2020, section 256R.02, subdivision 18, is amended to read:

Subd. 18. **Employer health insurance costs.** "Employer health insurance costs" means premium expenses for group coverage~~;~~ and actual expenses incurred for self-insured plans, including ~~reinsurance;~~ actual claims paid, stop-loss premiums, plan fees, and employer contributions to employee health reimbursement and health savings accounts. Actual costs of self-insurance plans must not include any allowance for future funding unless the plan meets the Medicare requirements for reporting on a premium basis when the Medicare regulations define the actual costs. Premium and expense costs and contributions are allowable for (1) all employees and (2) the spouse and dependents of those employees who are employed on average at least 30 hours per week.

Sec. 11. Minnesota Statutes 2020, section 256R.02, subdivision 19, is amended to read:

Subd. 19. **External fixed costs.** "External fixed costs" means costs related to the nursing home surcharge under section 256.9657, subdivision 1; licensure fees under section 144.122; family advisory council fee under section 144A.33; scholarships under section 256R.37; planned closure rate adjustments under section 256R.40; consolidation rate adjustments under section 144A.071, subdivisions 4c, paragraph (a), clauses (5) and (6), and 4d; single-bed room incentives under section 256R.41; property taxes, special assessments, and payments in lieu of taxes; employer health insurance costs; quality improvement incentive payment rate adjustments under section 256R.39; performance-based incentive payments under section 256R.38; special dietary needs under section 256R.51; ~~rate adjustments for compensation-related costs for minimum wage changes under section 256R.49 provided~~

~~on or after January 1, 2018;~~ Public Employees Retirement Association employer costs; and border city rate adjustments under section 256R.481.

Sec. 12. Minnesota Statutes 2020, section 256R.02, subdivision 22, is amended to read:

Subd. 22. **Fringe benefit costs.** "Fringe benefit costs" means the costs for group life, dental, workers' compensation, short- and long-term disability, long-term care insurance, accident insurance, supplemental insurance, legal assistance insurance, profit sharing, child care costs, health insurance costs not covered under subdivision 18, including costs associated with part-time employee family members or retirees, and pension and retirement plan contributions, except for the Public Employees Retirement Association costs.

Sec. 13. Minnesota Statutes 2020, section 256R.02, subdivision 29, is amended to read:

Subd. 29. **Maintenance and plant operations costs.** "Maintenance and plant operations costs" means the costs for the salaries and wages of the maintenance supervisor, engineers, heating-plant employees, and other maintenance employees and associated fringe benefits and payroll taxes. It also includes identifiable costs for maintenance and operation of the building and grounds, including, but not limited to, fuel, electricity, plastic waste bags, medical waste and garbage removal, water, sewer, supplies, tools, ~~and~~ repairs, and minor equipment not requiring capitalization under Medicare guidelines.

Sec. 14. Minnesota Statutes 2020, section 256R.02, is amended by adding a subdivision to read:

Subd. 32a. **Minor equipment.** "Minor equipment" means equipment that does not qualify as either fixed equipment or depreciable movable equipment as defined in section 256R.261.

Sec. 15. Minnesota Statutes 2020, section 256R.02, subdivision 42a, is amended to read:

Subd. 42a. **Real estate taxes.** "Real estate taxes" means the real estate tax liability shown on the annual property tax ~~statement~~ statements of the nursing facility for the reporting period. The term does not include personnel costs or fees for late payment.

Sec. 16. Minnesota Statutes 2020, section 256R.02, subdivision 48a, is amended to read:

Subd. 48a. **Special assessments.** "Special assessments" means the actual special assessments and related interest paid during the reporting period that are not voluntary costs. The term does not include personnel costs ~~or~~, fees for late payment, or special assessments for projects that are reimbursed in the property rate.

567.1 Sec. 17. Minnesota Statutes 2020, section 256R.02, is amended by adding a subdivision
567.2 to read:

567.3 Subd. 53. **Vested.** "Vested" means the existence of a legally fixed unconditional right
567.4 to a present or future benefit.

567.5 Sec. 18. Minnesota Statutes 2020, section 256R.07, subdivision 1, is amended to read:

567.6 Subdivision 1. **Criteria.** A nursing facility ~~shall~~ must keep adequate documentation. In
567.7 order to be adequate, documentation must:

567.8 (1) be maintained in orderly, well-organized files;

567.9 (2) not include documentation of more than one nursing facility in one set of files unless
567.10 transactions may be traced by the commissioner to the nursing facility's annual cost report;

567.11 (3) include a paid invoice or copy of a paid invoice with date of purchase, vendor name
567.12 and address, purchaser name and delivery destination address, listing of items or services
567.13 purchased, cost of items purchased, account number to which the cost is posted, and a
567.14 breakdown of any allocation of costs between accounts or nursing facilities. If any of the
567.15 information is not available, the nursing facility ~~shall~~ must document its good faith attempt
567.16 to obtain the information;

567.17 (4) include contracts, agreements, amortization schedules, mortgages, other debt
567.18 instruments, and all other documents necessary to explain the nursing facility's costs or
567.19 revenues; ~~and~~

567.20 (5) include signed and dated position descriptions; and

567.21 (6) be retained by the nursing facility to support the five most recent annual cost reports.
567.22 The commissioner may extend the period of retention if the field audit was postponed
567.23 because of inadequate record keeping or accounting practices as in section 256R.13,
567.24 subdivisions 2 and 4, the records are necessary to resolve a pending appeal, or the records
567.25 are required for the enforcement of sections 256R.04; 256R.05, subdivision 2; 256R.06,
567.26 subdivisions 2, 6, and 7; 256R.08, subdivisions 1 ~~to~~ and 3; and 256R.09, subdivisions 3 and
567.27 4.

567.28 Sec. 19. Minnesota Statutes 2020, section 256R.07, subdivision 2, is amended to read:

567.29 Subd. 2. **Documentation of compensation.** Compensation for personal services,
567.30 regardless of whether treated as identifiable costs or costs that are not identifiable, must be
567.31 documented on payroll records. Payrolls must be supported by time and attendance or

568.1 equivalent records for individual employees. Salaries and wages of employees which are
568.2 allocated to more than one cost category must be supported by time distribution records.
568.3 ~~The method used must produce a proportional distribution of actual time spent, or an accurate~~
568.4 ~~estimate of time spent performing assigned duties. The nursing facility that chooses to~~
568.5 ~~estimate time spent must use a statistically valid method. The compensation must reflect~~
568.6 ~~an amount proportionate to a full-time basis if the services are rendered on less than a~~
568.7 ~~full-time basis.~~ Salary allocations are allowable using the Medicare-approved allocation
568.8 basis and methodology only if the salary costs cannot be directly determined, including
568.9 when employees provide shared services to noncovered operations.

568.10 Sec. 20. Minnesota Statutes 2020, section 256R.07, subdivision 3, is amended to read:

568.11 Subd. 3. **Adequate documentation supporting nursing facility payrolls.** Payroll
568.12 records supporting compensation costs claimed by nursing facilities must be supported by
568.13 affirmative time and attendance records prepared by each individual at intervals of not more
568.14 than one month. The requirements of this subdivision are met when documentation is
568.15 provided under either clause (1) or (2) ~~as follows~~:

568.16 (1) the affirmative time and attendance record must identify the individual's name; the
568.17 days worked during each pay period; the number of hours worked each day; and the number
568.18 of hours taken each day by the individual for vacation, sick, and other leave. The affirmative
568.19 time and attendance record must include a signed verification by the individual and the
568.20 individual's supervisor, if any, that the entries reported on the record are correct; or

568.21 (2) if the affirmative time and attendance records identifying the individual's name, the
568.22 days worked each pay period, the number of hours worked each day, and the number of
568.23 hours taken each day by the individual for vacation, sick, and other leave are ~~placed on~~
568.24 ~~microfilm~~ stored electronically, equipment must be made available for viewing and printing
568.25 ~~them, or if the records are stored as automated data, summary data must be available for~~
568.26 ~~viewing and printing~~ the records.

568.27 Sec. 21. Minnesota Statutes 2020, section 256R.08, subdivision 1, is amended to read:

568.28 Subdivision 1. **Reporting of financial statements.** (a) No later than February 1 of each
568.29 year, a nursing facility ~~shall~~ must:

568.30 (1) provide the state agency with a copy of its audited financial statements or its working
568.31 trial balance;

568.32 (2) provide the state agency with a statement of ownership for the facility;

569.1 (3) provide the state agency with separate, audited financial statements or working trial
569.2 balances for every other facility owned in whole or in part by an individual or entity that
569.3 has an ownership interest in the facility;

569.4 (4) upon request, provide the state agency with separate, audited financial statements or
569.5 working trial balances for every organization with which the facility conducts business and
569.6 which is owned in whole or in part by an individual or entity which has an ownership interest
569.7 in the facility;

569.8 (5) provide the state agency with copies of leases, purchase agreements, and other
569.9 documents related to the lease or purchase of the nursing facility; and

569.10 (6) upon request, provide the state agency with copies of leases, purchase agreements,
569.11 and other documents related to the acquisition of equipment, goods, and services which are
569.12 claimed as allowable costs.

569.13 (b) Audited financial statements submitted under paragraph (a) must include a balance
569.14 sheet, income statement, statement of the rate or rates charged to private paying residents,
569.15 statement of retained earnings, statement of cash flows, notes to the financial statements,
569.16 audited applicable supplemental information, and the public accountant's report. Public
569.17 accountants must conduct audits in accordance with chapter 326A. The cost of an audit
569.18 ~~shall~~ must not be an allowable cost unless the nursing facility submits its audited financial
569.19 statements in the manner otherwise specified in this subdivision. A nursing facility must
569.20 permit access by the state agency to the public accountant's audit work papers that support
569.21 the audited financial statements submitted under paragraph (a).

569.22 (c) Documents or information provided to the state agency pursuant to this subdivision
569.23 ~~shall~~ must be public unless prohibited by the Health Insurance Portability and Accountability
569.24 Act or any other federal or state regulation. Data, notes, and preliminary drafts of reports
569.25 created, collected, and maintained by the audit offices of government entities, or persons
569.26 performing audits for government entities, and relating to an audit or investigation are
569.27 confidential data on individuals or protected nonpublic data until the final report has been
569.28 published or the audit or investigation is no longer being pursued actively, except that the
569.29 data must be disclosed as required to comply with section 6.67 or 609.456.

569.30 (d) If the requirements of paragraphs (a) and (b) are not met, the reimbursement rate
569.31 may be reduced to 80 percent of the rate in effect on the first day of the fourth calendar
569.32 month after the close of the reporting period and the reduction ~~shall~~ must continue until the
569.33 requirements are met.

570.1 Sec. 22. Minnesota Statutes 2020, section 256R.09, subdivision 2, is amended to read:

570.2 Subd. 2. **Reporting of statistical and cost information.** All nursing facilities ~~shall~~ must
570.3 provide information annually to the commissioner on a form and in a manner determined
570.4 by the commissioner. The commissioner may separately require facilities to submit in a
570.5 manner specified by the commissioner documentation of statistical and cost information
570.6 included in the report to ensure accuracy in establishing payment rates and to perform audit
570.7 and appeal review functions under this chapter. The commissioner may also require nursing
570.8 facilities to provide statistical and cost information for a subset of the items in the annual
570.9 report on a semiannual basis. Nursing facilities ~~shall~~ must report only costs directly related
570.10 to the operation of the nursing facility. The facility ~~shall~~ must not include costs which are
570.11 separately reimbursed or reimbursable by residents, medical assistance, or other payors.
570.12 Allocations of costs from central, affiliated, or corporate office and related organization
570.13 transactions shall be reported according to sections 256R.07, subdivision 3, and 256R.12,
570.14 subdivisions 1 to 7. The commissioner shall not grant facilities extensions to the filing
570.15 deadline.

570.16 Sec. 23. Minnesota Statutes 2020, section 256R.09, subdivision 5, is amended to read:

570.17 Subd. 5. **Method of accounting.** The accrual method of accounting in accordance with
570.18 generally accepted accounting principles is the only method acceptable for purposes of
570.19 satisfying the reporting requirements of this chapter. If a governmentally owned nursing
570.20 facility demonstrates that the accrual method of accounting is not applicable to its accounts
570.21 and that a cash or modified accrual method of accounting more accurately reports the nursing
570.22 facility's financial operations, the commissioner shall permit the governmentally owned
570.23 nursing facility to use a cash or modified accrual method of accounting. For reimbursement
570.24 purposes, the accrued expense must be paid by the providers within 180 days following the
570.25 end of the reporting period. An expense disallowed by the commissioner under this section
570.26 in any cost report period must not be claimed by a provider on a subsequent cost report.
570.27 Specific exemptions to the 180-day rule may be granted by the commissioner for documented
570.28 contractual arrangements such as receivership, property tax installment payments, and
570.29 pension contributions.

570.30 Sec. 24. Minnesota Statutes 2020, section 256R.13, subdivision 4, is amended to read:

570.31 Subd. 4. **Extended record retention requirements.** The commissioner shall extend the
570.32 period for retention of records under section 256R.09, subdivision 3, for purposes of
570.33 performing field audits as necessary to enforce sections 256R.04; 256R.05, subdivision 2;

571.1 256R.06, subdivisions 2, 6, and 7; 256R.08, subdivisions 1 ~~to~~ and 3; and 256R.09,
571.2 subdivisions 3 and 4, with written notice to the facility postmarked no later than 90 days
571.3 prior to the expiration of the record retention requirement.

571.4 Sec. 25. Minnesota Statutes 2020, section 256R.16, subdivision 1, is amended to read:

571.5 Subdivision 1. **Calculation of a quality score.** (a) The commissioner shall determine
571.6 a quality score for each nursing facility using quality measures established in section
571.7 256B.439, according to methods determined by the commissioner in consultation with
571.8 stakeholders and experts, and using the most recently available data as provided in the
571.9 Minnesota Nursing Home Report Card. These methods ~~shall~~ must be exempt from the
571.10 rulemaking requirements under chapter 14.

571.11 (b) For each quality measure, a score ~~shall~~ must be determined with the number of points
571.12 assigned as determined by the commissioner using the methodology established according
571.13 to this subdivision. The determination of the quality measures to be used and the methods
571.14 of calculating scores may be revised annually by the commissioner.

571.15 (c) The quality score ~~shall~~ must include up to 50 points related to the Minnesota quality
571.16 indicators score derived from the minimum data set, up to 40 points related to the resident
571.17 quality of life score derived from the consumer survey conducted under section 256B.439,
571.18 subdivision 3, and up to ten points related to the state inspection results score.

571.19 (d) The commissioner, in cooperation with the commissioner of health, may adjust the
571.20 formula in paragraph (c), or the methodology for computing the total quality score, ~~effective~~
571.21 ~~July 1 of any year,~~ with five months advance public notice. In changing the formula, the
571.22 commissioner shall consider quality measure priorities registered by report card users, advice
571.23 of stakeholders, and available research.

571.24 Sec. 26. Minnesota Statutes 2020, section 256R.17, subdivision 3, is amended to read:

571.25 Subd. 3. **Resident assessment schedule.** (a) Nursing facilities ~~shall~~ must conduct and
571.26 submit case mix classification assessments according to the schedule established by the
571.27 commissioner of health under section 144.0724, subdivisions 4 and 5.

571.28 (b) The case mix classifications established under section 144.0724, subdivision 3a,
571.29 ~~shall be~~ are effective the day of admission for new admission assessments. The effective
571.30 date for significant change assessments ~~shall be~~ is the assessment reference date. The
571.31 effective date for annual and quarterly assessments ~~shall be~~ and significant corrections
571.32 assessments is the first day of the month following assessment reference date.

572.1 Sec. 27. Minnesota Statutes 2020, section 256R.26, subdivision 1, is amended to read:

572.2 Subdivision 1. **Determination of limited undepreciated replacement cost.** A facility's
572.3 limited URC is the lesser of:

572.4 (1) the facility's recognized URC from the appraisal; or

572.5 (2) the product of (i) the number of the facility's licensed beds three months prior to the
572.6 beginning of the rate year, (ii) the construction cost per square foot value, and (iii) 1,000
572.7 square feet.

572.8 Sec. 28. Minnesota Statutes 2020, section 256R.261, subdivision 13, is amended to read:

572.9 Subd. 13. **Equipment allowance per bed value.** The equipment allowance per bed
572.10 value is $10,000 adjusted annually for rate years beginning on or after January 1, 2021, by
572.11 the percentage change indicated by the urban consumer price index for Minneapolis-St.
572.12 Paul, as published by the Bureau of Labor Statistics (series ~~1967=100~~ 1982-84=100) for
572.13 the two previous Julys. The computation for this annual adjustment is based on the data that
572.14 is publicly available on November 1 immediately preceding the start of the rate year.

572.15 Sec. 29. Minnesota Statutes 2020, section 256R.37, is amended to read:

572.16 **256R.37 SCHOLARSHIPS.**

572.17 ~~(a) For the 27-month period beginning October 1, 2015, through December 31, 2017,~~
572.18 ~~the commissioner shall allow a scholarship per diem of up to 25 cents for each nursing~~
572.19 ~~facility with no scholarship per diem that is requesting a scholarship per diem to be added~~
572.20 ~~to the external fixed payment rate to be used:~~

572.21 ~~(1) for employee scholarships that satisfy the following requirements:~~

572.22 ~~(i) scholarships are available to all employees who work an average of at least ten hours~~
572.23 ~~per week at the facility except the administrator, and to reimburse student loan expenses~~
572.24 ~~for newly hired registered nurses and licensed practical nurses, and training expenses for~~
572.25 ~~nursing assistants as specified in section 144A.611, subdivisions 2 and 4, who are newly~~
572.26 ~~hired; and~~

572.27 ~~(ii) the course of study is expected to lead to career advancement with the facility or in~~
572.28 ~~long-term care, including medical care interpreter services and social work; and~~

572.29 ~~(2) to provide job-related training in English as a second language.~~

572.30 ~~(b) All facilities may annually request a rate adjustment under this section by submitting~~
572.31 ~~information to the commissioner on a schedule and in a form supplied by the commissioner.~~

~~The commissioner shall allow a scholarship payment rate equal to the reported and allowable costs divided by resident days.~~

~~(c) In calculating the per diem under paragraph (b), the commissioner shall allow costs related to tuition, direct educational expenses, and reasonable costs as defined by the commissioner for child care costs and transportation expenses related to direct educational expenses.~~

~~(d) The rate increase under this section is an optional rate add-on that the facility must request from the commissioner in a manner prescribed by the commissioner. The rate increase must be used for scholarships as specified in this section.~~

~~(e) For instances in which a rate adjustment will be 15 cents or greater, nursing facilities that close beds during a rate year may request to have their scholarship adjustment under paragraph (b) recalculated by the commissioner for the remainder of the rate year to reflect the reduction in resident days compared to the cost report year.~~

(a) The commissioner shall provide a scholarship per diem rate calculated using the criteria in paragraphs (b) to (d). The per diem rate must be based on the allowable costs the facility paid for employee scholarships for any eligible employee, except the facility administrator, who works an average of at least ten hours per week in the licensed nursing facility building when the facility has paid expenses related to:

(1) an employee's course of study that is expected to lead to career advancement with the facility or in the field of long-term care;

(2) an employee's job-related training in English as a second language;

(3) the reimbursement of student loan expenses for newly hired registered nurses and licensed practical nurses; and

(4) the reimbursement of training, testing, and associated expenses for newly hired nursing assistants as specified in section 144A.611, subdivisions 2 and 4. The reimbursement of nursing assistant expenses under this clause is not subject to the ten-hour minimum work requirement under this paragraph.

(b) Allowable scholarship costs include: tuition, student loan reimbursement, other direct educational expenses, and reasonable costs for child care and transportation expenses directly related to education, as defined by the commissioner.

(c) The commissioner shall provide a scholarship per diem rate equal to the allowable scholarship costs divided by resident days. The commissioner shall compute the scholarship

574.1 per diem rate annually and include the scholarship per diem rate in the external fixed costs
574.2 payment rate.

574.3 (d) When the resulting scholarship per diem rate is 15 cents or more, nursing facilities
574.4 that close beds during a rate year may request to have the scholarship rate recalculated. This
574.5 recalculation is effective from the date of the bed closure through the remainder of the rate
574.6 year and reflects the estimated reduction in resident days compared to the previous cost
574.7 report year.

574.8 (e) Facilities seeking to have the facility's scholarship expenses recognized for the
574.9 payment rate computation in section 256R.25 may apply annually by submitting information
574.10 to the commissioner on a schedule and in a form supplied by the commissioner.

574.11 Sec. 30. Minnesota Statutes 2020, section 256R.39, is amended to read:

574.12 **256R.39 QUALITY IMPROVEMENT INCENTIVE PROGRAM.**

574.13 The commissioner shall develop a quality improvement incentive program in consultation
574.14 with stakeholders. The annual funding pool available for quality improvement incentive
574.15 payments ~~shall~~ must be equal to 0.8 percent of all operating payments, not including any
574.16 rate components resulting from equitable cost-sharing for publicly owned nursing facility
574.17 program participation under section 256R.48, critical access nursing facility program
574.18 participation under section 256R.47, or performance-based incentive payment program
574.19 participation under section 256R.38. ~~For the period from October 1, 2015, to December 31,~~
574.20 ~~2016, rate adjustments provided under this section shall be effective for 15 months. Beginning~~
574.21 ~~January 1, 2017,~~ An annual rate ~~adjustments~~ adjustment provided under this section ~~shall~~
574.22 must be effective for one rate year.

574.23 Sec. 31. **REPEALER.**

574.24 Minnesota Statutes 2020, sections 245A.03, subdivision 5; 256R.08, subdivision 2; and
574.25 256R.49, and Minnesota Rules, part 9555.6255, are repealed.

574.26 **ARTICLE 12**

574.27 **CONTINUING CARE FOR OLDER ADULTS**

574.28 Section 1. Minnesota Statutes 2020, section 177.27, subdivision 4, is amended to read:

574.29 Subd. 4. **Compliance orders.** The commissioner may issue an order requiring an
574.30 employer to comply with sections 177.21 to 177.435, 181.02, 181.03, 181.031, 181.032,
574.31 181.101, 181.11, 181.13, 181.14, 181.145, 181.15, 181.172, paragraph (a) or (d), 181.214

575.1 to 181.217, 181.275, subdivision 2a, 181.722, 181.79, and 181.939 to 181.943, or with any
575.2 rule promulgated under section 177.28 or 181.213. The commissioner shall issue an order
575.3 requiring an employer to comply with sections 177.41 to 177.435 if the violation is repeated.
575.4 For purposes of this subdivision only, a violation is repeated if at any time during the two
575.5 years that preceded the date of violation, the commissioner issued an order to the employer
575.6 for violation of sections 177.41 to 177.435 and the order is final or the commissioner and
575.7 the employer have entered into a settlement agreement that required the employer to pay
575.8 back wages that were required by sections 177.41 to 177.435. The department shall serve
575.9 the order upon the employer or the employer's authorized representative in person or by
575.10 certified mail at the employer's place of business. An employer who wishes to contest the
575.11 order must file written notice of objection to the order with the commissioner within 15
575.12 calendar days after being served with the order. A contested case proceeding must then be
575.13 held in accordance with sections 14.57 to 14.69. If, within 15 calendar days after being
575.14 served with the order, the employer fails to file a written notice of objection with the
575.15 commissioner, the order becomes a final order of the commissioner.

575.16 Sec. 2. Minnesota Statutes 2020, section 177.27, subdivision 7, is amended to read:

575.17 Subd. 7. **Employer liability.** If an employer is found by the commissioner to have
575.18 violated a section identified in subdivision 4, or any rule adopted under section 177.28 or
575.19 181.213, and the commissioner issues an order to comply, the commissioner shall order the
575.20 employer to cease and desist from engaging in the violative practice and to take such
575.21 affirmative steps that in the judgment of the commissioner will effectuate the purposes of
575.22 the section or rule violated. The commissioner shall order the employer to pay to the
575.23 aggrieved parties back pay, gratuities, and compensatory damages, less any amount actually
575.24 paid to the employee by the employer, and for an additional equal amount as liquidated
575.25 damages. Any employer who is found by the commissioner to have repeatedly or willfully
575.26 violated a section or sections identified in subdivision 4 shall be subject to a civil penalty
575.27 of up to $1,000 for each violation for each employee. In determining the amount of a civil
575.28 penalty under this subdivision, the appropriateness of such penalty to the size of the
575.29 employer's business and the gravity of the violation shall be considered. In addition, the
575.30 commissioner may order the employer to reimburse the department and the attorney general
575.31 for all appropriate litigation and hearing costs expended in preparation for and in conducting
575.32 the contested case proceeding, unless payment of costs would impose extreme financial
575.33 hardship on the employer. If the employer is able to establish extreme financial hardship,
575.34 then the commissioner may order the employer to pay a percentage of the total costs that
575.35 will not cause extreme financial hardship. Costs include but are not limited to the costs of

576.1 services rendered by the attorney general, private attorneys if engaged by the department,
576.2 administrative law judges, court reporters, and expert witnesses as well as the cost of
576.3 transcripts. Interest shall accrue on, and be added to, the unpaid balance of a commissioner's
576.4 order from the date the order is signed by the commissioner until it is paid, at an annual rate
576.5 provided in section 549.09, subdivision 1, paragraph (c). The commissioner may establish
576.6 escrow accounts for purposes of distributing damages.

576.7 Sec. 3. **[181.211] DEFINITIONS.**

576.8 Subdivision 1. **Application.** The terms defined in this section apply to sections 181.211
576.9 to 181.217.

576.10 Subd. 2. **Board.** "Board" means the Minnesota Nursing Home Workforce Standards
576.11 Board established under section 181.212.

576.12 Subd. 3. **Certified worker organization.** "Certified worker organization" means a
576.13 worker organization that is certified by the board to conduct nursing home worker trainings
576.14 under section 181.214.

576.15 Subd. 4. **Commissioner.** "Commissioner" means the commissioner of labor and industry.

576.16 Subd. 5. **Employer organization.** "Employer organization" means:

576.17 (1) an organization that is exempt from federal income taxation under section 501(c)(6)
576.18 of the Internal Revenue Code and that represents nursing home employers; or

576.19 (2) an entity that employers, who together employ a majority of nursing home workers
576.20 in Minnesota, have selected as a representative.

576.21 Subd. 6. **Nursing home.** "Nursing home" means a nursing home licensed under chapter
576.22 144A, or a boarding care home licensed under sections 144.50 to 144.56.

576.23 Subd. 7. **Nursing home employer.** "Nursing home employer" means an employer of
576.24 nursing home workers.

576.25 Subd. 8. **Nursing home worker.** "Nursing home worker" means any worker who provides
576.26 services in a nursing home in Minnesota, including direct care staff, administrative staff,
576.27 and contractors.

576.28 Subd. 9. **Retaliatory personnel action.** "Retaliatory personnel action" means any form
576.29 of intimidation, threat, reprisal, harassment, discrimination, or adverse employment action,
576.30 including discipline, discharge, suspension, transfer, or reassignment to a lesser position in
576.31 terms of job classification, job security, or other condition of employment; reduction in pay
576.32 or hours or denial of additional hours; informing another employer that a nursing home

577.1 worker has engaged in activities protected under sections 181.211 to 181.217; or reporting
577.2 or threatening to report the actual or suspected citizenship or immigration status of a nursing
577.3 home worker, former nursing home worker, or family member of a nursing home worker
577.4 to a federal, state, or local agency.

577.5 Subd. 10. **Worker organization.** "Worker organization" means an organization that is
577.6 exempt from federal income taxation under section 501(c)(3), 501(c)(4), or 501(c)(5) of
577.7 the Internal Revenue Code, that is not dominated or controlled by any nursing home employer
577.8 within the meaning of United States Code, title 29, section 158a(2), and that has at least
577.9 five years of demonstrated experience engaging with and advocating for nursing home
577.10 workers.

577.11 Sec. 4. **[181.212] MINNESOTA NURSING HOME WORKFORCE STANDARDS**
577.12 **BOARD; ESTABLISHMENT.**

577.13 Subdivision 1. **Board established; membership.** The Minnesota Nursing Home
577.14 Workforce Standards Board is created with the powers and duties established by law. The
577.15 board is composed of the following members:

577.16 (1) the commissioner of human services or a designee;

577.17 (2) the commissioner of health or a designee;

577.18 (3) the commissioner of labor and industry or a designee;

577.19 (4) three members who represent nursing home employers or employer organizations,
577.20 appointed by the governor; and

577.21 (5) three members who represent nursing home workers or worker organizations,
577.22 appointed by the governor.

577.23 Subd. 2. **Terms; vacancies.** (a) Board members appointed under subdivision 1, clause
577.24 (4) or (5), shall serve four-year terms following the initial staggered-lot determination. The
577.25 initial terms of members appointed under subdivision 1, clauses (4) and (5), shall be
577.26 determined by lot by the secretary of state and shall be as follows:

577.27 (1) one member appointed under each of subdivision 1, clauses (4) and (5), shall serve
577.28 a two-year term;

577.29 (2) one member appointed under each of subdivision 1, clauses (4) and (5), shall serve
577.30 a three-year term; and

577.31 (3) one member appointed under each of subdivision 1, clauses (4) and (5), shall serve
577.32 a four-year term.

578.1 (b) For members appointed under subdivision 1, clause (4) or (5), the governor shall fill
578.2 vacancies occurring prior to the expiration of a member's term by appointment for the
578.3 unexpired term. A member appointed under subdivision 1, clause (4) or (5), must not be
578.4 appointed to more than two consecutive four-year terms.

578.5 Subd. 3. **Chairperson.** The board shall elect a member by majority vote to serve as its
578.6 chairperson and shall determine the term to be served by the chairperson.

578.7 Subd. 4. **Staffing.** The board may employ an executive director and other personnel to
578.8 carry out duties of the board under sections 181.211 to 181.217.

578.9 Subd. 5. **Compensation.** Compensation of board members is governed by section
578.10 15.0575.

578.11 Subd. 6. **Application of other laws.** Meetings of the board are subject to chapter 13D.
578.12 The board is subject to chapter 13.

578.13 Subd. 7. **Voting.** The affirmative vote of five board members is required for the board
578.14 to take any action, including action to establish minimum nursing home employment
578.15 standards under section 181.213.

578.16 Subd. 8. **Hearings and investigations.** To carry out its duties, the board shall hold public
578.17 hearings on, and conduct investigations into, working conditions in the nursing home
578.18 industry.

578.19 Sec. 5. **[181.213] DUTIES OF THE BOARD; MINIMUM NURSING HOME**
578.20 **EMPLOYMENT STANDARDS.**

578.21 Subdivision 1. **Authority to establish minimum nursing home employment**
578.22 **standards.** (a) The board must adopt rules establishing minimum nursing home employment
578.23 standards that are reasonably necessary and appropriate to protect the health and welfare
578.24 of nursing home workers, to ensure that nursing home workers are properly trained and
578.25 fully informed of their rights under sections 181.211 to 181.217, and to otherwise satisfy
578.26 the purposes of sections 181.211 to 181.217. Standards established by the board must
578.27 include, as appropriate, standards on compensation, working hours, and other working
578.28 conditions for nursing home workers. Any standards established by the board under this
578.29 section must be at least as protective of or beneficial to nursing home workers as any other
578.30 applicable statute or rule or any standard previously established by the board. In establishing
578.31 standards under this section, the board may establish statewide standards, standards that
578.32 apply to specific nursing home occupations, standards that apply to specific geographic
578.33 areas within the state, or any combination thereof.

579.1 (b) The board must adopt rules establishing initial standards for wages and working
579.2 hours for nursing home workers no later than August 1, 2023. The board may use the
579.3 authority in section 14.389 to adopt rules under this paragraph.

579.4 (c) To the extent that any minimum standards that the board finds are reasonably
579.5 necessary and appropriate to protect the health and welfare of nursing home workers fall
579.6 within the jurisdiction of chapter 182, the board shall not adopt rules establishing the
579.7 standards but shall instead recommend the standards to the commissioner of labor and
579.8 industry. The commissioner of labor and industry shall adopt nursing home health and safety
579.9 standards under section 182.655 as recommended by the board, unless the commissioner
579.10 determines that the recommended standard is outside the statutory authority of the
579.11 commissioner or is otherwise unlawful and issues a written explanation of this determination.

579.12 Subd. 2. **Investigation of market conditions.** The board must investigate market
579.13 conditions and the existing wages, benefits, and working conditions of nursing home workers
579.14 for specific geographic areas of the state and specific nursing home occupations. Based on
579.15 this information, the board must seek to adopt minimum nursing home employment standards
579.16 that meet or exceed existing industry conditions for a majority of nursing home workers in
579.17 the relevant geographic area and nursing home occupation. The board must consider the
579.18 following types of information in making wage rate determinations that are reasonably
579.19 necessary to protect the health and welfare of nursing home workers:

579.20 (1) wage rate and benefit data collected by or submitted to the board for nursing home
579.21 workers in the relevant geographic area and nursing home occupations;

579.22 (2) statements showing wage rates and benefits paid to nursing home workers in the
579.23 relevant geographic area and nursing home occupations;

579.24 (3) signed collective bargaining agreements applicable to nursing home workers in the
579.25 relevant geographic area and nursing home occupations;

579.26 (4) testimony and information from current and former nursing home workers, worker
579.27 organizations, nursing home employers, and employer organizations;

579.28 (5) local minimum nursing home employment standards;

579.29 (6) information submitted by or obtained from state and local government entities; and

579.30 (7) any other information pertinent to establishing minimum nursing home employment
579.31 standards.

579.32 Subd. 3. **Review of standards.** At least once every two years, the board shall:

580.1 (1) conduct a full review of the adequacy of the minimum nursing home employment
580.2 standards previously established by the board; and

580.3 (2) following that review, adopt new rules, amend or repeal existing rules, or make
580.4 recommendations to adopt new rules or amend or repeal existing rules, as appropriate to
580.5 meet the purposes of sections 181.211 to 181.217.

580.6 Subd. 4. **Conflict.** In the event of a conflict between a standard established by the board
580.7 in rule and a rule adopted by another state agency, the rule adopted by the board shall apply
580.8 to nursing home workers and nursing home employers, except where the conflicting rule
580.9 is issued after the board's standard, and the rule issued by the other state agency is more
580.10 protective or more beneficial, then the subsequent more protective or more beneficial rule
580.11 must apply to nursing home workers and nursing home employers.

580.12 Subd. 5. **Effect on other agreements.** Nothing in sections 181.211 to 181.217 shall be
580.13 construed to:

580.14 (1) limit the rights of parties to a collective bargaining agreement to bargain and agree
580.15 with respect to nursing home employment standards; or

580.16 (2) diminish the obligation of a nursing home employer to comply with any contract,
580.17 collective bargaining agreement, or employment benefit program or plan that meets or
580.18 exceeds, and does not conflict with, the minimum standards and requirements in sections
580.19 181.211 to 181.217 or established by the board.

580.20 Sec. 6. **[181.214] DUTIES OF THE BOARD; TRAINING FOR NURSING HOME**
580.21 **WORKERS.**

580.22 Subdivision 1. **Certification of worker organizations.** The board shall certify worker
580.23 organizations that it finds are qualified to provide training to nursing home workers according
580.24 to this section. The board shall by rule establish certification criteria that a worker
580.25 organization must meet in order to be certified. In adopting rules to establish initial
580.26 certification criteria under this subdivision, the board may use the authority in section 14.389.
580.27 The criteria must ensure that a worker organization, if certified, is able to provide:

580.28 (1) effective, interactive training on the information required by this section; and

580.29 (2) follow-up written materials and responses to inquiries from nursing home workers
580.30 in the languages in which nursing home workers are proficient.

581.1 Subd. 2. **Curriculum.** (a) The board shall establish requirements for the curriculum for
581.2 the nursing home worker training required by this section. A curriculum must at least provide
581.3 the following information to nursing home workers:

581.4 (1) the applicable compensation, working hours, and working conditions in the minimum
581.5 standards or local minimum standards established by the board;

581.6 (2) the antiretaliation protections established in section 181.216;

581.7 (3) information on how to enforce sections 181.211 to 181.217 and on how to report
581.8 violations of sections 181.211 to 181.217 or of standards established by the board, including
581.9 contact information for the Department of Labor and Industry, the board, and any local
581.10 enforcement agencies, and information on the remedies available for violations;

581.11 (4) the purposes and functions of the board and information on upcoming hearings,
581.12 investigations, or other opportunities for nursing home workers to become involved in board
581.13 proceedings;

581.14 (5) other rights, duties, and obligations under sections 181.211 to 181.217;

581.15 (6) any updates or changes to the information provided according to clauses (1) to (5)
581.16 since the most recent training session;

581.17 (7) any other information the board deems appropriate to facilitate compliance with
581.18 sections 181.211 to 181.217; and

581.19 (8) information on other applicable local, state, and federal laws, rules, and ordinances
581.20 regarding nursing home working conditions or nursing home worker health and safety.

581.21 (b) Before establishing initial curriculum requirements, the board must hold at least one
581.22 public hearing to solicit input on the requirements.

581.23 Subd. 3. **Topics covered in training session.** A certified worker organization is not
581.24 required to cover all of the topics listed in subdivision 2 in a single training session. A
581.25 curriculum used by a certified worker organization may provide instruction on each topic
581.26 listed in subdivision 2 over the course of up to three training sessions.

581.27 Subd. 4. **Annual review of curriculum requirements.** The board must review the
581.28 adequacy of its curriculum requirements at least annually and must revise the requirements
581.29 as appropriate to meet the purposes of sections 181.211 to 181.217. As part of each annual
581.30 review of the curriculum requirements, the board must hold at least one public hearing to
581.31 solicit input on the requirements.

581.32 Subd. 5. **Duties of certified worker organizations.** A certified worker organization:

582.1 (1) must use a curriculum for its training sessions that meets requirements established
582.2 by the board;

582.3 (2) must provide trainings that are interactive and conducted in the languages in which
582.4 the attending nursing home workers are proficient;

582.5 (3) must, at the end of each training session, provide attending nursing home workers
582.6 with follow-up written or electronic materials on the topics covered in the training session,
582.7 in order to fully inform nursing home workers of their rights and opportunities under sections
582.8 181.211 to 181.217 and other applicable laws, rules, and ordinances governing nursing
582.9 home working conditions or worker health and safety;

582.10 (4) must make itself reasonably available to respond to inquiries from nursing home
582.11 workers during and after training sessions; and

582.12 (5) may conduct surveys of nursing home workers who attend a training session to assess
582.13 the effectiveness of the training session and industry compliance with sections 181.211 to
582.14 181.217 and other applicable laws, rules, and ordinances governing nursing home working
582.15 conditions or worker health and safety.

582.16 Subd. 6. **Nursing home employer duties regarding training.** (a) A nursing home
582.17 employer must ensure, and must provide proof to the commissioner of labor and industry,
582.18 that every six months each of its nursing home workers completes one hour of training that
582.19 meets the requirements of this section and is provided by a certified worker organization.
582.20 A nursing home employer may, but is not required to, host training sessions on the premises
582.21 of the nursing home.

582.22 (b) If requested by a certified worker organization, a nursing home employer must, after
582.23 a training session provided by the certified worker organization, provide the certified worker
582.24 organization with the names and contact information of the nursing home workers who
582.25 attended the training session, unless a nursing home worker opts out according to paragraph
582.26 (c).

582.27 (c) A nursing home worker may opt out of having the worker's nursing home employer
582.28 provide the worker's name and contact information to a certified worker organization that
582.29 provided a training session attended by the worker by submitting a written statement to that
582.30 effect to the nursing home employer.

582.31 Subd. 7. **Compensation.** A nursing home employer must compensate its nursing home
582.32 workers at their regular hourly rate of wages and benefits for each hour of training completed
582.33 as required by this section.

583.1 Sec. 7. **[181.215] REQUIRED NOTICES.**

583.2 Subdivision 1. **Provision of notice.** (a) Nursing home employers must provide notices
583.3 informing nursing home workers of the rights and obligations provided under sections
583.4 181.211 to 181.217 of applicable minimum nursing home employment standards or local
583.5 minimum standards and that for assistance and information, nursing home workers should
583.6 contact the Department of Labor and Industry. A nursing home employer must provide
583.7 notice using the same means that the nursing home employer uses to provide other
583.8 work-related notices to nursing home workers. Provision of notice must be at least as
583.9 conspicuous as:

583.10 (1) posting a copy of the notice at each work site where nursing home workers work
583.11 and where the notice may be readily observed and reviewed by all nursing home workers
583.12 working at the site; or

583.13 (2) providing a paper or electronic copy of the notice to all nursing home workers and
583.14 applicants for employment as a nursing home worker.

583.15 (b) The notice required by this subdivision must include text provided by the board that
583.16 informs nursing home workers that they may request the notice to be provided in a particular
583.17 language. The nursing home employer must provide the notice in the language requested
583.18 by the nursing home worker. The board must assist nursing home employers in translating
583.19 the notice in the languages requested by their nursing home workers.

583.20 Subd. 2. **Minimum content and posting requirements.** The board must adopt rules
583.21 specifying the minimum content and posting requirements for the notices required in
583.22 subdivision 1. The board must make available to nursing home employers a template or
583.23 sample notice that satisfies the requirements of this section and rules adopted under this
583.24 section.

583.25 Sec. 8. **[181.216] RETALIATION ON CERTAIN GROUNDS PROHIBITED.**

583.26 A nursing home employer must not retaliate against a nursing home worker, including
583.27 taking retaliatory personnel action, for:

583.28 (1) exercising any right afforded to the nursing home worker under sections 181.211 to
583.29 181.217;

583.30 (2) participating in any process or proceeding under sections 181.211 to 181.217,
583.31 including but not limited to board hearings, investigations, or other proceedings; or

583.32 (3) attending or participating in the training required by section 181.214.

584.1 Sec. 9. **[181.217] ENFORCEMENT.**

584.2 Subdivision 1. **Minimum nursing home employment standards.** The minimum wages,
584.3 maximum hours of work, and other working conditions established by the board in rule as
584.4 minimum nursing home employment standards shall be the minimum wages, maximum
584.5 hours of work, and standard conditions of labor for nursing home workers or a subgroup
584.6 of nursing home workers as a matter of state law. It shall be unlawful for a nursing home
584.7 employer to employ a nursing home worker for lower wages or for longer hours than those
584.8 established as the minimum nursing home employment standards or under any other working
584.9 conditions that violate the minimum nursing home employment standards.

584.10 Subd. 2. **Investigations.** The commissioner may investigate possible violations of sections
584.11 181.214 to 181.217 or of the minimum nursing home employment standards established by
584.12 the board whenever it has cause to believe that a violation has occurred, either on the basis
584.13 of a report of a suspected violation or on the basis of any other credible information, including
584.14 violations found during the course of an investigation.

584.15 Subd. 3. **Enforcement authority.** The Department of Labor and Industry shall enforce
584.16 sections 181.214 to 181.217 and compliance with the minimum nursing home employment
584.17 standards established by the board according to the authority in section 177.27, subdivisions
584.18 4 and 7.

584.19 Subd. 4. **Civil action by nursing home worker.** (a) One or more nursing home workers
584.20 may bring a civil action in district court seeking redress for violations of sections 181.211
584.21 to 181.217 or of any applicable minimum nursing home employment standards or local
584.22 minimum nursing home employment standards. Such an action may be filed in the district
584.23 court of the county where a violation or violations are alleged to have been committed or
584.24 where the nursing home employer resides, or in any other court of competent jurisdiction,
584.25 and may represent a class of similarly situated nursing home workers.

584.26 (b) Upon a finding of one or more violations, a nursing home employer shall be liable
584.27 to each nursing home worker for the full amount of the wages, benefits, and overtime
584.28 compensation, less any amount the nursing home employer is able to establish was actually
584.29 paid to each nursing home worker and for an additional equal amount as liquidated damages.
584.30 In an action under this subdivision, nursing home workers may seek damages and other
584.31 appropriate relief provided by section 177.27, subdivision 7, or otherwise provided by law,
584.32 including reasonable costs, disbursements, witness fees, and attorney fees. A court may also
584.33 issue an order requiring compliance with sections 181.211 to 181.217 or with the applicable
584.34 minimum nursing home employment standards or local minimum nursing home employment

585.1 standards. A nursing home worker found to have experienced a retaliatory personnel action
585.2 in violation of section 181.216 shall be entitled to reinstatement to the worker's previous
585.3 position, wages, benefits, hours, and other conditions of employment.

585.4 (c) An agreement between a nursing home employer and nursing home worker or labor
585.5 union that fails to meet the minimum standards and requirements in sections 181.211 to
585.6 181.217 or established by the board is not a defense to an action brought under this
585.7 subdivision.

585.8 Sec. 10. Minnesota Statutes 2020, section 256B.0913, subdivision 4, is amended to read:

585.9 Subd. 4. **Eligibility for funding for services for nonmedical assistance recipients.** (a)
585.10 Funding for services under the alternative care program is available to persons who meet
585.11 the following criteria:

585.12 (1) the person is a citizen of the United States or a United States national;

585.13 (2) the person has been determined by a community assessment under section 256B.0911
585.14 to be a person who would require the level of care provided in a nursing facility, as
585.15 determined under section 256B.0911, subdivision 4e, but for the provision of services under
585.16 the alternative care program;

585.17 (3) the person is age 65 or older;

585.18 (4) the person would be eligible for medical assistance within 135 days of admission to
585.19 a nursing facility;

585.20 (5) the person is not ineligible for the payment of long-term care services by the medical
585.21 assistance program due to an asset transfer penalty under section 256B.0595 or equity
585.22 interest in the home exceeding $500,000 as stated in section 256B.056;

585.23 (6) the person needs long-term care services that are not funded through other state or
585.24 federal funding, or other health insurance or other third-party insurance such as long-term
585.25 care insurance;

585.26 (7) except for individuals described in clause (8), the monthly cost of the alternative
585.27 care services funded by the program for this person does not exceed 75 percent of the
585.28 monthly limit described under section 256S.18. This monthly limit does not prohibit the
585.29 alternative care client from payment for additional services, but in no case may the cost of
585.30 additional services purchased under this section exceed the difference between the client's
585.31 monthly service limit defined under section 256S.04, and the alternative care program
585.32 monthly service limit defined in this paragraph. If care-related supplies and equipment or

environmental modifications and adaptations are or will be purchased for an alternative care services recipient, the costs may be prorated on a monthly basis for up to 12 consecutive months beginning with the month of purchase. If the monthly cost of a recipient's other alternative care services exceeds the monthly limit established in this paragraph, the annual cost of the alternative care services ~~shall~~ must be determined. In this event, the annual cost of alternative care services ~~shall~~ must not exceed 12 times the monthly limit described in this paragraph;

(8) for individuals assigned a case mix classification A as described under section 256S.18, with (i) no dependencies in activities of daily living, or (ii) up to two dependencies in bathing, dressing, grooming, walking, and eating when the dependency score in eating is three or greater as determined by an assessment performed under section 256B.0911, the monthly cost of alternative care services funded by the program cannot exceed $593 per month for all new participants enrolled in the program on or after July 1, 2011. This monthly limit shall be applied to all other participants who meet this criteria at reassessment. This monthly limit ~~shall~~ must be increased annually as described in section 256S.18. This monthly limit does not prohibit the alternative care client from payment for additional services, but in no case may the cost of additional services purchased exceed the difference between the client's monthly service limit defined in this clause and the limit described in clause (7) for case mix classification A; ~~and~~

(9) the person is making timely payments of the assessed monthly fee~~.~~; and

(10) for a person participating in consumer-directed community supports, the person's monthly service limit must be equal to the monthly service limits in clause (7), except that a person assigned a case mix classification L must receive the monthly service limit for case mix classification A.

A person is ineligible if payment of the fee is over 60 days past due, unless the person agrees to:

(i) the appointment of a representative payee;

(ii) automatic payment from a financial account;

(iii) the establishment of greater family involvement in the financial management of payments; or

(iv) another method acceptable to the lead agency to ensure prompt fee payments.

The lead agency may extend the client's eligibility as necessary while making arrangements to facilitate payment of past-due amounts and future premium payments.

587.1 Following disenrollment due to nonpayment of a monthly fee, eligibility ~~shall~~ must not be
587.2 reinstated for a period of 30 days.

587.3 (b) Alternative care funding under this subdivision is not available for a person who is
587.4 a medical assistance recipient or who would be eligible for medical assistance without a
587.5 spenddown or waiver obligation. A person whose initial application for medical assistance
587.6 and the elderly waiver program is being processed may be served under the alternative care
587.7 program for a period up to 60 days. If the individual is found to be eligible for medical
587.8 assistance, medical assistance must be billed for services payable under the federally
587.9 approved elderly waiver plan and delivered from the date the individual was found eligible
587.10 for the federally approved elderly waiver plan. Notwithstanding this provision, alternative
587.11 care funds may not be used to pay for any service the cost of which: (i) is payable by medical
587.12 assistance; (ii) is used by a recipient to meet a waiver obligation; or (iii) is used to pay a
587.13 medical assistance income spenddown for a person who is eligible to participate in the
587.14 federally approved elderly waiver program under the special income standard provision.

587.15 (c) Alternative care funding is not available for a person who resides in a licensed nursing
587.16 home, certified boarding care home, hospital, or intermediate care facility, except for case
587.17 management services which are provided in support of the discharge planning process for
587.18 a nursing home resident or certified boarding care home resident to assist with a relocation
587.19 process to a community-based setting.

587.20 (d) Alternative care funding is not available for a person whose income is greater than
587.21 the maintenance needs allowance under section 256S.05, but equal to or less than 120 percent
587.22 of the federal poverty guideline effective July 1 in the fiscal year for which alternative care
587.23 eligibility is determined, who would be eligible for the elderly waiver with a waiver
587.24 obligation.

587.25 **EFFECTIVE DATE.** This section is effective January 1, 2023.

587.26 Sec. 11. Minnesota Statutes 2020, section 256B.0913, subdivision 5, is amended to read:

587.27 Subd. 5. **Services covered under alternative care.** Alternative care funding may be
587.28 used for payment of costs of:

587.29 (1) adult day services and adult day services bath;

587.30 (2) home care;

587.31 (3) homemaker services;

587.32 (4) personal care;

588.1 (5) case management and conversion case management;

588.2 (6) respite care;

588.3 (7) specialized supplies and equipment;

588.4 (8) home-delivered meals;

588.5 (9) nonmedical transportation;

588.6 (10) nursing services;

588.7 (11) chore services;

588.8 (12) companion services;

588.9 (13) nutrition services;

588.10 (14) family caregiver training and education;

588.11 (15) coaching and counseling;

588.12 (16) telehome care to provide services in their own homes in conjunction with in-home
588.13 visits;

588.14 (17) consumer-directed community supports ~~under the alternative care programs which~~
588.15 ~~are available statewide and limited to the average monthly expenditures representative of~~
588.16 ~~all alternative care program participants for the same case mix resident class assigned in~~
588.17 ~~the most recent fiscal year for which complete expenditure data is available~~;

588.18 (18) environmental accessibility and adaptations; and

588.19 (19) discretionary services, for which lead agencies may make payment from their
588.20 alternative care program allocation for services not otherwise defined in this section or
588.21 section 256B.0625, following approval by the commissioner.

588.22 Total annual payments for discretionary services for all clients served by a lead agency
588.23 must not exceed 25 percent of that lead agency's annual alternative care program base
588.24 allocation, except that when alternative care services receive federal financial participation
588.25 under the 1115 waiver demonstration, funding shall be allocated in accordance with
588.26 subdivision 17.

588.27 **EFFECTIVE DATE.** This section is effective January 1, 2023.

588.28 Sec. 12. Minnesota Statutes 2020, section 256S.15, subdivision 2, is amended to read:

588.29 Subd. 2. **Foster care limit.** The elderly waiver payment for the foster care service in
588.30 combination with the payment for all other elderly waiver services, including case

589.1 management, must not exceed the monthly case mix budget cap for the participant as
589.2 specified in sections 256S.18, subdivision 3, and 256S.19, ~~subdivisions~~ subdivision 3 ~~and~~
589.3 ~~4~~.

589.4 **EFFECTIVE DATE.** This section is effective January 1, 2023.

589.5 Sec. 13. Minnesota Statutes 2020, section 256S.18, is amended by adding a subdivision
589.6 to read:

589.7 Subd. 3a. **Monthly case mix budget caps for consumer-directed community**
589.8 **supports.** The monthly case mix budget caps for each case mix classification for
589.9 consumer-directed community supports must be equal to the monthly case mix budget caps
589.10 in subdivision 3.

589.11 **EFFECTIVE DATE.** This section is effective January 1, 2023.

589.12 Sec. 14. Minnesota Statutes 2020, section 256S.19, subdivision 3, is amended to read:

589.13 Subd. 3. **Calculation of monthly conversion budget ~~cap without consumer-directed~~**
589.14 **~~community supports~~ caps.** (a) The elderly waiver monthly conversion budget cap for the
589.15 cost of elderly waiver services ~~without consumer-directed community supports~~ must be
589.16 based on the nursing facility case mix adjusted total payment rate of the nursing facility
589.17 where the elderly waiver applicant currently resides for the applicant's case mix classification
589.18 as determined according to section 256R.17.

589.19 (b) The elderly waiver monthly conversion budget cap for the cost of elderly waiver
589.20 services ~~without consumer-directed community supports shall~~ must be calculated by
589.21 multiplying the applicable nursing facility case mix adjusted total payment rate by 365,
589.22 dividing by 12, and subtracting the participant's maintenance needs allowance.

589.23 (c) A participant's initially approved monthly conversion budget cap for elderly waiver
589.24 services ~~without consumer-directed community supports shall~~ must be adjusted at least
589.25 annually as described in section 256S.18, subdivision 5.

589.26 (d) Conversion budget caps for individuals participating in consumer-directed community
589.27 supports are also set as described in paragraphs (a) to (c).

589.28 **EFFECTIVE DATE.** This section is effective January 1, 2023.

590.1 Sec. 15. Minnesota Statutes 2021 Supplement, section 256S.21, is amended to read:

590.2 **256S.21 RATE SETTING; APPLICATION.**

590.3 The payment methodologies in sections 256S.2101 to 256S.215 apply to:

590.4 (1) elderly waiver, elderly waiver customized living, and elderly waiver foster care under
590.5 this chapter;

590.6 (2) alternative care under section 256B.0913;

590.7 (3) essential community supports under section 256B.0922; ~~and~~

590.8 (4) homemaker services under the developmental disability waiver under section
590.9 256B.092 and community alternative care, community access for disability inclusion, and
590.10 brain injury waiver under section 256B.49; and

590.11 (5) community access for disability inclusion customized living and brain injury
590.12 customized living under section 256B.49.

590.13 **EFFECTIVE DATE.** This section is effective January 1, 2023.

590.14 Sec. 16. Minnesota Statutes 2021 Supplement, section 256S.2101, subdivision 2, is
590.15 amended to read:

590.16 Subd. 2. **Phase-in for elderly waiver rates.** Except for home-delivered meals ~~as~~
590.17 ~~described in section 256S.215, subdivision 15~~, all rates and rate components for elderly
590.18 waiver, elderly waiver customized living, and elderly waiver foster care under this chapter;
590.19 alternative care under section 256B.0913; and essential community supports under section
590.20 256B.0922 ~~shall~~ must be the sum of ~~18.8~~ 21.6 percent of the rates calculated under sections
590.21 256S.211 to 256S.215, and ~~81.2~~ 78.4 percent of the rates calculated using the rate
590.22 methodology in effect as of June 30, 2017. ~~The rate for home-delivered meals shall be the~~
590.23 ~~sum of the service rate in effect as of January 1, 2019, and the increases described in section~~
590.24 ~~256S.215, subdivision 15.~~

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

590.26 Sec. 17. Minnesota Statutes 2021 Supplement, section 256S.2101, is amended by adding
590.27 a subdivision to read:

590.28 Subd. 3. **Phase-in for home-delivered meals rate.** The home-delivered meals rate for
590.29 elderly waiver under this chapter; alternative care under section 256B.0913; and essential
590.30 community supports under section 256B.0922 must be the sum of 65 percent of the rate in

591.1 section 256S.215, subdivision 15, and 35 percent of the rate calculated using the rate
591.2 methodology in effect as of June 30, 2017.

591.3 **EFFECTIVE DATE.** This section is effective January 1, 2023.

591.4 Sec. 18. Minnesota Statutes 2020, section 256S.211, is amended by adding a subdivision
591.5 to read:

591.6 Subd. 3. **Updating homemaker services rates.** On January 1, 2023, and every two
591.7 years thereafter, the commissioner shall recalculate rates for homemaker services as directed
591.8 by section 256S.215, subdivisions 9 to 11. Prior to recalculating the rates, the commissioner
591.9 shall:

591.10 (1) update the base wage index for homemaker services in section 256S.212, subdivisions
591.11 8 to 10, based on the most recently available Bureau of Labor Statistics Minneapolis-St.
591.12 Paul-Bloomington, MN-WI MetroSA data;

591.13 (2) update the payroll taxes and benefits factor in section 256S.213, subdivision 1, and
591.14 the general and administrative factor in section 256S.213, subdivision 2, based on the most
591.15 recently available nursing facility cost report data;

591.16 (3) update the registered nurse management and supervision wage component in section
591.17 256S.213, subdivision 4, based on the most recently available Bureau of Labor Statistics
591.18 Minneapolis-St. Paul-Bloomington, MN-WI MetroSA data; and

591.19 (4) update the adjusted base wage for homemaker services as directed in section 256S.214.

591.20 **EFFECTIVE DATE.** This section is effective January 1, 2023.

591.21 Sec. 19. Minnesota Statutes 2020, section 256S.211, is amended by adding a subdivision
591.22 to read:

591.23 Subd. 4. **Updating the home-delivered meals rate.** On July 1 of each year, the
591.24 commissioner shall update the home-delivered meals rate in section 256S.215, subdivision
591.25 15, by the percent increase in the nursing facility dietary per diem using the two most recent
591.26 and available nursing facility cost reports.

591.27 **EFFECTIVE DATE.** This section is effective July 1, 2022.

592.1 Sec. 20. Minnesota Statutes 2020, section 256S.212, is amended to read:

592.2 **256S.212 RATE SETTING; BASE WAGE INDEX.**

592.3 Subdivision 1. **Updating SOC codes.** If any of the SOC codes and positions used in
592.4 this section are no longer available, the commissioner shall, in consultation with stakeholders,
592.5 select a new SOC code and position that is the closest match to the previously used SOC
592.6 position.

592.7 Subd. 2. **Home management and support services base wage.** For customized living~~,~~
592.8 and foster care~~, and residential care~~ component services, the home management and support
592.9 services base wage equals 33.33 percent of the Minneapolis-St. Paul-Bloomington, MN-WI
592.10 MetroSA average wage for home health and personal ~~and home~~ care ~~aide~~ aides (SOC code
592.11 ~~39-9021~~ 31-1120); 33.33 percent of the Minneapolis-St. Paul-Bloomington, MN-WI MetroSA
592.12 average wage for food preparation workers (SOC code 35-2021); and 33.34 percent of the
592.13 Minneapolis-St. Paul-Bloomington, MN-WI MetroSA average wage for maids and
592.14 housekeeping cleaners (SOC code 37-2012).

592.15 Subd. 3. **Home care aide base wage.** For customized living~~,~~ and foster care~~, and~~
592.16 ~~residential care~~ component services, the home care aide base wage equals ~~50~~ 75 percent of
592.17 the Minneapolis-St. Paul-Bloomington, MN-WI MetroSA average wage for home health
592.18 and personal care aides (SOC code ~~31-1011~~ 31-1120); and ~~50~~ 25 percent of the
592.19 Minneapolis-St. Paul-Bloomington, MN-WI MetroSA average wage for nursing assistants
592.20 (SOC code ~~31-1014~~ 31-1131).

592.21 Subd. 4. **Home health aide base wage.** For customized living~~,~~ and foster care~~, and~~
592.22 ~~residential care~~ component services, the home health aide base wage equals ~~20~~ 33.33 percent
592.23 of the Minneapolis-St. Paul-Bloomington, MN-WI MetroSA average wage for licensed
592.24 practical and licensed vocational nurses (SOC code 29-2061); ~~and 80~~ 33.33 percent of the
592.25 Minneapolis-St. Paul-Bloomington, MN-WI MetroSA average wage for nursing assistants
592.26 (SOC code ~~31-1014~~ 31-1131); and 33.34 percent of the Minneapolis-St. Paul-Bloomington,
592.27 MN-WI MetroSA average wage for home health and personal care aides (SOC code
592.28 31-1120).

592.29 Subd. 5. **Medication setups by licensed nurse base wage.** For customized living~~,~~ and
592.30 foster care~~, and residential care~~ component services, the medication setups by licensed nurse
592.31 base wage equals ~~ten~~ 25 percent of the Minneapolis-St. Paul-Bloomington, MN-WI MetroSA
592.32 average wage for licensed practical and licensed vocational nurses (SOC code 29-2061);
592.33 and ~~90~~ 75 percent of the Minneapolis-St. Paul-Bloomington, MN-WI MetroSA average
592.34 wage for registered nurses (SOC code 29-1141).

Subd. 6. **Chore services base wage.** The chore services base wage equals ~~100~~ 50 percent of the Minneapolis-St. Paul-Bloomington, MN-WI MetroSA average wage for landscaping and groundskeeping workers (SOC code 37-3011); and 50 percent of the Minneapolis-St. Paul-Bloomington, MN-WI MetroSA average wage for maids and housekeeping cleaners (SOC code 37-2012).

Subd. 7. **Companion services base wage.** The companion services base wage equals ~~50~~ 80 percent of the Minneapolis-St. Paul-Bloomington, MN-WI MetroSA average wage for home health and personal ~~and home~~ care aides (SOC code ~~39-9021~~ 31-1120); and ~~50~~ 20 percent of the Minneapolis-St. Paul-Bloomington, MN-WI MetroSA average wage for maids and housekeeping cleaners (SOC code 37-2012).

Subd. 8. **Homemaker services and assistance with personal care base wage.** The homemaker services and assistance with personal care base wage equals ~~60~~ 50 percent of the Minneapolis-St. Paul-Bloomington, MN-WI MetroSA average wage for home health and personal ~~and home~~ care ~~aide~~ aides (SOC code ~~39-9021~~ 31-1120); ~~20~~ and 50 percent of the Minneapolis-St. Paul-Bloomington, MN-WI MetroSA average wage for nursing assistants (SOC code ~~31-1014~~ 31-1131)~~; and 20 percent of the Minneapolis-St. Paul-Bloomington, MN-WI MetroSA average wage for maids and housekeeping cleaners (SOC code 37-2012)~~.

Subd. 9. **Homemaker services and cleaning base wage.** The homemaker services and cleaning base wage equals ~~60 percent of the Minneapolis-St. Paul-Bloomington, MN-WI MetroSA average wage for personal and home care aide (SOC code 39-9021); 20 percent of the Minneapolis-St. Paul-Bloomington, MN-WI MetroSA average wage for nursing assistants (SOC code 31-1014); and 20~~ 100 percent of the Minneapolis-St. Paul-Bloomington, MN-WI MetroSA average wage for maids and housekeeping cleaners (SOC code 37-2012).

Subd. 10. **Homemaker services and home management base wage.** The homemaker services and home management base wage equals ~~60~~ 50 percent of the Minneapolis-St. Paul-Bloomington, MN-WI MetroSA average wage for home health and personal ~~and home~~ care ~~aide~~ aides (SOC code ~~39-9021~~ 31-1120); ~~20~~ and 50 percent of the Minneapolis-St. Paul-Bloomington, MN-WI MetroSA average wage for nursing assistants (SOC code ~~31-1014~~ 31-1131)~~; and 20 percent of the Minneapolis-St. Paul-Bloomington, MN-WI MetroSA average wage for maids and housekeeping cleaners (SOC code 37-2012)~~.

Subd. 11. **In-home respite care services base wage.** The in-home respite care services base wage equals ~~five~~ 15 percent of the Minneapolis-St. Paul-Bloomington, MN-WI MetroSA average wage for registered nurses (SOC code 29-1141); 75 percent of the Minneapolis-St. Paul-Bloomington, MN-WI MetroSA average wage for ~~nursing assistants~~ home health and

594.1 personal care aides (SOC code ~~31-1014~~ 31-1120); and ~~20~~ ten percent of the Minneapolis-St.
594.2 Paul-Bloomington, MN-WI MetroSA average wage for licensed practical and licensed
594.3 vocational nurses (SOC code 29-2061).

594.4 Subd. 12. **Out-of-home respite care services base wage.** The out-of-home respite care
594.5 services base wage equals ~~five~~ 15 percent of the Minneapolis-St. Paul-Bloomington, MN-WI
594.6 MetroSA average wage for registered nurses (SOC code 29-1141); 75 percent of the
594.7 Minneapolis-St. Paul-Bloomington, MN-WI MetroSA average wage for ~~nursing assistants~~
594.8 home health and personal care aides (SOC code ~~31-1014~~ 31-1120); and ~~20~~ ten percent of
594.9 the Minneapolis-St. Paul-Bloomington, MN-WI MetroSA average wage for licensed practical
594.10 and licensed vocational nurses (SOC code 29-2061).

594.11 Subd. 13. **Individual community living support base wage.** The individual community
594.12 living support base wage equals ~~20~~ 60 percent of the Minneapolis-St. Paul-Bloomington,
594.13 MN-WI MetroSA average wage for ~~licensed practical and licensed vocational nurses~~ social
594.14 and human services aides (SOC code ~~29-2061~~ 21-1093); and ~~80~~ 40 percent of the
594.15 Minneapolis-St. Paul-Bloomington, MN-WI MetroSA average wage for nursing assistants
594.16 (SOC code ~~31-1014~~ 31-1131).

594.17 Subd. 14. **Registered nurse base wage.** The registered nurse base wage equals 100
594.18 percent of the Minneapolis-St. Paul-Bloomington, MN-WI MetroSA average wage for
594.19 registered nurses (SOC code 29-1141).

594.20 Subd. 15. **~~Social worker~~ Unlicensed supervisor base wage.** The ~~social worker~~
594.21 unlicensed supervisor base wage equals 100 percent of the Minneapolis-St.
594.22 Paul-Bloomington, MN-WI MetroSA average wage for ~~medical and public health social~~
594.23 first-line supervisors of personal service workers (SOC code ~~21-1022~~ 39-1098).

594.24 Subd. 16. **Adult day services base wage.** The adult day services base wage equals 75
594.25 percent of the Minneapolis-St. Paul-Bloomington, MN-WI MetroSA average wage for home
594.26 health and personal care aides (SOC code 31-1120); and 25 percent of the Minneapolis-St.
594.27 Paul-Bloomington, MN-WI MetroSA average wage for nursing assistants (SOC code
594.28 31-1131).

594.29 **EFFECTIVE DATE.** This section is effective January 1, 2023.

595.1 Sec. 21. Minnesota Statutes 2020, section 256S.213, is amended to read:

595.2 **256S.213 RATE SETTING; FACTORS AND SUPERVISION WAGE**
595.3 **COMPONENTS.**

595.4 Subdivision 1. **Payroll taxes and benefits factor.** The payroll taxes and benefits factor
595.5 is the sum of net payroll taxes and benefits, divided by the sum of all salaries for all nursing
595.6 facilities on the most recent and available cost report.

595.7 Subd. 2. **General and administrative factor.** The general and administrative factor is
595.8 the difference of net general and administrative expenses and administrative salaries, divided
595.9 by total operating expenses for all nursing facilities on the most recent and available cost
595.10 report 14.4 percent.

595.11 Subd. 3. **Program plan support factor.** (a) The program plan support factor is 12.8 ten
595.12 percent for the following services to cover the cost of direct service staff needed to provide
595.13 support for home and community-based the service when not engaged in direct contact with
595.14 participants.:

595.15 (1) adult day services;

595.16 (2) customized living; and

595.17 (3) foster care.

595.18 (b) The program plan support factor is 15.5 percent for the following services to cover
595.19 the cost of direct service staff needed to provide support for the service when not engaged
595.20 in direct contact with participants:

595.21 (1) chore services;

595.22 (2) companion services;

595.23 (3) homemaker services and assistance with personal care;

595.24 (4) homemaker services and cleaning;

595.25 (5) homemaker services and home management;

595.26 (6) in-home respite care;

595.27 (7) individual community living support; and

595.28 (8) out-of-home respite care.

596.1 Subd. 4. **Registered nurse management and supervision ~~factor~~ wage component.** The
596.2 registered nurse management and supervision ~~factor~~ wage component equals 15 percent of
596.3 the registered nurse adjusted base wage as defined in section 256S.214.

596.4 Subd. 5. **~~Social worker~~ Unlicensed supervisor supervision ~~factor~~ wage**
596.5 **component.** The ~~social worker~~ unlicensed supervisor supervision ~~factor~~ wage component
596.6 equals 15 percent of the ~~social worker~~ unlicensed supervisor adjusted base wage as defined
596.7 in section 256S.214.

596.8 Subd. 6. **Facility and equipment factor.** The facility and equipment factor for adult
596.9 day services is 16.2 percent.

596.10 Subd. 7. **Food, supplies, and transportation factor.** The food, supplies, and
596.11 transportation factor for adult day services is 24 percent.

596.12 Subd. 8. **Supplies and transportation factor.** The supplies and transportation factor
596.13 for the following services is 1.56 percent:

596.14 (1) chore services;

596.15 (2) companion services;

596.16 (3) homemaker services and assistance with personal care;

596.17 (4) homemaker services and cleaning;

596.18 (5) homemaker services and home management;

596.19 (6) in-home respite care;

596.20 (7) individual community living support; and

596.21 (8) out-of-home respite care.

596.22 Subd. 9. **Absence factor.** The absence factor for the following services is 4.5 percent:

596.23 (1) adult day services;

596.24 (2) chore services;

596.25 (3) companion services;

596.26 (4) homemaker services and assistance with personal care;

596.27 (5) homemaker services and cleaning;

596.28 (6) homemaker services and home management;

596.29 (7) in-home respite care;

597.1 (8) individual community living support; and

597.2 (9) out-of-home respite care.

597.3 **EFFECTIVE DATE.** This section is effective January 1, 2023.

597.4 Sec. 22. Minnesota Statutes 2020, section 256S.214, is amended to read:

597.5 **256S.214 RATE SETTING; ADJUSTED BASE WAGE.**

597.6 For the purposes of section 256S.215, the adjusted base wage for each position equals
597.7 the position's base wage under section 256S.212 plus:

597.8 (1) the position's base wage multiplied by the payroll taxes and benefits factor under
597.9 section 256S.213, subdivision 1;

597.10 ~~(2) the position's base wage multiplied by the general and administrative factor under~~
597.11 ~~section 256S.213, subdivision 2; and~~

597.12 ~~(3)~~ (2) the position's base wage multiplied by the applicable program plan support factor
597.13 under section 256S.213, subdivision 3~~.~~; and

597.14 (3) the position's base wage multiplied by the absence factor under section 256S.213,
597.15 subdivision 9, if applicable.

597.16 **EFFECTIVE DATE.** This section is effective January 1, 2023.

597.17 Sec. 23. Minnesota Statutes 2020, section 256S.215, is amended to read:

597.18 **256S.215 RATE SETTING; COMPONENT RATES.**

597.19 Subdivision 1. **Medication setups by licensed nurse component rate.** The component
597.20 rate for medication setups by a licensed nurse equals the medication setups by licensed
597.21 nurse adjusted base wage.

597.22 Subd. 2. **Home management and support services component rate.** The component
597.23 rate for home management and support services is calculated as follows:

597.24 (1) sum the home management and support services adjusted base wage ~~plus~~ and the
597.25 registered nurse management and supervision ~~factor.~~ wage component;

597.26 (2) multiply the result of clause (1) by the general and administrative factor; and

597.27 (3) sum the results of clauses (1) and (2).

597.28 Subd. 3. **Home care aide services component rate.** The component rate for home care
597.29 aide services is calculated as follows:

598.1 (1) sum the home health aide services adjusted base wage ~~plus~~ and the registered nurse
598.2 management and supervision ~~factor.~~ wage component;

598.3 (2) multiply clause (1) by the general and administrative factor; and

598.4 (3) sum the results of clauses (1) and (2).

598.5 Subd. 4. **Home health aide services component rate.** The component rate for home
598.6 health aide services is calculated as follows:

598.7 (1) sum the home health aide services adjusted base wage ~~plus~~ and the registered nurse
598.8 management and supervision ~~factor.~~ wage component;

598.9 (2) multiply the result of clause (1) by the general and administrative factor; and

598.10 (3) sum the results of clauses (1) and (2).

598.11 Subd. 5. **Socialization component rate.** The component rate under elderly waiver
598.12 customized living for one-to-one socialization equals the home management and support
598.13 services component rate.

598.14 Subd. 6. **Transportation component rate.** The component rate under elderly waiver
598.15 customized living for one-to-one transportation equals the home management and support
598.16 services component rate.

598.17 Subd. 7. **Chore services rate.** The 15-minute unit rate for chore services is calculated
598.18 as follows:

598.19 (1) sum the chore services adjusted base wage and the ~~social worker~~ unlicensed supervisor
598.20 supervision ~~factor~~ wage component; ~~and~~

598.21 (2) multiply the result of clause (1) by the general and administrative factor;

598.22 (3) multiply the result of clause (1) by the supplies and transportation factor; and

598.23 (4) sum the results of clauses (1) to (3) and divide the result ~~of clause (1)~~ by four.

598.24 Subd. 8. **Companion services rate.** The 15-minute unit rate for companion services is
598.25 calculated as follows:

598.26 (1) sum the companion services adjusted base wage and the ~~social worker~~ unlicensed
598.27 supervisor supervision ~~factor~~ wage component; ~~and~~

598.28 (2) multiply the result of clause (1) by the general and administrative factor;

598.29 (3) multiply the result of clause (1) by the supplies and transportation factor; and

598.30 (4) sum the results of clauses (1) to (3) and divide the result ~~of clause (1)~~ by four.

599.1 Subd. 9. **Homemaker services and assistance with personal care rate.** The 15-minute
599.2 unit rate for homemaker services and assistance with personal care is calculated as follows:

599.3 (1) sum the homemaker services and assistance with personal care adjusted base wage
599.4 and the ~~registered nurse management and~~ unlicensed supervisor supervision ~~factor~~ wage
599.5 component; ~~and~~

599.6 (2) multiply the result of clause (1) by the general and administrative factor;

599.7 (3) multiply the result of clause (1) by the supplies and transportation factor; and

599.8 (4) sum the results of clauses (1) to (3) and divide the result ~~of clause (1)~~ by four.

599.9 Subd. 10. **Homemaker services and cleaning rate.** The 15-minute unit rate for
599.10 homemaker services and cleaning is calculated as follows:

599.11 (1) sum the homemaker services and cleaning adjusted base wage and the ~~registered~~
599.12 ~~nurse management and~~ unlicensed supervisor supervision ~~factor~~ base wage; ~~and~~

599.13 (2) multiply the result of clause (1) by the general and administrative factor;

599.14 (3) multiply the result of clause (1) by the supplies and transportation factor; and

599.15 (4) sum the results of clauses (1) to (3) and divide the result ~~of clause (1)~~ by four.

599.16 Subd. 11. **Homemaker services and home management rate.** The 15-minute unit rate
599.17 for homemaker services and home management is calculated as follows:

599.18 (1) sum the homemaker services and home management adjusted base wage and the
599.19 ~~registered nurse management and~~ unlicensed supervisor supervision ~~factor~~ wage component;
599.20 ~~and~~

599.21 (2) multiply the result of clause (1) by the general and administrative factor;

599.22 (3) multiply the result of clause (1) by the supplies and transportation factor; and

599.23 (4) sum the results of clauses (1) to (3) and divide the result ~~of clause (1)~~ by four.

599.24 Subd. 12. **In-home respite care services rates.** (a) The 15-minute unit rate for in-home
599.25 respite care services is calculated as follows:

599.26 (1) sum the in-home respite care services adjusted base wage and the registered nurse
599.27 management and supervision ~~factor~~ wage component; ~~and~~

599.28 (2) multiply the result of clause (1) by the general and administrative factor;

599.29 (3) multiply the result of clause (1) by the supplies and transportation factor; and

599.30 (4) sum the results of clauses (1) to (3) and divide the result ~~of clause (1)~~ by four.

(b) The in-home respite care services daily rate equals the in-home respite care services 15-minute unit rate multiplied by 18.

Subd. 13. **Out-of-home respite care services rates.** (a) The 15-minute unit rate for out-of-home respite care is calculated as follows:

(1) sum the out-of-home respite care services adjusted base wage and the registered nurse management and supervision ~~factor~~ wage component; ~~and~~

(2) multiply the result of clause (1) by the general and administrative factor;

(3) multiply the result of clause (1) by the supplies and transportation factor; and

(4) sum the results of clauses (1) to (3) and divide the result ~~of clause (1)~~ by four.

(b) The out-of-home respite care services daily rate equals the 15-minute unit rate for out-of-home respite care services multiplied by 18.

Subd. 14. **Individual community living support rate.** The individual community living support rate is calculated as follows:

(1) sum the ~~home care aide~~ individual community living support adjusted base wage and the ~~social worker~~ registered nurse management and supervision ~~factor~~ wage component; ~~and~~

(2) multiply the result of clause (1) by the general and administrative factor;

(3) multiply the result of clause (1) by the supplies and transportation factor; and

(4) sum the results of clauses (1) to (3) and divide the result ~~of clause (1)~~ by four.

Subd. 15. **Home-delivered meals rate.** The home-delivered meals rate equals ~~$9.30~~ $8.17. ~~The commissioner shall increase the home delivered meals rate every July 1 by the percent increase in the nursing facility dietary per diem using the two most recent and available nursing facility cost reports.~~

Subd. 16. **Adult day services rate.** The 15-minute unit rate for adult day services~~, with an assumed staffing ratio of one staff person to four participants, is the sum of~~ is calculated as follows:

(1) ~~one-sixteenth of the home care aide~~ divide the adult day services adjusted base wage~~, except that the general and administrative factor used to determine the home care aide services adjusted base wage is 20 percent~~ by five to reflect an assumed staffing ratio of one to five;

601.1 (2) one-fourth of the registered nurse management and supervision factor sum the result
601.2 of clause (1) and the registered nurse management and supervision wage component; and

601.3 (3) $0.63 to cover the cost of meals. multiply the result of clause (2) by the general and
601.4 administrative factor;

601.5 (4) multiply the result of clause (2) by the facility and equipment factor;

601.6 (5) multiply the result of clause (2) by the food, supplies, and transportation factor; and

601.7 (6) sum the results of clauses (2) to (5) and divide the result by four.

601.8 Subd. 17. **Adult day services bath rate.** The 15-minute unit rate for adult day services
601.9 bath is the sum of calculated as follows:

601.10 (1) one-fourth of the home care aide sum the adult day services adjusted base wage,
601.11 except that the general and administrative factor used to determine the home care aide
601.12 services adjusted base wage is 20 percent and the nurse management and supervision wage
601.13 component;

601.14 (2) one-fourth of the registered nurse management and supervision factor multiply the
601.15 result of clause (1) by the general and administrative factor; and

601.16 (3) $0.63 to cover the cost of meals. multiply the result of clause (1) by the facility and
601.17 equipment factor;

601.18 (4) multiply the result of clause (1) by the food, supplies, and transportation factor; and

601.19 (5) sum the results of clauses (1) to (4) and divide the result by four.

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

601.21 Sec. 24. **DIRECTION TO COMMISSIONER; INITIAL PACE IMPLEMENTATION**
601.22 **FUNDING.**

601.23 The commissioner of human services must work with stakeholders to develop
601.24 recommendations for financing mechanisms to complete the actuarial work and cover the
601.25 administrative costs of a program of all-inclusive care for the elderly (PACE). The
601.26 commissioner must recommend a financing mechanism that could begin July 1, 2024. By
601.27 December 15, 2023, the commissioner shall inform the chairs and ranking minority members
601.28 of the legislative committees with jurisdiction over health care funding on the commissioner's
601.29 progress toward developing a recommended financing mechanism.

602.1 Sec. 25. **TITLE.**

602.2 Sections 181.212 to 181.217 shall be known as the "Minnesota Nursing Home Workforce
602.3 Standards Board Act."

602.4 Sec. 26. **INITIAL APPOINTMENTS.**

602.5 The governor shall make initial appointments to the Minnesota Nursing Home Workforce
602.6 Standards Board under Minnesota Statutes, section 181.212, no later than August 1, 2022.

602.7 Sec. 27. **REVISOR INSTRUCTION.**

602.8 (a) In Minnesota Statutes, chapter 256S, the revisor of statutes shall change the following
602.9 terms:

602.10 (1) "homemaker services and assistance with personal care" to "homemaker assistance
602.11 with personal care services";

602.12 (2) "homemaker services and cleaning" to "homemaker cleaning services"; and

602.13 (3) "homemaker services and home management" to "homemaker home management
602.14 services" wherever the terms appear.

602.15 (b) The revisor shall also make necessary grammatical changes related to the changes
602.16 in terms.

602.17 Sec. 28. **REPEALER.**

602.18 Minnesota Statutes 2020, section 256S.19, subdivision 4, is repealed.

602.19 **EFFECTIVE DATE.** This section is effective January 1, 2023.

602.20 **ARTICLE 13**

602.21 **CHILD AND VULNERABLE ADULT PROTECTION POLICY**

602.22 Section 1. Minnesota Statutes 2020, section 260.012, is amended to read:

602.23 **260.012 DUTY TO ENSURE PLACEMENT PREVENTION AND FAMILY**
602.24 **REUNIFICATION; REASONABLE EFFORTS.**

602.25 (a) Once a child alleged to be in need of protection or services is under the court's
602.26 jurisdiction, the court shall ensure that reasonable efforts, including culturally appropriate
602.27 services and practices, by the social services agency are made to prevent placement or to
602.28 eliminate the need for removal and to reunite the child with the child's family at the earliest
602.29 possible time, and the court must ensure that the responsible social services agency makes

603.1 reasonable efforts to finalize an alternative permanent plan for the child as provided in
603.2 paragraph (e). In determining reasonable efforts to be made with respect to a child and in
603.3 making those reasonable efforts, the child's best interests, health, and safety must be of
603.4 paramount concern. Reasonable efforts to prevent placement and for rehabilitation and
603.5 reunification are always required except upon a determination by the court that a petition
603.6 has been filed stating a prima facie case that:

603.7 (1) the parent has subjected a child to egregious harm as defined in section 260C.007,
603.8 subdivision 14;

603.9 (2) the parental rights of the parent to another child have been terminated involuntarily;

603.10 (3) the child is an abandoned infant under section 260C.301, subdivision 2, paragraph
603.11 (a), clause (2);

603.12 (4) the parent's custodial rights to another child have been involuntarily transferred to a
603.13 relative under Minnesota Statutes 2010, section 260C.201, subdivision 11, paragraph (d),
603.14 clause (1), section 260C.515, subdivision 4, or a similar law of another jurisdiction;

603.15 (5) the parent has committed sexual abuse as defined in section 260E.03, against the
603.16 child or another child of the parent;

603.17 (6) the parent has committed an offense that requires registration as a predatory offender
603.18 under section 243.166, subdivision 1b, paragraph (a) or (b); or

603.19 (7) the provision of services or further services for the purpose of reunification is futile
603.20 and therefore unreasonable under the circumstances.

603.21 (b) When the court makes one of the prima facie determinations under paragraph (a),
603.22 either permanency pleadings under section 260C.505, or a termination of parental rights
603.23 petition under sections 260C.141 and 260C.301 must be filed. A permanency hearing under
603.24 sections 260C.503 to 260C.521 must be held within 30 days of this determination.

603.25 (c) In the case of an Indian child, in proceedings under sections 260B.178, 260C.178,
603.26 260C.201, 260C.202, 260C.204, 260C.301, or 260C.503 to 260C.521, the juvenile court
603.27 must make findings and conclusions consistent with the Indian Child Welfare Act of 1978,
603.28 United States Code, title 25, section 1901 et seq., as to the provision of active efforts. In
603.29 cases governed by the Indian Child Welfare Act of 1978, United States Code, title 25, section
603.30 1901, the responsible social services agency must provide active efforts as required under
603.31 United States Code, title 25, section 1911(d).

603.32 (d) "Reasonable efforts to prevent placement" means:

(1) the agency has made reasonable efforts to prevent the placement of the child in foster care by working with the family to develop and implement a safety plan that is individualized to the needs of the child and the child's family and may include support persons from the child's extended family, kin network, and community; or

(2) the agency has demonstrated to the court that, given the particular circumstances of the child and family at the time of the child's removal, there are no services or efforts available ~~which~~ that could allow the child to safely remain in the home.

(e) "Reasonable efforts to finalize a permanent plan for the child" means due diligence by the responsible social services agency to:

(1) reunify the child with the parent or guardian from whom the child was removed;

(2) assess a noncustodial parent's ability to provide day-to-day care for the child and, where appropriate, provide services necessary to enable the noncustodial parent to safely provide the care, as required by section 260C.219;

(3) conduct a relative search to identify and provide notice to adult relatives, and engage relatives in case planning and permanency planning, as required under section 260C.221;

(4) consider placing the child with relatives in the order specified in section 260C.212, subdivision 2, paragraph (a);

~~(4)~~ (5) place siblings removed from their home in the same home for foster care or adoption, or transfer permanent legal and physical custody to a relative. Visitation between siblings who are not in the same foster care, adoption, or custodial placement or facility shall be consistent with section 260C.212, subdivision 2; and

~~(5)~~ (6) when the child cannot return to the parent or guardian from whom the child was removed, to plan for and finalize a safe and legally permanent alternative home for the child, and considers permanent alternative homes for the child inside or outside of the state, preferably with a relative in the order specified in section 260C.212, subdivision 2, paragraph (a), through adoption or transfer of permanent legal and physical custody of the child.

(f) Reasonable efforts are made upon the exercise of due diligence by the responsible social services agency to use culturally appropriate and available services to meet the individualized needs of the child and the child's family. Services may include those provided by the responsible social services agency and other culturally appropriate services available in the community. The responsible social services agency must select services for a child and the child's family by collaborating with the child's family and, if appropriate, the child. At each stage of the proceedings ~~where~~ when the court is required to review the

605.1 appropriateness of the responsible social services agency's reasonable efforts as described
605.2 in paragraphs (a), (d), and (e), the social services agency has the burden of demonstrating
605.3 that:

605.4 (1) ~~it~~ the agency has made reasonable efforts to prevent placement of the child in foster
605.5 care, including that the agency considered or established a safety plan according to paragraph
605.6 (d), clause (1);

605.7 (2) ~~it~~ the agency has made reasonable efforts to eliminate the need for removal of the
605.8 child from the child's home and to reunify the child with the child's family at the earliest
605.9 possible time;

605.10 (3) the agency has made reasonable efforts to finalize a permanent plan for the child
605.11 pursuant to paragraph (e);

605.12 ~~(3) it~~ (4) the agency has made reasonable efforts to finalize an alternative permanent
605.13 home for the child, and ~~considers~~ considered permanent alternative homes for the child
605.14 ~~inside or outside~~ in or out of the state, preferably with a relative in the order specified in
605.15 section 260C.212, subdivision 2, paragraph (a); or

605.16 ~~(4)~~ (5) reasonable efforts to prevent placement and to reunify the child with the parent
605.17 or guardian are not required. The agency may meet this burden by stating facts in a sworn
605.18 petition filed under section 260C.141, by filing an affidavit summarizing the agency's
605.19 reasonable efforts or facts that the agency believes demonstrate that there is no need for
605.20 reasonable efforts to reunify the parent and child, or through testimony or a certified report
605.21 required under juvenile court rules.

605.22 (g) Once the court determines that reasonable efforts for reunification are not required
605.23 because the court has made one of the prima facie determinations under paragraph (a), the
605.24 court may only require the agency to make reasonable efforts for reunification after a hearing
605.25 according to section 260C.163, ~~where~~ if the court finds that there is not clear and convincing
605.26 evidence of the facts upon which the court based ~~its~~ the court's prima facie determination.
605.27 ~~In this case when~~ If there is clear and convincing evidence that the child is in need of
605.28 protection or services, the court may find the child in need of protection or services and
605.29 order any of the dispositions available under section 260C.201, subdivision 1. Reunification
605.30 of a child with a parent is not required if the parent has been convicted of:

605.31 (1) a violation of, or an attempt or conspiracy to commit a violation of, sections 609.185
605.32 to 609.20; 609.222, subdivision 2; or 609.223 in regard to another child of the parent;

605.33 (2) a violation of section 609.222, subdivision 2; or 609.223, in regard to the child;

606.1 (3) a violation of, or an attempt or conspiracy to commit a violation of, United States
606.2 Code, title 18, section 1111(a) or 1112(a), in regard to another child of the parent;

606.3 (4) committing sexual abuse as defined in section 260E.03, against the child or another
606.4 child of the parent; or

606.5 (5) an offense that requires registration as a predatory offender under section 243.166,
606.6 subdivision 1b, paragraph (a) or (b).

606.7 (h) The juvenile court, in proceedings under sections 260B.178, 260C.178, 260C.201,
606.8 260C.202, 260C.204, 260C.301, or 260C.503 to 260C.521, shall make findings and
606.9 conclusions as to the provision of reasonable efforts. When determining whether reasonable
606.10 efforts have been made by the agency, the court shall consider whether services to the child
606.11 and family were:

606.12 (1) selected in collaboration with the child's family and, if appropriate, the child;

606.13 (2) tailored to the individualized needs of the child and child's family;

606.14 ~~(1)~~ (3) relevant to the safety ~~and~~, protection, and well-being of the child;

606.15 ~~(2)~~ (4) adequate to meet the individualized needs of the child and family;

606.16 ~~(3)~~ (5) culturally appropriate;

606.17 ~~(4)~~ (6) available and accessible;

606.18 ~~(5)~~ (7) consistent and timely; and

606.19 ~~(6)~~ (8) realistic under the circumstances.

606.20 In the alternative, the court may determine that the provision of services or further services
606.21 for the purpose of rehabilitation is futile and therefore unreasonable under the circumstances
606.22 or that reasonable efforts are not required as provided in paragraph (a).

606.23 (i) This section does not prevent out-of-home placement for the treatment of a child with
606.24 a mental disability when it is determined to be medically necessary as a result of the child's
606.25 diagnostic assessment or the child's individual treatment plan indicates that appropriate and
606.26 necessary treatment cannot be effectively provided outside of a residential or inpatient
606.27 treatment program and the level or intensity of supervision and treatment cannot be
606.28 effectively and safely provided in the child's home or community and it is determined that
606.29 a residential treatment setting is the least restrictive setting that is appropriate to the needs
606.30 of the child.

(j) If continuation of reasonable efforts to prevent placement or reunify the child with the parent or guardian from whom the child was removed is determined by the court to be inconsistent with the permanent plan for the child or upon the court making one of the prima facie determinations under paragraph (a), reasonable efforts must be made to place the child in a timely manner in a safe and permanent home and to complete whatever steps are necessary to legally finalize the permanent placement of the child.

(k) Reasonable efforts to place a child for adoption or in another permanent placement may be made concurrently with reasonable efforts to prevent placement or to reunify the child with the parent or guardian from whom the child was removed. When the responsible social services agency decides to concurrently make reasonable efforts for both reunification and permanent placement away from the parent under paragraph (a), the agency shall disclose ~~its~~ the agency's decision and both plans for concurrent reasonable efforts to all parties and the court. When the agency discloses ~~its~~ the agency's decision to proceed ~~on~~ with both plans for reunification and permanent placement away from the parent, the court's review of the agency's reasonable efforts shall include the agency's efforts under both plans.

Sec. 2. Minnesota Statutes 2020, section 260C.001, subdivision 3, is amended to read:

Subd. 3. **Permanency, termination of parental rights, and adoption.** The purpose of the laws relating to permanency, termination of parental rights, and children who come under the guardianship of the commissioner of human services is to ensure that:

(1) when required and appropriate, reasonable efforts have been made by the social services agency to reunite the child with the child's parents in a home that is safe and permanent;

(2) if placement with the parents is not reasonably foreseeable, to secure for the child a safe and permanent placement according to the requirements of section 260C.212, subdivision 2, preferably ~~with adoptive parents~~ with a relative through an adoption or a transfer of permanent legal and physical custody or, if that is not possible or in the best interests of the child, ~~a fit and willing relative through transfer of permanent legal and physical custody to that relative~~ with a nonrelative caregiver through adoption; and

(3) when a child is under the guardianship of the commissioner of human services, reasonable efforts are made to finalize an adoptive home for the child in a timely manner.

Nothing in this section requires reasonable efforts to prevent placement or to reunify the child with the parent or guardian to be made in circumstances where the court has determined that the child has been subjected to egregious harm, when the child is an

abandoned infant, the parent has involuntarily lost custody of another child through a proceeding under section 260C.515, subdivision 4, or similar law of another state, the parental rights of the parent to a sibling have been involuntarily terminated, or the court has determined that reasonable efforts or further reasonable efforts to reunify the child with the parent or guardian would be futile.

The paramount consideration in all proceedings for permanent placement of the child under sections 260C.503 to 260C.521, or the termination of parental rights is the best interests of the child. In proceedings involving an American Indian child, as defined in section 260.755, subdivision 8, the best interests of the child must be determined consistent with the Indian Child Welfare Act of 1978, United States Code, title 25, section 1901, et seq.

Sec. 3. Minnesota Statutes 2020, section 260C.007, subdivision 27, is amended to read:

Subd. 27. **Relative.** "Relative" means a person related to the child by blood, marriage, or adoption; the legal parent, guardian, or custodian of the child's siblings; or an individual who is an important friend of the child or of the child's parent or custodian, including an individual with whom the child has resided or had significant contact or who has a significant relationship to the child or the child's parent or custodian.

Sec. 4. Minnesota Statutes 2020, section 260C.151, subdivision 6, is amended to read:

Subd. 6. **Immediate custody.** If the court makes individualized, explicit findings, based on the notarized petition or sworn affidavit, that there are reasonable grounds to believe that the child is in surroundings or conditions ~~which~~ that endanger the child's health, safety, or welfare that require that responsibility for the child's care and custody be immediately assumed by the responsible social services agency and that continuation of the child in the custody of the parent or guardian is contrary to the child's welfare, the court may order that the officer serving the summons take the child into immediate custody for placement of the child in foster care, preferably with a relative. In ordering that responsibility for the care, custody, and control of the child be assumed by the responsible social services agency, the court is ordering emergency protective care as that term is defined in the juvenile court rules.

Sec. 5. Minnesota Statutes 2020, section 260C.152, subdivision 5, is amended to read:

Subd. 5. **Notice to foster parents and preadoptive parents and relatives.** The foster parents, if any, of a child and any preadoptive parent or relative providing care for the child must be provided notice of and a right to be heard in any review or hearing to be held with

respect to the child. Any other relative may also request, and must be granted, a notice and the ~~opportunity~~ right to be heard under this section. This subdivision does not require that a foster parent, preadoptive parent, or any relative providing care for the child be made a party to a review or hearing solely on the basis of the notice and right to be heard.

Sec. 6. Minnesota Statutes 2020, section 260C.175, subdivision 2, is amended to read:

Subd. 2. **Notice to parent or custodian and child; emergency placement with relative.** ~~Whenever~~ (a) At the time that a peace officer takes a child into custody for relative placement or shelter care ~~or relative placement~~ pursuant to subdivision 1, section 260C.151, subdivision 5, or section 260C.154, the officer shall notify the child's parent or custodian and the child, if the child is ten years of age or older, that under section 260C.181, subdivision 2, the parent or custodian or the child may request ~~that~~ to place the child ~~be placed~~ with a relative ~~or a designated caregiver under~~ as defined in section 260C.007, subdivision 27, ~~chapter 257A~~ instead of in a shelter care facility. When a child who is not alleged to be delinquent is taken into custody pursuant to subdivision 1, clause (1) or (2), item (ii), and placement with an identified relative is requested, the peace officer shall coordinate with the responsible social services agency to ensure the child's safety and well-being, and comply with section 260C.181, subdivision 2.

(c) The officer also shall give the parent or custodian of the child a list of names, addresses, and telephone numbers of social services agencies that offer child welfare services. If the parent or custodian was not present when the child was removed from the residence, the list shall be left with an adult on the premises or left in a conspicuous place on the premises if no adult is present. If the officer has reason to believe the parent or custodian is not able to read and understand English, the officer must provide a list that is written in the language of the parent or custodian. The list shall be prepared by the commissioner of human services. The commissioner shall prepare lists for each county and provide each county with copies of the list without charge. The list shall be reviewed annually by the commissioner and updated if it is no longer accurate. Neither the commissioner nor any peace officer or the officer's employer shall be liable to any person for mistakes or omissions in the list. The list does not constitute a promise that any agency listed will ~~in fact~~ assist the parent or custodian.

610.1 Sec. 7. Minnesota Statutes 2020, section 260C.176, subdivision 2, is amended to read:

610.2 Subd. 2. **Reasons for detention.** (a) If the child is not released as provided in subdivision
610.3 1, the person taking the child into custody shall notify the court as soon as possible of the
610.4 detention of the child and the reasons for detention.

610.5 (b) No child taken into custody and placed in a relative's home or shelter care facility
610.6 ~~or relative's home~~ by a peace officer pursuant to section 260C.175, subdivision 1, clause
610.7 (1) or (2), item (ii), may be held in custody longer than 72 hours, excluding Saturdays,
610.8 Sundays and holidays, unless a petition has been filed and the judge or referee determines
610.9 pursuant to section 260C.178 that the child shall remain in custody or unless the court has
610.10 made a finding of domestic abuse perpetrated by a minor after a hearing under Laws 1997,
610.11 chapter 239, article 10, sections 2 to 26, in which case the court may extend the period of
610.12 detention for an additional seven days, within which time the social services agency shall
610.13 conduct an assessment and shall provide recommendations to the court regarding voluntary
610.14 services or file a child in need of protection or services petition.

610.15 Sec. 8. Minnesota Statutes 2020, section 260C.178, subdivision 1, is amended to read:

610.16 Subdivision 1. **Hearing and release requirements.** (a) If a child was taken into custody
610.17 under section 260C.175, subdivision 1, clause (1) or (2), item (ii), the court shall hold a
610.18 hearing within 72 hours of the time that the child was taken into custody, excluding
610.19 Saturdays, Sundays, and holidays, to determine whether the child should continue to be in
610.20 custody.

610.21 (b) Unless there is reason to believe that the child would endanger self or others or not
610.22 return for a court hearing, or that the child's health or welfare would be immediately
610.23 endangered, the child shall be released to the custody of a parent, guardian, custodian, or
610.24 other suitable person, subject to reasonable conditions of release including, but not limited
610.25 to, a requirement that the child undergo a chemical use assessment as provided in section
610.26 260C.157, subdivision 1.

610.27 (c) If the court determines that there is reason to believe that the child would endanger
610.28 self or others or not return for a court hearing, or that the child's health or welfare would be
610.29 immediately endangered if returned to the care of the parent or guardian who has custody
610.30 and from whom the child was removed, the court shall order the child:

610.31 (1) into the care of the child's noncustodial parent and order the noncustodial parent to
610.32 comply with any conditions that the court determines appropriate to ensure the safety and
610.33 care of the child, including requiring the noncustodial parent to cooperate with paternity

611.1 establishment proceedings if the noncustodial parent has not been adjudicated the child's
611.2 father; or

611.3 (2) into foster care as defined in section 260C.007, subdivision 18, under the legal
611.4 responsibility of the responsible social services agency or responsible probation or corrections
611.5 agency for the purposes of protective care as that term is used in the juvenile court rules ~~or~~
611.6 ~~into the home of a noncustodial parent and order the noncustodial parent to comply with~~
611.7 ~~any conditions the court determines to be appropriate to the safety and care of the child,~~
611.8 ~~including cooperating with paternity establishment proceedings in the case of a man who~~
611.9 ~~has not been adjudicated the child's father~~. The court shall not give the responsible social
611.10 services legal custody and order a trial home visit at any time prior to adjudication and
611.11 disposition under section 260C.201, subdivision 1, paragraph (a), clause (3), but may order
611.12 the child returned to the care of the parent or guardian who has custody and from whom the
611.13 child was removed and order the parent or guardian to comply with any conditions the court
611.14 determines to be appropriate to meet the safety, health, and welfare of the child.

611.15 (d) In determining whether the child's health or welfare would be immediately
611.16 endangered, the court shall consider whether the child would reside with a perpetrator of
611.17 domestic child abuse.

611.18 (e) The court, before determining whether a child should be placed in or continue in
611.19 foster care under the protective care of the responsible agency, shall also make a
611.20 determination, consistent with section 260.012 as to whether reasonable efforts were made
611.21 to prevent placement or whether reasonable efforts to prevent placement are not required.
611.22 In the case of an Indian child, the court shall determine whether active efforts, according
611.23 to section 260.762 and the Indian Child Welfare Act of 1978, United States Code, title 25,
611.24 section 1912(d), were made to prevent placement. The court shall enter a finding that the
611.25 responsible social services agency has made reasonable efforts to prevent placement when
611.26 the agency establishes either:

611.27 (1) that ~~it~~ the agency has actually provided services or made efforts in an attempt to
611.28 prevent the child's removal but that such services or efforts have not proven sufficient to
611.29 permit the child to safely remain in the home; or

611.30 (2) that there are no services or other efforts that could be made at the time of the hearing
611.31 that could safely permit the child to remain home or to return home. The court shall not
611.32 make a reasonable efforts determination under this clause unless the court is satisfied that
611.33 the agency has sufficiently demonstrated to the court that there were no services or other
611.34 efforts that the agency was able to provide at the time of the hearing enabling the child to

612.1 safely remain home or to safely return home. When reasonable efforts to prevent placement
612.2 are required and there are services or other efforts that could be ordered ~~which~~ that would
612.3 permit the child to safely return home, the court shall order the child returned to the care of
612.4 the parent or guardian and the services or efforts put in place to ensure the child's safety.
612.5 When the court makes a prima facie determination that one of the circumstances under
612.6 paragraph (g) exists, the court shall determine that reasonable efforts to prevent placement
612.7 and to return the child to the care of the parent or guardian are not required.

612.8 (f) If the court finds the social services agency's preventive or reunification efforts have
612.9 not been reasonable but further preventive or reunification efforts could not permit the child
612.10 to safely remain at home, the court may nevertheless authorize or continue the removal of
612.11 the child.

612.12 ~~(f)~~ (g) The court may not order or continue the foster care placement of the child unless
612.13 the court makes explicit, individualized findings that continued custody of the child by the
612.14 parent or guardian would be contrary to the welfare of the child and that placement is in the
612.15 best interest of the child.

612.16 ~~(g)~~ (h) At the emergency removal hearing, or at any time during the course of the
612.17 proceeding, and upon notice and request of the county attorney, the court shall determine
612.18 whether a petition has been filed stating a prima facie case that:

612.19 (1) the parent has subjected a child to egregious harm as defined in section 260C.007,
612.20 subdivision 14;

612.21 (2) the parental rights of the parent to another child have been involuntarily terminated;

612.22 (3) the child is an abandoned infant under section 260C.301, subdivision 2, paragraph
612.23 (a), clause (2);

612.24 (4) the parents' custodial rights to another child have been involuntarily transferred to a
612.25 relative under Minnesota Statutes 2010, section 260C.201, subdivision 11, paragraph (e),
612.26 clause (1); section 260C.515, subdivision 4; or a similar law of another jurisdiction;

612.27 (5) the parent has committed sexual abuse as defined in section 260E.03, against the
612.28 child or another child of the parent;

612.29 (6) the parent has committed an offense that requires registration as a predatory offender
612.30 under section 243.166, subdivision 1b, paragraph (a) or (b); or

612.31 (7) the provision of services or further services for the purpose of reunification is futile
612.32 and therefore unreasonable.

613.1 ~~(h)~~ (i) When a petition to terminate parental rights is required under section 260C.301,
613.2 subdivision 4, or 260C.503, subdivision 2, but the county attorney has determined not to
613.3 proceed with a termination of parental rights petition, and has instead filed a petition to
613.4 transfer permanent legal and physical custody to a relative under section 260C.507, the
613.5 court shall schedule a permanency hearing within 30 days of the filing of the petition.

613.6 ~~(i)~~ (j) If the county attorney has filed a petition under section 260C.307, the court shall
613.7 schedule a trial under section 260C.163 within 90 days of the filing of the petition except
613.8 when the county attorney determines that the criminal case shall proceed to trial first under
613.9 section 260C.503, subdivision 2, paragraph (c).

613.10 ~~(j)~~ (k) If the court determines the child should be ordered into foster care and the child's
613.11 parent refuses to give information to the responsible social services agency regarding the
613.12 child's father or relatives of the child, the court may order the parent to disclose the names,
613.13 addresses, telephone numbers, and other identifying information to the responsible social
613.14 services agency for the purpose of complying with sections 260C.150, 260C.151, 260C.212,
613.15 260C.215, 260C.219, and 260C.221.

613.16 ~~(k)~~ (l) If a child ordered into foster care has siblings, whether full, half, or step, who are
613.17 also ordered into foster care, the court shall inquire of the responsible social services agency
613.18 of the efforts to place the children together as required by section 260C.212, subdivision 2,
613.19 paragraph (d), if placement together is in each child's best interests, unless a child is in
613.20 placement for treatment or a child is placed with a previously noncustodial parent who is
613.21 not a parent to all siblings. If the children are not placed together at the time of the hearing,
613.22 the court shall inquire at each subsequent hearing of the agency's reasonable efforts to place
613.23 the siblings together, as required under section 260.012. If any sibling is not placed with
613.24 another sibling or siblings, the agency must develop a plan to facilitate visitation or ongoing
613.25 contact among the siblings as required under section 260C.212, subdivision 1, unless it is
613.26 contrary to the safety or well-being of any of the siblings to do so.

613.27 ~~(l)~~ (m) When the court has ordered the child into the care of a noncustodial parent or in
613.28 foster care ~~or into the home of a noncustodial parent~~, the court may order a chemical
613.29 dependency evaluation, mental health evaluation, medical examination, and parenting
613.30 assessment for the parent as necessary to support the development of a plan for reunification
613.31 required under subdivision 7 and section 260C.212, subdivision 1, or the child protective
613.32 services plan under section 260E.26, and Minnesota Rules, part 9560.0228.

Sec. 9. Minnesota Statutes 2020, section 260C.181, subdivision 2, is amended to read:

Subd. 2. **Least restrictive setting.** Notwithstanding the provisions of subdivision 1, if the child had been taken into custody pursuant to section 260C.175, subdivision 1, clause (1) or (2), item (ii), and is not alleged to be delinquent, the child shall be detained in the least restrictive setting consistent with the child's health and welfare and in closest proximity to the child's family as possible. Placement may be with a child's relative~~, a designated caregiver under chapter 257A,~~ or, if no placement is available with a relative, in a shelter care facility. The placing officer shall comply with this section and shall document why a less restrictive setting will or will not be in the best interests of the child for placement purposes.

Sec. 10. Minnesota Statutes 2020, section 260C.193, subdivision 3, is amended to read:

Subd. 3. **Best interests of the child.** (a) The policy of the state is to ensure that the best interests of children in foster care, who experience a transfer of permanent legal and physical custody to a relative under section 260C.515, subdivision 4, or adoption under this chapter, are met by:

(1) considering placement of a child with relatives in the order specified in section 260C.212, subdivision 2, paragraph (a); and

(2) requiring individualized determinations under section 260C.212, subdivision 2, paragraph (b), of the needs of the child and of how the selected home will serve the needs of the child.

(b) No later than three months after a child is ordered to be removed from the care of a parent in the hearing required under section 260C.202, the court shall review and enter findings regarding whether the responsible social services agency ~~made~~:

(1) ~~diligent efforts~~ exercised due diligence to identify ~~and~~, search for, notify, and engage relatives as required under section 260C.221; and

(2) made a placement consistent with section 260C.212, subdivision 2, that is based on an individualized determination ~~as required under section 260C.212, subdivision 2,~~ of the child's needs to select a home that meets the needs of the child.

(c) If the court finds that the agency has not ~~made efforts~~ exercised due diligence as required under section 260C.221, ~~and~~ the court shall order the agency to make reasonable efforts. If there is a relative who qualifies to be licensed to provide family foster care under chapter 245A, the court may order the child to be placed with the relative consistent with the child's best interests.

615.1 (d) If the agency's efforts under section 260C.221 are found by the court to be sufficient,
615.2 the court shall order the agency to continue to appropriately engage relatives who responded
615.3 to the notice under section 260C.221 in placement and case planning decisions and to
615.4 appropriately engage relatives who subsequently come to the agency's attention. A court's
615.5 finding that the agency has made reasonable efforts under this paragraph does not relieve
615.6 the agency of the duty to continue notifying relatives who come to the agency's attention
615.7 and engaging and considering relatives who respond to the notice under section 260C.221
615.8 in child placement and case planning decisions.

615.9 (e) If the child's birth parent or parents explicitly request requests that a specific relative
615.10 or important friend not be considered for placement of the child, the court shall honor that
615.11 request if it is consistent with the best interests of the child and consistent with the
615.12 requirements of section 260C.221. The court shall not waive relative search, notice, and
615.13 consideration requirements, unless section 260C.139 applies. If the child's birth parent or
615.14 parents express expresses a preference for placing the child in a foster or adoptive home of
615.15 the same or a similar religious background to as that of the birth parent or parents, the court
615.16 shall order placement of the child with an individual who meets the birth parent's religious
615.17 preference.

615.18 (f) Placement of a child cannot must not be delayed or denied based on race, color, or
615.19 national origin of the foster parent or the child.

615.20 (g) Whenever possible, siblings requiring foster care placement should shall be placed
615.21 together unless it is determined not to be in the best interests of one or more of the siblings
615.22 after weighing the benefits of separate placement against the benefits of sibling connections
615.23 for each sibling. The agency shall consider section 260C.008 when making this determination.
615.24 If siblings were not placed together according to section 260C.212, subdivision 2, paragraph
615.25 (d), the responsible social services agency shall report to the court the efforts made to place
615.26 the siblings together and why the efforts were not successful. If the court is not satisfied
615.27 that the agency has made reasonable efforts to place siblings together, the court must order
615.28 the agency to make further reasonable efforts. If siblings are not placed together, the court
615.29 shall order the responsible social services agency to implement the plan for visitation among
615.30 siblings required as part of the out-of-home placement plan under section 260C.212.

615.31 (h) This subdivision does not affect the Indian Child Welfare Act, United States Code,
615.32 title 25, sections 1901 to 1923, and the Minnesota Indian Family Preservation Act, sections
615.33 260.751 to 260.835.

616.1 Sec. 11. Minnesota Statutes 2020, section 260C.201, subdivision 1, is amended to read:

616.2 Subdivision 1. **Dispositions.** (a) If the court finds that the child is in need of protection
616.3 or services or neglected and in foster care, ~~it~~ the court shall enter an order making any of
616.4 the following dispositions of the case:

616.5 (1) place the child under the protective supervision of the responsible social services
616.6 agency or child-placing agency in the home of a parent of the child under conditions
616.7 prescribed by the court directed to the correction of the child's need for protection or services:

616.8 (i) the court may order the child into the home of a parent who does not otherwise have
616.9 legal custody of the child, however, an order under this section does not confer legal custody
616.10 on that parent;

616.11 (ii) if the court orders the child into the home of a father who is not adjudicated, the
616.12 father must cooperate with paternity establishment proceedings regarding the child in the
616.13 appropriate jurisdiction as one of the conditions prescribed by the court for the child to
616.14 continue in the father's home; and

616.15 (iii) the court may order the child into the home of a noncustodial parent with conditions
616.16 and may also order both the noncustodial and the custodial parent to comply with the
616.17 requirements of a case plan under subdivision 2; or

616.18 (2) transfer legal custody to one of the following:

616.19 (i) a child-placing agency; or

616.20 (ii) the responsible social services agency. In making a foster care placement ~~for~~ of a
616.21 child whose custody has been transferred under this subdivision, the agency shall make an
616.22 individualized determination of how the placement is in the child's best interests using the
616.23 placement consideration order for relatives~~,~~ and the best interest factors in section 260C.212,
616.24 subdivision 2~~, paragraph (b)~~, and may include a child colocated with a parent in a licensed
616.25 residential family-based substance use disorder treatment program under section 260C.190;
616.26 or

616.27 (3) order a trial home visit without modifying the transfer of legal custody to the
616.28 responsible social services agency under clause (2). Trial home visit means the child is
616.29 returned to the care of the parent or guardian from whom the child was removed for a period
616.30 not to exceed six months. During the period of the trial home visit, the responsible social
616.31 services agency:

617.1 (i) shall continue to have legal custody of the child, which means that the agency may
617.2 see the child in the parent's home, at school, in a child care facility, or other setting as the
617.3 agency deems necessary and appropriate;

617.4 (ii) shall continue to have the ability to access information under section 260C.208;

617.5 (iii) shall continue to provide appropriate services to both the parent and the child during
617.6 the period of the trial home visit;

617.7 (iv) without previous court order or authorization, may terminate the trial home visit in
617.8 order to protect the child's health, safety, or welfare and may remove the child to foster care;

617.9 (v) shall advise the court and parties within three days of the termination of the trial
617.10 home visit when a visit is terminated by the responsible social services agency without a
617.11 court order; and

617.12 (vi) shall prepare a report for the court when the trial home visit is terminated whether
617.13 by the agency or court order ~~which~~ that describes the child's circumstances during the trial
617.14 home visit and recommends appropriate orders, if any, for the court to enter to provide for
617.15 the child's safety and stability. In the event a trial home visit is terminated by the agency
617.16 by removing the child to foster care without prior court order or authorization, the court
617.17 shall conduct a hearing within ten days of receiving notice of the termination of the trial
617.18 home visit by the agency and shall order disposition under this subdivision or commence
617.19 permanency proceedings under sections 260C.503 to 260C.515. The time period for the
617.20 hearing may be extended by the court for good cause shown and if it is in the best interests
617.21 of the child as long as the total time the child spends in foster care without a permanency
617.22 hearing does not exceed 12 months;

617.23 (4) if the child has been adjudicated as a child in need of protection or services because
617.24 the child is in need of special services or care to treat or ameliorate a physical or mental
617.25 disability or emotional disturbance as defined in section 245.4871, subdivision 15, the court
617.26 may order the child's parent, guardian, or custodian to provide it. The court may order the
617.27 child's health plan company to provide mental health services to the child. Section 62Q.535
617.28 applies to an order for mental health services directed to the child's health plan company.
617.29 If the health plan, parent, guardian, or custodian fails or is unable to provide this treatment
617.30 or care, the court may order it provided. Absent specific written findings by the court that
617.31 the child's disability is the result of abuse or neglect by the child's parent or guardian, the
617.32 court shall not transfer legal custody of the child for the purpose of obtaining special
617.33 treatment or care solely because the parent is unable to provide the treatment or care. If the
617.34 court's order for mental health treatment is based on a diagnosis made by a treatment

618.1 professional, the court may order that the diagnosing professional not provide the treatment
618.2 to the child if it finds that such an order is in the child's best interests; or

618.3 (5) if the court believes that the child has sufficient maturity and judgment and that it is
618.4 in the best interests of the child, the court may order a child 16 years old or older to be
618.5 allowed to live independently, either alone or with others as approved by the court under
618.6 supervision the court considers appropriate, if the county board, after consultation with the
618.7 court, has specifically authorized this dispositional alternative for a child.

618.8 (b) If the child was adjudicated in need of protection or services because the child is a
618.9 runaway or habitual truant, the court may order any of the following dispositions in addition
618.10 to or as alternatives to the dispositions authorized under paragraph (a):

618.11 (1) counsel the child or the child's parents, guardian, or custodian;

618.12 (2) place the child under the supervision of a probation officer or other suitable person
618.13 in the child's own home under conditions prescribed by the court, including reasonable rules
618.14 for the child's conduct and the conduct of the parents, guardian, or custodian, designed for
618.15 the physical, mental, and moral well-being and behavior of the child;

618.16 (3) subject to the court's supervision, transfer legal custody of the child to one of the
618.17 following:

618.18 (i) a reputable person of good moral character. No person may receive custody of two
618.19 or more unrelated children unless licensed to operate a residential program under sections
618.20 245A.01 to 245A.16; or

618.21 (ii) a county probation officer for placement in a group foster home established under
618.22 the direction of the juvenile court and licensed pursuant to section 241.021;

618.23 (4) require the child to pay a fine of up to $100. The court shall order payment of the
618.24 fine in a manner that will not impose undue financial hardship upon the child;

618.25 (5) require the child to participate in a community service project;

618.26 (6) order the child to undergo a chemical dependency evaluation and, if warranted by
618.27 the evaluation, order participation by the child in a drug awareness program or an inpatient
618.28 or outpatient chemical dependency treatment program;

618.29 (7) if the court believes that it is in the best interests of the child or of public safety that
618.30 the child's driver's license or instruction permit be canceled, the court may order the
618.31 commissioner of public safety to cancel the child's license or permit for any period up to
618.32 the child's 18th birthday. If the child does not have a driver's license or permit, the court

619.1 may order a denial of driving privileges for any period up to the child's 18th birthday. The
619.2 court shall forward an order issued under this clause to the commissioner, who shall cancel
619.3 the license or permit or deny driving privileges without a hearing for the period specified
619.4 by the court. At any time before the expiration of the period of cancellation or denial, the
619.5 court may, for good cause, order the commissioner of public safety to allow the child to
619.6 apply for a license or permit, and the commissioner shall so authorize;

619.7 (8) order that the child's parent or legal guardian deliver the child to school at the
619.8 beginning of each school day for a period of time specified by the court; or

619.9 (9) require the child to perform any other activities or participate in any other treatment
619.10 programs deemed appropriate by the court.

619.11 To the extent practicable, the court shall enter a disposition order the same day it makes
619.12 a finding that a child is in need of protection or services or neglected and in foster care, but
619.13 in no event more than 15 days after the finding unless the court finds that the best interests
619.14 of the child will be served by granting a delay. If the child was under eight years of age at
619.15 the time the petition was filed, the disposition order must be entered within ten days of the
619.16 finding and the court may not grant a delay unless good cause is shown and the court finds
619.17 the best interests of the child will be served by the delay.

619.18 (c) If a child who is 14 years of age or older is adjudicated in need of protection or
619.19 services because the child is a habitual truant and truancy procedures involving the child
619.20 were previously dealt with by a school attendance review board or county attorney mediation
619.21 program under section 260A.06 or 260A.07, the court shall order a cancellation or denial
619.22 of driving privileges under paragraph (b), clause (7), for any period up to the child's 18th
619.23 birthday.

619.24 (d) In the case of a child adjudicated in need of protection or services because the child
619.25 has committed domestic abuse and been ordered excluded from the child's parent's home,
619.26 the court shall dismiss jurisdiction if the court, at any time, finds the parent is able or willing
619.27 to provide an alternative safe living arrangement for the child, as defined in Laws 1997,
619.28 chapter 239, article 10, section 2.

619.29 (e) When a parent has complied with a case plan ordered under subdivision 6 and the
619.30 child is in the care of the parent, the court may order the responsible social services agency
619.31 to monitor the parent's continued ability to maintain the child safely in the home under such
619.32 terms and conditions as the court determines appropriate under the circumstances.

620.1 Sec. 12. Minnesota Statutes 2020, section 260C.201, subdivision 2, is amended to read:

620.2 Subd. 2. **Written findings.** (a) Any order for a disposition authorized under this section
620.3 shall contain written findings of fact to support the disposition and case plan ordered and
620.4 shall also set forth in writing the following information:

620.5 (1) why the best interests and safety of the child are served by the disposition and case
620.6 plan ordered;

620.7 (2) what alternative dispositions or services under the case plan were considered by the
620.8 court and why such dispositions or services were not appropriate in the instant case;

620.9 (3) when legal custody of the child is transferred, the appropriateness of the particular
620.10 placement made or to be made by the placing agency using the relative and sibling placement
620.11 considerations and best interest factors in section 260C.212, subdivision 2~~, paragraph (b)~~,
620.12 or the appropriateness of a child colocated with a parent in a licensed residential family-based
620.13 substance use disorder treatment program under section 260C.190;

620.14 (4) whether reasonable efforts to finalize the permanent plan for the child consistent
620.15 with section 260.012 were made including reasonable efforts:

620.16 (i) to prevent the child's placement and to reunify the child with the parent or guardian
620.17 from whom the child was removed at the earliest time consistent with the child's safety.
620.18 The court's findings must include a brief description of what preventive and reunification
620.19 efforts were made and why further efforts could not have prevented or eliminated the
620.20 necessity of removal or that reasonable efforts were not required under section 260.012 or
620.21 260C.178, subdivision 1;

620.22 (ii) to identify and locate any noncustodial or nonresident parent of the child and to
620.23 assess such parent's ability to provide day-to-day care of the child, and, where appropriate,
620.24 provide services necessary to enable the noncustodial or nonresident parent to safely provide
620.25 day-to-day care of the child as required under section 260C.219, unless such services are
620.26 not required under section 260.012 or 260C.178, subdivision 1~~;~~. The court's findings must
620.27 include a description of the agency's efforts to:

620.28 (A) identify and locate the child's noncustodial or nonresident parent;

620.29 (B) assess the noncustodial or nonresident parent's ability to provide day-to-day care of
620.30 the child; and

620.31 (C) if appropriate, provide services necessary to enable the noncustodial or nonresident
620.32 parent to safely provide the child's day-to-day care, including efforts to engage the
620.33 noncustodial or nonresident parent in assuming care and responsibility of the child;

621.1 (iii) to make the diligent search for relatives and provide the notices required under
621.2 section 260C.221; a finding made pursuant to a hearing under section 260C.202 that the
621.3 agency has made diligent efforts to conduct a relative search and has appropriately engaged
621.4 relatives who responded to the notice under section 260C.221 and other relatives, who came
621.5 to the attention of the agency after notice under section 260C.221 was sent, in placement
621.6 and case planning decisions fulfills the requirement of this item;

621.7 (iv) to identify and make a foster care placement of the child, considering the order in
621.8 section 260C.212, subdivision 2, paragraph (a), in the home of an unlicensed relative,
621.9 according to the requirements of section 245A.035, a licensed relative, or other licensed
621.10 foster care provider, who will commit to being the permanent legal parent or custodian for
621.11 the child in the event reunification cannot occur, but who will actively support the
621.12 reunification plan for the child. If the court finds that the agency has not appropriately
621.13 considered relatives for placement of the child, the court shall order the agency to comply
621.14 with section 260C.212, subdivision 2, paragraph (a). The court may order the agency to
621.15 continue considering relatives for placement of the child regardless of the child's current
621.16 placement setting; and

621.17 (v) to place siblings together in the same home or to ensure visitation is occurring when
621.18 siblings are separated in foster care placement and visitation is in the siblings' best interests
621.19 under section 260C.212, subdivision 2, paragraph (d); and

621.20 (5) if the child has been adjudicated as a child in need of protection or services because
621.21 the child is in need of special services or care to treat or ameliorate a mental disability or
621.22 emotional disturbance as defined in section 245.4871, subdivision 15, the written findings
621.23 shall also set forth:

621.24 (i) whether the child has mental health needs that must be addressed by the case plan;

621.25 (ii) what consideration was given to the diagnostic and functional assessments performed
621.26 by the child's mental health professional and to health and mental health care professionals'
621.27 treatment recommendations;

621.28 (iii) what consideration was given to the requests or preferences of the child's parent or
621.29 guardian with regard to the child's interventions, services, or treatment; and

621.30 (iv) what consideration was given to the cultural appropriateness of the child's treatment
621.31 or services.

621.32 (b) If the court finds that the social services agency's preventive or reunification efforts
621.33 have not been reasonable but that further preventive or reunification efforts could not permit

the child to safely remain at home, the court may nevertheless authorize or continue the removal of the child.

(c) If the child has been identified by the responsible social services agency as the subject of concurrent permanency planning, the court shall review the reasonable efforts of the agency to develop a permanency plan for the child that includes a primary plan ~~which~~ that is for reunification with the child's parent or guardian and a secondary plan ~~which~~ that is for an alternative, legally permanent home for the child in the event reunification cannot be achieved in a timely manner.

Sec. 13. Minnesota Statutes 2020, section 260C.202, is amended to read:

260C.202 COURT REVIEW OF FOSTER CARE.

(a) If the court orders a child placed in foster care, the court shall review the out-of-home placement plan and the child's placement at least every 90 days as required in juvenile court rules to determine whether continued out-of-home placement is necessary and appropriate or whether the child should be returned home. This review is not required if the court has returned the child home, ordered the child permanently placed away from the parent under sections 260C.503 to 260C.521, or terminated rights under section 260C.301. Court review for a child permanently placed away from a parent, including where the child is under guardianship of the commissioner, shall be governed by section 260C.607. When a child is placed in a qualified residential treatment program setting as defined in section 260C.007, subdivision 26d, the responsible social services agency must submit evidence to the court as specified in section 260C.712.

(b) No later than three months after the child's placement in foster care, the court shall review agency efforts to search for and notify relatives pursuant to section 260C.221, and order that the agency's efforts begin immediately, or continue, if the agency has failed to perform, or has not adequately performed, the duties under that section. The court must order the agency to continue to appropriately engage relatives who responded to the notice under section 260C.221 in placement and case planning decisions and to consider relatives for foster care placement consistent with section 260C.221. Notwithstanding a court's finding that the agency has made reasonable efforts to search for and notify relatives under section 260C.221, the court may order the agency to continue making reasonable efforts to search for, notify, engage ~~other~~, and consider relatives who came to the agency's attention after sending the initial notice under section 260C.221 ~~was sent~~.

(c) The court shall review the out-of-home placement plan and may modify the plan as provided under section 260C.201, subdivisions 6 and 7.

(d) When the court ~~orders transfer of~~ transfers the custody of a child to a responsible social services agency resulting in foster care or protective supervision with a noncustodial parent under subdivision 1, the court shall notify the parents of the provisions of sections 260C.204 and 260C.503 to 260C.521, as required under juvenile court rules.

(e) When a child remains in or returns to foster care pursuant to section 260C.451 and the court has jurisdiction pursuant to section 260C.193, subdivision 6, paragraph (c), the court shall at least annually conduct the review required under section 260C.203.

Sec. 14. Minnesota Statutes 2020, section 260C.203, is amended to read:

260C.203 ADMINISTRATIVE OR COURT REVIEW OF PLACEMENTS.

(a) Unless the court is conducting the reviews required under section 260C.202, there shall be an administrative review of the out-of-home placement plan of each child placed in foster care no later than 180 days after the initial placement of the child in foster care and at least every six months thereafter if the child is not returned to the home of the parent or parents within that time. The out-of-home placement plan must be monitored and updated by the responsible social services agency at each administrative review. The administrative review shall be conducted by the responsible social services agency using a panel of appropriate persons at least one of whom is not responsible for the case management of, or the delivery of services to, either the child or the parents who are the subject of the review. The administrative review shall be open to participation by the parent or guardian of the child and the child, as appropriate.

(b) As an alternative to the administrative review required in paragraph (a), the court may, as part of any hearing required under the Minnesota Rules of Juvenile Protection Procedure, conduct a hearing to monitor and update the out-of-home placement plan pursuant to the procedure and standard in section 260C.201, subdivision 6, paragraph (d). The party requesting review of the out-of-home placement plan shall give parties to the proceeding notice of the request to review and update the out-of-home placement plan. A court review conducted pursuant to section 260C.141, subdivision 2; 260C.193; 260C.201, subdivision 1; 260C.202; 260C.204; 260C.317; or 260D.06 shall satisfy the requirement for the review so long as the other requirements of this section are met.

(c) As appropriate to the stage of the proceedings and relevant court orders, the responsible social services agency or the court shall review:

(1) the safety, permanency needs, and well-being of the child;

624.1 (2) the continuing necessity for and appropriateness of the placement, including whether
624.2 the placement is consistent with the child's best interests and other placement considerations,
624.3 including relative and sibling placement considerations under section 260C.212, subdivision
624.4 2;

624.5 (3) the extent of compliance with the out-of-home placement plan required under section
624.6 260C.212, subdivisions 1 and 1a, including services and resources that the agency has
624.7 provided to the child and child's parents, services and resources that other agencies and
624.8 individuals have provided to the child and child's parents, and whether the out-of-home
624.9 placement plan is individualized to the needs of the child and child's parents;

624.10 (4) the extent of progress that has been made toward alleviating or mitigating the causes
624.11 necessitating placement in foster care;

624.12 (5) the projected date by which the child may be returned to and safely maintained in
624.13 the home or placed permanently away from the care of the parent or parents or guardian;
624.14 and

624.15 (6) the appropriateness of the services provided to the child.

624.16 (d) When a child is age 14 or older:

624.17 (1) in addition to any administrative review conducted by the responsible social services
624.18 agency, at the in-court review required under section 260C.317, subdivision 3, clause (3),
624.19 or 260C.515, subdivision 5 or 6, the court shall review the independent living plan required
624.20 under section 260C.212, subdivision 1, paragraph (c), clause (12), and the provision of
624.21 services to the child related to the well-being of the child as the child prepares to leave foster
624.22 care. The review shall include the actual plans related to each item in the plan necessary to
624.23 the child's future safety and well-being when the child is no longer in foster care; and

624.24 (2) consistent with the requirements of the independent living plan, the court shall review
624.25 progress toward or accomplishment of the following goals:

624.26 (i) the child has obtained a high school diploma or its equivalent;

624.27 (ii) the child has completed a driver's education course or has demonstrated the ability
624.28 to use public transportation in the child's community;

624.29 (iii) the child is employed or enrolled in postsecondary education;

624.30 (iv) the child has applied for and obtained postsecondary education financial aid for
624.31 which the child is eligible;

625.1 (v) the child has health care coverage and health care providers to meet the child's
625.2 physical and mental health needs;

625.3 (vi) the child has applied for and obtained disability income assistance for which the
625.4 child is eligible;

625.5 (vii) the child has obtained affordable housing with necessary supports, which does not
625.6 include a homeless shelter;

625.7 (viii) the child has saved sufficient funds to pay for the first month's rent and a damage
625.8 deposit;

625.9 (ix) the child has an alternative affordable housing plan, which does not include a
625.10 homeless shelter, if the original housing plan is unworkable;

625.11 (x) the child, if male, has registered for the Selective Service; and

625.12 (xi) the child has a permanent connection to a caring adult.

625.13 Sec. 15. Minnesota Statutes 2020, section 260C.204, is amended to read:

625.14 **260C.204 PERMANENCY PROGRESS REVIEW FOR CHILDREN IN FOSTER**
625.15 **CARE FOR SIX MONTHS.**

625.16 (a) When a child continues in placement out of the home of the parent or guardian from
625.17 whom the child was removed, no later than six months after the child's placement the court
625.18 shall conduct a permanency progress hearing to review:

625.19 (1) the progress of the case, the parent's progress on the case plan or out-of-home
625.20 placement plan, whichever is applicable;

625.21 (2) the agency's reasonable, or in the case of an Indian child, active efforts for
625.22 reunification and its provision of services;

625.23 (3) the agency's reasonable efforts to finalize the permanent plan for the child under
625.24 section 260.012, paragraph (e), and to make a placement as required under section 260C.212,
625.25 subdivision 2, in a home that will commit to being the legally permanent family for the
625.26 child in the event the child cannot return home according to the timelines in this section;
625.27 and

625.28 (4) in the case of an Indian child, active efforts to prevent the breakup of the Indian
625.29 family and to make a placement according to the placement preferences under United States
625.30 Code, title 25, chapter 21, section 1915.

626.1 (b) When a child is placed in a qualified residential treatment program setting as defined
626.2 in section 260C.007, subdivision 26d, the responsible social services agency must submit
626.3 evidence to the court as specified in section 260C.712.

626.4 (c) The court shall ensure that notice of the hearing is sent to any relative who:

626.5 (1) responded to the agency's notice provided under section 260C.221, indicating an
626.6 interest in participating in planning for the child or being a permanency resource for the
626.7 child and who has kept the court apprised of the relative's address; or

626.8 (2) asked to be notified of court proceedings regarding the child as is permitted in section
626.9 260C.152, subdivision 5.

626.10 (d)(1) If the parent or guardian has maintained contact with the child and is complying
626.11 with the court-ordered out-of-home placement plan, and if the child would benefit from
626.12 reunification with the parent, the court may either:

626.13 (i) return the child home, if the conditions ~~which~~ that led to the out-of-home placement
626.14 have been sufficiently mitigated that it is safe and in the child's best interests to return home;
626.15 or

626.16 (ii) continue the matter up to a total of six additional months. If the child has not returned
626.17 home by the end of the additional six months, the court must conduct a hearing according
626.18 to sections 260C.503 to 260C.521.

626.19 (2) If the court determines that the parent or guardian is not complying, is not making
626.20 progress with or engaging with services in the out-of-home placement plan, or is not
626.21 maintaining regular contact with the child as outlined in the visitation plan required as part
626.22 of the out-of-home placement plan under section 260C.212, the court may order the
626.23 responsible social services agency:

626.24 (i) to develop a plan for legally permanent placement of the child away from the parent;

626.25 (ii) to consider, identify, recruit, and support one or more permanency resources from
626.26 the child's relatives and foster parent, consistent with section 260C.212, subdivision 2,
626.27 paragraph (a), to be the legally permanent home in the event the child cannot be returned
626.28 to the parent. Any relative or the child's foster parent may ask the court to order the agency
626.29 to consider them for permanent placement of the child in the event the child cannot be
626.30 returned to the parent. A relative or foster parent who wants to be considered under this
626.31 item shall cooperate with the background study required under section 245C.08, if the
626.32 individual has not already done so, and with the home study process required under chapter
626.33 245A for providing child foster care and for adoption under section 259.41. The home study

referred to in this item shall be a single-home study in the form required by the commissioner of human services or similar study required by the individual's state of residence when the subject of the study is not a resident of Minnesota. The court may order the responsible social services agency to make a referral under the Interstate Compact on the Placement of Children when necessary to obtain a home study for an individual who wants to be considered for transfer of permanent legal and physical custody or adoption of the child; and

(iii) to file a petition to support an order for the legally permanent placement plan.

(e) Following the review under this section:

(1) if the court has either returned the child home or continued the matter up to a total of six additional months, the agency shall continue to provide services to support the child's return home or to make reasonable efforts to achieve reunification of the child and the parent as ordered by the court under an approved case plan;

(2) if the court orders the agency to develop a plan for the transfer of permanent legal and physical custody of the child to a relative, a petition supporting the plan shall be filed in juvenile court within 30 days of the hearing required under this section and a trial on the petition held within 60 days of the filing of the pleadings; or

(3) if the court orders the agency to file a termination of parental rights, unless the county attorney can show cause why a termination of parental rights petition should not be filed, a petition for termination of parental rights shall be filed in juvenile court within 30 days of the hearing required under this section and a trial on the petition held within 60 days of the filing of the petition.

Sec. 16. Minnesota Statutes 2021 Supplement, section 260C.212, subdivision 1, is amended to read:

Subdivision 1. **Out-of-home placement; plan.** (a) An out-of-home placement plan shall be prepared within 30 days after any child is placed in foster care by court order or a voluntary placement agreement between the responsible social services agency and the child's parent pursuant to section 260C.227 or chapter 260D.

(b) An out-of-home placement plan means a written document ~~which~~ individualized to the needs of the child and the child's parents or guardians that is prepared by the responsible social services agency jointly with ~~the parent or parents or guardian of the child~~ the child's parents or guardians and in consultation with the child's guardian ad litem~~,~~; the child's tribe, if the child is an Indian child~~,~~; the child's foster parent or representative of the foster care facility~~,~~; and, ~~where~~ when appropriate, the child. When a child is age 14 or older, the child

628.1 may include two other individuals on the team preparing the child's out-of-home placement
628.2 plan. The child may select one member of the case planning team to be designated as the
628.3 child's advisor and to advocate with respect to the application of the reasonable and prudent
628.4 parenting standards. The responsible social services agency may reject an individual selected
628.5 by the child if the agency has good cause to believe that the individual would not act in the
628.6 best interest of the child. For a child in voluntary foster care for treatment under chapter
628.7 260D, preparation of the out-of-home placement plan shall additionally include the child's
628.8 mental health treatment provider. For a child 18 years of age or older, the responsible social
628.9 services agency shall involve the child and the child's parents as appropriate. As appropriate,
628.10 the plan shall be:

628.11 (1) submitted to the court for approval under section 260C.178, subdivision 7;

628.12 (2) ordered by the court, either as presented or modified after hearing, under section
628.13 260C.178, subdivision 7, or 260C.201, subdivision 6; and

628.14 (3) signed by the parent or parents or guardian of the child, the child's guardian ad litem,
628.15 a representative of the child's tribe, the responsible social services agency, and, if possible,
628.16 the child.

628.17 (c) The out-of-home placement plan shall be explained by the responsible social services
628.18 agency to all persons involved in ~~its~~ the plan's implementation, including the child who has
628.19 signed the plan, and shall set forth:

628.20 (1) a description of the foster care home or facility selected, including how the
628.21 out-of-home placement plan is designed to achieve a safe placement for the child in the
628.22 least restrictive, most family-like~~,~~ setting available ~~which~~ that is in close proximity to the
628.23 home of the ~~parent or~~ child's parents or ~~guardian of the child~~ guardians when the case plan
628.24 goal is reunification~~,~~; and how the placement is consistent with the best interests and special
628.25 needs of the child according to the factors under subdivision 2, paragraph (b);

628.26 (2) the specific reasons for the placement of the child in foster care, and when
628.27 reunification is the plan, a description of the problems or conditions in the home of the
628.28 parent or parents ~~which~~ that necessitated removal of the child from home and the changes
628.29 the parent or parents must make for the child to safely return home;

628.30 (3) a description of the services offered and provided to prevent removal of the child
628.31 from the home and to reunify the family including:

629.1 (i) the specific actions to be taken by the parent or parents of the child to eliminate or
629.2 correct the problems or conditions identified in clause (2), and the time period during which
629.3 the actions are to be taken; and

629.4 (ii) the reasonable efforts, or in the case of an Indian child, active efforts to be made to
629.5 achieve a safe and stable home for the child including social and other supportive services
629.6 to be provided or offered to the parent or parents or guardian of the child, the child, and the
629.7 residential facility during the period the child is in the residential facility;

629.8 (4) a description of any services or resources that were requested by the child or the
629.9 child's parent, guardian, foster parent, or custodian since the date of the child's placement
629.10 in the residential facility, and whether those services or resources were provided and if not,
629.11 the basis for the denial of the services or resources;

629.12 (5) the visitation plan for the parent or parents or guardian, other relatives as defined in
629.13 section 260C.007, subdivision 26b or 27, and siblings of the child if the siblings are not
629.14 placed together in foster care, and whether visitation is consistent with the best interest of
629.15 the child, during the period the child is in foster care;

629.16 (6) when a child cannot return to or be in the care of either parent, documentation of
629.17 steps to finalize adoption as the permanency plan for the child through reasonable efforts
629.18 to place the child for adoption pursuant to section 260C.605. At a minimum, the
629.19 documentation must include consideration of whether adoption is in the best interests of
629.20 the child~~,~~ and child-specific recruitment efforts such as a relative search, consideration of
629.21 relatives for adoptive placement, and the use of state, regional, and national adoption
629.22 exchanges to facilitate orderly and timely placements in and outside of the state. A copy of
629.23 this documentation shall be provided to the court in the review required under section
629.24 260C.317, subdivision 3, paragraph (b);

629.25 (7) when a child cannot return to or be in the care of either parent, documentation of
629.26 steps to finalize the transfer of permanent legal and physical custody to a relative as the
629.27 permanency plan for the child. This documentation must support the requirements of the
629.28 kinship placement agreement under section 256N.22 and must include the reasonable efforts
629.29 used to determine that it is not appropriate for the child to return home or be adopted, and
629.30 reasons why permanent placement with a relative through a Northstar kinship assistance
629.31 arrangement is in the child's best interest; how the child meets the eligibility requirements
629.32 for Northstar kinship assistance payments; agency efforts to discuss adoption with the child's
629.33 relative foster parent and reasons why the relative foster parent chose not to pursue adoption,
629.34 if applicable; and agency efforts to discuss with the child's parent or parents the permanent

630.1 transfer of permanent legal and physical custody or the reasons why these efforts were not
630.2 made;

630.3 (8) efforts to ensure the child's educational stability while in foster care for a child who
630.4 attained the minimum age for compulsory school attendance under state law and is enrolled
630.5 full time in elementary or secondary school, or instructed in elementary or secondary
630.6 education at home, or instructed in an independent study elementary or secondary program,
630.7 or incapable of attending school on a full-time basis due to a medical condition that is
630.8 documented and supported by regularly updated information in the child's case plan.
630.9 Educational stability efforts include:

630.10 (i) efforts to ensure that the child remains in the same school in which the child was
630.11 enrolled prior to placement or upon the child's move from one placement to another, including
630.12 efforts to work with the local education authorities to ensure the child's educational stability
630.13 and attendance; or

630.14 (ii) if it is not in the child's best interest to remain in the same school that the child was
630.15 enrolled in prior to placement or move from one placement to another, efforts to ensure
630.16 immediate and appropriate enrollment for the child in a new school;

630.17 (9) the educational records of the child including the most recent information available
630.18 regarding:

630.19 (i) the names and addresses of the child's educational providers;

630.20 (ii) the child's grade level performance;

630.21 (iii) the child's school record;

630.22 (iv) a statement about how the child's placement in foster care takes into account
630.23 proximity to the school in which the child is enrolled at the time of placement; and

630.24 (v) any other relevant educational information;

630.25 (10) the efforts by the responsible social services agency to ensure the oversight and
630.26 continuity of health care services for the foster child, including:

630.27 (i) the plan to schedule the child's initial health screens;

630.28 (ii) how the child's known medical problems and identified needs from the screens,
630.29 including any known communicable diseases, as defined in section 144.4172, subdivision
630.30 2, shall be monitored and treated while the child is in foster care;

630.31 (iii) how the child's medical information shall be updated and shared, including the
630.32 child's immunizations;

631.1 (iv) who is responsible to coordinate and respond to the child's health care needs,
631.2 including the role of the parent, the agency, and the foster parent;

631.3 (v) who is responsible for oversight of the child's prescription medications;

631.4 (vi) how physicians or other appropriate medical and nonmedical professionals shall be
631.5 consulted and involved in assessing the health and well-being of the child and determine
631.6 the appropriate medical treatment for the child; and

631.7 (vii) the responsibility to ensure that the child has access to medical care through either
631.8 medical insurance or medical assistance;

631.9 (11) the health records of the child including information available regarding:

631.10 (i) the names and addresses of the child's health care and dental care providers;

631.11 (ii) a record of the child's immunizations;

631.12 (iii) the child's known medical problems, including any known communicable diseases
631.13 as defined in section 144.4172, subdivision 2;

631.14 (iv) the child's medications; and

631.15 (v) any other relevant health care information such as the child's eligibility for medical
631.16 insurance or medical assistance;

631.17 (12) an independent living plan for a child 14 years of age or older, developed in
631.18 consultation with the child. The child may select one member of the case planning team to
631.19 be designated as the child's advisor and to advocate with respect to the application of the
631.20 reasonable and prudent parenting standards in subdivision 14. The plan should include, but
631.21 not be limited to, the following objectives:

631.22 (i) educational, vocational, or employment planning;

631.23 (ii) health care planning and medical coverage;

631.24 (iii) transportation including, where appropriate, assisting the child in obtaining a driver's
631.25 license;

631.26 (iv) money management, including the responsibility of the responsible social services
631.27 agency to ensure that the child annually receives, at no cost to the child, a consumer report
631.28 as defined under section 13C.001 and assistance in interpreting and resolving any inaccuracies
631.29 in the report;

631.30 (v) planning for housing;

631.31 (vi) social and recreational skills;

632.1 (vii) establishing and maintaining connections with the child's family and community;
632.2 and

632.3 (viii) regular opportunities to engage in age-appropriate or developmentally appropriate
632.4 activities typical for the child's age group, taking into consideration the capacities of the
632.5 individual child;

632.6 (13) for a child in voluntary foster care for treatment under chapter 260D, diagnostic
632.7 and assessment information, specific services relating to meeting the mental health care
632.8 needs of the child, and treatment outcomes;

632.9 (14) for a child 14 years of age or older, a signed acknowledgment that describes the
632.10 child's rights regarding education, health care, visitation, safety and protection from
632.11 exploitation, and court participation; receipt of the documents identified in section 260C.452;
632.12 and receipt of an annual credit report. The acknowledgment shall state that the rights were
632.13 explained in an age-appropriate manner to the child; and

632.14 (15) for a child placed in a qualified residential treatment program, the plan must include
632.15 the requirements in section 260C.708.

632.16 (d) The parent or parents or guardian and the child each shall have the right to legal
632.17 counsel in the preparation of the case plan and shall be informed of the right at the time of
632.18 placement of the child. The child shall also have the right to a guardian ad litem. If unable
632.19 to employ counsel from their own resources, the court shall appoint counsel upon the request
632.20 of the parent or parents or the child or the child's legal guardian. The parent or parents may
632.21 also receive assistance from any person or social services agency in preparation of the case
632.22 plan.

632.23 (e) After the plan has been agreed upon by the parties involved or approved or ordered
632.24 by the court, the foster parents shall be fully informed of the provisions of the case plan and
632.25 shall be provided a copy of the plan.

632.26 (f) Upon the child's discharge from foster care, the responsible social services agency
632.27 must provide the child's parent, adoptive parent, or permanent legal and physical custodian,
632.28 and the child, if the child is 14 years of age or older, with a current copy of the child's health
632.29 and education record. If a child meets the conditions in subdivision 15, paragraph (b), the
632.30 agency must also provide the child with the child's social and medical history. The responsible
632.31 social services agency may give a copy of the child's health and education record and social
632.32 and medical history to a child who is younger than 14 years of age, if it is appropriate and
632.33 if subdivision 15, paragraph (b), applies.

Sec. 17. Minnesota Statutes 2021 Supplement, section 260C.212, subdivision 2, is amended to read:

Subd. 2. **Placement decisions based on best interests of the child.** (a) The policy of the state of Minnesota is to ensure that the child's best interests are met by requiring an individualized determination of the needs of the child in consideration of paragraphs (a) to (f), and of how the selected placement will serve the current and future needs of the child being placed. The authorized child-placing agency shall place a child, released by court order or by voluntary release by the parent or parents, in a family foster home selected by considering placement with relatives ~~and important friends~~ in the following order:

(1) with an individual who is related to the child by blood, marriage, or adoption, including the legal parent, guardian, or custodian of the child's ~~siblings~~ sibling; or

(2) with an individual who is an important friend of the child or of the child's parent or custodian, including an individual with whom the child has resided or had significant contact or who has a significant relationship to the child or the child's parent or custodian.

~~(2) with an individual who is an important friend with whom the child has resided or had significant contact.~~

For an Indian child, the agency shall follow the order of placement preferences in the Indian Child Welfare Act of 1978, United States Code, title 25, section 1915.

(b) Among the factors the agency shall consider in determining the current and future needs of the child are the following:

(1) the child's current functioning and behaviors;

(2) the medical needs of the child;

(3) the educational needs of the child;

(4) the developmental needs of the child;

(5) the child's history and past experience;

(6) the child's religious and cultural needs;

(7) the child's connection with a community, school, and faith community;

(8) the child's interests and talents;

(9) the child's ~~relationship to current caretakers,~~ current and long-term needs regarding relationships with parents, siblings, ~~and~~ relatives, and other caretakers;

634.1 (10) the reasonable preference of the child, if the court, or the child-placing agency in
634.2 the case of a voluntary placement, deems the child to be of sufficient age to express
634.3 preferences; and

634.4 (11) for an Indian child, the best interests of an Indian child as defined in section 260.755,
634.5 subdivision 2a.

634.6 When placing a child in foster care or in a permanent placement based on an individualized
634.7 determination of the child's needs, the agency must not use one factor in this paragraph to
634.8 the exclusion of all others, and the agency shall consider that the factors in paragraph (b)
634.9 may be interrelated.

634.10 (c) Placement of a child cannot be delayed or denied based on race, color, or national
634.11 origin of the foster parent or the child.

634.12 (d) Siblings should be placed together for foster care and adoption at the earliest possible
634.13 time unless it is documented that a joint placement would be contrary to the safety or
634.14 well-being of any of the siblings or unless it is not possible after reasonable efforts by the
634.15 responsible social services agency. In cases where siblings cannot be placed together, the
634.16 agency is required to provide frequent visitation or other ongoing interaction between
634.17 siblings unless the agency documents that the interaction would be contrary to the safety
634.18 or well-being of any of the siblings.

634.19 (e) Except for emergency placement as provided for in section 245A.035, the following
634.20 requirements must be satisfied before the approval of a foster or adoptive placement in a
634.21 related or unrelated home: (1) a completed background study under section 245C.08; and
634.22 (2) a completed review of the written home study required under section 260C.215,
634.23 subdivision 4, clause (5), or 260C.611, to assess the capacity of the prospective foster or
634.24 adoptive parent to ensure the placement will meet the needs of the individual child.

634.25 (f) The agency must determine whether colocation with a parent who is receiving services
634.26 in a licensed residential family-based substance use disorder treatment program is in the
634.27 child's best interests according to paragraph (b) and include that determination in the child's
634.28 case plan under subdivision 1. The agency may consider additional factors not identified
634.29 in paragraph (b). The agency's determination must be documented in the child's case plan
634.30 before the child is colocated with a parent.

634.31 (g) The agency must establish a juvenile treatment screening team under section 260C.157
634.32 to determine whether it is necessary and appropriate to recommend placing a child in a
634.33 qualified residential treatment program, as defined in section 260C.007, subdivision 26d.

635.1 Sec. 18. Minnesota Statutes 2020, section 260C.221, is amended to read:

635.2 **260C.221 RELATIVE SEARCH AND ENGAGEMENT; PLACEMENT**
635.3 **CONSIDERATION.**

635.4 Subdivision 1. **Relative search requirements.** (a) The responsible social services agency
635.5 shall exercise due diligence to identify and notify adult relatives and current caregivers of
635.6 a child's sibling, prior to placement or within 30 days after the child's removal from the
635.7 parent, regardless of whether a child is placed in a relative's home, as required under
635.8 subdivision 2. ~~The county agency shall consider placement with a relative under this section~~
635.9 ~~without delay and whenever the child must move from or be returned to foster care.~~ The
635.10 relative search required by this section shall be comprehensive in scope. ~~After a finding~~
635.11 ~~that the agency has made reasonable efforts to conduct the relative search under this~~
635.12 ~~paragraph, the agency has the continuing responsibility to appropriately involve relatives,~~
635.13 ~~who have responded to the notice required under this paragraph, in planning for the child~~
635.14 ~~and to continue to consider relatives according to the requirements of section 260C.212,~~
635.15 ~~subdivision 2. At any time during the course of juvenile protection proceedings, the court~~
635.16 ~~may order the agency to reopen its search for relatives when it is in the child's best interest~~
635.17 ~~to do so.~~

635.18 (b) The relative search required by this section shall include both maternal and paternal
635.19 adult relatives of the child; all adult grandparents; all legal parents, guardians, or custodians
635.20 of the child's siblings; and any other adult relatives suggested by the child's parents, subject
635.21 to the exceptions due to family violence in subdivision 5, paragraph ~~(c)~~ (b). The search shall
635.22 also include getting information from the child in an age-appropriate manner about who the
635.23 child considers to be family members and important friends with whom the child has resided
635.24 or had significant contact. The relative search required under this section must fulfill the
635.25 agency's duties under the Indian Child Welfare Act regarding active efforts to prevent the
635.26 breakup of the Indian family under United States Code, title 25, section 1912(d), and to
635.27 meet placement preferences under United States Code, title 25, section 1915.

635.28 (c) The responsible social services agency has a continuing responsibility to search for
635.29 and identify relatives of a child and send the notice to relatives that is required under
635.30 subdivision 2, unless the court has relieved the agency of this duty under subdivision 5,
635.31 paragraph (e).

635.32 Subd. 2. **Relative notice requirements.** (a) The agency may provide oral or written
635.33 notice to a child's relatives. In the child's case record, the agency must document providing

636.1 the required notice to each of the child's relatives. The responsible social services agency
636.2 must notify relatives ~~must be notified~~:

636.3 (1) of the need for a foster home for the child, the option to become a placement resource
636.4 for the child, the order of placement that the agency will consider under section 260C.212,
636.5 subdivision 2, paragraph (a), and the possibility of the need for a permanent placement for
636.6 the child;

636.7 (2) of their responsibility to keep the responsible social services agency and the court
636.8 informed of their current address in order to receive notice in the event that a permanent
636.9 placement is sought for the child and to receive notice of the permanency progress review
636.10 hearing under section 260C.204. A relative who fails to provide a current address to the
636.11 responsible social services agency and the court forfeits the right to receive notice of the
636.12 possibility of permanent placement and of the permanency progress review hearing under
636.13 section 260C.204, until the relative provides a current address to the responsible social
636.14 services agency and the court. A decision by a relative not to be identified as a potential
636.15 permanent placement resource or participate in planning for the child ~~at the beginning of~~
636.16 ~~the case~~ shall not affect whether the relative is considered for placement of, or as a
636.17 permanency resource for, the child with that relative ~~later~~ at any time in the case, and shall
636.18 not be the sole basis for the court to rule out the relative as the child's placement or
636.19 permanency resource;

636.20 (3) that the relative may participate in the care and planning for the child, as specified
636.21 in subdivision 3, including that the opportunity for such participation may be lost by failing
636.22 to respond to the notice sent under this subdivision~~. "Participate in the care and planning"~~
636.23 ~~includes, but is not limited to, participation in case planning for the parent and child,~~
636.24 ~~identifying the strengths and needs of the parent and child, supervising visits, providing~~
636.25 ~~respite and vacation visits for the child, providing transportation to appointments, suggesting~~
636.26 ~~other relatives who might be able to help support the case plan, and to the extent possible,~~
636.27 ~~helping to maintain the child's familiar and regular activities and contact with friends and~~
636.28 ~~relatives~~;

636.29 (4) of the family foster care licensing and adoption home study requirements, including
636.30 how to complete an application and how to request a variance from licensing standards that
636.31 do not present a safety or health risk to the child in the home under section 245A.04 and
636.32 supports that are available for relatives and children who reside in a family foster home;
636.33 ~~and~~

637.1 (5) of the relatives' right to ask to be notified of any court proceedings regarding the
637.2 child, to attend the hearings, and of a relative's right ~~or opportunity~~ to be heard by the court
637.3 as required under section 260C.152, subdivision 5~~.~~;

637.4 (6) that regardless of the relative's response to the notice sent under this subdivision, the
637.5 agency is required to establish permanency for a child, including planning for alternative
637.6 permanency options if the agency's reunification efforts fail or are not required; and

637.7 (7) that by responding to the notice, a relative may receive information about participating
637.8 in a child's family and permanency team if the child is placed in a qualified residential
637.9 treatment program as defined in section 260C.007, subdivision 26d.

637.10 (b) The responsible social services agency shall send the notice required under paragraph
637.11 (a) to relatives who become known to the responsible social services agency, except for
637.12 relatives that the agency does not contact due to safety reasons under subdivision 5, paragraph
637.13 (b). The responsible social services agency shall continue to send notice to relatives
637.14 notwithstanding a court's finding that the agency has made reasonable efforts to conduct a
637.15 relative search.

637.16 (c) The responsible social services agency is not required to send the notice under
637.17 paragraph (a) to a relative who becomes known to the agency after an adoption placement
637.18 agreement has been fully executed under section 260C.613, subdivision 1. If the relative
637.19 wishes to be considered for adoptive placement of the child, the agency shall inform the
637.20 relative of the relative's ability to file a motion for an order for adoptive placement under
637.21 section 260C.607, subdivision 6.

637.22 Subd. 3. **Relative engagement requirements.** (a) A relative who responds to the notice
637.23 under subdivision 2 has the opportunity to participate in care and planning for a child, which
637.24 must not be limited based solely on the relative's prior inconsistent participation or
637.25 nonparticipation in care and planning for the child. Care and planning for a child may include
637.26 but is not limited to:

637.27 (1) participating in case planning for the child and child's parent, including identifying
637.28 services and resources that meet the individualized needs of the child and child's parent. A
637.29 relative's participation in case planning may be in person, via phone call, or by electronic
637.30 means;

637.31 (2) identifying the strengths and needs of the child and child's parent;

637.32 (3) asking the responsible social services agency to consider the relative for placement
637.33 of the child according to subdivision 4;

638.1 (4) acting as a support person for the child, the child's parents, and the child's current
638.2 caregiver;

638.3 (5) supervising visits;

638.4 (6) providing respite care for the child and having vacation visits with the child;

638.5 (7) providing transportation;

638.6 (8) suggesting other relatives who may be able to participate in the case plan or that the
638.7 agency may consider for placement of the child. The agency shall send a notice to each
638.8 relative identified by other relatives according to subdivision 2, paragraph (b), unless a
638.9 relative received this notice earlier in the case;

638.10 (9) helping to maintain the child's familiar and regular activities and contact with the
638.11 child's friends and relatives, including providing supervision of the child at family gatherings
638.12 and events; and

638.13 (10) participating in the child's family and permanency team if the child is placed in a
638.14 qualified residential treatment program as defined in section 260C.007, subdivision 26d.

638.15 (b) The responsible social services agency shall make reasonable efforts to contact and
638.16 engage relatives who respond to the notice required under this section. Upon a request by
638.17 a relative or party to the proceeding, the court may conduct a review of the agency's
638.18 reasonable efforts to contact and engage relatives who respond to the notice. If the court
638.19 finds that the agency did not make reasonable efforts to contact and engage relatives who
638.20 respond to the notice, the court may order the agency to make reasonable efforts to contact
638.21 and engage relatives who respond to the notice in care and planning for the child.

638.22 Subd. 4. **Placement considerations.** (a) The responsible social services agency shall
638.23 consider placing a child with a relative under this section without delay and when the child:

638.24 (1) enters foster care;

638.25 (2) must be moved from the child's current foster setting;

638.26 (3) must be permanently placed away from the child's parent; or

638.27 (4) returns to foster care after permanency has been achieved for the child.

638.28 (b) The agency shall consider placing a child with relatives:

638.29 (1) in the order specified in section 260C.212, subdivision 2, paragraph (a); and

638.30 (2) based on the child's best interests using the factors in section 260C.212, subdivision
638.31 2.

639.1 (c) The agency shall document how the agency considered relatives in the child's case
639.2 record.

639.3 (d) Any relative who requests to be a placement option for a child in foster care has the
639.4 right to be considered for placement of the child according to section 260C.212, subdivision
639.5 2, paragraph (a), unless the court finds that placing the child with a specific relative would
639.6 endanger the child, sibling, parent, guardian, or any other family member under subdivision
639.7 5, paragraph (b).

639.8 (e) When adoption is the responsible social services agency's permanency goal for the
639.9 child, the agency shall consider adoptive placement of the child with a relative in the order
639.10 specified under section 260C.212, subdivision 2, paragraph (a).

639.11 Subd. 5. **Data disclosure; court review.** ~~(c)~~ (a) A responsible social services agency
639.12 may disclose private data, as defined in section 13.02 and chapter 260E, to relatives of the
639.13 child for the purpose of locating and assessing a suitable placement and may use any
639.14 reasonable means of identifying and locating relatives including the Internet or other
639.15 electronic means of conducting a search. The agency shall disclose data that is necessary
639.16 to facilitate possible placement with relatives and to ensure that the relative is informed of
639.17 the needs of the child so the relative can participate in planning for the child and be supportive
639.18 of services to the child and family.

639.19 (b) If the child's parent refuses to give the responsible social services agency information
639.20 sufficient to identify the maternal and paternal relatives of the child, the agency shall ask
639.21 the juvenile court to order the parent to provide the necessary information and shall use
639.22 other resources to identify the child's maternal and paternal relatives. If a parent makes an
639.23 explicit request that a specific relative not be contacted or considered for placement due to
639.24 safety reasons, including past family or domestic violence, the agency shall bring the parent's
639.25 request to the attention of the court to determine whether the parent's request is consistent
639.26 with the best interests of the child ~~and~~. The agency shall not contact the specific relative
639.27 when the juvenile court finds that contacting or placing the child with the specific relative
639.28 would endanger the parent, guardian, child, sibling, or any family member. Unless section
639.29 260C.139 applies to the child's case, a court shall not waive or relieve the responsible social
639.30 services agency of reasonable efforts to:

639.31 (1) conduct a relative search;

639.32 (2) notify relatives;

639.33 (3) contact and engage relatives in case planning; and

640.1 (4) consider relatives for placement of the child.

640.2 (c) Notwithstanding chapter 13, the agency shall disclose data to the court about particular
640.3 relatives that the agency has identified, contacted, or considered for the child's placement
640.4 for the court to review the agency's due diligence.

640.5 (d) At a regularly scheduled hearing not later than three months after the child's placement
640.6 in foster care and as required in ~~section~~ sections 260C.193 and 260C.202, the agency shall
640.7 report to the court:

640.8 (1) ~~its~~ the agency's efforts to identify maternal and paternal relatives of the child and to
640.9 engage the relatives in providing support for the child and family, and document that the
640.10 relatives have been provided the notice required under ~~paragraph (a)~~ subdivision 2; and

640.11 (2) ~~its~~ the agency's decision regarding placing the child with a relative as required under
640.12 section 260C.212, subdivision 2~~, and to ask~~. If the responsible social services agency decides
640.13 that relative placement is not in the child's best interests at the time of the hearing, the agency
640.14 shall inform the court of the agency's decision, including:

640.15 (i) why the agency decided against relative placement of the child; and

640.16 (ii) the agency's efforts to engage relatives ~~to visit or maintain contact with the child in~~
640.17 ~~order~~ as required under subdivision 3 to support family connections for the child~~, when~~
640.18 ~~placement with a relative is not possible or appropriate~~.

640.19 ~~(e) Notwithstanding chapter 13, the agency shall disclose data about particular relatives~~
640.20 ~~identified, searched for, and contacted for the purposes of the court's review of the agency's~~
640.21 ~~due diligence.~~

640.22 ~~(f)~~ (e) When the court is satisfied that the agency has exercised due diligence to identify
640.23 relatives and provide the notice required in ~~paragraph (a)~~ subdivision 2, the court may find
640.24 that the agency made reasonable efforts ~~have been made~~ to conduct a relative search to
640.25 identify and provide notice to adult relatives as required under section 260.012, paragraph
640.26 (e), clause (3). A finding under this paragraph does not relieve the responsible social services
640.27 agency of the ongoing duty to contact, engage, and consider relatives under this section nor
640.28 is it a basis for the court to rule out any relative from being a foster care or permanent
640.29 placement option for the child. The agency has the continuing responsibility to:

640.30 (1) involve relatives who respond to the notice in planning for the child; and

640.31 (2) continue considering relatives for the child's placement while taking the child's short-
640.32 and long-term permanency goals into consideration, according to the requirements of section
640.33 260C.212, subdivision 2.

641.1 (f) At any time during the course of juvenile protection proceedings, the court may order
641.2 the agency to reopen the search for relatives when it is in the child's best interests.

641.3 (g) If the court is not satisfied that the agency has exercised due diligence to identify
641.4 relatives and provide the notice required in ~~paragraph (a)~~ subdivision 2, the court may order
641.5 the agency to continue its search and notice efforts and to report back to the court.

641.6 ~~(g) When the placing agency determines that permanent placement proceedings are~~
641.7 ~~necessary because there is a likelihood that the child will not return to a parent's care, the~~
641.8 ~~agency must send the notice provided in paragraph (h), may ask the court to modify the~~
641.9 ~~duty of the agency to send the notice required in paragraph (h), or may ask the court to~~
641.10 ~~completely relieve the agency of the requirements of paragraph (h). The relative notification~~
641.11 ~~requirements of paragraph (h) do not apply when the child is placed with an appropriate~~
641.12 ~~relative or a foster home that has committed to adopting the child or taking permanent legal~~
641.13 ~~and physical custody of the child and the agency approves of that foster home for permanent~~
641.14 ~~placement of the child. The actions ordered by the court under this section must be consistent~~
641.15 ~~with the best interests, safety, permanency, and welfare of the child.~~

641.16 (h) ~~Unless required under the Indian Child Welfare Act or relieved of this duty by the~~
641.17 ~~court under paragraph (f),~~ When the agency determines that it is necessary to prepare for
641.18 permanent placement determination proceedings, or in anticipation of filing a termination
641.19 of parental rights petition, the agency shall send notice to ~~the~~ relatives who responded to a
641.20 notice under this section sent at any time during the case, any adult with whom the child is
641.21 currently residing, any adult with whom the child has resided for one year or longer in the
641.22 past, and any adults who have maintained a relationship or exercised visitation with the
641.23 child as identified in the agency case plan. The notice must state that a permanent home is
641.24 sought for the child and that the individuals receiving the notice may indicate to the agency
641.25 their interest in providing a permanent home. The notice must state that within 30 days of
641.26 receipt of the notice an individual receiving the notice must indicate to the agency the
641.27 individual's interest in providing a permanent home for the child or that the individual may
641.28 lose the opportunity to be considered for a permanent placement. A relative's failure to
641.29 respond or timely respond to the notice is not a basis for ruling out the relative from being
641.30 a permanent placement option for the child, should the relative request to be considered for
641.31 permanent placement at a later date.

642.1 Sec. 19. Minnesota Statutes 2020, section 260C.513, is amended to read:

642.2 **260C.513 PERMANENCY DISPOSITIONS WHEN CHILD CANNOT RETURN**
642.3 **HOME.**

642.4 (a) ~~Termination of parental rights and adoption, or guardianship to the commissioner of~~
642.5 ~~human services through a consent to adopt, are preferred permanency options for a child~~
642.6 ~~who cannot return home. If the court finds that termination of parental rights and guardianship~~
642.7 ~~to the commissioner is not in the child's best interests, the court may transfer permanent~~
642.8 ~~legal and physical custody of the child to a relative when that order is in the child's best~~
642.9 ~~interests.~~ For a child who cannot return home, a permanency placement with a relative is
642.10 preferred. A permanency placement with a relative includes termination of parental rights
642.11 and adoption by a relative, guardianship to the commissioner of human services through a
642.12 consent to adopt with a relative, or a transfer of permanent legal and physical custody to a
642.13 relative. The court must consider the best interests of the child and section 260C.212,
642.14 subdivision 2, paragraph (a), when making a permanency determination.

642.15 (b) When the court has determined that permanent placement of the child away from
642.16 the parent is necessary, the court shall consider permanent alternative homes that are available
642.17 both inside and outside the state.

642.18 Sec. 20. Minnesota Statutes 2021 Supplement, section 260C.605, subdivision 1, is amended
642.19 to read:

642.20 Subdivision 1. **Requirements.** (a) Reasonable efforts to finalize the adoption of a child
642.21 under the guardianship of the commissioner shall be made by the responsible social services
642.22 agency responsible for permanency planning for the child.

642.23 (b) Reasonable efforts to make a placement in a home according to the placement
642.24 considerations under section 260C.212, subdivision 2, with a relative or foster parent who
642.25 will commit to being the permanent resource for the child in the event the child cannot be
642.26 reunified with a parent are required under section 260.012 and may be made concurrently
642.27 with reasonable, or if the child is an Indian child, active efforts to reunify the child with the
642.28 parent.

642.29 (c) Reasonable efforts under paragraph (b) must begin as soon as possible when the
642.30 child is in foster care under this chapter, but not later than the hearing required under section
642.31 260C.204.

642.32 (d) Reasonable efforts to finalize the adoption of the child include:

642.33 (1) considering the child's preference for an adoptive family;

643.1 ~~(1)~~ (2) using age-appropriate engagement strategies to plan for adoption with the child;

643.2 ~~(2)~~ (3) identifying an appropriate prospective adoptive parent for the child by updating
643.3 the child's identified needs using the factors in section 260C.212, subdivision 2;

643.4 ~~(3)~~ (4) making an adoptive placement that meets the child's needs by:

643.5 (i) completing or updating the relative search required under section 260C.221 and giving
643.6 notice of the need for an adoptive home for the child to:

643.7 (A) relatives who have kept the agency or the court apprised of their whereabouts ~~and~~
643.8 ~~who have indicated an interest in adopting the child~~; or

643.9 (B) relatives of the child who are located in an updated search;

643.10 (ii) an updated search is required whenever:

643.11 (A) there is no identified prospective adoptive placement for the child notwithstanding
643.12 a finding by the court that the agency made diligent efforts under section 260C.221, in a
643.13 hearing required under section 260C.202;

643.14 (B) the child is removed from the home of an adopting parent; or

643.15 (C) the court determines that a relative search by the agency is in the best interests of
643.16 the child;

643.17 (iii) engaging the child's relatives or current or former foster ~~parent and the child's~~
643.18 ~~relatives identified as an adoptive resource during the search conducted under section~~
643.19 ~~260C.221,~~ parents to commit to being the prospective adoptive parent of the child, and
643.20 considering the child's relatives for adoptive placement of the child in the order specified
643.21 under section 260C.212, subdivision 2, paragraph (a); or

643.22 (iv) when there is no identified prospective adoptive parent:

643.23 (A) registering the child on the state adoption exchange as required in section 259.75
643.24 unless the agency documents to the court an exception to placing the child on the state
643.25 adoption exchange reported to the commissioner;

643.26 (B) reviewing all families with approved adoption home studies associated with the
643.27 responsible social services agency;

643.28 (C) presenting the child to adoption agencies and adoption personnel who may assist
643.29 with finding an adoptive home for the child;

643.30 (D) using newspapers and other media to promote the particular child;

644.1 (E) using a private agency under grant contract with the commissioner to provide adoption
644.2 services for intensive child-specific recruitment efforts; and

644.3 (F) making any other efforts or using any other resources reasonably calculated to identify
644.4 a prospective adoption parent for the child;

644.5 ~~(4)~~ (5) updating and completing the social and medical history required under sections
644.6 260C.212, subdivision 15, and 260C.609;

644.7 ~~(5)~~ (6) making, and keeping updated, appropriate referrals required by section 260.851,
644.8 the Interstate Compact on the Placement of Children;

644.9 ~~(6)~~ (7) giving notice regarding the responsibilities of an adoptive parent to any prospective
644.10 adoptive parent as required under section 259.35;

644.11 ~~(7)~~ (8) offering the adopting parent the opportunity to apply for or decline adoption
644.12 assistance under chapter 256N;

644.13 ~~(8)~~ (9) certifying the child for adoption assistance, assessing the amount of adoption
644.14 assistance, and ascertaining the status of the commissioner's decision on the level of payment
644.15 if the adopting parent has applied for adoption assistance;

644.16 ~~(9)~~ (10) placing the child with siblings. If the child is not placed with siblings, the agency
644.17 must document reasonable efforts to place the siblings together, as well as the reason for
644.18 separation. The agency may not cease reasonable efforts to place siblings together for final
644.19 adoption until the court finds further reasonable efforts would be futile or that placement
644.20 together for purposes of adoption is not in the best interests of one of the siblings; and

644.21 ~~(10)~~ (11) working with the adopting parent to file a petition to adopt the child and with
644.22 the court administrator to obtain a timely hearing to finalize the adoption.

644.23 Sec. 21. Minnesota Statutes 2020, section 260C.607, subdivision 2, is amended to read:

644.24 Subd. 2. **Notice.** Notice of review hearings shall be given by the court to:

644.25 (1) the responsible social services agency;

644.26 (2) the child, if the child is age ten and older;

644.27 (3) the child's guardian ad litem;

644.28 (4) counsel appointed for the child pursuant to section 260C.163, subdivision 3;

644.29 (5) relatives of the child who have kept the court informed of their whereabouts as
644.30 required in section 260C.221 and who have responded to the agency's notice under section
644.31 260C.221, ~~indicating a willingness to provide an adoptive home for the child~~ unless the

relative has been previously ruled out by the court as a suitable ~~foster parent or~~ permanency resource for the child;

(6) the current foster or adopting parent of the child;

(7) any foster or adopting parents of siblings of the child; and

(8) the Indian child's tribe.

Sec. 22. Minnesota Statutes 2020, section 260C.607, subdivision 5, is amended to read:

Subd. 5. **Required placement by responsible social services agency.** (a) No petition for adoption shall be filed for a child under the guardianship of the commissioner unless the child sought to be adopted has been placed for adoption with the adopting parent by the responsible social services agency as required under section 260C.613, subdivision 1. The court may order the agency to make an adoptive placement using standards and procedures under subdivision 6.

(b) Any relative or the child's foster parent who believes the responsible agency has not reasonably considered the relative's or foster parent's request to be considered for adoptive placement as required under section 260C.212, subdivision 2, and who wants to be considered for adoptive placement of the child shall bring a request for consideration to the attention of the court during a review required under this section. The child's guardian ad litem and the child may also bring a request for a relative or the child's foster parent to be considered for adoptive placement. After hearing from the agency, the court may order the agency to take appropriate action regarding the relative's or foster parent's request for consideration under section 260C.212, subdivision 2, paragraph (b).

Sec. 23. Minnesota Statutes 2021 Supplement, section 260C.607, subdivision 6, is amended to read:

Subd. 6. **Motion and hearing to order adoptive placement.** (a) At any time after the district court orders the child under the guardianship of the commissioner of human services, but not later than 30 days after receiving notice required under section 260C.613, subdivision 1, paragraph (c), that the agency has made an adoptive placement, a relative or the child's foster parent may file a motion for an order for adoptive placement of a child who is under the guardianship of the commissioner if the relative or the child's foster parent:

(1) has an adoption home study under section 259.41 approving the relative or foster parent for adoption ~~and has~~. If the relative or foster parent does not have an adoption home study, an affidavit attesting to efforts to complete an adoption home study may be filed with

646.1 the motion instead. The affidavit must be signed by the relative or foster parent and the
646.2 responsible social services agency or licensed child-placing agency completing the adoption
646.3 home study. The relative or foster parent must also have been a resident of Minnesota for
646.4 at least six months before filing the motion; the court may waive the residency requirement
646.5 for the moving party if there is a reasonable basis to do so; or

646.6 (2) is not a resident of Minnesota, but has an approved adoption home study by an agency
646.7 licensed or approved to complete an adoption home study in the state of the individual's
646.8 residence and the study is filed with the motion for adoptive placement. If the relative or
646.9 foster parent does not have an adoption home study in the relative's or foster parent's state
646.10 of residence, an affidavit attesting to efforts to complete an adoption home study may be
646.11 filed with the motion instead. The affidavit must be signed by the relative or foster parent
646.12 and the agency completing the adoption home study.

646.13 (b) The motion shall be filed with the court conducting reviews of the child's progress
646.14 toward adoption under this section. The motion and supporting documents must make a
646.15 prima facie showing that the agency has been unreasonable in failing to make the requested
646.16 adoptive placement. The motion must be served according to the requirements for motions
646.17 under the Minnesota Rules of Juvenile Protection Procedure and shall be made on all
646.18 individuals and entities listed in subdivision 2.

646.19 (c) If the motion and supporting documents do not make a prima facie showing for the
646.20 court to determine whether the agency has been unreasonable in failing to make the requested
646.21 adoptive placement, the court shall dismiss the motion. If the court determines a prima facie
646.22 basis is made, the court shall set the matter for evidentiary hearing.

646.23 (d) At the evidentiary hearing, the responsible social services agency shall proceed first
646.24 with evidence about the reason for not making the adoptive placement proposed by the
646.25 moving party. When the agency presents evidence regarding the child's current relationship
646.26 with the identified adoptive placement resource, the court must consider the agency's efforts
646.27 to support the child's relationship with the moving party consistent with section 260C.221.
646.28 The moving party then has the burden of proving by a preponderance of the evidence that
646.29 the agency has been unreasonable in failing to make the adoptive placement.

646.30 (e) The court shall review and enter findings regarding whether, in making an adoptive
646.31 placement decision for the child, the agency:

646.32 (1) considered relatives for adoptive placement in the order specified under section
646.33 260C.212, subdivision 2, paragraph (a); and

647.1 (2) assessed how the identified adoptive placement resource and the moving party are
647.2 each able to meet the child's current and future needs based on an individualized
647.3 determination of the child's needs, as required under sections 260C.612, subdivision 2, and
647.4 260C.613, subdivision 1, paragraph (b).

647.5 (e) (f) At the conclusion of the evidentiary hearing, if the court finds that the agency has
647.6 been unreasonable in failing to make the adoptive placement and that the relative or the
647.7 child's foster parent moving party is the most suitable adoptive home to meet the child's
647.8 needs using the factors in section 260C.212, subdivision 2, paragraph (b), the court may:

647.9 (1) order the responsible social services agency to make an adoptive placement in the
647.10 home of the relative or the child's foster parent. moving party if the moving party has an
647.11 approved adoption home study; or

647.12 (2) order the responsible social services agency to place the child in the home of the
647.13 moving party upon approval of an adoption home study. The agency must promote and
647.14 support the child's ongoing visitation and contact with the moving party until the child is
647.15 placed in the moving party's home. The agency must provide an update to the court after
647.16 90 days, including progress and any barriers encountered. If the moving party does not have
647.17 an approved adoption home study within 180 days, the moving party and the agency must
647.18 inform the court of any barriers to obtaining the approved adoption home study during a
647.19 review hearing under this section. If the court finds that the moving party is unable to obtain
647.20 an approved adoption home study, the court must dismiss the order for adoptive placement
647.21 under this subdivision and order the agency to continue making reasonable efforts to finalize
647.22 the adoption of the child as required under section 260C.605.

647.23 (f) (g) If, in order to ensure that a timely adoption may occur, the court orders the
647.24 responsible social services agency to make an adoptive placement under this subdivision,
647.25 the agency shall:

647.26 (1) make reasonable efforts to obtain a fully executed adoption placement agreement,
647.27 including assisting the moving party with the adoption home study process;

647.28 (2) work with the moving party regarding eligibility for adoption assistance as required
647.29 under chapter 256N; and

647.30 (3) if the moving party is not a resident of Minnesota, timely refer the matter for approval
647.31 of the adoptive placement through the Interstate Compact on the Placement of Children.

647.32 (g) (h) Denial or granting of a motion for an order for adoptive placement after an
647.33 evidentiary hearing is an order which may be appealed by the responsible social services

agency, the moving party, the child, when age ten or over, the child's guardian ad litem, and any individual who had a fully executed adoption placement agreement regarding the child at the time the motion was filed if the court's order has the effect of terminating the adoption placement agreement. An appeal shall be conducted according to the requirements of the Rules of Juvenile Protection Procedure.

Sec. 24. Minnesota Statutes 2020, section 260C.613, subdivision 1, is amended to read:

Subdivision 1. **Adoptive placement decisions.** (a) The responsible social services agency has exclusive authority to make an adoptive placement of a child under the guardianship of the commissioner. The child shall be considered placed for adoption when the adopting parent, the agency, and the commissioner have fully executed an adoption placement agreement on the form prescribed by the commissioner.

(b) The responsible social services agency shall use an individualized determination of the child's current and future needs, pursuant to section 260C.212, subdivision 2, paragraph (b), to determine the most suitable adopting parent for the child in the child's best interests. The responsible social services agency must consider adoptive placement of the child with relatives in the order specified in section 260C.212, subdivision 2, paragraph (a).

(c) The responsible social services agency shall notify the court and parties entitled to notice under section 260C.607, subdivision 2, when there is a fully executed adoption placement agreement for the child.

(d) In the event an adoption placement agreement terminates, the responsible social services agency shall notify the court, the parties entitled to notice under section 260C.607, subdivision 2, and the commissioner that the agreement and the adoptive placement have terminated.

Sec. 25. Minnesota Statutes 2020, section 260C.613, subdivision 5, is amended to read:

Subd. 5. **Required record keeping.** The responsible social services agency shall document, in the records required to be kept under section 259.79, the reasons for the adoptive placement decision regarding the child, including the individualized determination of the child's needs based on the factors in section 260C.212, subdivision 2, paragraph (b)~~,~~; the agency's consideration of relatives in the order specified in section 260C.212, subdivision 2, paragraph (a); and the assessment of how the selected adoptive placement meets the identified needs of the child. The responsible social services agency shall retain in the records required to be kept under section 259.79, copies of all out-of-home placement plans

649.1 made since the child was ordered under guardianship of the commissioner and all court
649.2 orders from reviews conducted pursuant to section 260C.607.

649.3 Sec. 26. Minnesota Statutes 2021 Supplement, section 260E.20, subdivision 2, is amended
649.4 to read:

649.5 Subd. 2. **Face-to-face contact.** (a) Upon receipt of a screened in report, the local welfare
649.6 agency shall conduct a face-to-face contact with the child reported to be maltreated and
649.7 with the child's primary caregiver sufficient to complete a safety assessment and ensure the
649.8 immediate safety of the child. If the report alleges substantial child endangerment or sexual
649.9 abuse, the local welfare agency or agency responsible for assessing or investigating the
649.10 report is not required to provide notice before conducting the initial face-to-face contact
649.11 with the child and the child's primary caregiver.

649.12 (b) The face-to-face contact with the child and primary caregiver shall occur immediately
649.13 if sexual abuse or substantial child endangerment is alleged and within five calendar days
649.14 for all other reports. If the alleged offender was not already interviewed as the primary
649.15 caregiver, the local welfare agency shall also conduct a face-to-face interview with the
649.16 alleged offender in the early stages of the assessment or investigation. Face-to-face contact
649.17 with the child and primary caregiver in response to a report alleging sexual abuse or
649.18 substantial child endangerment may be postponed for no more than five calendar days if
649.19 the child is residing in a location that is confirmed to restrict contact with the alleged offender
649.20 as established in guidelines issued by the commissioner, or if the local welfare agency is
649.21 pursuing a court order for the child's caregiver to produce the child for questioning under
649.22 section 260E.22, subdivision 5.

649.23 (c) At the initial contact with the alleged offender, the local welfare agency or the agency
649.24 responsible for assessing or investigating the report must inform the alleged offender of the
649.25 complaints or allegations made against the individual in a manner consistent with laws
649.26 protecting the rights of the person who made the report. The interview with the alleged
649.27 offender may be postponed if it would jeopardize an active law enforcement investigation.

649.28 (d) The local welfare agency or the agency responsible for assessing or investigating
649.29 the report must provide the alleged offender with an opportunity to make a statement. The
649.30 alleged offender may submit supporting documentation relevant to the assessment or
649.31 investigation.

650.1 Sec. 27. Minnesota Statutes 2020, section 260E.22, subdivision 2, is amended to read:

650.2 Subd. 2. **Child interview procedure.** (a) The interview may take place at school or at
650.3 any facility or other place where the alleged victim or other children might be found or the
650.4 child may be transported to, and the interview may be conducted at a place appropriate for
650.5 the interview of a child designated by the local welfare agency or law enforcement agency.

650.6 (b) When appropriate, the interview ~~may~~ must take place outside the presence of the
650.7 alleged offender or parent, legal custodian, guardian, or school official~~.~~ and may take place
650.8 prior to any interviews of the alleged offender or parent, legal custodian, guardian, foster
650.9 parent, or school official.

650.10 ~~(c) For a family assessment, it is the preferred practice to request a parent or guardian's~~
650.11 ~~permission to interview the child before conducting the child interview, unless doing so~~
650.12 ~~would compromise the safety assessment.~~

650.13 Sec. 28. Minnesota Statutes 2020, section 260E.24, subdivision 2, is amended to read:

650.14 Subd. 2. **Determination after family assessment.** After conducting a family assessment,
650.15 the local welfare agency shall determine whether child protective services are needed to
650.16 address the safety of the child and other family members and the risk of subsequent
650.17 maltreatment. The local welfare agency must document the information collected under
650.18 section 260E.20, subdivision 3, related to the completed family assessment in the child's or
650.19 family's case notes.

650.20 Sec. 29. Minnesota Statutes 2020, section 260E.34, is amended to read:

650.21 **260E.34 IMMUNITY.**

650.22 (a) The following persons, including persons under the age of 18, are immune from any
650.23 civil or criminal liability that otherwise might result from the person's actions if the person
650.24 is acting in good faith:

650.25 (1) a person making a voluntary or mandated report under this chapter or assisting in an
650.26 assessment under this chapter;

650.27 (2) a person with responsibility for performing duties under this section or supervisor
650.28 employed by a local welfare agency, the commissioner of an agency responsible for operating
650.29 or supervising a licensed or unlicensed day care facility, residential facility, agency, hospital,
650.30 sanitarium, or other facility or institution required to be licensed or certified under sections
650.31 144.50 to 144.58; 241.021; 245A.01 to 245A.16; or chapter 245B or 245H; or a school as
650.32 defined in section 120A.05, subdivisions 9, 11, and 13; and chapter 124E; or a nonlicensed

651.1 personal care provider organization as defined in section 256B.0625, subdivision 19a,
651.2 complying with sections 260E.23, subdivisions 2 and 3, and 260E.30; and

651.3 (3) a public or private school, facility as defined in section 260E.03, or the employee of
651.4 any public or private school or facility who permits access by a local welfare agency, the
651.5 Department of Education, or a local law enforcement agency and assists in an investigation
651.6 or assessment pursuant to this chapter.

651.7 (b) A person who is a supervisor or person with responsibility for performing duties
651.8 under this chapter employed by a local welfare agency, the commissioner of human services,
651.9 or the commissioner of education complying with this chapter or any related rule or provision
651.10 of law is immune from any civil or criminal liability that might otherwise result from the
651.11 person's actions if the person is (1) acting in good faith and exercising due care, or (2) acting
651.12 in good faith and following the information collection procedures established under section
651.13 260E.20, subdivision 3.

651.14 (c) Any physician or other medical personnel administering a toxicology test under
651.15 section 260E.32 to determine the presence of a controlled substance in a pregnant woman,
651.16 in a woman within eight hours after delivery, or in a child at birth or during the first month
651.17 of life is immune from civil or criminal liability arising from administration of the test if
651.18 the physician ordering the test believes in good faith that the test is required under this
651.19 section and the test is administered in accordance with an established protocol and reasonable
651.20 medical practice.

651.21 (d) This section does not provide immunity to any person for failure to make a required
651.22 report or for committing maltreatment.

651.23 (e) If a person who makes a voluntary or mandatory report under section 260E.06 prevails
651.24 in a civil action from which the person has been granted immunity under this section, the
651.25 court may award the person attorney fees and costs.

651.26 Sec. 30. Minnesota Statutes 2020, section 626.557, subdivision 4, is amended to read:

651.27 Subd. 4. **Reporting.** (a) Except as provided in paragraph (b), a mandated reporter shall
651.28 immediately make ~~an oral~~ a report to the common entry point. ~~The common entry point~~
651.29 ~~may accept electronic reports submitted through a web-based reporting system established~~
651.30 ~~by the commissioner. Use of a telecommunications device for the deaf or other similar~~
651.31 ~~device shall be considered an oral report. The common entry point may not require written~~
651.32 ~~reports.~~ To the extent possible, the report must be of sufficient content to identify the
651.33 vulnerable adult, the caregiver, the nature and extent of the suspected maltreatment, any

evidence of previous maltreatment, the name and address of the reporter, the time, date, and location of the incident, and any other information that the reporter believes might be helpful in investigating the suspected maltreatment. A mandated reporter may disclose not public data, as defined in section 13.02, and medical records under sections 144.291 to 144.298, to the extent necessary to comply with this subdivision.

(b) A boarding care home that is licensed under sections 144.50 to 144.58 and certified under Title 19 of the Social Security Act, a nursing home that is licensed under section 144A.02 and certified under Title 18 or Title 19 of the Social Security Act, or a hospital that is licensed under sections 144.50 to 144.58 and has swing beds certified under Code of Federal Regulations, title 42, section 482.66, may submit a report electronically to the common entry point instead of submitting an oral report. The report may be a duplicate of the initial report the facility submits electronically to the commissioner of health to comply with the reporting requirements under Code of Federal Regulations, title 42, section 483.12. The commissioner of health may modify these reporting requirements to include items required under paragraph (a) that are not currently included in the electronic reporting form.

Sec. 31. Minnesota Statutes 2020, section 626.557, subdivision 9, is amended to read:

Subd. 9. **Common entry point designation.** (a) ~~Each county board shall designate a common entry point for reports of suspected maltreatment, for use until the commissioner of human services establishes a common entry point. Two or more county boards may jointly designate a single common entry point.~~ The commissioner of human services shall establish a common entry point ~~effective July 1, 2015~~. The common entry point is the unit responsible for receiving the report of suspected maltreatment under this section.

(b) The common entry point must be available 24 hours per day to take calls from reporters of suspected maltreatment. The common entry point shall use a standard intake form that includes:

(1) the time and date of the report;

(2) the name, relationship, and identifying and contact information for the person believed to be a vulnerable adult and the individual or facility alleged responsible for maltreatment;

(3) the name, ~~address, and telephone number of the person reporting;~~ relationship, and contact information for the:

(i) reporter;

(ii) initial reporter, witnesses, and persons who may have knowledge about the maltreatment; and

653.1 (iii) legal surrogate and persons who may provide support to the vulnerable adult;

653.2 (4) the basis of vulnerability for the vulnerable adult;

653.3 ~~(3)~~ (5) the time, date, and location of the incident;

653.4 ~~(4) the names of the persons involved, including but not limited to, perpetrators, alleged~~
653.5 ~~victims, and witnesses;~~

653.6 ~~(5) whether there was a risk of imminent danger to the alleged victim;~~

653.7 (6) the immediate safety risk to the vulnerable adult;

653.8 ~~(6)~~ (7) a description of the suspected maltreatment;

653.9 ~~(7) the disability, if any, of the alleged victim;~~

653.10 ~~(8) the relationship of the alleged perpetrator to the alleged victim;~~

653.11 (8) the impact of the suspected maltreatment on the vulnerable adult;

653.12 (9) whether a facility was involved and, if so, which agency licenses the facility;

653.13 ~~(10) any action taken by the common entry point;~~

653.14 ~~(11) whether law enforcement has been notified;~~

653.15 (10) the actions taken to protect the vulnerable adult;

653.16 (11) the required notifications and referrals made by the common entry point; and

653.17 (12) whether the reporter wishes to receive notification of the ~~initial and final reports;~~
653.18 ~~and~~ disposition.

653.19 ~~(13) if the report is from a facility with an internal reporting procedure, the name, mailing~~
653.20 ~~address, and telephone number of the person who initiated the report internally.~~

653.21 (c) The common entry point is not required to complete each item on the form prior to
653.22 dispatching the report to the appropriate lead investigative agency.

653.23 (d) The common entry point shall immediately report to a law enforcement agency any
653.24 incident in which there is reason to believe a crime has been committed.

653.25 (e) If a report is initially made to a law enforcement agency or a lead investigative agency,
653.26 those agencies shall take the report on the appropriate common entry point intake forms
653.27 and immediately forward a copy to the common entry point.

653.28 (f) The common entry point staff must receive training on how to screen and dispatch
653.29 reports efficiently and in accordance with this section.

654.1 (g) The commissioner of human services shall maintain a centralized database for the
654.2 collection of common entry point data, lead investigative agency data including maltreatment
654.3 report disposition, and appeals data. The common entry point shall have access to the
654.4 centralized database and must log the reports into the database ~~and immediately identify~~
654.5 ~~and locate prior reports of abuse, neglect, or exploitation~~.

654.6 (h) When appropriate, the common entry point staff must refer calls that do not allege
654.7 the abuse, neglect, or exploitation of a vulnerable adult to other organizations that might
654.8 resolve the reporter's concerns.

654.9 (i) A common entry point must be operated in a manner that enables the commissioner
654.10 of human services to:

654.11 (1) track critical steps in the reporting, evaluation, referral, response, disposition, and
654.12 investigative process to ensure compliance with all requirements for all reports;

654.13 (2) maintain data to facilitate the production of aggregate statistical reports for monitoring
654.14 patterns of abuse, neglect, or exploitation;

654.15 (3) serve as a resource for the evaluation, management, and planning of preventative
654.16 and remedial services for vulnerable adults who have been subject to abuse, neglect, or
654.17 exploitation;

654.18 (4) set standards, priorities, and policies to maximize the efficiency and effectiveness
654.19 of the common entry point; and

654.20 (5) track and manage consumer complaints related to the common entry point.

654.21 (j) The commissioners of human services and health shall collaborate on the creation of
654.22 a system for referring reports to the lead investigative agencies. This system shall enable
654.23 the commissioner of human services to track critical steps in the reporting, evaluation,
654.24 referral, response, disposition, investigation, notification, determination, and appeal processes.

654.25 Sec. 32. Minnesota Statutes 2020, section 626.557, subdivision 9b, is amended to read:

654.26 Subd. 9b. **Response to reports.** Law enforcement is the primary agency to conduct
654.27 investigations of any incident in which there is reason to believe a crime has been committed.
654.28 Law enforcement shall initiate a response immediately. If the common entry point notified
654.29 a county agency for emergency adult protective services, law enforcement shall cooperate
654.30 with that county agency when both agencies are involved and shall exchange data to the
654.31 extent authorized in subdivision 12b, paragraph (g). County adult protection shall initiate
654.32 a response immediately. Each lead investigative agency shall complete the investigative

655.1 process for reports within its jurisdiction. A lead investigative agency, county, adult protective
655.2 agency, licensed facility, or law enforcement agency shall cooperate with other agencies in
655.3 the provision of protective services, coordinating its investigations, and assisting another
655.4 agency within the limits of its resources and expertise and shall exchange data to the extent
655.5 authorized in subdivision 12b, paragraph (g). The lead investigative agency shall obtain the
655.6 results of any investigation conducted by law enforcement officials. The lead investigative
655.7 agency has the right to enter facilities and inspect and copy records as part of investigations.
655.8 The lead investigative agency has access to not public data, as defined in section 13.02, and
655.9 medical records under sections 144.291 to 144.298, that are maintained by facilities to the
655.10 extent necessary to conduct its investigation. Each lead investigative agency shall develop
655.11 guidelines for prioritizing reports for investigation. When a county acts as a lead investigative
655.12 agency, the county shall make guidelines available to the public regarding which reports
655.13 the county prioritizes for investigation and adult protective services.

655.14 Sec. 33. Minnesota Statutes 2020, section 626.557, subdivision 9c, is amended to read:

655.15 Subd. 9c. **Lead investigative agency; notifications, dispositions, determinations.** (a)
655.16 Upon request of the reporter, the lead investigative agency shall notify the reporter that it
655.17 has received the report, and provide information on the initial disposition of the report within
655.18 five business days of receipt of the report, provided that the notification will not endanger
655.19 the vulnerable adult or hamper the investigation.

655.20 (b) In making the initial disposition of a report alleging maltreatment of a vulnerable
655.21 adult, the lead investigative agency may consider previous reports of suspected maltreatment
655.22 and may request and consider public information, records maintained by a lead investigative
655.23 agency or licensed providers, and information from any person who may have knowledge
655.24 regarding the alleged maltreatment and the basis for the adult's vulnerability.

655.25 (c) Unless the lead investigative agency believes that: (1) the information would endanger
655.26 the well-being of the vulnerable adult; or (2) it would not be in the best interests of the
655.27 vulnerable adult, the lead investigative agency shall inform the vulnerable adult, or vulnerable
655.28 adult's guardian or health care agent, if known and when applicable to the authority of the
655.29 vulnerable adult's guardian or health care agent, of all reports accepted by the agency for
655.30 investigation, including the maltreatment allegation, investigation guidelines, time frame,
655.31 and evidence standards that the agency uses for determinations. If the allegation is applicable
655.32 to the guardian or health care agent, the lead investigative agency must also inform the
655.33 vulnerable adult's guardian or health care agent of all reports accepted for investigation by

656.1 the agency, including the maltreatment allegation, investigation guidelines, time frame, and
656.2 evidence standards that the agency uses for determinations.

656.3 (d) When the county social service agency does not accept a report for adult protective
656.4 services or investigation, the agency may offer assistance to the reporter or the person who
656.5 was the subject of the report.

656.6 (e) When the county is the lead investigative agency or the agency responsible for adult
656.7 protective services, the agency may coordinate and share data with the Native American
656.8 Tribes and case management agencies as allowed under chapter 13 to support a vulnerable
656.9 adult's health, safety, or comfort or to prevent, stop, or remediate maltreatment. The identity
656.10 of the reporter shall not be disclosed, except as provided in subdivision 12b.

656.11 (f) While investigating reports and providing adult protective services, the lead
656.12 investigative agency may coordinate with entities identified under subdivision 12b, paragraph
656.13 (g), and may coordinate with support persons to safeguard the welfare of the vulnerable
656.14 adult and prevent further maltreatment of the vulnerable adult.

656.15 ~~(b)~~ (g) Upon conclusion of every investigation it conducts, the lead investigative agency
656.16 shall make a final disposition as defined in section 626.5572, subdivision 8.

656.17 ~~(c)~~ (h) When determining whether the facility or individual is the responsible party for
656.18 substantiated maltreatment or whether both the facility and the individual are responsible
656.19 for substantiated maltreatment, the lead investigative agency shall consider at least the
656.20 following mitigating factors:

656.21 (1) whether the actions of the facility or the individual caregivers were in accordance
656.22 with, and followed the terms of, an erroneous physician order, prescription, resident care
656.23 plan, or directive. This is not a mitigating factor when the facility or caregiver is responsible
656.24 for the issuance of the erroneous order, prescription, plan, or directive or knows or should
656.25 have known of the errors and took no reasonable measures to correct the defect before
656.26 administering care;

656.27 (2) the comparative responsibility between the facility, other caregivers, and requirements
656.28 placed upon the employee, including but not limited to, the facility's compliance with related
656.29 regulatory standards and factors such as the adequacy of facility policies and procedures,
656.30 the adequacy of facility training, the adequacy of an individual's participation in the training,
656.31 the adequacy of caregiver supervision, the adequacy of facility staffing levels, and a
656.32 consideration of the scope of the individual employee's authority; and

657.1 (3) whether the facility or individual followed professional standards in exercising
657.2 professional judgment.

657.3 ~~(d)~~ (i) When substantiated maltreatment is determined to have been committed by an
657.4 individual who is also the facility license holder, both the individual and the facility must
657.5 be determined responsible for the maltreatment, and both the background study
657.6 disqualification standards under section 245C.15, subdivision 4, and the licensing actions
657.7 under section 245A.06 or 245A.07 apply.

657.8 ~~(e)~~ (j) The lead investigative agency shall complete its final disposition within 60 calendar
657.9 days. If the lead investigative agency is unable to complete its final disposition within 60
657.10 calendar days, the lead investigative agency shall notify the following persons provided
657.11 that the notification will not endanger the vulnerable adult or hamper the investigation: (1)
657.12 the vulnerable adult or the vulnerable adult's guardian or health care agent, when known,
657.13 if the lead investigative agency knows them to be aware of the investigation; and (2) the
657.14 facility, where applicable. The notice shall contain the reason for the delay and the projected
657.15 completion date. If the lead investigative agency is unable to complete its final disposition
657.16 by a subsequent projected completion date, the lead investigative agency shall again notify
657.17 the vulnerable adult or the vulnerable adult's guardian or health care agent, when known if
657.18 the lead investigative agency knows them to be aware of the investigation, and the facility,
657.19 where applicable, of the reason for the delay and the revised projected completion date
657.20 provided that the notification will not endanger the vulnerable adult or hamper the
657.21 investigation. The lead investigative agency must notify the health care agent of the
657.22 vulnerable adult only if the health care agent's authority to make health care decisions for
657.23 the vulnerable adult is currently effective under section 145C.06 and not suspended under
657.24 section 524.5-310 and the investigation relates to a duty assigned to the health care agent
657.25 by the principal. A lead investigative agency's inability to complete the final disposition
657.26 within 60 calendar days or by any projected completion date does not invalidate the final
657.27 disposition.

657.28 ~~(f) Within ten calendar days of completing the final disposition~~ (k) When the lead
657.29 investigative agency is the Department of Health or the Department of Human Services,
657.30 the lead investigative agency shall provide a copy of the public investigation memorandum
657.31 under subdivision 12b, paragraph (b), clause (1), ~~when required to be completed under this~~
657.32 ~~section,~~ within ten calendar days of completing the final disposition to the following persons:

657.33 (1) the vulnerable adult, or the vulnerable adult's guardian or health care agent, if known,
657.34 unless the lead investigative agency knows that the notification would endanger the
657.35 well-being of the vulnerable adult;

658.1 (2) the reporter, if the reporter requested notification when making the report, provided
658.2 this notification would not endanger the well-being of the vulnerable adult;

658.3 (3) the ~~alleged perpetrator~~ person or facility alleged responsible for maltreatment, if
658.4 known;

658.5 (4) the facility; and

658.6 (5) the ombudsman for long-term care, or the ombudsman for mental health and
658.7 developmental disabilities, as appropriate.

658.8 (l) When the lead investigative agency is a county agency, within ten calendar days of
658.9 completing the final disposition, the lead investigative agency shall provide notification of
658.10 the final disposition to the following persons:

658.11 (1) the vulnerable adult, or the vulnerable adult's guardian or health care agent, if known,
658.12 when the allegation is applicable to the authority of the vulnerable adult's guardian or health
658.13 care agent, unless the agency knows that the notification would endanger the well-being of
658.14 the vulnerable adult;

658.15 (2) the individual determined responsible for maltreatment, if known; and

658.16 (3) when the alleged incident involves a personal care assistant or provider agency, the
658.17 personal care provider organization under section 256B.0659. Upon implementation of
658.18 Community First Services and Supports (CFSS), this notification requirement applies to
658.19 the CFSS support worker or CFSS agency under section 256B.85.

658.20 ~~(g)~~ (m) If, as a result of a reconsideration, review, or hearing, the lead investigative
658.21 agency changes the final disposition, or if a final disposition is changed on appeal, the lead
658.22 investigative agency shall notify the parties specified in paragraph ~~(f)~~ (k).

658.23 ~~(h)~~ (n) The lead investigative agency shall notify the vulnerable adult who is the subject
658.24 of the report or the vulnerable adult's guardian or health care agent, if known, and any person
658.25 or facility determined to have maltreated a vulnerable adult, of their appeal or review rights
658.26 under this section or section 256.021.

658.27 ~~(i)~~ (o) The lead investigative agency shall routinely provide investigation memoranda
658.28 for substantiated reports to the appropriate licensing boards. These reports must include the
658.29 names of substantiated perpetrators. The lead investigative agency may not provide
658.30 investigative memoranda for inconclusive or false reports to the appropriate licensing boards
658.31 unless the lead investigative agency's investigation gives reason to believe that there may
658.32 have been a violation of the applicable professional practice laws. If the investigation

659.1 memorandum is provided to a licensing board, the subject of the investigation memorandum
659.2 shall be notified and receive a summary of the investigative findings.

659.3 ~~(j)~~ (p) In order to avoid duplication, licensing boards shall consider the findings of the
659.4 lead investigative agency in their investigations if they choose to investigate. This does not
659.5 preclude licensing boards from considering other information.

659.6 ~~(k)~~ (q) The lead investigative agency must provide to the commissioner of human services
659.7 its final dispositions, including the names of all substantiated perpetrators. The commissioner
659.8 of human services shall establish records to retain the names of substantiated perpetrators.

659.9 Sec. 34. Minnesota Statutes 2020, section 626.557, subdivision 9d, is amended to read:

659.10 Subd. 9d. **Administrative reconsideration; review panel.** (a) Except as provided under
659.11 paragraph (e), any individual or facility which a lead investigative agency determines has
659.12 maltreated a vulnerable adult, or the vulnerable adult or an interested person acting on behalf
659.13 of the vulnerable adult, regardless of the lead investigative agency's determination, who
659.14 contests the lead investigative agency's final disposition of an allegation of maltreatment,
659.15 may request the lead investigative agency to reconsider its final disposition. The request
659.16 for reconsideration must be submitted in writing to the lead investigative agency within 15
659.17 calendar days after receipt of notice of final disposition or, if the request is made by an
659.18 interested person who is not entitled to notice, within 15 days after receipt of the notice by
659.19 the vulnerable adult or the vulnerable adult's guardian or health care agent. If mailed, the
659.20 request for reconsideration must be postmarked and sent to the lead investigative agency
659.21 within 15 calendar days of the individual's or facility's receipt of the final disposition. If the
659.22 request for reconsideration is made by personal service, it must be received by the lead
659.23 investigative agency within 15 calendar days of the individual's or facility's receipt of the
659.24 final disposition. An individual who was determined to have maltreated a vulnerable adult
659.25 under this section and who was disqualified on the basis of serious or recurring maltreatment
659.26 under sections 245C.14 and 245C.15, may request reconsideration of the maltreatment
659.27 determination and the disqualification. The request for reconsideration of the maltreatment
659.28 determination and the disqualification must be submitted in writing within 30 calendar days
659.29 of the individual's receipt of the notice of disqualification under sections 245C.16 and
659.30 245C.17. If mailed, the request for reconsideration of the maltreatment determination and
659.31 the disqualification must be postmarked and sent to the lead investigative agency within 30
659.32 calendar days of the individual's receipt of the notice of disqualification. If the request for
659.33 reconsideration is made by personal service, it must be received by the lead investigative
659.34 agency within 30 calendar days after the individual's receipt of the notice of disqualification.

660.1 (b) Except as provided under paragraphs (e) and (f), if the lead investigative agency
660.2 denies the request or fails to act upon the request within 15 working days after receiving
660.3 the request for reconsideration, the person or facility entitled to a fair hearing under section
660.4 256.045, may submit to the commissioner of human services a written request for a hearing
660.5 under that statute. The vulnerable adult, or an interested person acting on behalf of the
660.6 vulnerable adult, may request a review by the Vulnerable Adult Maltreatment Review Panel
660.7 under section 256.021 if the lead investigative agency denies the request or fails to act upon
660.8 the request, or if the vulnerable adult or interested person contests a reconsidered disposition.
660.9 The Vulnerable Adult Maltreatment Review Panel shall not conduct a review if the interested
660.10 person making the request on behalf of the vulnerable adult is also the individual or facility
660.11 alleged responsible for the maltreatment of the vulnerable adult. The lead investigative
660.12 agency shall notify persons who request reconsideration of their rights under this paragraph.
660.13 The request must be submitted in writing to the review panel and a copy sent to the lead
660.14 investigative agency within 30 calendar days of receipt of notice of a denial of a request for
660.15 reconsideration or of a reconsidered disposition. The request must specifically identify the
660.16 aspects of the lead investigative agency determination with which the person is dissatisfied.

660.17 (c) If, as a result of a reconsideration or review, the lead investigative agency changes
660.18 the final disposition, it shall notify the parties specified in subdivision 9c, paragraph ~~(f)~~ (i).

660.19 (d) For purposes of this subdivision, "interested person acting on behalf of the vulnerable
660.20 adult" means a person designated in writing by the vulnerable adult to act on behalf of the
660.21 vulnerable adult, or a legal guardian or conservator or other legal representative, a proxy
660.22 or health care agent appointed under chapter 145B or 145C, or an individual who is related
660.23 to the vulnerable adult, as defined in section 245A.02, subdivision 13.

660.24 (e) If an individual was disqualified under sections 245C.14 and 245C.15, on the basis
660.25 of a determination of maltreatment, which was serious or recurring, and the individual has
660.26 requested reconsideration of the maltreatment determination under paragraph (a) and
660.27 reconsideration of the disqualification under sections 245C.21 to 245C.27, reconsideration
660.28 of the maltreatment determination and requested reconsideration of the disqualification
660.29 shall be consolidated into a single reconsideration. If reconsideration of the maltreatment
660.30 determination is denied and the individual remains disqualified following a reconsideration
660.31 decision, the individual may request a fair hearing under section 256.045. If an individual
660.32 requests a fair hearing on the maltreatment determination and the disqualification, the scope
660.33 of the fair hearing shall include both the maltreatment determination and the disqualification.

660.34 (f) If a maltreatment determination or a disqualification based on serious or recurring
660.35 maltreatment is the basis for a denial of a license under section 245A.05 or a licensing

661.1 sanction under section 245A.07, the license holder has the right to a contested case hearing
661.2 under chapter 14 and Minnesota Rules, parts 1400.8505 to 1400.8612. As provided for
661.3 under section 245A.08, the scope of the contested case hearing must include the maltreatment
661.4 determination, disqualification, and licensing sanction or denial of a license. In such cases,
661.5 a fair hearing must not be conducted under section 256.045. Except for family child care
661.6 and child foster care, reconsideration of a maltreatment determination under this subdivision,
661.7 and reconsideration of a disqualification under section 245C.22, must not be conducted
661.8 when:

661.9 (1) a denial of a license under section 245A.05, or a licensing sanction under section
661.10 245A.07, is based on a determination that the license holder is responsible for maltreatment
661.11 or the disqualification of a license holder based on serious or recurring maltreatment;

661.12 (2) the denial of a license or licensing sanction is issued at the same time as the
661.13 maltreatment determination or disqualification; and

661.14 (3) the license holder appeals the maltreatment determination or disqualification, and
661.15 denial of a license or licensing sanction.

661.16 Notwithstanding clauses (1) to (3), if the license holder appeals the maltreatment
661.17 determination or disqualification, but does not appeal the denial of a license or a licensing
661.18 sanction, reconsideration of the maltreatment determination shall be conducted under sections
661.19 260E.33 and 626.557, subdivision 9d, and reconsideration of the disqualification shall be
661.20 conducted under section 245C.22. In such cases, a fair hearing shall also be conducted as
661.21 provided under sections 245C.27, 260E.33, and 626.557, subdivision 9d.

661.22 If the disqualified subject is an individual other than the license holder and upon whom
661.23 a background study must be conducted under chapter 245C, the hearings of all parties may
661.24 be consolidated into a single contested case hearing upon consent of all parties and the
661.25 administrative law judge.

661.26 (g) Until August 1, 2002, an individual or facility that was determined by the
661.27 commissioner of human services or the commissioner of health to be responsible for neglect
661.28 under section 626.5572, subdivision 17, after October 1, 1995, and before August 1, 2001,
661.29 that believes that the finding of neglect does not meet an amended definition of neglect may
661.30 request a reconsideration of the determination of neglect. The commissioner of human
661.31 services or the commissioner of health shall mail a notice to the last known address of
661.32 individuals who are eligible to seek this reconsideration. The request for reconsideration
661.33 must state how the established findings no longer meet the elements of the definition of
661.34 neglect. The commissioner shall review the request for reconsideration and make a

determination within 15 calendar days. The commissioner's decision on this reconsideration is the final agency action.

(1) For purposes of compliance with the data destruction schedule under subdivision 12b, paragraph (d), when a finding of substantiated maltreatment has been changed as a result of a reconsideration under this paragraph, the date of the original finding of a substantiated maltreatment must be used to calculate the destruction date.

(2) For purposes of any background studies under chapter 245C, when a determination of substantiated maltreatment has been changed as a result of a reconsideration under this paragraph, any prior disqualification of the individual under chapter 245C that was based on this determination of maltreatment shall be rescinded, and for future background studies under chapter 245C the commissioner must not use the previous determination of substantiated maltreatment as a basis for disqualification or as a basis for referring the individual's maltreatment history to a health-related licensing board under section 245C.31.

Sec. 35. Minnesota Statutes 2020, section 626.557, subdivision 10, is amended to read:

Subd. 10. **Duties of county social service agency.** (a) When the common entry point refers a report to the county social service agency as the lead investigative agency or makes a referral to the county social service agency for emergency adult protective services, or when another lead investigative agency requests assistance from the county social service agency for adult protective services, the county social service agency shall immediately assess and offer emergency and continuing protective social services for purposes of preventing further maltreatment and for safeguarding the welfare of the maltreated vulnerable adult. The county shall use ~~a~~ standardized ~~tool~~ <u>tools and the data system</u> made available by the commissioner. The information entered by the county into the standardized tool must be accessible to the Department of Human Services. In cases of suspected sexual abuse, the county social service agency shall immediately arrange for and make available to the vulnerable adult appropriate medical examination and treatment. When necessary in order to protect the vulnerable adult from further harm, the county social service agency shall seek authority to remove the vulnerable adult from the situation in which the maltreatment occurred. The county social service agency may also investigate to determine whether the conditions which resulted in the reported maltreatment place other vulnerable adults in jeopardy of being maltreated and offer protective social services that are called for by its determination.

<u>(b) Within five business days of receipt of a report screened in by the county social service agency for investigation, the county social service agency shall determine whether,</u>

663.1 in addition to an assessment and services for the vulnerable adult, to also conduct an
663.2 investigation for final disposition of the individual or facility alleged to have maltreated the
663.3 vulnerable adult.

663.4 (c) The county social service agency must investigate for a final disposition the individual
663.5 or facility alleged to have maltreated a vulnerable adult for each report accepted as lead
663.6 investigative agency involving an allegation of abuse, caregiver neglect that resulted in
663.7 harm to the vulnerable adult, financial exploitation that may be criminal, or an allegation
663.8 against a caregiver under chapter 256B.

663.9 (d) An investigating county social service agency must make a final disposition for any
663.10 allegation when the county social service agency determines that a final disposition may
663.11 safeguard a vulnerable adult or may prevent further maltreatment.

663.12 (e) If the county social service agency learns of an allegation listed in paragraph (c) after
663.13 the determination in paragraph (a), the county social service agency must change the initial
663.14 determination and conduct an investigation for final disposition of the individual or facility
663.15 alleged to have maltreated the vulnerable adult.

663.16 ~~(b)~~ (f) County social service agencies may enter facilities and inspect and copy records
663.17 as part of an investigation. The county social service agency has access to not public data,
663.18 as defined in section 13.02, and medical records under sections 144.291 to 144.298, that
663.19 are maintained by facilities to the extent necessary to conduct its investigation. The inquiry
663.20 is not limited to the written records of the facility, but may include every other available
663.21 source of information.

663.22 ~~(c)~~ (g) When necessary in order to protect a vulnerable adult from serious harm, the
663.23 county social service agency shall immediately intervene on behalf of that adult to help the
663.24 family, vulnerable adult, or other interested person by seeking any of the following:

663.25 (1) a restraining order or a court order for removal of the perpetrator from the residence
663.26 of the vulnerable adult pursuant to section 518B.01;

663.27 (2) the appointment of a guardian or conservator pursuant to sections 524.5-101 to
663.28 524.5-502, or guardianship or conservatorship pursuant to chapter 252A;

663.29 (3) replacement of a guardian or conservator suspected of maltreatment and appointment
663.30 of a suitable person as guardian or conservator, pursuant to sections 524.5-101 to 524.5-502;
663.31 or

663.32 (4) a referral to the prosecuting attorney for possible criminal prosecution of the
663.33 perpetrator under chapter 609.

The expenses of legal intervention must be paid by the county in the case of indigent persons, under section 524.5-502 and chapter 563.

In proceedings under sections 524.5-101 to 524.5-502, if a suitable relative or other person is not available to petition for guardianship or conservatorship, a county employee shall present the petition with representation by the county attorney. The county shall contract with or arrange for a suitable person or organization to provide ongoing guardianship services. If the county presents evidence to the court exercising probate jurisdiction that it has made a diligent effort and no other suitable person can be found, a county employee may serve as guardian or conservator. The county shall not retaliate against the employee for any action taken on behalf of the ~~ward or protected~~ person subject to guardianship or conservatorship, even if the action is adverse to the county's interest. Any person retaliated against in violation of this subdivision shall have a cause of action against the county and shall be entitled to reasonable attorney fees and costs of the action if the action is upheld by the court.

Sec. 36. Minnesota Statutes 2020, section 626.557, subdivision 10b, is amended to read:

Subd. 10b. **Investigations; guidelines.** (a) Each lead investigative agency shall develop guidelines for prioritizing reports for investigation.

(b) When investigating a report, the lead investigative agency shall conduct the following activities~~,~~ as appropriate:

(1) interview of the ~~alleged victim~~ vulnerable adult;

(2) interview of the reporter and others who may have relevant information;

(3) interview of the ~~alleged perpetrator~~ individual or facility alleged responsible for maltreatment; and

~~(4) examination of the environment surrounding the alleged incident;~~

~~(5)~~ (4) review of records and pertinent documentation of the alleged incident~~; and~~.

~~(6) consultation with professionals.~~

(c) The lead investigative agency shall conduct the following activities as appropriate to further the investigation, to prevent further maltreatment, or to safeguard the vulnerable adult:

(1) examining the environment surrounding the alleged incident;

(2) consulting with professionals; and

665.1 (3) communicating with state, federal, tribal, and other agencies including:

665.2 (i) service providers;

665.3 (ii) case managers;

665.4 (iii) ombudsmen; and

665.5 (iv) support persons for the vulnerable adult.

665.6 (d) The lead investigative agency may decide not to conduct an interview of a vulnerable
665.7 adult, reporter, or witness under paragraph (b) if:

665.8 (1) the vulnerable adult, reporter, or witness declines to have an interview with the
665.9 agency or is unable to be contacted despite the agency's diligent attempts;

665.10 (2) an interview of the vulnerable adult or reporter was conducted by law enforcement
665.11 or a professional trained in forensic interview and an additional interview will not further
665.12 the investigation;

665.13 (3) an interview of the witness will not further the investigation; or

665.14 (4) the agency has a reason to believe that the interview will endanger the vulnerable
665.15 adult.

665.16 Sec. 37. Minnesota Statutes 2020, section 626.557, subdivision 12b, is amended to read:

665.17 Subd. 12b. **Data management.** (a) In performing any of the duties of this section as a
665.18 lead investigative agency, the county social service agency shall maintain appropriate
665.19 records. Data collected by the county social service agency under this section while providing
665.20 adult protective services are welfare data under section 13.46. Investigative data collected
665.21 under this section are confidential data on individuals or protected nonpublic data as defined
665.22 under section 13.02. Notwithstanding section 13.46, subdivision 1, paragraph (a), data under
665.23 this paragraph that are inactive investigative data on an individual who is a vendor of services
665.24 are private data on individuals, as defined in section 13.02. The identity of the reporter may
665.25 only be disclosed as provided in paragraph (c).

665.26 Data maintained by the common entry point are confidential data on individuals or
665.27 protected nonpublic data as defined in section 13.02. Notwithstanding section 138.163, the
665.28 common entry point shall maintain data for three calendar years after date of receipt and
665.29 then destroy the data unless otherwise directed by federal requirements.

665.30 (b) The commissioners of health and human services shall prepare an investigation
665.31 memorandum for each report alleging maltreatment investigated under this section. County

666.1 social service agencies must maintain private data on individuals but are not required to
666.2 prepare an investigation memorandum. During an investigation by the commissioner of
666.3 health or the commissioner of human services, data collected under this section are
666.4 confidential data on individuals or protected nonpublic data as defined in section 13.02.
666.5 Upon completion of the investigation, the data are classified as provided in clauses (1) to
666.6 (3) and paragraph (c).

666.7 (1) The investigation memorandum must contain the following data, which are public:

666.8 (i) the name of the facility investigated;

666.9 (ii) a statement of the nature of the alleged maltreatment;

666.10 (iii) pertinent information obtained from medical or other records reviewed;

666.11 (iv) the identity of the investigator;

666.12 (v) a summary of the investigation's findings;

666.13 (vi) statement of whether the report was found to be substantiated, inconclusive, false,
666.14 or that no determination will be made;

666.15 (vii) a statement of any action taken by the facility;

666.16 (viii) a statement of any action taken by the lead investigative agency; and

666.17 (ix) when a lead investigative agency's determination has substantiated maltreatment, a
666.18 statement of whether an individual, individuals, or a facility were responsible for the
666.19 substantiated maltreatment, if known.

666.20 The investigation memorandum must be written in a manner which protects the identity
666.21 of the reporter and of the vulnerable adult and may not contain the names or, to the extent
666.22 possible, data on individuals or private data listed in clause (2).

666.23 (2) Data on individuals collected and maintained in the investigation memorandum are
666.24 private data, including:

666.25 (i) the name of the vulnerable adult;

666.26 (ii) the identity of the individual alleged to be the perpetrator;

666.27 (iii) the identity of the individual substantiated as the perpetrator; and

666.28 (iv) the identity of all individuals interviewed as part of the investigation.

666.29 (3) Other data on individuals maintained as part of an investigation under this section
666.30 are private data on individuals upon completion of the investigation.

667.1 (c) ~~After the assessment or investigation is completed,~~ The name of the reporter must
667.2 be confidential. The subject of the report may compel disclosure of the name of the reporter
667.3 only with the consent of the reporter or upon a written finding by a court that the report was
667.4 false and there is evidence that the report was made in bad faith. This subdivision does not
667.5 alter disclosure responsibilities or obligations under the Rules of Criminal Procedure, except
667.6 that where the identity of the reporter is relevant to a criminal prosecution, the district court
667.7 shall do an in-camera review prior to determining whether to order disclosure of the identity
667.8 of the reporter.

667.9 (d) Notwithstanding section 138.163, data maintained under this section by the
667.10 commissioners of health and human services must be maintained under the following
667.11 schedule and then destroyed unless otherwise directed by federal requirements:

667.12 (1) data from reports determined to be false, maintained for three years after the finding
667.13 was made;

667.14 (2) data from reports determined to be inconclusive, maintained for four years after the
667.15 finding was made;

667.16 (3) data from reports determined to be substantiated, maintained for seven years after
667.17 the finding was made; and

667.18 (4) data from reports which were not investigated by a lead investigative agency and for
667.19 which there is no final disposition, maintained for three years from the date of the report.

667.20 (e) The commissioners of health and human services shall annually publish on their
667.21 websites the number and type of reports of alleged maltreatment involving licensed facilities
667.22 reported under this section, the number of those requiring investigation under this section,
667.23 and the resolution of those investigations. On a biennial basis, the commissioners of health
667.24 and human services shall jointly report the following information to the legislature and the
667.25 governor:

667.26 (1) the number and type of reports of alleged maltreatment involving licensed facilities
667.27 reported under this section, the number of those requiring investigations under this section,
667.28 the resolution of those investigations, and which of the two lead agencies was responsible;

667.29 (2) trends about types of substantiated maltreatment found in the reporting period;

667.30 (3) if there are upward trends for types of maltreatment substantiated, recommendations
667.31 for addressing and responding to them;

667.32 (4) efforts undertaken or recommended to improve the protection of vulnerable adults;

(5) whether and where backlogs of cases result in a failure to conform with statutory time frames and recommendations for reducing backlogs if applicable;

(6) recommended changes to statutes affecting the protection of vulnerable adults; and

(7) any other information that is relevant to the report trends and findings.

(f) Each lead investigative agency must have a record retention policy.

(g) Lead investigative agencies, county agencies responsible for adult protective services, prosecuting authorities, and law enforcement agencies may exchange not public data, as defined in section 13.02, with a tribal agency, facility, service provider, vulnerable adult, primary support person for a vulnerable adult, state licensing board, federal or state agency, the ombudsman for long-term care, or the ombudsman for mental health and developmental disabilities, if the agency or authority ~~requesting~~ providing the data determines that the data are pertinent and necessary ~~to the requesting agency in initiating, furthering, or completing~~ to prevent further maltreatment of a vulnerable adult, to safeguard a vulnerable adult, or for an investigation under this section. Data collected under this section must be made available to prosecuting authorities and law enforcement officials, local county agencies, and licensing agencies investigating the alleged maltreatment under this section. The lead investigative agency shall exchange not public data with the vulnerable adult maltreatment review panel established in section 256.021 if the data are pertinent and necessary for a review requested under that section. Notwithstanding section 138.17, upon completion of the review, not public data received by the review panel must be destroyed.

(h) Each lead investigative agency shall keep records of the length of time it takes to complete its investigations.

(i) A lead investigative agency may notify other affected parties and their authorized representative if the lead investigative agency has reason to believe maltreatment has occurred and determines the information will safeguard the well-being of the affected parties or dispel widespread rumor or unrest in the affected facility.

(j) Under any notification provision of this section, where federal law specifically prohibits the disclosure of patient identifying information, a lead investigative agency may not provide any notice unless the vulnerable adult has consented to disclosure in a manner which conforms to federal requirements.

Sec. 38. Minnesota Statutes 2020, section 626.5571, subdivision 1, is amended to read:

Subdivision 1. **Establishment of team.** A county may establish a multidisciplinary adult protection team comprised of the director of the local welfare agency or designees, the

669.1 county attorney or designees, the county sheriff or designees, and representatives of health
669.2 care. In addition, representatives of mental health or other appropriate human service
669.3 agencies, representatives from local tribal governments, ~~and~~ adult advocate groups, and any
669.4 other organization with relevant expertise may be added to the adult protection team.

669.5 Sec. 39. Minnesota Statutes 2020, section 626.5571, subdivision 2, is amended to read:

669.6 Subd. 2. **Duties of team.** A multidisciplinary adult protection team may provide public
669.7 and professional education, develop resources for prevention, intervention, and treatment,
669.8 and provide case consultation to the local welfare agency to better enable the agency to
669.9 carry out its ~~adult protection~~ functions under section 626.557 and to meet the community's
669.10 needs ~~for adult protection services~~. Case consultation may be performed by a committee of
669.11 the team composed of the team members representing social services, law enforcement, the
669.12 county attorney, health care, and persons directly involved in an individual case as determined
669.13 by the case consultation committee. Case consultation ~~is~~ includes a case review process that
669.14 results in recommendations about services to be provided to the identified adult and family.

669.15 Sec. 40. Minnesota Statutes 2020, section 626.5572, subdivision 2, is amended to read:

669.16 Subd. 2. **Abuse.** "Abuse" means:

669.17 (a) An act against a vulnerable adult that constitutes a violation of, an attempt to violate,
669.18 or aiding and abetting a violation of:

669.19 (1) assault in the first through fifth degrees as defined in sections 609.221 to 609.224;

669.20 (2) the use of drugs to injure or facilitate crime as defined in section 609.235;

669.21 (3) the solicitation, inducement, and promotion of prostitution as defined in section
669.22 609.322; and

669.23 (4) criminal sexual conduct in the first through fifth degrees as defined in sections
669.24 609.342 to 609.3451.

669.25 A violation includes any action that meets the elements of the crime, regardless of
669.26 whether there is a criminal proceeding or conviction.

669.27 (b) Conduct which is not an accident or therapeutic conduct as defined in this section,
669.28 which produces or could reasonably be expected to produce physical pain or injury or
669.29 emotional distress including, but not limited to, the following:

669.30 (1) hitting, slapping, kicking, pinching, biting, or corporal punishment of a vulnerable
669.31 adult;

670.1 (2) use of repeated or malicious oral, written, or gestured language toward a vulnerable
670.2 adult or the treatment of a vulnerable adult which would be considered by a reasonable
670.3 person to be disparaging, derogatory, humiliating, harassing, or threatening; or

670.4 (3) use of any aversive or deprivation procedure, unreasonable confinement, or
670.5 involuntary seclusion, including the forced separation of the vulnerable adult from other
670.6 persons against the will of the vulnerable adult or the legal representative of the vulnerable
670.7 adult~~; and~~ unless authorized under applicable licensing requirements or Minnesota Rules,
670.8 chapter 9544.

670.9 ~~(4) use of any aversive or deprivation procedures for persons with developmental~~
670.10 ~~disabilities or related conditions not authorized under section 245.825.~~

670.11 (c) Any sexual contact or penetration as defined in section 609.341, between a facility
670.12 staff person or a person providing services in the facility and a resident, patient, or client
670.13 of that facility.

670.14 (d) The act of forcing, compelling, coercing, or enticing a vulnerable adult against the
670.15 vulnerable adult's will to perform services for the advantage of another.

670.16 (e) For purposes of this section, a vulnerable adult is not abused for the sole reason that
670.17 the vulnerable adult or a person with authority to make health care decisions for the
670.18 vulnerable adult under sections 144.651, 144A.44, chapter 145B, 145C or 252A, or section
670.19 253B.03 or 524.5-313, refuses consent or withdraws consent, consistent with that authority
670.20 and within the boundary of reasonable medical practice, to any therapeutic conduct, including
670.21 any care, service, or procedure to diagnose, maintain, or treat the physical or mental condition
670.22 of the vulnerable adult or, where permitted under law, to provide nutrition and hydration
670.23 parenterally or through intubation. This paragraph does not enlarge or diminish rights
670.24 otherwise held under law by:

670.25 (1) a vulnerable adult or a person acting on behalf of a vulnerable adult, including an
670.26 involved family member, to consent to or refuse consent for therapeutic conduct; or

670.27 (2) a caregiver to offer or provide or refuse to offer or provide therapeutic conduct.

670.28 (f) For purposes of this section, a vulnerable adult is not abused for the sole reason that
670.29 the vulnerable adult, a person with authority to make health care decisions for the vulnerable
670.30 adult, or a caregiver in good faith selects and depends upon spiritual means or prayer for
670.31 treatment or care of disease or remedial care of the vulnerable adult in lieu of medical care,
670.32 provided that this is consistent with the prior practice or belief of the vulnerable adult or
670.33 with the expressed intentions of the vulnerable adult.

671.1 (g) For purposes of this section, a vulnerable adult is not abused for the sole reason that
671.2 the vulnerable adult, who is not impaired in judgment or capacity by mental or emotional
671.3 dysfunction or undue influence, engages in consensual sexual contact with:

671.4 (1) a person, including a facility staff person, when a consensual sexual personal
671.5 relationship existed prior to the caregiving relationship; or

671.6 (2) a personal care attendant, regardless of whether the consensual sexual personal
671.7 relationship existed prior to the caregiving relationship.

671.8 Sec. 41. Minnesota Statutes 2020, section 626.5572, subdivision 4, is amended to read:

671.9 Subd. 4. **Caregiver.** "Caregiver" means an individual or facility who has responsibility
671.10 for all or a portion of the care of a vulnerable adult ~~as a result of a family relationship, or~~
671.11 ~~who has assumed responsibility for all or a portion of the care of a vulnerable adult~~
671.12 voluntarily, by contract, or by agreement.

671.13 Sec. 42. Minnesota Statutes 2020, section 626.5572, subdivision 17, is amended to read:

671.14 Subd. 17. **Neglect.** ~~"Neglect" means:~~ Neglect means neglect by a caregiver or self-neglect.

671.15 (a) "Caregiver neglect" means the failure or omission by a caregiver to supply a vulnerable
671.16 adult with care or services, including but not limited to, food, clothing, shelter, health care,
671.17 or supervision which is:

671.18 (1) reasonable and necessary to obtain or maintain the vulnerable adult's physical or
671.19 mental health or safety, considering the physical and mental capacity or dysfunction of the
671.20 vulnerable adult; and

671.21 (2) which is not the result of an accident or therapeutic conduct.

671.22 (b) ~~The absence or likelihood of absence of care or services, including but not limited~~
671.23 ~~to, food, clothing, shelter, health care, or supervision necessary to maintain the physical~~
671.24 ~~and mental health of the vulnerable adult~~ "Self-neglect" means neglect by a vulnerable adult
671.25 of the vulnerable adult's own food, clothing, shelter, health care, or other services that are
671.26 not the responsibility of a caregiver which a reasonable person would deem essential to
671.27 obtain or maintain the vulnerable adult's health, safety, or comfort ~~considering the physical~~
671.28 ~~or mental capacity or dysfunction of the vulnerable adult~~.

671.29 (c) For purposes of this section, a vulnerable adult is not neglected for the sole reason
671.30 that:

672.1 (1) the vulnerable adult or a person with authority to make health care decisions for the
672.2 vulnerable adult under sections 144.651, 144A.44, chapter 145B, 145C, or 252A, or sections
672.3 253B.03 or 524.5-101 to 524.5-502, refuses consent or withdraws consent, consistent with
672.4 that authority and within the boundary of reasonable medical practice, to any therapeutic
672.5 conduct, including any care, service, or procedure to diagnose, maintain, or treat the physical
672.6 or mental condition of the vulnerable adult, or, where permitted under law, to provide
672.7 nutrition and hydration parenterally or through intubation; this paragraph does not enlarge
672.8 or diminish rights otherwise held under law by:

672.9 (i) a vulnerable adult or a person acting on behalf of a vulnerable adult, including an
672.10 involved family member, to consent to or refuse consent for therapeutic conduct; or

672.11 (ii) a caregiver to offer or provide or refuse to offer or provide therapeutic conduct; or

672.12 (2) the vulnerable adult, a person with authority to make health care decisions for the
672.13 vulnerable adult, or a caregiver in good faith selects and depends upon spiritual means or
672.14 prayer for treatment or care of disease or remedial care of the vulnerable adult in lieu of
672.15 medical care, provided that this is consistent with the prior practice or belief of the vulnerable
672.16 adult or with the expressed intentions of the vulnerable adult;

672.17 (3) the vulnerable adult, who is not impaired in judgment or capacity by mental or
672.18 emotional dysfunction or undue influence, engages in consensual sexual contact with:

672.19 (i) a person including a facility staff person when a consensual sexual personal
672.20 relationship existed prior to the caregiving relationship; or

672.21 (ii) a personal care attendant, regardless of whether the consensual sexual personal
672.22 relationship existed prior to the caregiving relationship; or

672.23 (4) an individual makes an error in the provision of therapeutic conduct to a vulnerable
672.24 adult which does not result in injury or harm which reasonably requires medical or mental
672.25 health care; or

672.26 (5) an individual makes an error in the provision of therapeutic conduct to a vulnerable
672.27 adult that results in injury or harm, which reasonably requires the care of a physician, and:

672.28 (i) the necessary care is provided in a timely fashion as dictated by the condition of the
672.29 vulnerable adult;

672.30 (ii) if after receiving care, the health status of the vulnerable adult can be reasonably
672.31 expected, as determined by the attending physician, to be restored to the vulnerable adult's
672.32 preexisting condition;

673.1 (iii) the error is not part of a pattern of errors by the individual;

673.2 (iv) if in a facility, the error is immediately reported as required under section 626.557,
673.3 and recorded internally in the facility;

673.4 (v) if in a facility, the facility identifies and takes corrective action and implements
673.5 measures designed to reduce the risk of further occurrence of this error and similar errors;
673.6 and

673.7 (vi) if in a facility, the actions required under items (iv) and (v) are sufficiently
673.8 documented for review and evaluation by the facility and any applicable licensing,
673.9 certification, and ombudsman agency.

673.10 (d) Nothing in this definition requires a caregiver, if regulated, to provide services in
673.11 excess of those required by the caregiver's license, certification, registration, or other
673.12 regulation.

673.13 (e) If the findings of an investigation by a lead investigative agency result in a
673.14 determination of substantiated maltreatment for the sole reason that the actions required of
673.15 a facility under paragraph (c), clause (5), item (iv), (v), or (vi), were not taken, then the
673.16 facility is subject to a correction order. An individual will not be found to have neglected
673.17 or maltreated the vulnerable adult based solely on the facility's not having taken the actions
673.18 required under paragraph (c), clause (5), item (iv), (v), or (vi). This must not alter the lead
673.19 investigative agency's determination of mitigating factors under section 626.557, subdivision
673.20 9c, paragraph ~~(c)~~ (f).

673.21 ## ARTICLE 14
673.22 ## CHILD PROTECTION

673.23 Section 1. Minnesota Statutes 2020, section 242.19, subdivision 2, is amended to read:

673.24 Subd. 2. **Dispositions.** When a child has been committed to the commissioner of
673.25 corrections by a juvenile court, upon a finding of delinquency, the commissioner may for
673.26 the purposes of treatment and rehabilitation:

673.27 (1) order the child's confinement to the Minnesota Correctional Facility-Red Wing,
673.28 which shall accept the child, or to a group foster home under the control of the commissioner
673.29 of corrections, or to private facilities or facilities established by law or incorporated under
673.30 the laws of this state that may care for delinquent children;

673.31 (2) order the child's release on parole under such supervisions and conditions as the
673.32 commissioner believes conducive to law-abiding conduct, treatment and rehabilitation;

(3) order reconfinement or renewed parole as often as the commissioner believes to be desirable;

(4) revoke or modify any order, except an order of discharge, as often as the commissioner believes to be desirable;

(5) discharge the child when the commissioner is satisfied that the child has been rehabilitated and that such discharge is consistent with the protection of the public;

(6) if the commissioner finds that the child is eligible for probation or parole and it appears from the commissioner's investigation that conditions in the child's or the guardian's home are not conducive to the child's treatment, rehabilitation, or law-abiding conduct, refer the child, together with the commissioner's findings, to a local social services agency or a licensed child-placing agency for placement in a foster care or, when appropriate, for initiation of child in need of protection or services proceedings as provided in sections 260C.001 to 260C.421. The commissioner of corrections shall reimburse local social services agencies for foster care costs they incur for the child while on probation or parole to the extent that funds for this purpose are made available to the commissioner by the legislature. The juvenile court ~~shall~~ may order the parents of a child on probation or parole to pay the costs of foster care under section 260B.331, subdivision 1, if the local social services agency has determined that requiring reimbursement is in the child's best interests, according to their ability to pay, and to the extent that the commissioner of corrections has not reimbursed the local social services agency.

Sec. 2. Minnesota Statutes 2020, section 260.761, subdivision 2, is amended to read:

Subd. 2. **Agency and court notice to tribes.** (a) When a local social services agency has information that a family assessment ~~or~~, investigation, or noncaregiver sex trafficking assessment being conducted may involve an Indian child, the local social services agency shall notify the Indian child's tribe of the family assessment ~~or~~, investigation, or noncaregiver sex trafficking assessment according to section 260E.18. The local social services agency shall provide initial notice ~~shall be provided~~ by telephone and by e-mail or facsimile. The local social services agency shall request that the tribe or a designated tribal representative participate in evaluating the family circumstances, identifying family and tribal community resources, and developing case plans.

(b) When a local social services agency has information that a child receiving services may be an Indian child, the local social services agency shall notify the tribe by telephone and by e-mail or facsimile of the child's full name and date of birth, the full names and dates of birth of the child's biological parents, and, if known, the full names and dates of birth of

the child's grandparents and of the child's Indian custodian. This notification must be provided ~~so~~ for the tribe ~~can~~ to determine if the child is enrolled in the tribe or eligible for tribal membership, and ~~must be provided~~ the agency must provide this notification to the tribe within seven days of receiving information that the child may be an Indian child. If information regarding the child's grandparents or Indian custodian is not available within the seven-day period, the local social services agency shall continue to request this information and shall notify the tribe when it is received. Notice shall be provided to all tribes to which the child may have any tribal lineage. If the identity or location of the child's parent or Indian custodian and tribe cannot be determined, the local social services agency shall provide the notice required in this paragraph to the United States secretary of the interior.

(c) In accordance with sections 260C.151 and 260C.152, when a court has reason to believe that a child placed in emergency protective care is an Indian child, the court administrator or a designee shall, as soon as possible and before a hearing takes place, notify the tribal social services agency by telephone and by e-mail or facsimile of the date, time, and location of the emergency protective case hearing. The court shall make efforts to allow appearances by telephone for tribal representatives, parents, and Indian custodians.

(d) A local social services agency must provide the notices required under this subdivision at the earliest possible time to facilitate involvement of the Indian child's tribe. Nothing in this subdivision is intended to hinder the ability of the local social services agency and the court to respond to an emergency situation. Lack of participation by a tribe shall not prevent the tribe from intervening in services and proceedings at a later date. A tribe may participate in a case at any time. At any stage of the local social services agency's involvement with an Indian child, the agency shall provide full cooperation to the tribal social services agency, including disclosure of all data concerning the Indian child. Nothing in this subdivision relieves the local social services agency of satisfying the notice requirements in the Indian Child Welfare Act.

Sec. 3. Minnesota Statutes 2020, section 260B.331, subdivision 1, is amended to read:

Subdivision 1. **Care, examination, or treatment.** (a)(1) Whenever legal custody of a child is transferred by the court to a local social services agency, or

(2) whenever legal custody is transferred to a person other than the local social services agency, but under the supervision of the local social services agency, and

(3) whenever a child is given physical or mental examinations or treatment under order of the court, and no provision is otherwise made by law for payment for the care,

examination, or treatment of the child, these costs are a charge upon the welfare funds of the county in which proceedings are held upon certification of the judge of juvenile court.

(b) The court ~~shall~~ may order, and the local social services agency ~~shall~~ may require, the parents or custodian of a child, while the child is under the age of 18, to use ~~the total~~ income and resources attributable to the child for the period of care, examination, or treatment, except for clothing and personal needs allowance as provided in section 256B.35, to reimburse the county for the cost of care, examination, or treatment. Income and resources attributable to the child include, but are not limited to, Social Security benefits, Supplemental Security Income (SSI), veterans benefits, railroad retirement benefits and child support. When the child is over the age of 18, and continues to receive care, examination, or treatment, the court ~~shall~~ may order, and the local social services agency ~~shall~~ may require, reimbursement from the child for the cost of care, examination, or treatment from the income and resources attributable to the child less the clothing and personal needs allowance. The local social services agency shall determine whether requiring reimbursement, either through child support or parental fees, for the cost of care, examination, or treatment from income and resources attributable to the child is in the child's best interests. In determining whether to require reimbursement, the local social services agency shall consider:

(1) whether requiring reimbursement would compromise a parent's ability to meet the child's treatment and rehabilitation needs before the child returns to the parent's home;

(2) whether requiring reimbursement would compromise the parent's ability to meet the child's needs after the child returns home; and

(3) whether redirecting existing child support payments or changing the representative payee of social security benefits to the local social services agency would limit the parent's ability to maintain financial stability for the child upon the child's return home.

(c) If the income and resources attributable to the child are not enough to reimburse the county for the full cost of the care, examination, or treatment, the court ~~shall~~ may inquire into the ability of the parents to ~~support the child~~ reimburse the county for the cost of care, examination, or treatment and, after giving the parents a reasonable opportunity to be heard, the court ~~shall~~ may order, and the local social services agency ~~shall~~ may require, the parents to contribute to the cost of care, examination, or treatment of the child. ~~Except in delinquency cases where the victim is a member of the child's immediate family,~~ When determining the amount to be contributed by the parents, the court shall use a fee schedule based upon ability to pay that is established by the local social services agency and approved by the commissioner of human services. ~~In delinquency cases where the victim is a member of the~~

677.1 ~~child's immediate family,~~ The court shall ~~use the fee schedule but may also~~ take into account
677.2 ~~the seriousness of the offense and any expenses which the parents have incurred as a result~~
677.3 ~~of the offense~~ any expenses that the parents may have incurred as a result of the offense,
677.4 including but not limited to co-payments for mental health treatment and attorney fees. The
677.5 income of a stepparent who has not adopted a child shall be excluded in calculating the
677.6 parental contribution under this section. The local social services agency shall determine
677.7 whether requiring reimbursement from the parents, either through child support or parental
677.8 fees, for the cost of care, examination, or treatment from income and resources attributable
677.9 to the child is in the child's best interests. In determining whether to require reimbursement,
677.10 the local social services agency shall consider:

677.11 (1) whether requiring reimbursement would compromise a parent's ability to meet the
677.12 child's treatment and rehabilitation needs before the child returns to the parent's home;

677.13 (2) whether requiring reimbursement would compromise the parent's ability to meet the
677.14 child's needs after the child returns home; and

677.15 (3) whether requiring reimbursement would compromise the parent's ability to meet the
677.16 needs of the family.

677.17 (d) If the local social services agency determines that requiring reimbursement is in the
677.18 child's best interests, the court shall order the amount of reimbursement attributable to the
677.19 parents or custodian, or attributable to the child, or attributable to both sources, withheld
677.20 under chapter 518A from the income of the parents or the custodian of the child. A parent
677.21 or custodian who fails to pay without good reason may be proceeded against for contempt,
677.22 or the court may inform the county attorney, who shall proceed to collect the unpaid sums,
677.23 or both procedures may be used.

677.24 (e) If the court orders a physical or mental examination for a child, the examination is
677.25 a medically necessary service for purposes of determining whether the service is covered
677.26 by a health insurance policy, health maintenance contract, or other health coverage plan.
677.27 Court-ordered treatment shall be subject to policy, contract, or plan requirements for medical
677.28 necessity. Nothing in this paragraph changes or eliminates benefit limits, conditions of
677.29 coverage, co-payments or deductibles, provider restrictions, or other requirements in the
677.30 policy, contract, or plan that relate to coverage of other medically necessary services.

678.1 Sec. 4. Minnesota Statutes 2021 Supplement, section 260C.007, subdivision 14, is amended
678.2 to read:

678.3 Subd. 14. **Egregious harm.** "Egregious harm" means the infliction of bodily harm to a
678.4 child or neglect of a child which demonstrates a grossly inadequate ability to provide
678.5 minimally adequate parental care. ~~The egregious harm need not have occurred in the state~~
678.6 ~~or in the county where a termination of parental rights action is otherwise properly venued.~~
678.7 A district court may still have proper venue over an action to terminate parental rights when
678.8 the egregious harm did not occur in the state or county where the district court is located.
678.9 Egregious harm includes, but is not limited to:

678.10 (1) conduct ~~towards~~ toward a child that constitutes a violation of sections 609.185 to
678.11 609.2114, 609.222, subdivision 2, 609.223, or any other similar law of any other state;

678.12 (2) the infliction of "substantial bodily harm" to a child, as defined in section 609.02,
678.13 subdivision 7a;

678.14 (3) conduct ~~towards~~ toward a child that constitutes felony malicious punishment of a
678.15 child under section 609.377;

678.16 (4) conduct ~~towards~~ toward a child that constitutes felony unreasonable restraint of a
678.17 child under section 609.255, subdivision 3;

678.18 (5) conduct ~~towards~~ toward a child that constitutes felony neglect or endangerment of
678.19 a child under section 609.378;

678.20 (6) conduct ~~towards~~ toward a child that constitutes assault under section 609.221, 609.222,
678.21 or 609.223;

678.22 (7) conduct ~~towards~~ toward a child that constitutes sex trafficking, solicitation,
678.23 inducement, ~~or~~ promotion of, or receiving profit derived from prostitution under section
678.24 609.322;

678.25 (8) conduct ~~towards~~ toward a child that constitutes murder or voluntary manslaughter
678.26 as defined by United States Code, title 18, section 1111(a) or 1112(a);

678.27 (9) conduct ~~towards~~ toward a child that constitutes aiding or abetting, attempting,
678.28 conspiring, or soliciting to commit a murder or voluntary manslaughter that constitutes a
678.29 violation of United States Code, title 18, section 1111(a) or 1112(a); or

678.30 (10) conduct toward a child that constitutes criminal sexual conduct under sections
678.31 609.342 to 609.345 or sexual extortion under section 609.3458.

Sec. 5. Minnesota Statutes 2020, section 260C.331, subdivision 1, is amended to read:

Subdivision 1. **Care, examination, or treatment.** (a) Except where parental rights are terminated,

(1) whenever legal custody of a child is transferred by the court to a responsible social services agency,

(2) whenever legal custody is transferred to a person other than the responsible social services agency, but under the supervision of the responsible social services agency, or

(3) whenever a child is given physical or mental examinations or treatment under order of the court, and no provision is otherwise made by law for payment for the care, examination, or treatment of the child, these costs are a charge upon the welfare funds of the county in which proceedings are held upon certification of the judge of juvenile court.

(b) The court ~~shall~~ may order, and the responsible social services agency ~~shall~~ may require, the parents or custodian of a child, while the child is under the age of 18, to use ~~the total~~ income and resources attributable to the child for the period of care, examination, or treatment, except for clothing and personal needs allowance as provided in section 256B.35, to reimburse the county for the cost of care, examination, or treatment. Income and resources attributable to the child include, but are not limited to, Social Security benefits, Supplemental Security Income (SSI), veterans benefits, railroad retirement benefits and child support. When the child is over the age of 18, and continues to receive care, examination, or treatment, the court ~~shall~~ may order, and the responsible social services agency ~~shall~~ may require, reimbursement from the child for the cost of care, examination, or treatment from the income and resources attributable to the child less the clothing and personal needs allowance. Income does not include earnings from a child over the age of 18 who is working as part of a plan under section 260C.212, subdivision 1, paragraph (c), clause (12), to transition from foster care, or the income and resources ~~from sources other than Supplemental Security Income and child support~~ that are needed to complete the requirements listed in section 260C.203. The responsible social services agency shall determine whether requiring reimbursement, either through child support or parental fees, for the cost of care, examination, or treatment from the parents or custodian of a child is in the child's best interests. In determining whether to require reimbursement, the responsible social services agency shall consider:

(1) whether requiring reimbursement would compromise the parent's ability to meet the requirements of the reunification plan;

(2) whether requiring reimbursement would compromise the parent's ability to meet the child's needs after reunification; and

680.1 (3) whether redirecting existing child support payments or changing the representative
680.2 payee of social security benefits to the responsible social services agency would limit the
680.3 parent's ability to maintain financial stability for the child.

680.4 (c) If the income and resources attributable to the child are not enough to reimburse the
680.5 county for the full cost of the care, examination, or treatment, the court ~~shall~~ may inquire
680.6 into the ability of the parents to ~~support the child~~ reimburse the county for the cost of care,
680.7 examination, or treatment and, after giving the parents a reasonable opportunity to be heard,
680.8 the court ~~shall~~ may order, and the responsible social services agency ~~shall~~ may require, the
680.9 parents to contribute to the cost of care, examination, or treatment of the child. When
680.10 determining the amount to be contributed by the parents, the court shall use a fee schedule
680.11 based upon ability to pay that is established by the responsible social services agency and
680.12 approved by the commissioner of human services. The income of a stepparent who has not
680.13 adopted a child shall be excluded in calculating the parental contribution under this section.
680.14 In determining whether to require reimbursement, the responsible social services agency
680.15 shall consider:

680.16 (1) whether requiring reimbursement would compromise the parent's ability to meet the
680.17 requirements of the reunification plan;

680.18 (2) whether requiring reimbursement would compromise the parent's ability to meet the
680.19 child's needs after reunification; and

680.20 (3) whether requiring reimbursement would compromise the parent's ability to meet the
680.21 needs of the family.

680.22 (d) If the responsible social services agency determines that reimbursement is in the
680.23 child's best interest, the court shall order the amount of reimbursement attributable to the
680.24 parents or custodian, or attributable to the child, or attributable to both sources, withheld
680.25 under chapter 518A from the income of the parents or the custodian of the child. A parent
680.26 or custodian who fails to pay without good reason may be proceeded against for contempt,
680.27 or the court may inform the county attorney, who shall proceed to collect the unpaid sums,
680.28 or both procedures may be used.

680.29 (e) If the court orders a physical or mental examination for a child, the examination is
680.30 a medically necessary service for purposes of determining whether the service is covered
680.31 by a health insurance policy, health maintenance contract, or other health coverage plan.
680.32 Court-ordered treatment shall be subject to policy, contract, or plan requirements for medical
680.33 necessity. Nothing in this paragraph changes or eliminates benefit limits, conditions of

681.1 coverage, co-payments or deductibles, provider restrictions, or other requirements in the
681.2 policy, contract, or plan that relate to coverage of other medically necessary services.

681.3 (f) Notwithstanding paragraph (b), (c), or (d), a parent, custodian, or guardian of the
681.4 child is not required to use income and resources attributable to the child to reimburse the
681.5 county for costs of care and is not required to contribute to the cost of care of the child
681.6 during any period of time when the child is returned to the home of that parent, custodian,
681.7 or guardian pursuant to a trial home visit under section 260C.201, subdivision 1, paragraph
681.8 (a).

681.9 Sec. 6. Minnesota Statutes 2020, section 260C.451, subdivision 8, is amended to read:

681.10 Subd. 8. **Notice of termination of foster care.** When a child in foster care between the
681.11 ages of 18 and 21 ceases to meet one of the eligibility criteria of subdivision 3a, the
681.12 responsible social services agency shall give the child written notice that foster care will
681.13 terminate 30 days from the date the notice is sent. The child or the child's guardian ad litem
681.14 may file a motion asking the court to review the agency's determination within 15 days of
681.15 receiving the notice. The child ~~shall~~ must not be discharged from foster care until the motion
681.16 is heard. The agency shall work with the child to prepare for the child's transition out of
681.17 foster care ~~as~~. The agency must provide the court with the child's personalized transition
681.18 plan required to be developed under section ~~260C.203, paragraph (d), clause (2)~~ 260C.452,
681.19 subdivision 4, if the motion is filed. The written notice of termination of benefits shall be
681.20 on a form prescribed by the commissioner and shall also give notice of the right to have the
681.21 agency's determination reviewed by the court in the proceeding where the court conducts
681.22 the reviews required under section 260C.203, 260C.317, or 260C.515, subdivision 5 or 6.
681.23 A copy of the termination notice shall be sent to the child and the child's attorney, if any,
681.24 the foster care provider, the child's guardian ad litem, and the court. The agency is not
681.25 responsible for paying foster care benefits for any period of time after the child actually
681.26 leaves foster care.

681.27 Sec. 7. Minnesota Statutes 2020, section 260C.451, is amended by adding a subdivision
681.28 to read:

681.29 Subd. 8a. **Transition planning.** For a youth who will be discharged from foster care at
681.30 18 years of age or older, the responsible social services agency must develop a personalized
681.31 transition plan as directed by the youth during the 180-day period immediately prior to the
681.32 expected date of discharge according to section 260C.452, subdivision 4. A youth's
681.33 personalized transition plan must include the support beyond 21 program under subdivision

682.1 8b for eligible youth. With a youth's consent, the responsible social services agency may
682.2 share the youth's personalized transition plan with a contracted agency providing case
682.3 management services under section 260C.452.

682.4 Sec. 8. Minnesota Statutes 2020, section 260C.451, is amended by adding a subdivision
682.5 to read:

682.6 Subd. 8b. **Support beyond 21 program.** For a youth who was eligible for extended
682.7 foster care under subdivision 3 and is discharged at age 21, the responsible social services
682.8 agency must ensure that the youth is referred to the support beyond 21 program. The support
682.9 beyond 21 program must provide a youth with one additional year of financial support for
682.10 housing and basic needs to assist the youth aging out of extended foster care at age 21. A
682.11 youth receiving benefits under the support beyond 21 program is also eligible for the
682.12 successful transition to adulthood program for additional support under section 260C.452.
682.13 A youth who transitions to residential services under sections 256B.092 and 256B.49 is not
682.14 eligible for the support beyond 21 program.

682.15 Sec. 9. Minnesota Statutes 2020, section 260E.01, is amended to read:

682.16 **260E.01 POLICY.**

682.17 (a) The legislature hereby declares that the public policy of this state is to protect children
682.18 whose health or welfare may be jeopardized through maltreatment. While it is recognized
682.19 that most parents want to keep their children safe, sometimes circumstances or conditions
682.20 interfere with their ability to do so. When this occurs, the health and safety of the children
682.21 must be of paramount concern. Intervention and prevention efforts must address immediate
682.22 concerns for child safety and the ongoing risk of maltreatment and should engage the
682.23 protective capacities of families. In furtherance of this public policy, it is the intent of the
682.24 legislature under this chapter to:

682.25 (1) protect children and promote child safety;

682.26 (2) strengthen the family;

682.27 (3) make the home, school, and community safe for children by promoting responsible
682.28 child care in all settings; and

682.29 (4) provide, when necessary, a safe temporary or permanent home environment for
682.30 maltreated children.

682.31 (b) In addition, it is the policy of this state to:

683.1 (1) require the reporting of maltreatment of children in the home, school, and community
683.2 settings;

683.3 (2) provide for ~~the~~ voluntary reporting of maltreatment of children;

683.4 (3) require an investigation when the report alleges sexual abuse or substantial child
683.5 endangerment, except when the report alleges sex trafficking by a noncaregiver sex trafficker;

683.6 (4) provide a family assessment, if appropriate, when the report does not allege sexual
683.7 abuse or substantial child endangerment; ~~and~~

683.8 (5) provide a noncaregiver sex trafficking assessment when the report alleges sex
683.9 trafficking by a noncaregiver sex trafficker; and

683.10 (6) provide protective, family support, and family preservation services when needed
683.11 in appropriate cases.

683.12 Sec. 10. Minnesota Statutes 2020, section 260E.02, subdivision 1, is amended to read:

683.13 Subdivision 1. **Establishment of team.** A county shall establish a multidisciplinary
683.14 child protection team that may include, but is not ~~be~~ limited to, the director of the local
683.15 welfare agency or designees, the county attorney or designees, the county sheriff or designees,
683.16 representatives of health and education, representatives of mental health, representatives of
683.17 agencies providing specialized services or responding to youth who experience or are at
683.18 risk of experiencing sex trafficking or sexual exploitation, or other appropriate human
683.19 services or community-based agencies, and parent groups. As used in this section, a
683.20 "community-based agency" may include, but is not limited to, schools, social services
683.21 agencies, family service and mental health collaboratives, children's advocacy centers, early
683.22 childhood and family education programs, Head Start, or other agencies serving children
683.23 and families. A member of the team must be designated as the lead person of the team
683.24 responsible for the planning process to develop standards for the team's activities with
683.25 battered women's and domestic abuse programs and services.

683.26 Sec. 11. Minnesota Statutes 2020, section 260E.03, is amended by adding a subdivision
683.27 to read:

683.28 Subd. 15a. **Noncaregiver sex trafficker.** "Noncaregiver sex trafficker" means an
683.29 individual who is alleged to have engaged in the act of sex trafficking a child and who is
683.30 not a person responsible for the child's care, who does not have a significant relationship
683.31 with the child as defined in section 609.341, and who is not a person in a current or recent
683.32 position of authority as defined in section 609.341, subdivision 10.

684.1 Sec. 12. Minnesota Statutes 2020, section 260E.03, is amended by adding a subdivision
684.2 to read:

684.3 Subd. 15b. **Noncaregiver sex trafficking assessment.** "Noncaregiver sex trafficking
684.4 assessment" is a comprehensive assessment of child safety, the risk of subsequent child
684.5 maltreatment, and strengths and needs of the child and family. The local welfare agency
684.6 shall only perform a noncaregiver sex trafficking assessment when a maltreatment report
684.7 alleges sex trafficking of a child by someone other than the child's caregiver. A noncaregiver
684.8 sex trafficking assessment does not include a determination of whether child maltreatment
684.9 occurred. A noncaregiver sex trafficking assessment includes a determination of a family's
684.10 need for services to address the safety of a child or children, the safety of family members,
684.11 and the risk of subsequent child maltreatment.

684.12 Sec. 13. Minnesota Statutes 2021 Supplement, section 260E.03, subdivision 22, is amended
684.13 to read:

684.14 Subd. 22. **Substantial child endangerment.** "Substantial child endangerment" means
684.15 that a person responsible for a child's care, by act or omission, commits or attempts to
684.16 commit an act against a child ~~under their~~ in the person's care that constitutes any of the
684.17 following:

684.18 (1) egregious harm under subdivision 5;

684.19 (2) abandonment under section 260C.301, subdivision 2;

684.20 (3) neglect under subdivision 15, paragraph (a), clause (2), that substantially endangers
684.21 the child's physical or mental health, including a growth delay, which may be referred to
684.22 as failure to thrive, that has been diagnosed by a physician and is due to parental neglect;

684.23 (4) murder in the first, second, or third degree under section 609.185, 609.19, or 609.195;

684.24 (5) manslaughter in the first or second degree under section 609.20 or 609.205;

684.25 (6) assault in the first, second, or third degree under section 609.221, 609.222, or 609.223;

684.26 (7) sex trafficking, solicitation, inducement, ~~and~~ or promotion of prostitution under
684.27 section 609.322;

684.28 (8) criminal sexual conduct under sections 609.342 to 609.3451;

684.29 (9) sexual extortion under section 609.3458;

684.30 (10) solicitation of children to engage in sexual conduct under section 609.352;

685.1 (11) malicious punishment or neglect or endangerment of a child under section 609.377
685.2 or 609.378;

685.3 (12) use of a minor in sexual performance under section 617.246; or

685.4 (13) parental behavior, status, or condition ~~that mandates that~~ requiring the county
685.5 attorney to file a termination of parental rights petition under section 260C.503, subdivision
685.6 2.

685.7 Sec. 14. Minnesota Statutes 2020, section 260E.14, subdivision 2, is amended to read:

685.8 Subd. 2. **Sexual abuse.** (a) The local welfare agency is the agency responsible for
685.9 investigating an allegation of sexual abuse if the alleged offender is the parent, guardian,
685.10 sibling, or an individual functioning within the family unit as a person responsible for the
685.11 child's care, or a person with a significant relationship to the child if that person resides in
685.12 the child's household.

685.13 (b) The local welfare agency is also responsible for assessing or investigating when a
685.14 child is identified as a victim of sex trafficking.

685.15 Sec. 15. Minnesota Statutes 2020, section 260E.14, subdivision 5, is amended to read:

685.16 Subd. 5. **Law enforcement.** (a) The local law enforcement agency is the agency
685.17 responsible for investigating a report of maltreatment if a violation of a criminal statute is
685.18 alleged.

685.19 (b) Law enforcement and the responsible agency must coordinate their investigations
685.20 or assessments as required under this chapter when ~~the~~: (1) a report alleges maltreatment
685.21 that is a violation of a criminal statute by a person who is a parent, guardian, sibling, person
685.22 responsible for the child's care ~~functioning~~ within the family unit, or by a person who lives
685.23 in the child's household and who has a significant relationship to the child~~,~~ in a setting other
685.24 than a facility as defined in section 260E.03; or (2) a report alleges sex trafficking of a child.

685.25 Sec. 16. Minnesota Statutes 2020, section 260E.17, subdivision 1, is amended to read:

685.26 Subdivision 1. **Local welfare agency.** (a) Upon receipt of a report, the local welfare
685.27 agency shall determine whether to conduct a family assessment ~~or~~, an investigation, or a
685.28 noncaregiver sex trafficking assessment as appropriate to prevent or provide a remedy for
685.29 maltreatment.

685.30 (b) The local welfare agency shall conduct an investigation when the report involves
685.31 sexual abuse, except as indicated in paragraph (f), or substantial child endangerment.

686.1 (c) The local welfare agency shall begin an immediate investigation if, at any time when
686.2 the local welfare agency is using responding with a family assessment response, and the
686.3 local welfare agency determines that there is reason to believe that sexual abuse or, substantial
686.4 child endangerment, or a serious threat to the child's safety exists.

686.5 (d) The local welfare agency may conduct a family assessment for reports that do not
686.6 allege sexual abuse, except as indicated in paragraph (f), or substantial child endangerment.
686.7 In determining that a family assessment is appropriate, the local welfare agency may consider
686.8 issues of child safety, parental cooperation, and the need for an immediate response.

686.9 (e) The local welfare agency may conduct a family assessment on for a report that was
686.10 initially screened and assigned for an investigation. In determining that a complete
686.11 investigation is not required, the local welfare agency must document the reason for
686.12 terminating the investigation and notify the local law enforcement agency if the local law
686.13 enforcement agency is conducting a joint investigation.

686.14 (f) The local welfare agency shall conduct a noncaregiver sex trafficking assessment
686.15 when a maltreatment report alleges sex trafficking of a child and the alleged offender is a
686.16 noncaregiver sex trafficker as defined by section 260E.03, subdivision 15a.

686.17 (g) During a noncaregiver sex trafficking assessment, the local welfare agency shall
686.18 initiate an immediate investigation if there is reason to believe that a child's parent, caregiver,
686.19 or household member allegedly engaged in the act of sex trafficking a child or is alleged to
686.20 have engaged in any conduct requiring the agency to conduct an investigation.

686.21 Sec. 17. Minnesota Statutes 2020, section 260E.18, is amended to read:

686.22 **260E.18 NOTICE TO CHILD'S TRIBE.**

686.23 The local welfare agency shall provide immediate notice, according to section 260.761,
686.24 subdivision 2, to an Indian child's tribe when the agency has reason to believe that the family
686.25 assessment or, investigation, or noncaregiver sex trafficking assessment may involve an
686.26 Indian child. For purposes of this section, "immediate notice" means notice provided within
686.27 24 hours.

686.28 Sec. 18. Minnesota Statutes 2021 Supplement, section 260E.20, subdivision 2, is amended
686.29 to read:

686.30 Subd. 2. **Face-to-face contact.** (a) Upon receipt of a screened in report, the local welfare
686.31 agency shall conduct a have face-to-face contact with the child reported to be maltreated

687.1 and with the child's primary caregiver sufficient to complete a safety assessment and ensure
687.2 the immediate safety of the child.

687.3 (b) Except in a noncaregiver sex trafficking assessment, the local welfare agency shall
687.4 have face-to-face contact with the child and primary caregiver ~~shall occur~~ immediately after
687.5 the agency screens in a report if sexual abuse or substantial child endangerment is alleged
687.6 and within five calendar days of a screened in report for all other reports. If the alleged
687.7 offender was not already interviewed as the primary caregiver, the local welfare agency
687.8 shall also conduct a face-to-face interview with the alleged offender in the early stages of
687.9 the assessment or investigation, except in a noncaregiver sex trafficking assessment.
687.10 Face-to-face contact with the child and primary caregiver in response to a report alleging
687.11 sexual abuse or substantial child endangerment may be postponed for no more than five
687.12 calendar days if the child is residing in a location that is confirmed to restrict contact with
687.13 the alleged offender as established in guidelines issued by the commissioner, or if the local
687.14 welfare agency is pursuing a court order for the child's caregiver to produce the child for
687.15 questioning under section 260E.22, subdivision 5.

687.16 (c) At the initial contact with the alleged offender, the local welfare agency or the agency
687.17 responsible for assessing or investigating the report must inform the alleged offender of the
687.18 complaints or allegations made against the individual in a manner consistent with laws
687.19 protecting the rights of the person who made the report. The interview with the alleged
687.20 offender may be postponed if it would jeopardize an active law enforcement investigation.
687.21 When conducting a noncaregiver sex trafficking assessment, the local child welfare agency
687.22 is not required to inform or interview the alleged offender.

687.23 (d) The local welfare agency or the agency responsible for assessing or investigating
687.24 the report must provide the alleged offender with an opportunity to make a statement, except
687.25 when conducting a noncaregiver sex trafficking assessment. The alleged offender may
687.26 submit supporting documentation relevant to the assessment or investigation.

687.27 Sec. 19. Minnesota Statutes 2020, section 260E.24, subdivision 2, is amended to read:

687.28 Subd. 2. **Determination after family assessment or a noncaregiver sex trafficking**
687.29 **assessment.** After conducting a family assessment or a noncaregiver sex trafficking
687.30 assessment, the local welfare agency shall determine whether child protective services are
687.31 needed to address the safety of the child and other family members and the risk of subsequent
687.32 maltreatment.

688.1 Sec. 20. Minnesota Statutes 2020, section 260E.24, subdivision 7, is amended to read:

688.2 Subd. 7. **Notification at conclusion of family assessment or a noncaregiver sex**
688.3 **trafficking assessment.** Within ten working days of the conclusion of a family assessment
688.4 or a noncaregiver sex trafficking assessment, the local welfare agency shall notify the parent
688.5 or guardian of the child of the need for services to address child safety concerns or significant
688.6 risk of subsequent maltreatment. The local welfare agency and the family may also jointly
688.7 agree that family support and family preservation services are needed.

688.8 Sec. 21. Minnesota Statutes 2020, section 260E.33, subdivision 1, is amended to read:

688.9 Subdivision 1. **Following a family assessment or a noncaregiver sex trafficking**
688.10 **assessment.** Administrative reconsideration is not applicable to a family assessment or a
688.11 noncaregiver sex trafficking assessment since no determination concerning maltreatment
688.12 is made.

688.13 Sec. 22. Minnesota Statutes 2020, section 260E.35, subdivision 6, is amended to read:

688.14 Subd. 6. **Data retention.** (a) Notwithstanding sections 138.163 and 138.17, a record
688.15 maintained or a record derived from a report of maltreatment by a local welfare agency,
688.16 agency responsible for assessing or investigating the report, court services agency, or school
688.17 under this chapter shall be destroyed as provided in paragraphs (b) to (e) by the responsible
688.18 authority.

688.19 (b) For a report alleging maltreatment that was not accepted for an assessment or an
688.20 investigation, a family assessment case, a noncaregiver sex trafficking assessment case, and
688.21 a case where an investigation results in no determination of maltreatment or the need for
688.22 child protective services, the record must be maintained for a period of five years after the
688.23 date that the report was not accepted for assessment or investigation or the date of the final
688.24 entry in the case record. A record of a report that was not accepted must contain sufficient
688.25 information to identify the subjects of the report, the nature of the alleged maltreatment,
688.26 and the reasons ~~as to~~ why the report was not accepted. Records under this paragraph may
688.27 not be used for employment, background checks, or purposes other than to assist in future
688.28 screening decisions and risk and safety assessments.

688.29 (c) All records relating to reports that, upon investigation, indicate ~~either~~ maltreatment
688.30 or a need for child protective services shall be maintained for ten years after the date of the
688.31 final entry in the case record.

689.1 (d) All records regarding a report of maltreatment, including a notification of intent to
689.2 interview that was received by a school under section 260E.22, subdivision 7, shall be
689.3 destroyed by the school when ordered to do so by the agency conducting the assessment or
689.4 investigation. The agency shall order the destruction of the notification when other records
689.5 relating to the report under investigation or assessment are destroyed under this subdivision.

689.6 (e) Private or confidential data released to a court services agency under subdivision 3,
689.7 paragraph (d), must be destroyed by the court services agency when ordered to do so by the
689.8 local welfare agency that released the data. The local welfare agency or agency responsible
689.9 for assessing or investigating the report shall order destruction of the data when other records
689.10 relating to the assessment or investigation are destroyed under this subdivision.

689.11 Sec. 23. Minnesota Statutes 2020, section 518A.43, subdivision 1, is amended to read:

689.12 Subdivision 1. **General factors.** Among other reasons, deviation from the presumptive
689.13 child support obligation computed under section 518A.34 is intended to encourage prompt
689.14 and regular payments of child support and to prevent either parent or the joint children from
689.15 living in poverty. In addition to the child support guidelines and other factors used to calculate
689.16 the child support obligation under section 518A.34, the court must take into consideration
689.17 the following factors in setting or modifying child support or in determining whether to
689.18 deviate upward or downward from the presumptive child support obligation:

689.19 (1) all earnings, income, circumstances, and resources of each parent, including real and
689.20 personal property, but excluding income from excess employment of the obligor or obligee
689.21 that meets the criteria of section 518A.29, paragraph (b);

689.22 (2) the extraordinary financial needs and resources, physical and emotional condition,
689.23 and educational needs of the child to be supported;

689.24 (3) the standard of living the child would enjoy if the parents were currently living
689.25 together, but recognizing that the parents now have separate households;

689.26 (4) whether the child resides in a foreign country for more than one year that has a
689.27 substantially higher or lower cost of living than this country;

689.28 (5) which parent receives the income taxation dependency exemption and the financial
689.29 benefit the parent receives from it;

689.30 (6) the parents' debts as provided in subdivision 2; ~~and~~

689.31 (7) the obligor's total payments for court-ordered child support exceed the limitations
689.32 set forth in section 571.922~~.~~; and

690.1 (8) in cases involving court-ordered out-of-home placement, whether ordering and
690.2 redirecting a child support obligation to reimburse the county for the cost of care,
690.3 examination, or treatment would compromise the parent's ability to meet the requirements
690.4 of a reunification plan or the parent's ability to meet the child's needs after reunification.

690.5 Sec. 24. **DIRECTION TO COMMISSIONER OF HUMAN SERVICES; FOSTER**
690.6 **CARE FEDERAL CASH ASSISTANCE BENEFITS PRESERVATION.**

690.7 (a) The commissioner of human services shall develop a plan to implement procedures
690.8 and policies necessary to cease allowing a financially responsible agency to use the federal
690.9 cash assistance benefits of a child in foster care to pay for out-of-home placement costs for
690.10 the child. The plan must ensure that federal cash assistance benefits are preserved and made
690.11 available to meet the best interests of the child and must include recommendations on the
690.12 following, in compliance with all applicable federal laws and Minnesota Statutes, chapters
690.13 260C and 256N:

690.14 (1) policies for youth and caregiver access to preserved federal cash assistance benefit
690.15 payments;

690.16 (2) representative payees for children in voluntary foster care for treatment pursuant to
690.17 Minnesota Statutes, chapter 260D; and

690.18 (3) family preservation and reunification.

690.19 (b) For purposes of this section, "federal cash assistance benefits" means all benefits
690.20 from programs administered by the Social Security Administration, including from the
690.21 Supplemental Security Income and the Retirement, Survivors, Disability Insurance programs.

690.22 (c) When developing the plan under this section, the commissioner shall consult or
690.23 engage with:

690.24 (1) individuals or entities with experience managing trusts and investment;

690.25 (2) individuals or entities with expertise in providing tax advice;

690.26 (3) individuals or entities with expertise in preserving assets to avoid negative impacts
690.27 on public assistance eligibility;

690.28 (4) other relevant state agencies;

690.29 (5) Tribal nations that have joined or are in the formal planning process to join the
690.30 American Indian Child Welfare Initiative;

690.31 (6) counties;

691.1 (7) the Children's Justice Initiative;

691.2 (8) organizations that serve and advocate for children and families in the child protection
691.3 system;

691.4 (9) parents, legal custodians, foster families, and kinship caregivers, to the extent possible;

691.5 (10) youth who have been or are currently in out-of-home placement; and

691.6 (11) other relevant stakeholders.

691.7 (d) By December 15, 2022, each county shall provide the following data for fiscal years
691.8 2019 and 2020 to the commissioner in a form prescribed by the commissioner:

691.9 (1) the nonduplicated number of children in foster care in the county who received
691.10 federal cash assistance benefits;

691.11 (2) the number of children for whom the county was the representative payee for federal
691.12 cash assistance benefits; and

691.13 (3) the amount of money that the county collected in federal cash assistance benefits as
691.14 the representative payee for children in the county.

691.15 (e) By January 15, 2024, the commissioner shall submit a report to the chairs and ranking
691.16 minority members of the legislative committees with jurisdiction over human services and
691.17 child welfare outlining the plan developed under this section. The report must include a
691.18 projected timeline for implementation of the plan, estimated implementation costs, and any
691.19 legislative recommendations that may be required to implement the plan.

691.20 **ARTICLE 15**

691.21 **ECONOMIC ASSISTANCE POLICY**

691.22 Section 1. Minnesota Statutes 2020, section 256P.04, subdivision 11, is amended to read:

691.23 Subd. 11. **Participant's completion of household report form.** (a) When a participant
691.24 is required to complete a household report form, the following paragraphs apply.

691.25 (b) If the agency receives an incomplete household report form, the agency must
691.26 immediately ~~return the incomplete form and clearly state what the participant must do for~~
691.27 ~~the form to be complete~~ contact the participant by phone or in writing to acquire the necessary
691.28 information to complete the form.

691.29 (c) The automated eligibility system must send a notice of proposed termination of
691.30 assistance to the participant if a complete household report form is not received by the
691.31 agency. The automated notice must be mailed to the participant by approximately the 16th

692.1 of the month. When a participant submits an incomplete form on or after the date a notice
692.2 of proposed termination has been sent, the termination is valid unless the participant submits
692.3 a complete form before the end of the month.

692.4 (d) The submission of a household report form is considered to have continued the
692.5 participant's application for assistance if a complete household report form is received within
692.6 a calendar month after the month in which the form was due. Assistance shall be paid for
692.7 the period beginning with the first day of that calendar month.

692.8 (e) An agency must allow good cause exemptions for a participant required to complete
692.9 a household report form when any of the following factors cause a participant to fail to
692.10 submit a completed household report form before the end of the month in which the form
692.11 is due:

692.12 (1) an employer delays completion of employment verification;

692.13 (2) the agency does not help a participant complete the household report form when the
692.14 participant asks for help;

692.15 (3) a participant does not receive a household report form due to a mistake on the part
692.16 of the department or the agency or a reported change in address;

692.17 (4) a participant is ill or physically or mentally incapacitated; or

692.18 (5) some other circumstance occurs that a participant could not avoid with reasonable
692.19 care which prevents the participant from providing a completed household report form
692.20 before the end of the month in which the form is due.

692.21 Sec. 2. Minnesota Statutes 2021 Supplement, section 256P.06, subdivision 3, is amended
692.22 to read:

692.23 Subd. 3. **Income inclusions.** The following must be included in determining the income
692.24 of an assistance unit:

692.25 (1) earned income; and

692.26 (2) unearned income, which includes:

692.27 (i) interest and dividends from investments and savings;

692.28 (ii) capital gains as defined by the Internal Revenue Service from any sale of real property;

692.29 (iii) proceeds from rent and contract for deed payments in excess of the principal and
692.30 interest portion owed on property;

692.31 (iv) income from trusts, excluding special needs and supplemental needs trusts;

693.1 (v) interest income from loans made by the participant or household;

693.2 (vi) cash prizes and winnings;

693.3 (vii) unemployment insurance income that is received by an adult member of the
693.4 assistance unit unless the individual receiving unemployment insurance income is:

693.5 (A) 18 years of age and enrolled in a secondary school; or

693.6 (B) 18 or 19 years of age, a caregiver, and is enrolled in school at least half-time;

693.7 (viii) retirement, survivors, and disability insurance payments;

693.8 (ix) nonrecurring income over $60 per quarter unless the nonrecurring income is: (A)
693.9 from tax refunds, tax rebates, or tax credits; (B) a reimbursement, rebate, award, grant, or
693.10 refund of personal or real property or costs or losses incurred when these payments are
693.11 made by: a public agency; a court; solicitations through public appeal; a federal, state, or
693.12 local unit of government; or a disaster assistance organization; (C) provided as an in-kind
693.13 benefit; or (D) earmarked and used for the purpose for which it was intended, subject to
693.14 verification requirements under section 256P.04;

693.15 (x) retirement benefits;

693.16 (xi) cash assistance benefits, as defined by each program in chapters 119B, 256D, 256I,
693.17 and 256J;

693.18 (xii) Tribal per capita payments unless excluded by federal and state law;

693.19 ~~(xiii) income and payments from service and rehabilitation programs that meet or exceed~~
693.20 ~~the state's minimum wage rate;~~

693.21 ~~(xiv)~~ (xiii) income from members of the United States armed forces unless excluded
693.22 from income taxes according to federal or state law;

693.23 ~~(xv)~~ (xiv) all child support payments for programs under chapters 119B, 256D, and 256I;

693.24 ~~(xvi)~~ (xv) the amount of child support received that exceeds $100 for assistance units
693.25 with one child and $200 for assistance units with two or more children for programs under
693.26 chapter 256J;

693.27 ~~(xvii)~~ (xvi) spousal support; and

693.28 ~~(xviii)~~ (xvii) workers' compensation.

694.1 Sec. 3. Minnesota Statutes 2020, section 268.19, subdivision 1, is amended to read:

694.2 Subdivision 1. **Use of data.** (a) Except as provided by this section, data gathered from
694.3 any person under the administration of the Minnesota Unemployment Insurance Law are
694.4 private data on individuals or nonpublic data not on individuals as defined in section 13.02,
694.5 subdivisions 9 and 12, and may not be disclosed except according to a district court order
694.6 or section 13.05. A subpoena is not considered a district court order. These data may be
694.7 disseminated to and used by the following agencies without the consent of the subject of
694.8 the data:

694.9 (1) state and federal agencies specifically authorized access to the data by state or federal
694.10 law;

694.11 (2) any agency of any other state or any federal agency charged with the administration
694.12 of an unemployment insurance program;

694.13 (3) any agency responsible for the maintenance of a system of public employment offices
694.14 for the purpose of assisting individuals in obtaining employment;

694.15 (4) the public authority responsible for child support in Minnesota or any other state in
694.16 accordance with section 256.978;

694.17 (5) human rights agencies within Minnesota that have enforcement powers;

694.18 (6) the Department of Revenue to the extent necessary for its duties under Minnesota
694.19 laws;

694.20 (7) public and private agencies responsible for administering publicly financed assistance
694.21 programs for the purpose of monitoring the eligibility of the program's recipients;

694.22 (8) the Department of Labor and Industry and the Commerce Fraud Bureau in the
694.23 Department of Commerce for uses consistent with the administration of their duties under
694.24 Minnesota law;

694.25 (9) the Department of Human Services and the Office of Inspector General and its agents
694.26 within the Department of Human Services, including county fraud investigators, for
694.27 investigations related to recipient or provider fraud and employees of providers when the
694.28 provider is suspected of committing public assistance fraud;

694.29 (10) local and state welfare agencies for monitoring the eligibility of the data subject
694.30 for assistance programs, or for any employment or training program administered by those
694.31 agencies, whether alone, in combination with another welfare agency, or in conjunction
694.32 with the department or to monitor and evaluate the statewide Minnesota family investment

695.1 program and other cash assistance programs, the Supplemental Nutrition Assistance Program,
695.2 and the Supplemental Nutrition Assistance Program Employment and Training program by
695.3 providing data on recipients and former recipients of Supplemental Nutrition Assistance
695.4 Program (SNAP) benefits, cash assistance under chapter 256, 256D, 256J, or 256K, child
695.5 care assistance under chapter 119B, or medical programs under chapter 256B or 256L or
695.6 formerly codified under chapter 256D;

695.7 (11) local and state welfare agencies for the purpose of identifying employment, wages,
695.8 and other information to assist in the collection of an overpayment debt in an assistance
695.9 program;

695.10 (12) local, state, and federal law enforcement agencies for the purpose of ascertaining
695.11 the last known address and employment location of an individual who is the subject of a
695.12 criminal investigation;

695.13 (13) the United States Immigration and Customs Enforcement has access to data on
695.14 specific individuals and specific employers provided the specific individual or specific
695.15 employer is the subject of an investigation by that agency;

695.16 (14) the Department of Health for the purposes of epidemiologic investigations;

695.17 (15) the Department of Corrections for the purposes of case planning and internal research
695.18 for preprobation, probation, and postprobation employment tracking of offenders sentenced
695.19 to probation and preconfinement and postconfinement employment tracking of committed
695.20 offenders;

695.21 (16) the state auditor to the extent necessary to conduct audits of job opportunity building
695.22 zones as required under section 469.3201; and

695.23 (17) the Office of Higher Education for purposes of supporting program improvement,
695.24 system evaluation, and research initiatives including the Statewide Longitudinal Education
695.25 Data System.

695.26 (b) Data on individuals and employers that are collected, maintained, or used by the
695.27 department in an investigation under section 268.182 are confidential as to data on individuals
695.28 and protected nonpublic data not on individuals as defined in section 13.02, subdivisions 3
695.29 and 13, and must not be disclosed except under statute or district court order or to a party
695.30 named in a criminal proceeding, administrative or judicial, for preparation of a defense.

695.31 (c) Data gathered by the department in the administration of the Minnesota unemployment
695.32 insurance program must not be made the subject or the basis for any suit in any civil
695.33 proceedings, administrative or judicial, unless the action is initiated by the department.

696.1 Sec. 4. **REVISOR INSTRUCTION.**

696.2 The revisor of statutes shall renumber each section of Minnesota Statutes listed in column
696.3 A with the number listed in column B. The revisor shall also make necessary grammatical
696.4 and cross-reference changes consistent with the renumbering.

696.5 Column A	Column B
696.6 256D.051, subdivision 20	256D.60, subdivision 1
696.7 256D.051, subdivision 21	256D.60, subdivision 2
696.8 256D.051, subdivision 22	256D.60, subdivision 3
696.9 256D.051, subdivision 23	256D.60, subdivision 4
696.10 256D.051, subdivision 24	256D.60, subdivision 5
696.11 256D.0512	256D.61
696.12 256D.0515	256D.62
696.13 256D.0516	256D.63
696.14 256D.053	256D.64

696.15 Sec. 5. **REPEALER.**

696.16 Minnesota Statutes 2020, section 256D.055, is repealed.

696.17 **ARTICLE 16**

696.18 **ECONOMIC ASSISTANCE**

696.19 Section 1. Minnesota Statutes 2020, section 119B.011, subdivision 15, is amended to read:

696.20 Subd. 15. **Income.** (a) "Income" means earned income as defined under section 256P.01,
696.21 subdivision 3, unearned income as defined under section 256P.01, subdivision 8, and public
696.22 assistance cash benefits, including the Minnesota family investment program, diversionary
696.23 work program, work benefit, Minnesota supplemental aid, general assistance, refugee cash
696.24 assistance, at-home infant child care subsidy payments, ~~and~~ child support and maintenance
696.25 distributed to ~~the~~ a family under section 256.741, subdivision 2a~~.~~, and nonrecurring income
696.26 over $60 per quarter unless the nonrecurring income is:

696.27 (1) from tax refunds, tax rebates, or tax credits;

696.28 (2) from a reimbursement, rebate, award, grant, or refund of personal or real property
696.29 or costs or losses incurred when these payments are made by a public agency, a court, a
696.30 solicitation through public appeal, the federal government, a state or local unit of government,
696.31 or a disaster assistance organization;

696.32 (3) provided as an in-kind benefit; or

697.1 (4) earmarked and used for the purpose for which it was intended.

697.2 (b) The following are deducted from income: funds used to pay for health insurance
697.3 premiums for family members, and child or spousal support paid to or on behalf of a person
697.4 or persons who live outside of the household. Income sources not included in this subdivision
697.5 and section 256P.06, subdivision 3, are not counted as income.

697.6 Sec. 2. Minnesota Statutes 2020, section 119B.025, subdivision 4, is amended to read:

697.7 Subd. 4. **Changes in eligibility.** (a) The county shall process a change in eligibility
697.8 factors according to paragraphs (b) to (g).

697.9 (b) A family is subject to the reporting requirements in section 256P.07, subdivision 6.

697.10 (c) If a family reports a change or a change is known to the agency before the family's
697.11 regularly scheduled redetermination, the county must act on the change. The commissioner
697.12 shall establish standards for verifying a change.

697.13 (d) A change in income occurs on the day the participant received the first payment
697.14 reflecting the change in income.

697.15 (e) During a family's 12-month eligibility period, if the family's income increases and
697.16 remains at or below 85 percent of the state median income, adjusted for family size, there
697.17 is no change to the family's eligibility. The county shall not request verification of the
697.18 change. The co-payment fee shall not increase during the remaining portion of the family's
697.19 12-month eligibility period.

697.20 (f) During a family's 12-month eligibility period, if the family's income increases and
697.21 exceeds 85 percent of the state median income, adjusted for family size, the family is not
697.22 eligible for child care assistance. The family must be given 15 calendar days to provide
697.23 verification of the change. If the required verification is not returned or confirms ineligibility,
697.24 the family's eligibility ends following a subsequent 15-day adverse action notice.

697.25 (g) Notwithstanding Minnesota Rules, parts 3400.0040, subpart 3, and 3400.0170,
697.26 subpart 1, if an applicant or participant reports that employment ended, the agency may
697.27 accept a signed statement from the applicant or participant as verification that employment
697.28 ended.

697.29 **EFFECTIVE DATE.** This section is effective March 1, 2024.

698.1 Sec. 3. Minnesota Statutes 2020, section 256D.03, is amended by adding a subdivision to
698.2 read:

698.3 Subd. 2b. **Budgeting and reporting.** Every county agency shall determine eligibility
698.4 and calculate benefit amounts for general assistance according to chapter 256P.

698.5 **EFFECTIVE DATE.** This section is effective March 1, 2024.

698.6 Sec. 4. Minnesota Statutes 2020, section 256D.0515, is amended to read:

698.7 **256D.0515 ASSET LIMITATIONS FOR SUPPLEMENTAL NUTRITION**
698.8 **ASSISTANCE PROGRAM HOUSEHOLDS.**

698.9 All Supplemental Nutrition Assistance Program (SNAP) households must be determined
698.10 eligible for the benefit discussed under section 256.029. SNAP households must demonstrate
698.11 that their gross income is equal to or less than ~~165~~ 200 percent of the federal poverty
698.12 guidelines for the same family size.

698.13 Sec. 5. Minnesota Statutes 2020, section 256D.0516, subdivision 2, is amended to read:

698.14 Subd. 2. **SNAP reporting requirements.** The commissioner of human services shall
698.15 implement simplified reporting as permitted under the Food and Nutrition Act of 2008, as
698.16 amended, and the SNAP regulations in Code of Federal Regulations, title 7, part 273. SNAP
698.17 benefit recipient households required to report periodically shall not be required to report
698.18 more often than one time every six months. ~~This provision shall not apply to households~~
698.19 ~~receiving food benefits under the Minnesota family investment program waiver.~~

698.20 **EFFECTIVE DATE.** This section is effective March 1, 2024.

698.21 Sec. 6. Minnesota Statutes 2020, section 256D.06, subdivision 1, is amended to read:

698.22 Subdivision 1. **Eligibility; amount of assistance.** General assistance shall be granted
698.23 to an individual or married couple in an amount ~~that when added to the countable income~~
698.24 ~~as determined to be actually~~ equal to the difference between the countable income available
698.25 ~~to the assistance unit~~ under section 256P.06~~, the total amount equals the applicable standard~~
698.26 ~~of assistance for general assistance~~ and the standard for the individual or married couple
698.27 using the MFIP transitional standard cash portion described in section 256J.24, subdivision
698.28 5, paragraph (a). In determining eligibility for and the amount of assistance for an individual
698.29 or married couple, the agency shall apply the earned income disregard as determined in
698.30 section 256P.03.

698.31 **EFFECTIVE DATE.** This section is effective October 1, 2023.

699.1 Sec. 7. Minnesota Statutes 2020, section 256D.06, subdivision 2, is amended to read:

699.2 Subd. 2. **Emergency need.** (a) Notwithstanding the provisions of subdivision 1, a grant
699.3 of emergency general assistance shall, to the extent funds are available, be made to an
699.4 eligible single adult, married couple, or family for an emergency need where the recipient
699.5 requests temporary assistance not exceeding 30 days if an emergency situation appears to
699.6 exist under written criteria adopted by the county agency. If an applicant or recipient relates
699.7 facts to the county agency which may be sufficient to constitute an emergency situation,
699.8 the county agency shall, to the extent funds are available, advise the person of the procedure
699.9 for applying for assistance according to this subdivision.

699.10 (b) The applicant must be ineligible for assistance under chapter 256J, must have annual
699.11 net income no greater than 200 percent of the federal poverty guidelines for the previous
699.12 calendar year, and may only receive an emergency assistance grant ~~not more than~~ once in
699.13 any 12-month period.

699.14 (c) Funding for an emergency general assistance program is limited to the appropriation.
699.15 Each fiscal year, the commissioner shall allocate to counties the money appropriated for
699.16 emergency general assistance grants based on each county agency's average share of state's
699.17 emergency general expenditures for the immediate past three fiscal years as determined by
699.18 the commissioner, and may reallocate any unspent amounts to other counties. The
699.19 commissioner may disregard periods of pandemic or other disaster, including fiscal years
699.20 2021 and 2022, when determining the amount allocated to counties. No county shall be
699.21 allocated less than $1,000 for a fiscal year.

699.22 (d) Any emergency general assistance expenditures by a county above the amount of
699.23 the commissioner's allocation to the county must be made from county funds.

699.24 Sec. 8. Minnesota Statutes 2020, section 256D.06, subdivision 5, is amended to read:

699.25 Subd. 5. **Eligibility; requirements.** (a) Any applicant, otherwise eligible for general
699.26 assistance and possibly eligible for maintenance benefits from any other source shall (1)
699.27 make application for those benefits within ~~30~~ 90 days of the general assistance application,
699.28 unless an applicant had good cause to not apply within that period; and (2) execute an interim
699.29 assistance agreement on a form as directed by the commissioner.

699.30 (b) The commissioner shall review a denial of an application for other maintenance
699.31 benefits and may require a recipient of general assistance to file an appeal of the denial if
699.32 appropriate. If found eligible for benefits from other sources, and a payment received from
699.33 another source relates to the period during which general assistance was also being received,

700.1 the recipient shall be required to reimburse the county agency for the interim assistance
700.2 paid. Reimbursement shall not exceed the amount of general assistance paid during the time
700.3 period to which the other maintenance benefits apply and shall not exceed the state standard
700.4 applicable to that time period.

700.5 (c) The commissioner may contract with the county agencies, qualified agencies,
700.6 organizations, or persons to provide advocacy and support services to process claims for
700.7 federal disability benefits for applicants or recipients of services or benefits supervised by
700.8 the commissioner using money retained under this section.

700.9 (d) The commissioner may provide methods by which county agencies shall identify,
700.10 refer, and assist recipients who may be eligible for benefits under federal programs for
700.11 people with a disability.

700.12 (e) The total amount of interim assistance recoveries retained under this section for
700.13 advocacy, support, and claim processing services shall not exceed 35 percent of the interim
700.14 assistance recoveries in the prior fiscal year.

700.15 Sec. 9. Minnesota Statutes 2020, section 256E.36, subdivision 1, is amended to read:

700.16 Subdivision 1. **Definitions.** (a) The definitions in this subdivision apply to this section.

700.17 (b) "Commissioner" means the commissioner of human services.

700.18 (c) "Eligible organization" means a local governmental unit, federally recognized Tribal
700.19 Nation, or nonprofit organization providing or seeking to provide emergency services for
700.20 homeless persons.

700.21 (d) "Emergency services" means:

700.22 (1) providing emergency shelter for homeless persons; and

700.23 (2) assisting homeless persons in obtaining essential services, including:

700.24 (i) access to permanent housing;

700.25 (ii) medical and psychological help;

700.26 (iii) employment counseling and job placement;

700.27 (iv) substance abuse treatment;

700.28 (v) financial assistance available from other programs;

700.29 (vi) emergency child care;

700.30 (vii) transportation; and

701.1 (viii) other services needed to stabilize housing.

701.2 **EFFECTIVE DATE.** This section is effective July 1, 2022.

701.3 Sec. 10. **[256E.361] EMERGENCY SHELTER FACILITIES GRANTS.**

701.4 Subdivision 1. **Definitions.** (a) For the purposes of this section, the terms defined in this
701.5 subdivision have the meanings given.

701.6 (b) "Commissioner" means the commissioner of human services.

701.7 (c) "Eligible organization" means a local governmental unit, federally recognized Tribal
701.8 Nation, or nonprofit organization seeking to acquire, construct, renovate, furnish, or equip
701.9 facilities for emergency homeless shelters for individuals and families experiencing
701.10 homelessness.

701.11 (d) "Emergency services" has the meaning given in section 256E.36, subdivision 1,
701.12 paragraph (d).

701.13 (e) "Emergency shelter facility" or "facility" means a facility that provides a safe, sanitary,
701.14 accessible, and suitable emergency shelter for individuals and families experiencing
701.15 homelessness, regardless of whether the facility provides emergency shelter for emergency
701.16 services during the day, overnight, or both.

701.17 Subd. 2. **Program established; purpose.** An emergency shelter facilities grant program
701.18 is established to help eligible organizations acquire, construct, renovate, furnish, or equip
701.19 emergency shelter facilities for individuals and families experiencing homelessness. The
701.20 program shall be administered by the commissioner.

701.21 Subd. 3. **Distribution of grants.** The commissioner must make grants with the purpose
701.22 of ensuring that emergency shelter facilities are available to meet the needs of individuals
701.23 and families experiencing homelessness statewide.

701.24 Subd. 4. **Applications.** An eligible organization may apply to the commissioner for a
701.25 grant to acquire, construct, renovate, furnish, or equip an emergency shelter facility providing
701.26 or seeking to provide emergency services for individuals and families experiencing
701.27 homelessness. The commissioner shall use a competitive request for proposal process to
701.28 identify potential projects and eligible organizations on a statewide basis.

701.29 Subd. 5. **Criteria for grant awards.** The commissioner shall award grants based on the
701.30 following criteria:

701.31 (1) whether the application is for a grant to acquire, construct, renovate, furnish, or equip
701.32 an emergency shelter facility for individuals and families experiencing homelessness;

702.1 (2) evidence of the applicant's need for state assistance and the need for the particular
702.2 facility to be funded; and

702.3 (3) the applicant's long-range plans for future funding if the need continues to exist for
702.4 the emergency services provided at the facility.

702.5 Subd. 6. **Availability of appropriations.** Appropriations under this section are available
702.6 for a four-year period that begins on July 1 of the fiscal year in which the appropriation
702.7 occurs. Unspent funds at the end of the four-year period shall be returned back to the general
702.8 fund.

702.9 Sec. 11. Minnesota Statutes 2020, section 256I.03, subdivision 13, is amended to read:

702.10 Subd. 13. **Prospective budgeting.** "Prospective budgeting" means estimating the amount
702.11 of monthly income a person will have in the payment month has the meaning given in
702.12 section 256P.01, subdivision 9.

702.13 **EFFECTIVE DATE.** This section is effective March 1, 2024.

702.14 Sec. 12. Minnesota Statutes 2020, section 256I.06, subdivision 6, is amended to read:

702.15 Subd. 6. **Reports.** Recipients must report changes in circumstances according to section
702.16 256P.07 that affect eligibility or housing support payment amounts, other than changes in
702.17 earned income, within ten days of the change. Recipients with countable earned income
702.18 must complete a household report form at least once every six months according to section
702.19 256P.10. If the report form is not received before the end of the month in which it is due,
702.20 the county agency must terminate eligibility for housing support payments. The termination
702.21 shall be effective on the first day of the month following the month in which the report was
702.22 due. If a complete report is received within the month eligibility was terminated, the
702.23 individual is considered to have continued an application for housing support payment
702.24 effective the first day of the month the eligibility was terminated.

702.25 **EFFECTIVE DATE.** This section is effective March 1, 2024.

702.26 Sec. 13. Minnesota Statutes 2021 Supplement, section 256I.06, subdivision 8, is amended
702.27 to read:

702.28 Subd. 8. **Amount of housing support payment.** (a) The amount of a room and board
702.29 payment to be made on behalf of an eligible individual is determined by subtracting the
702.30 individual's countable income under section 256I.04, subdivision 1, for a whole calendar
702.31 month from the room and board rate for that same month. The housing support payment is

703.1 determined by multiplying the housing support rate times the period of time the individual
703.2 was a resident or temporarily absent under section 256I.05, subdivision 2a.

703.3 (b) For an individual with earned income under paragraph (a), prospective budgeting
703.4 under section 256P.09 must be used ~~to determine the amount of the individual's payment~~
703.5 ~~for the following six-month period. An increase in income shall not affect an individual's~~
703.6 ~~eligibility or payment amount until the month following the reporting month. A decrease~~
703.7 ~~in income shall be effective the first day of the month after the month in which the decrease~~
703.8 ~~is reported~~.

703.9 (c) For an individual who receives housing support payments under section 256I.04,
703.10 subdivision 1, paragraph (c), the amount of the housing support payment is determined by
703.11 multiplying the housing support rate times the period of time the individual was a resident.

703.12 **EFFECTIVE DATE.** This section is effective March 1, 2024.

703.13 Sec. 14. Minnesota Statutes 2020, section 256I.09, is amended to read:

703.14 **256I.09 COMMUNITY LIVING INFRASTRUCTURE.**

703.15 The commissioner shall award grants to agencies through an annual competitive process.
703.16 Grants awarded under this section may be used for: (1) outreach to locate and engage people
703.17 who are homeless or residing in segregated settings to screen for basic needs and assist with
703.18 referral to community living resources; (2) building capacity to provide technical assistance
703.19 and consultation on housing and related support service resources for persons with both
703.20 disabilities and low income; ~~or~~ (3) streamlining the administration and monitoring activities
703.21 related to housing support funds; or (4) direct assistance to individuals to access or maintain
703.22 housing in community settings. Agencies may collaborate and submit a joint application
703.23 for funding under this section.

703.24 Sec. 15. Minnesota Statutes 2020, section 256J.08, subdivision 71, is amended to read:

703.25 Subd. 71. **Prospective budgeting.** "Prospective budgeting" ~~means a method of~~
703.26 ~~determining the amount of the assistance payment in which the budget month and payment~~
703.27 ~~month are the same~~ has the meaning given in section 256P.01, subdivision 9.

703.28 **EFFECTIVE DATE.** This section is effective March 1, 2024.

703.29 Sec. 16. Minnesota Statutes 2020, section 256J.08, subdivision 79, is amended to read:

703.30 Subd. 79. **Recurring income.** "Recurring income" means a form of income which is:

704.1 (1) received periodically, and may be received irregularly when receipt can be anticipated
704.2 even though the date of receipt cannot be predicted; and

704.3 (2) from the same source or of the same type that is received and budgeted in a
704.4 prospective month ~~and is received in one or both of the first two retrospective months~~.

704.5 **EFFECTIVE DATE.** This section is effective March 1, 2024.

704.6 Sec. 17. Minnesota Statutes 2021 Supplement, section 256J.21, subdivision 3, is amended
704.7 to read:

704.8 Subd. 3. **Initial income test.** (a) The agency shall determine initial eligibility by
704.9 considering all earned and unearned income as defined in section 256P.06. To be eligible
704.10 for MFIP, the assistance unit's countable income minus the earned income disregards in
704.11 paragraph (a) and section 256P.03 must be below the family wage level according to section
704.12 256J.24, subdivision 7, for that size assistance unit.

704.13 ~~(a)~~ (b) The initial eligibility determination must disregard the following items:

704.14 (1) the earned income disregard as determined in section 256P.03;

704.15 (2) dependent care costs must be deducted from gross earned income for the actual
704.16 amount paid for dependent care up to a maximum of $200 per month for each child less
704.17 than two years of age, and $175 per month for each child two years of age and older;

704.18 (3) all payments made according to a court order for spousal support or the support of
704.19 children not living in the assistance unit's household shall be disregarded from the income
704.20 of the person with the legal obligation to pay support; and

704.21 (4) an allocation for the unmet need of an ineligible spouse or an ineligible child under
704.22 the age of 21 for whom the caregiver is financially responsible and who lives with the
704.23 caregiver according to section 256J.36.

704.24 ~~(b) After initial eligibility is established,~~ (c) The income test is for a six-month period.
704.25 The assistance payment calculation is based on ~~the monthly income test~~ prospective budgeting
704.26 according to section 256P.09.

704.27 **EFFECTIVE DATE.** This section is effective March 1, 2024.

704.28 Sec. 18. Minnesota Statutes 2020, section 256J.21, subdivision 4, is amended to read:

704.29 Subd. 4. **~~Monthly~~ Income test and determination of assistance payment.** ~~The county~~
704.30 ~~agency shall determine ongoing eligibility and the assistance payment amount according~~

705.1 ~~to the monthly income test.~~ To be eligible for MFIP, the result of the computations in
705.2 paragraphs (a) to (e) applied to prospective budgeting must be at least $1.

705.3 (a) Apply an income disregard as defined in section 256P.03, to gross earnings and
705.4 subtract this amount from the family wage level. If the difference is equal to or greater than
705.5 the MFIP transitional standard, the assistance payment is equal to the MFIP transitional
705.6 standard. If the difference is less than the MFIP transitional standard, the assistance payment
705.7 is equal to the difference. The earned income disregard in this paragraph must be deducted
705.8 every month there is earned income.

705.9 (b) All payments made according to a court order for spousal support or the support of
705.10 children not living in the assistance unit's household must be disregarded from the income
705.11 of the person with the legal obligation to pay support.

705.12 (c) An allocation for the unmet need of an ineligible spouse or an ineligible child under
705.13 the age of 21 for whom the caregiver is financially responsible and who lives with the
705.14 caregiver must be made according to section 256J.36.

705.15 (d) Subtract unearned income dollar for dollar from the MFIP transitional standard to
705.16 determine the assistance payment amount.

705.17 (e) When income is both earned and unearned, the amount of the assistance payment
705.18 must be determined by first treating gross earned income as specified in paragraph (a). After
705.19 determining the amount of the assistance payment under paragraph (a), unearned income
705.20 must be subtracted from that amount dollar for dollar to determine the assistance payment
705.21 amount.

705.22 ~~(f) When the monthly income is greater than the MFIP transitional standard after~~
705.23 ~~deductions and the income will only exceed the standard for one month, the county agency~~
705.24 ~~must suspend the assistance payment for the payment month.~~

705.25 **EFFECTIVE DATE.** This section is effective March 1, 2024.

705.26 Sec. 19. Minnesota Statutes 2021 Supplement, section 256J.33, subdivision 1, is amended
705.27 to read:

705.28 Subdivision 1. **Determination of eligibility.** (a) A county agency must determine MFIP
705.29 eligibility prospectively ~~for a payment month~~ based on ~~retrospectively~~ assessing income
705.30 and the county agency's best estimate of the circumstances that will exist in the payment
705.31 month.

(b) ~~Except as described in section 256J.34, subdivision 1, when prospective eligibility exists,~~ A county agency must calculate the amount of the assistance payment using ~~retrospective~~ prospective budgeting. To determine MFIP eligibility and the assistance payment amount, a county agency must apply countable income, described in sections 256P.06 and 256J.37, subdivisions 3 to ~~10~~ 9, received by members of an assistance unit or by other persons whose income is counted for the assistance unit, described under sections 256J.37, subdivisions 1 to 2, and 256P.06, subdivision 1.

(c) This income must be applied to the MFIP standard of need or family wage level subject to this section and sections 256J.34 to 256J.36. Countable income as described in section 256P.06, subdivision 3, received ~~in a calendar month~~ must be applied to the needs of an assistance unit.

(d) An assistance unit is not eligible when the countable income equals or exceeds the MFIP standard of need or the family wage level for the assistance unit.

EFFECTIVE DATE. This section is effective March 1, 2024, except that the amendment to paragraph (b) striking "10" and inserting "9" is effective July 1, 2023.

Sec. 20. Minnesota Statutes 2020, section 256J.33, subdivision 2, is amended to read:

Subd. 2. **Prospective eligibility.** An agency must determine whether the eligibility requirements that pertain to an assistance unit, including those in sections 256J.11 to 256J.15 and 256P.02, will be met prospectively for the payment ~~month~~ period. ~~Except for the provisions in section 256J.34, subdivision 1,~~ The income test will be applied ~~retrospectively~~ prospectively.

EFFECTIVE DATE. This section is effective March 1, 2024.

Sec. 21. Minnesota Statutes 2020, section 256J.37, subdivision 3, is amended to read:

Subd. 3. **Earned income of wage, salary, and contractual employees.** The agency must include gross earned income less any disregards in the initial ~~and monthly~~ income test. Gross earned income received by persons employed on a contractual basis must be prorated over the period covered by the contract even when payments are received over a lesser period of time.

EFFECTIVE DATE. This section is effective March 1, 2024.

Sec. 22. Minnesota Statutes 2020, section 256J.37, subdivision 3a, is amended to read:

Subd. 3a. **Rental subsidies; unearned income.** (a) Effective July 1, 2003, the agency shall count $50 of the value of public and assisted rental subsidies provided through the Department of Housing and Urban Development (HUD) as unearned income to the cash portion of the MFIP grant. The full amount of the subsidy must be counted as unearned income when the subsidy is less than $50. The income from this subsidy shall be budgeted according to section ~~256J.34~~ <u>256P.09</u>.

(b) The provisions of this subdivision shall not apply to an MFIP assistance unit which includes a participant who is:

(1) age 60 or older;

(2) a caregiver who is suffering from an illness, injury, or incapacity that has been certified by a qualified professional when the illness, injury, or incapacity is expected to continue for more than 30 days and severely limits the person's ability to obtain or maintain suitable employment; or

(3) a caregiver whose presence in the home is required due to the illness or incapacity of another member in the assistance unit, a relative in the household, or a foster child in the household when the illness or incapacity and the need for the participant's presence in the home has been certified by a qualified professional and is expected to continue for more than 30 days.

(c) The provisions of this subdivision shall not apply to an MFIP assistance unit where the parental caregiver is an SSI participant.

<u>**EFFECTIVE DATE.** This section is effective March 1, 2024.</u>

Sec. 23. Minnesota Statutes 2020, section 256J.95, subdivision 19, is amended to read:

Subd. 19. **DWP overpayments and underpayments.** DWP benefits are subject to overpayments and underpayments. Anytime an overpayment or an underpayment is determined for DWP, the correction shall be calculated using prospective budgeting. Corrections shall be determined based on the policy in section ~~256J.34, subdivision 1, paragraphs (a), (b), and (c)~~ <u>256P.09, subdivisions 1 to 4</u>. ATM errors must be recovered as specified in section 256P.08, subdivision 7. Cross program recoupment of overpayments cannot be assigned to or from DWP.

<u>**EFFECTIVE DATE.** This section is effective March 1, 2024.</u>

708.1 Sec. 24. Minnesota Statutes 2020, section 256K.45, subdivision 3, is amended to read:

708.2 Subd. 3. **Street and community outreach and drop-in program.** Youth drop-in centers
708.3 must provide walk-in access to crisis intervention and ongoing supportive services including
708.4 one-to-one case management services on a self-referral basis. Street and community outreach
708.5 programs must locate, contact, and provide information, referrals, and services to homeless
708.6 youth, youth at risk of homelessness, and runaways. Information, referrals, and services
708.7 provided may include, but are not limited to:

708.8 (1) family reunification services;

708.9 (2) conflict resolution or mediation counseling;

708.10 (3) assistance in obtaining temporary emergency shelter;

708.11 (4) assistance in obtaining food, clothing, medical care, or mental health counseling;

708.12 (5) counseling regarding violence, sexual exploitation, substance abuse, sexually
708.13 transmitted diseases, and pregnancy;

708.14 (6) referrals to other agencies that provide support services to homeless youth, youth at
708.15 risk of homelessness, and runaways;

708.16 (7) assistance with education, employment, and independent living skills;

708.17 (8) aftercare services;

708.18 (9) specialized services for highly vulnerable runaways and homeless youth, including
708.19 ~~teen~~ but not limited to youth at risk of discrimination based on sexual orientation or gender
708.20 identity, young parents, emotionally disturbed and mentally ill youth, and sexually exploited
708.21 youth; and

708.22 (10) homelessness prevention.

708.23 **EFFECTIVE DATE.** This section is effective July 1, 2022.

708.24 Sec. 25. Minnesota Statutes 2020, section 256P.01, is amended by adding a subdivision
708.25 to read:

708.26 Subd. 9. **Prospective budgeting.** "Prospective budgeting" means estimating the amount
708.27 of monthly income that an assistance unit will have in the payment month.

708.28 **EFFECTIVE DATE.** This section is effective March 1, 2024.

709.1 Sec. 26. Minnesota Statutes 2021 Supplement, section 256P.04, subdivision 4, is amended
709.2 to read:

709.3 Subd. 4. **Factors to be verified.** (a) The agency shall verify the following at application:

709.4 (1) identity of adults;

709.5 (2) age, if necessary to determine eligibility;

709.6 (3) immigration status;

709.7 (4) income;

709.8 (5) spousal support and child support payments made to persons outside the household;

709.9 (6) vehicles;

709.10 (7) checking and savings accounts, including but not limited to any business accounts
709.11 used to pay expenses not related to the business;

709.12 (8) inconsistent information, if related to eligibility;

709.13 (9) residence; and

709.14 (10) Social Security number; and.

709.15 (11) use of nonrecurring income under section 256P.06, subdivision 3, clause (2), item
709.16 (ix), for the intended purpose for which it was given and received.

709.17 (b) Applicants who are qualified noncitizens and victims of domestic violence as defined
709.18 under section 256J.08, subdivision 73, clauses (8) and (9), are not required to verify the
709.19 information in paragraph (a), clause (10). When a Social Security number is not provided
709.20 to the agency for verification, this requirement is satisfied when each member of the
709.21 assistance unit cooperates with the procedures for verification of Social Security numbers,
709.22 issuance of duplicate cards, and issuance of new numbers which have been established
709.23 jointly between the Social Security Administration and the commissioner.

709.24 **EFFECTIVE DATE.** This section is effective July 1, 2023.

709.25 Sec. 27. Minnesota Statutes 2021 Supplement, section 256P.04, subdivision 8, is amended
709.26 to read:

709.27 Subd. 8. **Recertification.** The agency shall recertify eligibility annually. During
709.28 recertification and reporting under section 256P.10, the agency shall verify the following:

709.29 (1) income, unless excluded, including self-employment earnings;

709.30 (2) assets when the value is within $200 of the asset limit; and

710.1 (3) inconsistent information, if related to eligibility.

710.2 **EFFECTIVE DATE.** This section is effective March 1, 2024.

710.3 Sec. 28. Minnesota Statutes 2021 Supplement, section 256P.06, subdivision 3, is amended
710.4 to read:

710.5 Subd. 3. **Income inclusions.** The following must be included in determining the income
710.6 of an assistance unit:

710.7 (1) earned income; and

710.8 (2) unearned income, which includes:

710.9 (i) interest and dividends from investments and savings;

710.10 (ii) capital gains as defined by the Internal Revenue Service from any sale of real property;

710.11 (iii) proceeds from rent and contract for deed payments in excess of the principal and
710.12 interest portion owed on property;

710.13 (iv) income from trusts, excluding special needs and supplemental needs trusts;

710.14 (v) interest income from loans made by the participant or household;

710.15 (vi) cash prizes and winnings;

710.16 (vii) unemployment insurance income that is received by an adult member of the
710.17 assistance unit unless the individual receiving unemployment insurance income is:

710.18 (A) 18 years of age and enrolled in a secondary school; or

710.19 (B) 18 or 19 years of age, a caregiver, and is enrolled in school at least half-time;

710.20 (viii) for the purposes of programs under chapters 256D and 256I, retirement, survivors,
710.21 and disability insurance payments;

710.22 ~~(ix) nonrecurring income over $60 per quarter unless the nonrecurring income is: (A)~~
710.23 ~~from tax refunds, tax rebates, or tax credits; (B) a reimbursement, rebate, award, grant, or~~
710.24 ~~refund of personal or real property or costs or losses incurred when these payments are~~
710.25 ~~made by: a public agency; a court; solicitations through public appeal; a federal, state, or~~
710.26 ~~local unit of government; or a disaster assistance organization; (C) provided as an in-kind~~
710.27 ~~benefit; or (D) earmarked and used for the purpose for which it was intended, subject to~~
710.28 ~~verification requirements under section 256P.04;~~

710.29 ~~(x)~~ (ix) retirement benefits;

711.1 ~~(xi)~~ (x) cash assistance benefits, as defined by each program in chapters 119B, 256D,
711.2 256I, and 256J;

711.3 ~~(xii)~~ (xi) Tribal per capita payments unless excluded by federal and state law;

711.4 ~~(xiii)~~ (xii) income and payments from service and rehabilitation programs that meet or
711.5 exceed the state's minimum wage rate;

711.6 ~~(xiv)~~ (xiii) income from members of the United States armed forces unless excluded
711.7 from income taxes according to federal or state law;

711.8 ~~(xv)~~ (xiv) for the purposes of programs under chapters 119B, 256D, and 256I, all child
711.9 support payments ~~for programs under chapters 119B, 256D, and 256I~~;

711.10 ~~(xvi)~~ (xv) for the purposes of programs under chapter 256J, the amount of child support
711.11 received that exceeds $100 for assistance units with one child and $200 for assistance units
711.12 with two or more children ~~for programs under chapter 256J~~;

711.13 ~~(xvii)~~ (xvi) spousal support; ~~and~~

711.14 ~~(xviii)~~ (xvii) workers' compensation~~.~~; and

711.15 (xviii) for the purposes of programs under chapters 119B and 256J, the amount of
711.16 retirement, survivors, and disability insurance payments that exceeds the applicable monthly
711.17 federal maximum Supplemental Security Income payments.

711.18 **EFFECTIVE DATE.** This section is effective July 1, 2022, except the amendment
711.19 removing nonrecurring income over $60 per quarter is effective July 1, 2023.

711.20 Sec. 29. Minnesota Statutes 2020, section 256P.07, subdivision 1, is amended to read:

711.21 Subdivision 1. **Exempted programs.** Participants who receive Supplemental Security
711.22 Income and qualify for Minnesota supplemental aid under chapter 256D ~~and~~ or for housing
711.23 support under chapter 256I ~~on the basis of eligibility for Supplemental Security Income~~ are
711.24 exempt from ~~this section~~ reporting income under this chapter.

711.25 **EFFECTIVE DATE.** This section is effective March 1, 2024.

711.26 Sec. 30. Minnesota Statutes 2020, section 256P.07, is amended by adding a subdivision
711.27 to read:

711.28 Subd. 1a. **Child care assistance programs.** Participants who qualify for child care
711.29 assistance programs under chapter 119B are exempt from this section except the reporting
711.30 requirements in subdivision 6.

712.1 **EFFECTIVE DATE.** This section is effective March 1, 2024.

712.2 Sec. 31. Minnesota Statutes 2020, section 256P.07, subdivision 2, is amended to read:

712.3 Subd. 2. **Reporting requirements.** An applicant or participant must provide information
712.4 on an application and any subsequent reporting forms about the assistance unit's
712.5 circumstances that affect eligibility or benefits. An applicant or assistance unit must report
712.6 changes that affect eligibility or benefits as identified in ~~subdivision~~ subdivisions 3, 4, 5,
712.7 7, 8, and 9, during the application period or by the tenth of the month following the month
712.8 the assistance unit's circumstances changed. When information is not accurately reported,
712.9 both an overpayment and a referral for a fraud investigation may result. When information
712.10 or documentation is not provided, the receipt of any benefit may be delayed or denied,
712.11 depending on the type of information required and its effect on eligibility.

712.12 **EFFECTIVE DATE.** This section is effective March 1, 2024.

712.13 Sec. 32. Minnesota Statutes 2020, section 256P.07, subdivision 3, is amended to read:

712.14 Subd. 3. **Changes that must be reported.** ~~An assistance unit must report the changes~~
712.15 ~~or anticipated changes specified in clauses (1) to (12) within ten days of the date they occur,~~
712.16 ~~at the time of recertification of eligibility under section 256P.04, subdivisions 8 and 9, or~~
712.17 ~~within eight calendar days of a reporting period, whichever occurs first. An assistance unit~~
712.18 ~~must report other changes at the time of recertification of eligibility under section 256P.04,~~
712.19 ~~subdivisions 8 and 9, or at the end of a reporting period, as applicable. When an agency~~
712.20 ~~could have reduced or terminated assistance for one or more payment months if a delay in~~
712.21 ~~reporting a change specified under clauses (1) to (12) had not occurred, the agency must~~
712.22 ~~determine whether a timely notice could have been issued on the day that the change~~
712.23 ~~occurred. When a timely notice could have been issued, each month's overpayment~~
712.24 ~~subsequent to that notice must be considered a client error overpayment under section~~
712.25 ~~119B.11, subdivision 2a, or 256P.08. Changes in circumstances that must be reported within~~
712.26 ~~ten days must also be reported for the reporting period in which those changes occurred.~~
712.27 ~~Within ten days, an assistance unit must report:~~

712.28 ~~(1) a change in earned income of $100 per month or greater with the exception of a~~
712.29 ~~program under chapter 119B;~~

712.30 ~~(2) a change in unearned income of $50 per month or greater with the exception of a~~
712.31 ~~program under chapter 119B;~~

713.1 ~~(3) a change in employment status and hours with the exception of a program under~~
713.2 ~~chapter 119B;~~

713.3 ~~(4) a change in address or residence;~~

713.4 ~~(5) a change in household composition with the exception of programs under chapter~~
713.5 ~~256I;~~

713.6 ~~(6) a receipt of a lump-sum payment with the exception of a program under chapter~~
713.7 ~~119B;~~

713.8 ~~(7) an increase in assets if over $9,000 with the exception of programs under chapter~~
713.9 ~~119B;~~

713.10 ~~(8) a change in citizenship or immigration status;~~

713.11 ~~(9) a change in family status with the exception of programs under chapter 256I;~~

713.12 ~~(10) a change in disability status of a unit member, with the exception of programs under~~
713.13 ~~chapter 119B;~~

713.14 ~~(11) a new rent subsidy or a change in rent subsidy with the exception of a program~~
713.15 ~~under chapter 119B; and~~

713.16 ~~(12) a sale, purchase, or transfer of real property with the exception of a program under~~
713.17 ~~chapter 119B.~~

713.18 (a) An assistance unit must report changes or anticipated changes as described in this
713.19 subdivision.

713.20 (b) An assistance unit must report:

713.21 (1) a change in eligibility for Supplemental Security Income, Retirement Survivors
713.22 Disability Insurance, or another federal income support;

713.23 (2) a change in address or residence;

713.24 (3) a change in household composition with the exception of programs under chapter
713.25 256I;

713.26 (4) cash prizes and winnings according to guidance provided for the Supplemental
713.27 Nutrition Assistance Program;

713.28 (5) a change in citizenship or immigration status;

713.29 (6) a change in family status with the exception of programs under chapter 256I; and

713.30 (7) a change that makes the value of the unit's assets at or above the asset limit.

714.1 (c) When an agency could have reduced or terminated assistance for one or more payment
714.2 months if a delay in reporting a change specified under paragraph (b) had not occurred, the
714.3 agency must determine the first month that the agency could have reduced or terminated
714.4 assistance following a timely notice given on the date of the change in income. Each month's
714.5 overpayment starting with that month must be considered a client error overpayment under
714.6 section 256P.08.

714.7 **EFFECTIVE DATE.** This section is effective March 1, 2024, except that the amendment
714.8 striking clause (6) is effective July 1, 2023.

714.9 Sec. 33. Minnesota Statutes 2020, section 256P.07, subdivision 4, is amended to read:

714.10 Subd. 4. **MFIP-specific reporting.** In addition to subdivision 3, an assistance unit under
714.11 chapter 256J, within ten days of the change, must report:

714.12 (1) a pregnancy not resulting in birth when there are no other minor children; and

714.13 (2) a change in school attendance of a parent under 20 years of age or of an employed
714.14 child.; and

714.15 (3) an individual in the household who is 18 or 19 years of age attending high school
714.16 who graduates or drops out of school.

714.17 **EFFECTIVE DATE.** This section is effective March 1, 2024.

714.18 Sec. 34. Minnesota Statutes 2020, section 256P.07, subdivision 6, is amended to read:

714.19 Subd. 6. **Child care assistance programs-specific reporting.** (a) In addition to
714.20 subdivision 3, An assistance unit under chapter 119B, within ten days of the change, must
714.21 report:

714.22 (1) a change in a parentally responsible individual's custody schedule for any child
714.23 receiving child care assistance program benefits;

714.24 (2) a permanent end in a parentally responsible individual's authorized activity; and

714.25 (3) if the unit's family's annual included income exceeds 85 percent of the state median
714.26 income, adjusted for family size.;

714.27 (4) a change in address or residence;

714.28 (5) a change in household composition;

714.29 (6) a change in citizenship or immigration status; and

714.30 (7) a change in family status.

715.1 (b) An assistance unit subject to section 119B.095, subdivision 1, paragraph (b), must
715.2 report a change in the unit's authorized activity status.

715.3 (c) An assistance unit must notify the county when the unit wants to reduce the number
715.4 of authorized hours for children in the unit.

715.5 **EFFECTIVE DATE.** This section is effective March 1, 2024.

715.6 Sec. 35. Minnesota Statutes 2020, section 256P.07, subdivision 7, is amended to read:

715.7 Subd. 7. **Minnesota supplemental aid-specific reporting.** (a) In addition to subdivision
715.8 3, an assistance unit participating in the Minnesota supplemental aid program under section
715.9 256D.44, subdivision 5, paragraph (g), within ten days of the change, chapter 256D and not
715.10 receiving Supplemental Security Income must report shelter expenses.:

715.11 (1) a change in unearned income of $50 per month or greater; and

715.12 (2) a change in earned income of $100 per month or greater.

715.13 (b) An assistance unit receiving housing assistance under section 256D.44, subdivision
715.14 5, paragraph (g), including assistance units that also receive Supplemental Security Income,
715.15 must report:

715.16 (1) a change in shelter expenses; and

715.17 (2) a new rent subsidy or a change in rent subsidy.

715.18 **EFFECTIVE DATE.** This section is effective March 1, 2024.

715.19 Sec. 36. Minnesota Statutes 2020, section 256P.07, is amended by adding a subdivision
715.20 to read:

715.21 Subd. 8. **Housing support-specific reporting.** (a) In addition to subdivision 3, an
715.22 assistance unit participating in the housing support program under chapter 256I and not
715.23 receiving Supplemental Security Income must report:

715.24 (1) a change in unearned income of $50 per month or greater; and

715.25 (2) a change in earned income of $100 per month or greater, unless the assistance unit
715.26 is already subject to six-month reporting requirements in section 256P.10.

715.27 (b) Notwithstanding the exemptions in subdivisions 1 and 3, an assistance unit receiving
715.28 housing support under chapter 256I, including an assistance unit that receives Supplemental
715.29 Security Income, must report:

715.30 (1) a new rent subsidy or a change in rent subsidy;

716.1 (2) a change in the disability status of a unit member; and

716.2 (3) a change in household composition if the assistance unit is a participant in housing
716.3 support under section 256I.04, subdivision 3, paragraph (a), clause (3).

716.4 **EFFECTIVE DATE.** This section is effective March 1, 2024.

716.5 Sec. 37. Minnesota Statutes 2020, section 256P.07, is amended by adding a subdivision
716.6 to read:

716.7 Subd. 9. **General assistance-specific reporting.** In addition to subdivision 3, an
716.8 assistance unit participating in the general assistance program under chapter 256D must
716.9 report:

716.10 (1) a change in unearned income of $50 per month or greater;

716.11 (2) a change in earned income of $100 per month or greater, unless the assistance unit
716.12 is already subject to six-month reporting requirements in section 256P.10; and

716.13 (3) changes in any condition that would result in the loss of basis for eligibility in section
716.14 256D.05, subdivision 1, paragraph (a).

716.15 **EFFECTIVE DATE.** This section is effective March 1, 2024.

716.16 Sec. 38. **[256P.09] PROSPECTIVE BUDGETING OF BENEFITS.**

716.17 Subdivision 1. **Exempted programs.** Assistance units that qualify for child care
716.18 assistance programs under chapter 119B, assistance units that receive housing support under
716.19 chapter 256I and are not subject to reporting under section 256P.10, and assistance units
716.20 that qualify for Minnesota supplemental aid under chapter 256D are exempt from this
716.21 section.

716.22 Subd. 2. **Prospective budgeting of benefits.** An agency subject to this chapter must use
716.23 prospective budgeting to calculate the assistance payment amount.

716.24 Subd. 3. **Initial income.** For the purpose of determining an assistance unit's level of
716.25 benefits, an agency must take into account the income already received by the assistance
716.26 unit during or anticipated to be received during the application period. Income anticipated
716.27 to be received only in the initial month of eligibility should only be counted in the initial
716.28 month.

716.29 Subd. 4. **Income determination.** An agency must use prospective budgeting to determine
716.30 the amount of the assistance unit's benefit for the eligibility period based on the best
716.31 information available at the time of approval. An agency shall only count anticipated income

717.1 when the participant and the agency are reasonably certain of the amount of the payment
717.2 and the month in which the payment will be received. If the exact amount of the income is
717.3 not known, the agency shall consider only the amounts that can be anticipated as income.

717.4 Subd. 5. **Income changes.** An increase in income shall not affect an assistance unit's
717.5 eligibility or benefit amount until the next review unless otherwise required to be reported
717.6 in section 256P.07. A decrease in income shall be effective on the date that the change
717.7 occurs if the change is reported by the tenth of the month following the month when the
717.8 change occurred. If the assistant unit does not report the change in income by the tenth of
717.9 the month following the month when the change occurred, the change in income shall be
717.10 effective on the date the change was reported.

717.11 **EFFECTIVE DATE.** This section is effective March 1, 2024.

717.12 Sec. 39. **[256P.10] SIX-MONTH REPORTING.**

717.13 Subdivision 1. **Exempted programs.** Assistance units that qualify for child care
717.14 assistance programs under chapter 119B, assistance units that qualify for Minnesota
717.15 supplemental aid under chapter 256D, and assistance units that qualify for housing support
717.16 under chapter 256I and also receive Supplemental Security Income are exempt from this
717.17 section.

717.18 Subd. 2. **Reporting.** (a) An assistance unit that qualifies for the Minnesota family
717.19 investment program under chapter 256J, an assistance unit that qualifies for general assistance
717.20 under chapter 256D with an earned income of $100 per month or greater, or an assistance
717.21 unit that qualifies for housing support under chapter 256I with an earned income of $100
717.22 per month or greater is subject to six-month reviews. The initial reporting period may be
717.23 shorter than six months in order to align with other programs' reporting periods.

717.24 (b) An assistance unit that qualifies for the Minnesota family investment program or an
717.25 assistance unit that qualifies for general assistance with an earned income of $100 per month
717.26 or greater must complete household report forms as required by the commissioner for
717.27 redetermination of benefits.

717.28 (c) An assistance unit that qualifies for housing support with an earned income of $100
717.29 per month or greater must complete household report forms as prescribed by the
717.30 commissioner to provide information about earned income.

717.31 (d) An assistance unit that qualifies for housing support and also receives assistance
717.32 through the Minnesota family investment program shall be subject to requirements of this
717.33 section for purposes of the Minnesota family investment program but not for housing support.

718.1 (e) An assistance unit covered by this section must submit a household report form in
718.2 compliance with the provisions in section 256P.04, subdivision 11.

718.3 (f) An assistance unit covered by this section may choose to report changes under this
718.4 section at any time.

718.5 Subd. 3. **When to terminate assistance.** (a) An agency must terminate benefits when
718.6 the assistance unit fails to submit the household report form before the end of the six-month
718.7 review period as described in subdivision 2, paragraph (a). If the assistance unit submits
718.8 the household report form within 30 days of the termination of benefits and remains eligible,
718.9 benefits must be reinstated and made available retroactively for the full benefit month.

718.10 (b) When an assistance unit is determined to be ineligible for assistance according to
718.11 this section and chapter 256D, 256I, or 256J, the commissioner must terminate assistance.

718.12 Sec. 40. **PILOT PROGRAM FOR CHOSEN FAMILY HOSTING TO PREVENT**
718.13 **YOUTH HOMELESSNESS.**

718.14 Subdivision 1. **Establishment.** The commissioner of human services must establish a
718.15 pilot program for providers seeking to establish or expand services for homeless youth that
718.16 formalize situations where a caring adult who a youth considers chosen family allows a
718.17 youth to stay at the adult's residence to avoid being homeless.

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

718.20 (b) "Chosen family" means any individual, related by blood or affinity, whose close
718.21 association fulfills the need of a familial relationship.

718.22 (c) "Set of participants" means a youth aged 18 to 24 and (1) an adult host who is the
718.23 youth's chosen family and with whom the youth is living in an intergenerational hosting
718.24 arrangement to avoid being homeless, or (2) a relative with whom the youth is living to
718.25 avoid being homeless.

718.26 Subd. 3. **Administration.** (a) The commissioner of human services, as authorized by
718.27 Minnesota Statutes, section 256.01, subdivision 2, paragraph (a), clause (6), shall contract
718.28 with a technical assistance provider to:

718.29 (1) provide technical assistance to funding recipients;

718.30 (2) facilitate a monthly learning cohort for funding recipients;

718.31 (3) evaluate the efficacy and cost-effectiveness of the pilot program; and

719.1 (4) submit annual updates and a final report to the commissioner.

719.2 (b) When developing the criteria for awarding funds, the commissioner must include a
719.3 requirement that all funding recipients:

719.4 (1) partner with sets of participants, with a case manager caseload consistent with existing
719.5 norms for homeless youth;

719.6 (2) mediate agreements within each set of participants about shared expectations regarding
719.7 the living arrangement;

719.8 (3) provide monthly stipends to sets of participants to offset the costs created by the
719.9 living arrangement;

719.10 (4) connect sets of participants to community resources;

719.11 (5) if the adult host is a renter, help facilitate ongoing communication between the
719.12 property owner and adult host;

719.13 (6) offer strategies to address barriers faced by adult hosts who are renters;

719.14 (7) assist the youth in identifying and strengthening their circle of support, giving focused
719.15 attention to adults who can serve as permanent connections and provide ongoing support
719.16 throughout the youth's life; and

719.17 (8) actively participate in monthly cohort meetings.

719.18 Subd. 4. **Technical assistance provider.** The commissioner must select a technical
719.19 assistance provider to provide assistance to funding recipients. In order to be selected, the
719.20 technical assistance provider must:

719.21 (1) have in-depth experience with research on and evaluation of youth homelessness
719.22 from a holistic perspective that addresses the four core outcomes developed by the United
719.23 States Interagency Council on Homelessness to prevent and end youth homelessness;

719.24 (2) offer education and have previous experience providing technical assistance on
719.25 supporting chosen family hosting arrangements to organizations that serve homeless youth;

719.26 (3) have expertise on how to address barriers faced by chosen family hosts who are
719.27 renters; and

719.28 (4) be located in Minnesota.

719.29 Subd. 5. **Eligible applicants.** To be eligible for funding under this section, an applicant
719.30 must be a provider serving homeless youth in Minnesota. The money must be awarded to
719.31 funding recipients beginning no later than March 31, 2023.

720.1 Subd. 6. **Applications.** Providers seeking funding under this section shall apply to the
720.2 commissioner. The applicant must include a description of the project that the applicant is
720.3 proposing, the amount of money that the applicant is seeking, and a proposed budget
720.4 describing how the applicant will spend the money.

720.5 Subd. 7. **Reporting.** The technical assistance provider must submit annual updates and
720.6 a final report to the commissioner in a manner specified by the commissioner on the technical
720.7 assistance provider's findings regarding the efficacy and cost-effectiveness of the pilot
720.8 program.

720.9 Sec. 41. **DIRECTION TO COMMISSIONER; INCOME AND ASSET EXCLUSION**
720.10 **FOR LOCAL GUARANTEED INCOME DEMONSTRATION PROJECTS.**

720.11 Subdivision 1. **Definitions.** (a) For purposes of this section, the terms defined in this
720.12 subdivision have the meanings given.

720.13 (b) "Commissioner" means the commissioner of human services unless specified
720.14 otherwise.

720.15 (c) "Guaranteed income demonstration project" means a local demonstration project to
720.16 evaluate how unconditional cash payments have a causal effect on income volatility, financial
720.17 well-being, and early childhood development in infants and toddlers.

720.18 Subd. 2. **Commissioner; income and asset exclusion.** (a) During the duration of the
720.19 guaranteed income demonstration project, the commissioner shall not count payments made
720.20 to families by the guaranteed income demonstration project as income or assets for purposes
720.21 of determining or redetermining eligibility for the following programs:

720.22 (1) child care assistance programs under Minnesota Statutes, chapter 119B; and

720.23 (2) the Minnesota family investment program, work benefit program, or diversionary
720.24 work program under Minnesota Statutes, chapter 256J.

720.25 (b) During the duration of the guaranteed income demonstration project, the commissioner
720.26 shall not count payments made to families by the guaranteed income demonstration project
720.27 as income or assets for purposes of determining or redetermining eligibility for the following
720.28 programs:

720.29 (1) medical assistance under Minnesota Statutes, chapter 256B; and

720.30 (2) MinnesotaCare under Minnesota Statutes, chapter 256L.

720.31 **EFFECTIVE DATE.** This section is effective July 1, 2022, except for subdivision 2,
720.32 paragraph (b), which is effective July 1, 2022, or upon federal approval, whichever is later.

721.1 Sec. 42. **REPEALER.**

721.2 (a) Minnesota Statutes 2020, sections 256J.08, subdivisions 10, 61, 62, 81, and 83;
721.3 256J.30, subdivisions 5 and 7; 256J.33, subdivisions 3 and 5; 256J.34, subdivisions 1, 2, 3,
721.4 and 4; and 256J.37, subdivision 10, are repealed.

721.5 (b) Minnesota Statutes 2021 Supplement, sections 256J.08, subdivision 53; 256J.30,
721.6 subdivision 8; and 256J.33, subdivision 4, are repealed.

721.7 **EFFECTIVE DATE.** This section is effective March 1, 2024, except the repeal of
721.8 Minnesota Statutes 2020, sections 256J.08, subdivision 62, and 256J.37, subdivision 10,
721.9 and Minnesota Statutes 2021 Supplement, section 256J.08, subdivision 53, is effective July
721.10 1, 2023.

721.11 ## ARTICLE 17
721.12 ## DIRECT CARE AND TREATMENT POLICY

721.13 Section 1. Minnesota Statutes 2020, section 253B.18, subdivision 6, is amended to read:

721.14 Subd. 6. **Transfer.** (a) A patient who is a person who has a mental illness and is
721.15 dangerous to the public shall not be transferred out of a secure treatment facility unless it
721.16 appears to the satisfaction of the commissioner, after a hearing and favorable recommendation
721.17 by a majority of the special review board, that the transfer is appropriate. Transfer may be
721.18 to another state-operated treatment program. In those instances where a commitment also
721.19 exists to the Department of Corrections, transfer may be to a facility designated by the
721.20 commissioner of corrections.

721.21 (b) The following factors must be considered in determining whether a transfer is
721.22 appropriate:

721.23 (1) the person's clinical progress and present treatment needs;

721.24 (2) the need for security to accomplish continuing treatment;

721.25 (3) the need for continued institutionalization;

721.26 (4) which facility can best meet the person's needs; and

721.27 (5) whether transfer can be accomplished with a reasonable degree of safety for the
721.28 public.

721.29 (c) If a committed person has been transferred out of a secure treatment facility pursuant
721.30 to this subdivision, that committed person may voluntarily return to a secure treatment
721.31 facility for a period of up to 60 days with the consent of the head of the treatment facility.

722.1 (d) If the committed person is not returned to the original, nonsecure transfer facility
722.2 within 60 days of being readmitted to a secure treatment facility, the transfer is revoked and
722.3 the committed person shall remain in a secure treatment facility. The committed person
722.4 shall immediately be notified in writing of the revocation.

722.5 (e) Within 15 days of receiving notice of the revocation, the committed person may
722.6 petition the special review board for a review of the revocation. The special review board
722.7 shall review the circumstances of the revocation and shall recommend to the commissioner
722.8 whether or not the revocation shall be upheld. The special review board may also recommend
722.9 a new transfer at the time of the revocation hearing.

722.10 (f) No action by the special review board is required if the transfer has not been revoked
722.11 and the committed person is returned to the original, nonsecure transfer facility with no
722.12 substantive change to the conditions of the transfer ordered under this subdivision.

722.13 (g) The head of the treatment facility may revoke a transfer made under this subdivision
722.14 and require a committed person to return to a secure treatment facility if:

722.15 (1) remaining in a nonsecure setting does not provide a reasonable degree of safety to
722.16 the committed person or others; or

722.17 (2) the committed person has regressed clinically and the facility to which the committed
722.18 person was transferred does not meet the committed person's needs.

722.19 (h) Upon the revocation of the transfer, the committed person shall be immediately
722.20 returned to a secure treatment facility. A report documenting the reasons for revocation
722.21 shall be issued by the head of the treatment facility within seven days after the committed
722.22 person is returned to the secure treatment facility. Advance notice to the committed person
722.23 of the revocation is not required.

722.24 (i) The committed person must be provided a copy of the revocation report and informed,
722.25 orally and in writing, of the rights of a committed person under this section. The revocation
722.26 report shall be served upon the committed person, the committed person's counsel, and the
722.27 designated agency. The report shall outline the specific reasons for the revocation, including
722.28 but not limited to the specific facts upon which the revocation is based.

722.29 (j) If a committed person's transfer is revoked, the committed person may re-petition for
722.30 transfer according to subdivision 5.

722.31 (k) A committed person aggrieved by a transfer revocation decision may petition the
722.32 special review board within seven business days after receipt of the revocation report for a
722.33 review of the revocation. The matter shall be scheduled within 30 days. The special review

board shall review the circumstances leading to the revocation and, after considering the factors in paragraph (b), shall recommend to the commissioner whether or not the revocation shall be upheld. The special review board may also recommend a new transfer out of a secure facility at the time of the revocation hearing.

Sec. 2. Minnesota Statutes 2021 Supplement, section 256.01, subdivision 42, is amended to read:

Subd. 42. **Expiration of report mandates.** (a) If the submission of a report by the commissioner of human services to the legislature is mandated by statute and the enabling legislation does not include a date for the submission of a final report or an expiration date, the mandate to submit the report shall expire in accordance with this section.

(b) If the mandate requires the submission of an annual or more frequent report and the mandate was enacted before January 1, 2021, the mandate shall expire on January 1, 2023. If the mandate requires the submission of a biennial or less frequent report and the mandate was enacted before January 1, 2021, the mandate shall expire on January 1, 2024.

(c) Any reporting mandate enacted on or after January 1, 2021, shall expire three years after the date of enactment if the mandate requires the submission of an annual or more frequent report and shall expire five years after the date of enactment if the mandate requires the submission of a biennial or less frequent report unless the enacting legislation provides for a different expiration date.

(d) By January 15 of each year, the commissioner shall submit a list ~~to the chairs and ranking minority members of the legislative committees with jurisdiction over human services by February 15 of each year, beginning February 15, 2022,~~ of all reports set to expire during the following calendar year ~~in accordance with this section~~ to the chairs and ranking minority members of the legislative committees with jurisdiction over human services. Notwithstanding paragraph (c), this paragraph does not expire.

Sec. 3. Laws 2009, chapter 79, article 13, section 3, subdivision 10, as amended by Laws 2009, chapter 173, article 2, section 1, is amended to read:

Subd. 10. **State-Operated Services**

The amounts that may be spent from the appropriation for each purpose are as follows:

Transfer Authority Related to State-Operated Services. Money

724.1 appropriated to finance state-operated services
724.2 may be transferred between the fiscal years of
724.3 the biennium with the approval of the
724.4 commissioner of finance.

724.5 **County Past Due Receivables.** The
724.6 commissioner is authorized to withhold county
724.7 federal administrative reimbursement when
724.8 the county of financial responsibility for
724.9 cost-of-care payments due the state under
724.10 Minnesota Statutes, section 246.54 or
724.11 253B.045, is 90 days past due. The
724.12 commissioner shall deposit the withheld
724.13 federal administrative earnings for the county
724.14 into the general fund to settle the claims with
724.15 the county of financial responsibility. The
724.16 process for withholding funds is governed by
724.17 Minnesota Statutes, section 256.017.

724.18 **Forecast and Census Data.** The
724.19 commissioner shall include census data and
724.20 fiscal projections for state-operated services
724.21 and Minnesota sex offender services with the
724.22 ~~November and~~ February budget ~~forecasts.~~
724.23 ~~Notwithstanding any contrary provision in this~~
724.24 ~~article, this paragraph shall not expire~~ forecast.

724.25 **(a) Adult Mental Health Services**	106,702,000	107,201,000

724.26 **Appropriation Limitation.** No part of the
724.27 appropriation in this article to the
724.28 commissioner for mental health treatment
724.29 services provided by state-operated services
724.30 shall be used for the Minnesota sex offender
724.31 program.

724.32 **Community Behavioral Health Hospitals.**
724.33 Under Minnesota Statutes, section 246.51,
724.34 subdivision 1, a determination order for the

725.1 clients served in a community behavioral
725.2 health hospital operated by the commissioner
725.3 of human services is only required when a
725.4 client's third-party coverage has been
725.5 exhausted.

725.6 **Base Adjustment.** The general fund base is
725.7 decreased by $500,000 for fiscal year 2012
725.8 and by $500,000 for fiscal year 2013.

725.9 **(b) Minnesota Sex Offender Services**

725.10	Appropriations by Fund		
725.11	General	38,348,000	67,503,000
725.12	Federal Fund	26,495,000	0

725.13 **Use of Federal Stabilization Funds.** Of this
725.14 appropriation, $26,495,000 in fiscal year 2010
725.15 is from the fiscal stabilization account in the
725.16 federal fund to the commissioner. This
725.17 appropriation must not be used for any activity
725.18 or service for which federal reimbursement is
725.19 claimed. This is a onetime appropriation.

725.20 **(c) Minnesota Security Hospital and METO**
725.21 **Services**

725.22	Appropriations by Fund		
725.23	General	230,000	83,735,000
725.24	Federal Fund	83,505,000	0

725.25 **Minnesota Security Hospital.** For the
725.26 purposes of enhancing the safety of the public,
725.27 improving supervision, and enhancing
725.28 community-based mental health treatment,
725.29 state-operated services may establish
725.30 additional community capacity for providing
725.31 treatment and supervision of clients who have
725.32 been ordered into a less restrictive alternative
725.33 of care from the state-operated services

726.1 transitional services program consistent with
726.2 Minnesota Statutes, section 246.014.

726.3 **Use of Federal Stabilization Funds.**
726.4 $83,505,000 in fiscal year 2010 is appropriated
726.5 from the fiscal stabilization account in the
726.6 federal fund to the commissioner. This
726.7 appropriation must not be used for any activity
726.8 or service for which federal reimbursement is
726.9 claimed. This is a onetime appropriation.

726.10 Sec. 4. **REPEALER.**

726.11 Minnesota Statutes 2020, sections 246.0136; 252.025, subdivision 7; and 252.035, are
726.12 repealed.

726.13 **ARTICLE 18**

726.14 **PREVENTING HOMELESSNESS**

726.15 Section 1. Minnesota Statutes 2020, section 145.4716, is amended by adding a subdivision
726.16 to read:

726.17 Subd. 4. **Funding.** The commissioner must prioritize providing trauma-informed,
726.18 culturally inclusive services for sexually exploited youth or youth at risk of sexual
726.19 exploitation under this section.

726.20 Sec. 2. Minnesota Statutes 2020, section 256E.33, subdivision 1, is amended to read:

726.21 Subdivision 1. **Definitions.** (a) The definitions in this subdivision apply to this section.

726.22 (b) "Transitional housing" means housing designed for independent living and provided
726.23 to a homeless person or family at a rental rate of at least 25 percent of the family income
726.24 for a period of up to ~~24~~ 36 months. If a transitional housing program is associated with a
726.25 licensed facility or shelter, it must be located in a separate facility or a specified section of
726.26 the main facility where residents can be responsible for their own meals and other daily
726.27 needs.

726.28 (c) "Support services" means an assessment service that identifies the needs of individuals
726.29 for independent living and arranges or provides for the appropriate educational, social, legal,
726.30 advocacy, child care, employment, financial, health care, or information and referral services
726.31 to meet these needs.

Sec. 3. Minnesota Statutes 2020, section 256E.33, subdivision 2, is amended to read:

Subd. 2. **Establishment and administration.** A transitional housing program is established to be administered by the commissioner. The commissioner may make grants to eligible recipients or enter into agreements with community action agencies or other public or private nonprofit agencies to make grants to eligible recipients to initiate, maintain, or expand programs to provide transitional housing and support services for persons in need of transitional housing, which may include up to six months of follow-up support services for persons who complete transitional housing as they stabilize in permanent housing. The commissioner must ensure that money appropriated to implement this section is distributed as soon as practicable. The commissioner may make grants directly to eligible recipients. The commissioner may extend use ~~up to ten percent of the appropriation available for~~ of this program for persons needing assistance longer than ~~24~~ 36 months.

Sec. 4. Minnesota Statutes 2020, section 256I.03, subdivision 7, is amended to read:

Subd. 7. **Countable income.** "Countable income" means all income received by an applicant or recipient as described under section 256P.06, less any applicable exclusions or disregards. For a recipient of any cash benefit from the SSI program who does not live in a setting as described in section 256I.04, subdivision 2a, paragraph (b), clause (2), countable income means the SSI benefit limit in effect at the time the person is a recipient of housing support, less the medical assistance personal needs allowance under section 256B.35. ~~If the SSI limit or benefit is reduced for a person due to events other than receipt of additional income, countable income means actual income less any applicable exclusions and disregards.~~ If there is a reduction in a housing support recipient's benefit due to circumstances other than receipt of additional income, applicable exclusions and disregards apply when determining countable income. For a recipient of any cash benefit from the RSDI program, SSI program, or veterans' programs who lives in a setting as described in section 256I.04, subdivision 2a, paragraph (b), clause (2), countable income means 30 percent of the recipient's total benefit amount from these programs, after applicable exclusions or disregards, at the time the person is a recipient of housing support. For these recipients, the medical assistance personal needs allowance, as described in section 256I.04, subdivision 1, paragraph (a), clause (2), does not apply.

728.1 Sec. 5. Minnesota Statutes 2020, section 256K.45, is amended by adding a subdivision to
728.2 read:

728.3 Subd. 7. **Awarding of grants.** (a) Grants shall be awarded under this section only after
728.4 a review of the grant recipient's application materials, including past performance and
728.5 utilization of grant money. The commissioner shall not reduce an existing grant award
728.6 amount unless the commissioner first determines that the grant recipient has failed to meet
728.7 performance measures or has used grant money improperly.

728.8 (b) For grants awarded pursuant to a two-year grant contract, the commissioner shall
728.9 permit grant recipients to carry over any unexpended amount from the first contract year
728.10 to the second contract year.

728.11 Sec. 6. Laws 2021, First Special Session chapter 8, article 6, section 1, subdivision 7, is
728.12 amended to read:

728.13 Subd. 7. **Report.** (a) No later than February 1, 2022, the task force shall submit an initial
728.14 report to the chairs and ranking minority members of the house of representatives and senate
728.15 committees and divisions with jurisdiction over housing and preventing homelessness on
728.16 its findings and recommendations.

728.17 (b) No later than ~~August 31, 2022~~ December 15, 2022, the task force shall submit a final
728.18 report to the chairs and ranking minority members of the house of representatives and senate
728.19 committees and divisions with jurisdiction over housing and preventing homelessness on
728.20 its findings and recommendations.

728.21 Sec. 7. **PREGNANT AND PARENTING HOMELESS YOUTH STUDY.**

728.22 (a) The commissioner of human services must conduct a study of the prevalence of
728.23 pregnancy and parenting among homeless youth and youth who are at risk of homelessness.

728.24 (b) The commissioner shall submit a final report by December 31, 2023, to the chairs
728.25 and ranking minority members of the legislative committees with jurisdiction over human
728.26 services finance and policy.

728.27 Sec. 8. **SEXUAL EXPLOITATION AND TRAFFICKING STUDY.**

728.28 (a) The commissioner of health must conduct a prevalence study on youth and adult
728.29 victim survivors of sexual exploitation and trafficking.

729.1 (b) The commissioner shall submit a final report by June 30, 2024, to the chairs and
729.2 ranking minority members of the legislative committees with jurisdiction over human
729.3 services finance and policy.

729.4 Sec. 9. **EMERGENCY SHELTER FACILITIES.**

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

729.7 (b) "Commissioner" means the commissioner of human services.

729.8 (c) "Eligible applicant" means a statutory or home rule charter city, county, Tribal
729.9 government, not-for-profit corporation under section 501(c)(3) of the Internal Revenue
729.10 Code, or housing and redevelopment authority established under Minnesota Statutes, section
729.11 469.003.

729.12 (d) "Emergency shelter facility" or "facility" means a facility that provides a safe, sanitary,
729.13 accessible, and suitable emergency shelter for individuals and families experiencing
729.14 homelessness, regardless of whether the facility provides emergency shelter during the day,
729.15 overnight, or both.

729.16 Subd. 2. **Project criteria.** (a) The commissioner shall prioritize grants under this section
729.17 for projects that improve or expand emergency shelter facility options by:

729.18 (1) adding additional emergency shelter facilities by renovating existing facilities not
729.19 currently operating as emergency shelter facilities;

729.20 (2) adding additional emergency shelter facility beds by renovating existing emergency
729.21 shelter facilities, including major projects that address an accumulation of deferred
729.22 maintenance or repair or replacement of mechanical, electrical, and safety systems and
729.23 components in danger of failure;

729.24 (3) adding additional emergency shelter facility beds through acquisition and construction
729.25 of new emergency shelter facilities; and

729.26 (4) improving the safety, sanitation, accessibility, and habitability of existing emergency
729.27 shelter facilities, including major projects that address an accumulation of deferred
729.28 maintenance or repair or replacement of mechanical, electrical, and safety systems and
729.29 components in danger of failure.

729.30 (b) A grant under this section may be used to pay for 100 percent of total project capital
729.31 expenditures, or a specified project phase, up to $10,000,000 per project.

730.1 (c) All projects funded with a grant under this section must meet all applicable state and
730.2 local building codes at the time of project completion.

730.3 (d) The commissioner must use a competitive request for proposal process to identify
730.4 potential projects and eligible applicants on a statewide basis.

730.5 **EFFECTIVE DATE.** This section is effective July 1, 2022.

730.6 ## ARTICLE 19

730.7 ## DHS LICENSING AND OPERATIONS POLICY

730.8 Section 1. Minnesota Statutes 2020, section 245A.02, subdivision 5a, is amended to read:

730.9 Subd. 5a. **Controlling individual.** (a) "Controlling individual" means an owner of a
730.10 program or service provider licensed under this chapter and the following individuals, if
730.11 applicable:

730.12 (1) each officer of the organization, including the chief executive officer and chief
730.13 financial officer;

730.14 (2) the individual designated as the authorized agent under section 245A.04, subdivision
730.15 1, paragraph (b);

730.16 (3) the individual designated as the compliance officer under section 256B.04, subdivision
730.17 21, paragraph (g); ~~and~~

730.18 (4) each managerial official whose responsibilities include the direction of the
730.19 management or policies of a program~~.~~; and

730.20 (5) the individual designated as the primary provider of care for a special family child
730.21 care program under section 245A.14, subdivision 4, paragraph (i).

730.22 (b) Controlling individual does not include:

730.23 (1) a bank, savings bank, trust company, savings association, credit union, industrial
730.24 loan and thrift company, investment banking firm, or insurance company unless the entity
730.25 operates a program directly or through a subsidiary;

730.26 (2) an individual who is a state or federal official, or state or federal employee, or a
730.27 member or employee of the governing body of a political subdivision of the state or federal
730.28 government that operates one or more programs, unless the individual is also an officer,
730.29 owner, or managerial official of the program, receives remuneration from the program, or
730.30 owns any of the beneficial interests not excluded in this subdivision;

731.1 (3) an individual who owns less than five percent of the outstanding common shares of
731.2 a corporation:

731.3 (i) whose securities are exempt under section 80A.45, clause (6); or

731.4 (ii) whose transactions are exempt under section 80A.46, clause (2);

731.5 (4) an individual who is a member of an organization exempt from taxation under section
731.6 290.05, unless the individual is also an officer, owner, or managerial official of the program
731.7 or owns any of the beneficial interests not excluded in this subdivision. This clause does
731.8 not exclude from the definition of controlling individual an organization that is exempt from
731.9 taxation; or

731.10 (5) an employee stock ownership plan trust, or a participant or board member of an
731.11 employee stock ownership plan, unless the participant or board member is a controlling
731.12 individual according to paragraph (a).

731.13 (c) For purposes of this subdivision, "managerial official" means an individual who has
731.14 the decision-making authority related to the operation of the program, and the responsibility
731.15 for the ongoing management of or direction of the policies, services, or employees of the
731.16 program. A site director who has no ownership interest in the program is not considered to
731.17 be a managerial official for purposes of this definition.

731.18 **EFFECTIVE DATE.** This section is effective July 1, 2022.

731.19 Sec. 2. Minnesota Statutes 2020, section 245A.04, subdivision 4, is amended to read:

731.20 Subd. 4. **Inspections; waiver.** (a) Before issuing a license under this chapter, the
731.21 commissioner shall conduct an inspection of the program. The inspection must include but
731.22 is not limited to:

731.23 (1) an inspection of the physical plant;

731.24 (2) an inspection of records and documents;

731.25 (3) observation of the program in operation; and

731.26 (4) an inspection for the health, safety, and fire standards in licensing requirements for
731.27 a child care license holder.

731.28 (b) The observation in paragraph (a), clause (3), is not required prior to issuing a license
731.29 under subdivision 7. If the commissioner issues a license under this chapter, these
731.30 requirements must be completed within one year after the issuance of the license.

732.1 (c) Before completing a licensing inspection in a family child care program or child care
732.2 center, the licensing agency must offer the license holder an exit interview to discuss
732.3 violations or potential violations of law or rule observed during the inspection and offer
732.4 technical assistance on how to comply with applicable laws and rules. The commissioner
732.5 shall not issue a correction order or negative licensing action for violations of law or rule
732.6 not discussed in an exit interview, unless a license holder chooses not to participate in an
732.7 exit interview or not to complete the exit interview. If the license holder is unable to complete
732.8 the exit interview, the licensing agency must offer an alternate time for the license holder
732.9 to complete the exit interview.

732.10 (d) If a family child care license holder disputes a county licensor's interpretation of a
732.11 licensing requirement during a licensing inspection or exit interview, the license holder
732.12 may, within five business days after the exit interview or licensing inspection, request
732.13 clarification from the commissioner, in writing, in a manner prescribed by the commissioner.
732.14 The license holder's request must describe the county licensor's interpretation of the licensing
732.15 requirement at issue, and explain why the license holder believes the county licensor's
732.16 interpretation is inaccurate. The commissioner and the county must include the license
732.17 holder in all correspondence regarding the disputed interpretation, and must provide an
732.18 opportunity for the license holder to contribute relevant information that may impact the
732.19 commissioner's decision. The county licensor must not issue a correction order related to
732.20 the disputed licensing requirement until the commissioner has provided clarification to the
732.21 license holder about the licensing requirement.

732.22 (e) The commissioner or the county shall inspect at least ~~annually~~ once each calendar
732.23 year a child care provider licensed under this chapter and Minnesota Rules, chapter 9502
732.24 or 9503, for compliance with applicable licensing standards.

732.25 (f) No later than November 19, 2017, the commissioner shall make publicly available
732.26 on the department's website the results of inspection reports of all child care providers
732.27 licensed under this chapter and under Minnesota Rules, chapter 9502 or 9503, and the
732.28 number of deaths, serious injuries, and instances of substantiated child maltreatment that
732.29 occurred in licensed child care settings each year.

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

732.31 Sec. 3. Minnesota Statutes 2020, section 245A.07, subdivision 2a, is amended to read:

732.32 Subd. 2a. **Immediate suspension expedited hearing.** (a) Within five working days of
732.33 receipt of the license holder's timely appeal, the commissioner shall request assignment of
732.34 an administrative law judge. The request must include a proposed date, time, and place of

733.1 a hearing. A hearing must be conducted by an administrative law judge within 30 calendar
733.2 days of the request for assignment, unless an extension is requested by either party and
733.3 granted by the administrative law judge for good cause. The commissioner shall issue a
733.4 notice of hearing by certified mail or personal service at least ten working days before the
733.5 hearing. The scope of the hearing shall be limited solely to the issue of whether the temporary
733.6 immediate suspension should remain in effect pending the commissioner's final order under
733.7 section 245A.08, regarding a licensing sanction issued under subdivision 3 following the
733.8 immediate suspension. For suspensions under subdivision 2, paragraph (a), clause (1), the
733.9 burden of proof in expedited hearings under this subdivision shall be limited to the
733.10 commissioner's demonstration that reasonable cause exists to believe that the license holder's
733.11 actions or failure to comply with applicable law or rule poses, or the actions of other
733.12 individuals or conditions in the program poses an imminent risk of harm to the health, safety,
733.13 or rights of persons served by the program. "Reasonable cause" means there exist specific
733.14 articulable facts or circumstances which provide the commissioner with a reasonable
733.15 suspicion that there is an imminent risk of harm to the health, safety, or rights of persons
733.16 served by the program. When the commissioner has determined there is reasonable cause
733.17 to order the temporary immediate suspension of a license based on a violation of safe sleep
733.18 requirements, as defined in section 245A.1435, the commissioner is not required to
733.19 demonstrate that an infant died or was injured as a result of the safe sleep violations. For
733.20 suspensions under subdivision 2, paragraph (a), clause (2), the burden of proof in expedited
733.21 hearings under this subdivision shall be limited to the commissioner's demonstration by a
733.22 preponderance of the evidence that, since the license was revoked, the license holder
733.23 committed additional violations of law or rule which may adversely affect the health or
733.24 safety of persons served by the program.

733.25 (b) The administrative law judge shall issue findings of fact, conclusions, and a
733.26 recommendation within ten working days from the date of hearing. The parties shall have
733.27 ten calendar days to submit exceptions to the administrative law judge's report. The record
733.28 shall close at the end of the ten-day period for submission of exceptions. The commissioner's
733.29 final order shall be issued within ten working days from the close of the record. When an
733.30 appeal of a temporary immediate suspension is withdrawn or dismissed, the commissioner
733.31 shall issue a final order affirming the temporary immediate suspension within ten calendar
733.32 days of the commissioner's receipt of the withdrawal or dismissal. Within 90 calendar days
733.33 after an immediate suspension has been issued and the license holder has not submitted a
733.34 timely appeal under subdivision 2, paragraph (b), or within 90 calendar days after a final
733.35 order affirming an immediate suspension, the commissioner shall ~~make a determination~~
733.36 ~~regarding~~ determine:

734.1 (1) whether a final licensing sanction shall be issued under subdivision 3, paragraph (a),
734.2 clauses (1) to (5). The license holder shall continue to be prohibited from operation of the
734.3 program during this 90-day period.; or

734.4 (2) whether the outcome of related, ongoing investigations or judicial proceedings are
734.5 necessary to determine if a final licensing sanction under subdivision 3, paragraph (a),
734.6 clauses (1) to (5), will be issued, and persons served by the program remain at an imminent
734.7 risk of harm during the investigation period or proceedings. If so, the commissioner shall
734.8 issue a suspension in accordance with subdivision 3.

734.9 (c) When the final order under paragraph (b) affirms an immediate suspension or the
734.10 license holder does not submit a timely appeal of the immediate suspension, and a final
734.11 licensing sanction is issued under subdivision 3 and the license holder appeals that sanction,
734.12 the license holder continues to be prohibited from operation of the program pending a final
734.13 commissioner's order under section 245A.08, subdivision 5, regarding the final licensing
734.14 sanction.

734.15 (d) The license holder shall continue to be prohibited from operation of the program
734.16 while a suspension order issued under paragraph (b), clause (2), remains in effect.

734.17 (d) (e) For suspensions under subdivision 2, paragraph (a), clause (3), the burden of
734.18 proof in expedited hearings under this subdivision shall be limited to the commissioner's
734.19 demonstration by a preponderance of the evidence that a criminal complaint and warrant
734.20 or summons was issued for the license holder that was not dismissed, and that the criminal
734.21 charge is an offense that involves fraud or theft against a program administered by the
734.22 commissioner.

734.23 Sec. 4. Minnesota Statutes 2020, section 245A.07, subdivision 3, is amended to read:

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

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

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

734.31 (3) a license holder knowingly withholds relevant information from or gives false or
734.32 misleading information to the commissioner in connection with an application for a license,

735.1 in connection with the background study status of an individual, during an investigation,
735.2 or regarding compliance with applicable laws or rules;

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

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

735.6 (6) suspension is necessary under subdivision 2a, paragraph (b), clause (2).

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

735.12 (b) If the license was suspended or revoked, the notice must inform the license holder
735.13 of the right to a contested case hearing under chapter 14 and Minnesota Rules, parts
735.14 1400.8505 to 1400.8612. The license holder may appeal an order suspending or revoking
735.15 a license. The appeal of an order suspending or revoking a license must be made in writing
735.16 by certified mail or personal service. If mailed, the appeal must be postmarked and sent to
735.17 the commissioner within ten calendar days after the license holder receives notice that the
735.18 license has been suspended or revoked. If a request is made by personal service, it must be
735.19 received by the commissioner within ten calendar days after the license holder received the
735.20 order. Except as provided in subdivision 2a, paragraph (c), if a license holder submits a
735.21 timely appeal of an order suspending or revoking a license, the license holder may continue
735.22 to operate the program as provided in section 245A.04, subdivision 7, paragraphs (f) and
735.23 (g), until the commissioner issues a final order on the suspension or revocation.

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

735.32 (2) The license holder shall pay the fines assessed on or before the payment date specified.
735.33 If the license holder fails to fully comply with the order, the commissioner may issue a
735.34 second fine or suspend the license until the license holder complies. If the license holder

736.1 receives state funds, the state, county, or municipal agencies or departments responsible for
736.2 administering the funds shall withhold payments and recover any payments made while the
736.3 license is suspended for failure to pay a fine. A timely appeal shall stay payment of the fine
736.4 until the commissioner issues a final order.

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

736.11 (4) Fines shall be assessed as follows:

736.12 (i) the license holder shall forfeit $1,000 for each determination of maltreatment of a
736.13 child under chapter 260E or the maltreatment of a vulnerable adult under section 626.557
736.14 for which the license holder is determined responsible for the maltreatment under section
736.15 260E.30, subdivision 4, paragraphs (a) and (b), or 626.557, subdivision 9c, paragraph (c);

736.16 (ii) if the commissioner determines that a determination of maltreatment for which the
736.17 license holder is responsible is the result of maltreatment that meets the definition of serious
736.18 maltreatment as defined in section 245C.02, subdivision 18, the license holder shall forfeit
736.19 $5,000;

736.20 (iii) for a program that operates out of the license holder's home and a program licensed
736.21 under Minnesota Rules, parts 9502.0300 to 9502.0445, the fine assessed against the license
736.22 holder shall not exceed $1,000 for each determination of maltreatment;

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

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

736.29 For purposes of this section, "occurrence" means each violation identified in the
736.30 commissioner's fine order. Fines assessed against a license holder that holds a license to
736.31 provide home and community-based services, as identified in section 245D.03, subdivision
736.32 1, and a community residential setting or day services facility license under chapter 245D
736.33 where the services are provided, may be assessed against both licenses for the same

737.1 occurrence, but the combined amount of the fines shall not exceed the amount specified in
737.2 this clause for that occurrence.

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

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

737.15 Sec. 5. Minnesota Statutes 2021 Supplement, section 245A.14, subdivision 4, is amended
737.16 to read:

737.17 Subd. 4. **Special family child care homes.** Nonresidential child care programs serving
737.18 14 or fewer children that are conducted at a location other than the license holder's own
737.19 residence shall be licensed under this section and the rules governing family child care or
737.20 group family child care if:

737.21 (a) the license holder is the primary provider of care and the nonresidential child care
737.22 program is conducted in a dwelling that is located on a residential lot;

737.23 (b) the license holder is an employer who may or may not be the primary provider of
737.24 care, and the purpose for the child care program is to provide child care services to children
737.25 of the license holder's employees;

737.26 (c) the license holder is a church or religious organization;

737.27 (d) the license holder is a community collaborative child care provider. For purposes of
737.28 this subdivision, a community collaborative child care provider is a provider participating
737.29 in a cooperative agreement with a community action agency as defined in section 256E.31;

737.30 (e) the license holder is a not-for-profit agency that provides child care in a dwelling
737.31 located on a residential lot and the license holder maintains two or more contracts with
737.32 community employers or other community organizations to provide child care services.
737.33 The county licensing agency may grant a capacity variance to a license holder licensed

738.1 under this paragraph to exceed the licensed capacity of 14 children by no more than five
738.2 children during transition periods related to the work schedules of parents, if the license
738.3 holder meets the following requirements:

738.4 (1) the program does not exceed a capacity of 14 children more than a cumulative total
738.5 of four hours per day;

738.6 (2) the program meets a one to seven staff-to-child ratio during the variance period;

738.7 (3) all employees receive at least an extra four hours of training per year than required
738.8 in the rules governing family child care each year;

738.9 (4) the facility has square footage required per child under Minnesota Rules, part
738.10 9502.0425;

738.11 (5) the program is in compliance with local zoning regulations;

738.12 (6) the program is in compliance with the applicable fire code as follows:

738.13 (i) if the program serves more than five children older than 2-1/2 years of age, but no
738.14 more than five children 2-1/2 years of age or less, the applicable fire code is educational
738.15 occupancy, as provided in Group E Occupancy under the Minnesota State Fire Code 2015,
738.16 Section 202; or

738.17 (ii) if the program serves more than five children 2-1/2 years of age or less, the applicable
738.18 fire code is Group I-4 Occupancies, as provided in the Minnesota State Fire Code 2015,
738.19 Section 202, unless the rooms in which the children are cared for are located on a level of
738.20 exit discharge and each of these child care rooms has an exit door directly to the exterior,
738.21 then the applicable fire code is Group E occupancies, as provided in the Minnesota State
738.22 Fire Code 2015, Section 202; and

738.23 (7) any age and capacity limitations required by the fire code inspection and square
738.24 footage determinations shall be printed on the license; or

738.25 (f) the license holder is the primary provider of care and has located the licensed child
738.26 care program in a commercial space, if the license holder meets the following requirements:

738.27 (1) the program is in compliance with local zoning regulations;

738.28 (2) the program is in compliance with the applicable fire code as follows:

738.29 (i) if the program serves more than five children older than 2-1/2 years of age, but no
738.30 more than five children 2-1/2 years of age or less, the applicable fire code is educational
738.31 occupancy, as provided in Group E Occupancy under the Minnesota State Fire Code 2015,
738.32 Section 202; or

739.1 (ii) if the program serves more than five children 2-1/2 years of age or less, the applicable
739.2 fire code is Group I-4 Occupancies, as provided under the Minnesota State Fire Code 2015,
739.3 Section 202;

739.4 (3) any age and capacity limitations required by the fire code inspection and square
739.5 footage determinations are printed on the license; and

739.6 (4) the license holder prominently displays the license issued by the commissioner which
739.7 contains the statement "This special family child care provider is not licensed as a child
739.8 care center."

739.9 (g) Notwithstanding Minnesota Rules, part 9502.0335, subpart 12, the commissioner
739.10 may issue up to four licenses to an organization licensed under paragraph (b), (c), or (e).
739.11 Each license must have its own primary provider of care as required under paragraph (i).
739.12 Each license must operate as a distinct and separate program in compliance with all applicable
739.13 laws and regulations.

739.14 (h) For licenses issued under paragraph (b), (c), (d), (e), or (f), the commissioner may
739.15 approve up to four licenses at the same location or under one contiguous roof if each license
739.16 holder is able to demonstrate compliance with all applicable rules and laws. Each licensed
739.17 program must operate as a distinct program and within the capacity, age, and ratio
739.18 distributions of each license.

739.19 (i) For a license issued under paragraph (b), (c), or (e), the license holder must designate
739.20 a person to be the primary provider of care at the licensed location on a form and in a manner
739.21 prescribed by the commissioner. The license holder shall notify the commissioner in writing
739.22 before there is a change of the person designated to be the primary provider of care. The
739.23 primary provider of care:

739.24 (1) must be the person who will be the provider of care at the program and present during
739.25 the hours of operation;

739.26 (2) must operate the program in compliance with applicable laws and regulations under
739.27 chapter 245A and Minnesota Rules, chapter 9502;

739.28 (3) is considered a child care background study subject as defined in section 245C.02,
739.29 subdivision 6a, and must comply with background study requirements in chapter 245C; ~~and~~

739.30 (4) must complete the training that is required of license holders in section 245A.50~~.~~<u>;</u>

739.31 <u>(5) is authorized to communicate with the county licensing agency and the department</u>
739.32 <u>on matters related to licensing; and</u>

740.1 (6) must meet the requirements of Minnesota Rules, part 9502.0355, subpart 3, before
740.2 providing group family child care.

740.3 (j) For any license issued under this subdivision, the license holder must ensure that any
740.4 other caregiver, substitute, or helper who assists in the care of children meets the training
740.5 requirements in section 245A.50 and background study requirements under chapter 245C.

740.6 **EFFECTIVE DATE.** This section is effective July 1, 2022.

740.7 Sec. 6. Minnesota Statutes 2020, section 245A.1435, is amended to read:

740.8 **245A.1435 REDUCTION OF RISK OF SUDDEN UNEXPECTED INFANT DEATH**
740.9 **IN LICENSED PROGRAMS.**

740.10 (a) When a license holder is placing an infant to sleep, the license holder must place the
740.11 infant on the infant's back, unless the license holder has documentation from the infant's
740.12 physician or advanced practice registered nurse directing an alternative sleeping position
740.13 for the infant. The physician or advanced practice registered nurse directive must be on a
740.14 form ~~approved~~ developed by the commissioner and must remain on file at the licensed
740.15 location.

740.16 An infant who independently rolls onto its stomach after being placed to sleep on its
740.17 back may be allowed to remain sleeping on its stomach if the infant is at least six months
740.18 of age or the license holder has a signed statement from the parent indicating that the infant
740.19 regularly rolls over at home.

740.20 (b) The license holder must place the infant in a crib directly on a firm mattress with a
740.21 fitted sheet that is appropriate to the mattress size, that fits tightly on the mattress, and
740.22 overlaps the underside of the mattress so it cannot be dislodged by pulling on the corner of
740.23 the sheet with reasonable effort. The license holder must not place anything in the crib with
740.24 the infant except for the infant's pacifier, as defined in Code of Federal Regulations, title
740.25 16, part 1511. The pacifier must be free from any sort of attachment. The requirements of
740.26 this section apply to license holders serving infants younger than one year of age. Licensed
740.27 child care providers must meet the crib requirements under section 245A.146. A correction
740.28 order shall not be issued under this paragraph unless there is evidence that a violation
740.29 occurred when an infant was present in the license holder's care.

740.30 (c) If an infant falls asleep before being placed in a crib, the license holder must move
740.31 the infant to a crib as soon as practicable, and must keep the infant within sight of the license
740.32 holder until the infant is placed in a crib. When an infant falls asleep while being held, the
740.33 license holder must consider the supervision needs of other children in care when determining

741.1 how long to hold the infant before placing the infant in a crib to sleep. The sleeping infant
741.2 must not be in a position where the airway may be blocked or with anything covering the
741.3 infant's face.

741.4 (d) When a license holder places an infant under one year of age down to sleep, the
741.5 infant's clothing or sleepwear must not have weighted materials, a hood, or a bib.

741.6 (e) A license holder may place an infant under one year of age down to sleep wearing
741.7 a helmet if the license holder has signed documentation by a physician, advanced practice
741.8 registered nurse, licensed occupational therapist, or a licensed physical therapist on a form
741.9 developed by the commissioner.

741.10 ~~(d)~~ (f) Placing a swaddled infant down to sleep in a licensed setting is not recommended
741.11 for an infant of any age and is prohibited for any infant who has begun to roll over
741.12 independently. However, with the written consent of a parent or guardian according to this
741.13 paragraph, a license holder may place the infant who has not yet begun to roll over on its
741.14 own down to sleep in a ~~one-piece sleeper equipped with an attached system that fastens~~
741.15 ~~securely only across the upper torso, with no constriction of the hips or legs, to create a~~
741.16 swaddle. A swaddle is defined as one-piece sleepwear that wraps over the infant's arms,
741.17 fastens securely only across the infant's upper torso, and does not constrict the infant's hips
741.18 or legs. If a swaddle is used by a license holder, the license holder must ensure that it meets
741.19 the requirements of paragraph (d) and is not so tight that it restricts the infant's ability to
741.20 breathe or so loose that the fabric could cover the infant's nose and mouth. Prior to any use
741.21 of swaddling for sleep by a provider licensed under this chapter, the license holder must
741.22 obtain informed written consent for the use of swaddling from the parent or guardian of the
741.23 infant on a form ~~provided~~ developed by the commissioner ~~and prepared in partnership with~~
741.24 ~~the Minnesota Sudden Infant Death Center~~.

741.25 (g) A license holder may request a variance to this section to permit the use of a
741.26 cradleboard when requested by a parent or guardian for a cultural accommodation. Only
741.27 the commissioner may issue a variance for the use of a cradleboard. The variance request
741.28 must be submitted on a form developed by the commissioner in partnership with Tribal
741.29 welfare agencies and the Department of Health.

741.30 **EFFECTIVE DATE.** This section is effective January 1, 2023.

742.1 Sec. 7. Minnesota Statutes 2020, section 245A.1443, is amended to read:

742.2 **245A.1443 ~~CHEMICAL DEPENDENCY~~ SUBSTANCE USE DISORDER**
742.3 **TREATMENT LICENSED PROGRAMS THAT SERVE PARENTS WITH THEIR**
742.4 **CHILDREN.**

742.5 Subdivision 1. **Application.** This section applies to ~~chemical dependency~~ residential
742.6 substance use disorder treatment facilities that are licensed under this chapter and ~~Minnesota~~
742.7 ~~Rules,~~ chapter ~~9530,~~ 245G and that provide services in accordance with section 245G.19.

742.8 Subd. 2. **Requirements for providing education.** (a) On or before the date of a child's
742.9 initial physical presence at the facility, the license holder must provide education to the
742.10 child's parent related to safe bathing and reducing the risk of sudden unexpected infant death
742.11 and abusive head trauma from shaking infants and young children. The license holder must
742.12 use the educational material developed by the commissioner to comply with this requirement.
742.13 At a minimum, the education must address:

742.14 (1) instruction that a child or infant should never be left unattended around water, a tub
742.15 should be filled with only two to four inches of water for infants, and an infant should never
742.16 be put into a tub when the water is running; and

742.17 (2) the risk factors related to sudden unexpected infant death and abusive head trauma
742.18 from shaking infants and young children, and means of reducing the risks, including the
742.19 safety precautions identified in section 245A.1435 and the ~~dangers~~ risks of co-sleeping.

742.20 (b) The license holder must document the parent's receipt of the education and keep the
742.21 documentation in the parent's file. The documentation must indicate whether the parent
742.22 agrees to comply with the safeguards. If the parent refuses to comply, program staff must
742.23 provide additional education to the parent ~~at appropriate intervals, at least weekly~~ as described
742.24 in the parental supervision plan. The parental supervision plan must include the intervention,
742.25 frequency, and staff responsible for the duration of the parent's participation in the program
742.26 or until the parent agrees to comply with the safeguards.

742.27 Subd. 3. **Parental supervision of children.** (a) On or before the date of a child's initial
742.28 physical presence at the facility, the license holder must ~~complete and~~ document ~~an~~
742.29 ~~assessment of~~ the parent's capacity to meet the health and safety needs of the child while
742.30 on the facility premises~~, including identifying circumstances when the parent may be unable~~
742.31 ~~to adequately care for their child due to~~ considering the following factors:

742.32 (1) the parent's physical ~~or~~ and mental health;

742.33 (2) the parent being under the influence of drugs, alcohol, medications, or other chemicals;

743.1 ~~(3) the parent being unable to provide appropriate supervision for the child; or~~

743.2 (3) the child's physical and mental health; and

743.3 (4) any other information available to the license holder that indicates the parent may
743.4 not be able to adequately care for the child.

743.5 (b) The license holder must have written procedures specifying the actions to be taken
743.6 by staff if a parent is or becomes unable to adequately care for the parent's child.

743.7 (c) If the parent refuses to comply with the safeguards described in subdivision 2 or is
743.8 unable to adequately care for the child, the license holder must develop a parental supervision
743.9 plan in conjunction with the client. The plan must account for any factors in paragraph (a)
743.10 that contribute to the parent's inability to adequately care for the child. The plan must be
743.11 dated and signed by the staff person who completed the plan.

743.12 Subd. 4. **Alternative supervision arrangements.** The license holder must have written
743.13 procedures addressing whether the program permits a parent to arrange for supervision of
743.14 the parent's child by another client in the program. If permitted, the facility must have a
743.15 procedure that requires staff approval of the supervision arrangement before the supervision
743.16 by the nonparental client occurs. The procedure for approval must include an assessment
743.17 of the nonparental client's capacity to assume the supervisory responsibilities using the
743.18 criteria in subdivision 3. The license holder must document the license holder's approval of
743.19 the supervisory arrangement and the assessment of the nonparental client's capacity to
743.20 supervise the child, and must keep this documentation in the file of the parent of the child
743.21 being supervised.

743.22 **EFFECTIVE DATE.** This section is effective January 1, 2023.

743.23 Sec. 8. Minnesota Statutes 2020, section 245A.146, subdivision 3, is amended to read:

743.24 Subd. 3. **License holder documentation of cribs.** (a) Annually, from the date printed
743.25 on the license, all license holders shall check all their cribs' brand names and model numbers
743.26 against the United States Consumer Product Safety Commission website listing of unsafe
743.27 cribs.

743.28 (b) The license holder shall maintain written documentation to be reviewed on site for
743.29 each crib showing that the review required in paragraph (a) has been completed, and which
743.30 of the following conditions applies:

743.31 (1) the crib was not identified as unsafe on the United States Consumer Product Safety
743.32 Commission website;

(2) the crib was identified as unsafe on the United States Consumer Product Safety Commission website, but the license holder has taken the action directed by the United States Consumer Product Safety Commission to make the crib safe; or

(3) the crib was identified as unsafe on the United States Consumer Product Safety Commission website, and the license holder has removed the crib so that it is no longer used by or accessible to children in care.

(c) Documentation of the review completed under this subdivision shall be maintained by the license holder on site and made available to parents or guardians of children in care and the commissioner.

(d) Notwithstanding Minnesota Rules, part 9502.0425, a family child care provider that complies with this section may use a mesh-sided or fabric-sided play yard, pack and play, or playpen or crib that has not been identified as unsafe on the United States Consumer Product Safety Commission website for the care or sleeping of infants.

(e) On at least a monthly basis, the family child care license holder shall perform safety inspections of every mesh-sided or fabric-sided play yard, pack and play, or playpen used by or that is accessible to any child in care, and must document the following:

(1) there are no tears, holes, or loose or unraveling threads in mesh or fabric sides of crib;

(2) the weave of the mesh on the crib is no larger than one-fourth of an inch;

(3) no mesh fabric is unsecure or unattached to top rail and floor plate of crib;

(4) no tears or holes to top rail of crib;

(5) the mattress floor board is not soft and does not exceed one inch thick;

(6) the mattress floor board has no rips or tears in covering;

(7) the mattress floor board in use is ~~a waterproof~~ an original mattress or replacement mattress provided by the manufacturer of the crib;

(8) there are no protruding or loose rivets, metal nuts, or bolts on the crib;

(9) there are no knobs or wing nuts on outside crib legs;

(10) there are no missing, loose, or exposed staples; and

(11) the latches on top and side rails used to collapse crib are secure, they lock properly, and are not loose.

745.1 (f) If a cradleboard is used in a licensed setting, the license holder must check the
745.2 cradleboard not less than monthly to ensure the cradleboard is structurally sound and does
745.3 not have loose or protruding parts. The license holder shall maintain written documentation
745.4 of the review.

745.5 **EFFECTIVE DATE.** This section is effective January 1, 2023.

745.6 Sec. 9. Minnesota Statutes 2020, section 245A.16, subdivision 1, is amended to read:

745.7 Subdivision 1. **Delegation of authority to agencies.** (a) County agencies and private
745.8 agencies that have been designated or licensed by the commissioner to perform licensing
745.9 functions and activities under section 245A.04 and background studies for family child care
745.10 under chapter 245C; to recommend denial of applicants under section 245A.05; to issue
745.11 correction orders, to issue variances, and recommend a conditional license under section
745.12 245A.06; or to recommend suspending or revoking a license or issuing a fine under section
745.13 245A.07, shall comply with rules and directives of the commissioner governing those
745.14 functions and with this section. The following variances are excluded from the delegation
745.15 of variance authority and may be issued only by the commissioner:

745.16 (1) dual licensure of family child care and child foster care, dual licensure of child and
745.17 adult foster care, and adult foster care and family child care;

745.18 (2) adult foster care maximum capacity;

745.19 (3) adult foster care minimum age requirement;

745.20 (4) child foster care maximum age requirement;

745.21 (5) variances regarding disqualified individuals except that, before the implementation
745.22 of NETStudy 2.0, county agencies may issue variances under section 245C.30 regarding
745.23 disqualified individuals when the county is responsible for conducting a consolidated
745.24 reconsideration according to sections 245C.25 and 245C.27, subdivision 2, clauses (a) and
745.25 (b), of a county maltreatment determination and a disqualification based on serious or
745.26 recurring maltreatment;

745.27 (6) the required presence of a caregiver in the adult foster care residence during normal
745.28 sleeping hours;

745.29 (7) variances to requirements relating to chemical use problems of a license holder or a
745.30 household member of a license holder; ~~and~~

746.1 (8) variances to section 245A.53 for a time-limited period. If the commissioner grants
746.2 a variance under this clause, the license holder must provide notice of the variance to all
746.3 parents and guardians of the children in care.; and

746.4 (9) variances to section 245A.1435 for the use of a cradleboard for a cultural
746.5 accommodation.

746.6 Except as provided in section 245A.14, subdivision 4, paragraph (e), a county agency must
746.7 not grant a license holder a variance to exceed the maximum allowable family child care
746.8 license capacity of 14 children.

746.9 (b) A county agency that has been designated by the commissioner to issue family child
746.10 care variances must:

746.11 (1) publish the county agency's policies and criteria for issuing variances on the county's
746.12 public website and update the policies as necessary; and

746.13 (2) annually distribute the county agency's policies and criteria for issuing variances to
746.14 all family child care license holders in the county.

746.15 (c) Before the implementation of NETStudy 2.0, county agencies must report information
746.16 about disqualification reconsiderations under sections 245C.25 and 245C.27, subdivision
746.17 2, paragraphs (a) and (b), and variances granted under paragraph (a), clause (5), to the
746.18 commissioner at least monthly in a format prescribed by the commissioner.

746.19 (d) For family child care programs, the commissioner shall require a county agency to
746.20 conduct one unannounced licensing review at least annually.

746.21 (e) For family adult day services programs, the commissioner may authorize licensing
746.22 reviews every two years after a licensee has had at least one annual review.

746.23 (f) A license issued under this section may be issued for up to two years.

746.24 (g) During implementation of chapter 245D, the commissioner shall consider:

746.25 (1) the role of counties in quality assurance;

746.26 (2) the duties of county licensing staff; and

746.27 (3) the possible use of joint powers agreements, according to section 471.59, with counties
746.28 through which some licensing duties under chapter 245D may be delegated by the
746.29 commissioner to the counties.

746.30 Any consideration related to this paragraph must meet all of the requirements of the corrective
746.31 action plan ordered by the federal Centers for Medicare and Medicaid Services.

747.1 (h) Licensing authority specific to section 245D.06, subdivisions 5, 6, 7, and 8, or
747.2 successor provisions; and section 245D.061 or successor provisions, for family child foster
747.3 care programs providing out-of-home respite, as identified in section 245D.03, subdivision
747.4 1, paragraph (b), clause (1), is excluded from the delegation of authority to county and
747.5 private agencies.

747.6 (i) A county agency shall report to the commissioner, in a manner prescribed by the
747.7 commissioner, the following information for a licensed family child care program:

747.8 (1) the results of each licensing review completed, including the date of the review, and
747.9 any licensing correction order issued;

747.10 (2) any death, serious injury, or determination of substantiated maltreatment; and

747.11 (3) any fires that require the service of a fire department within 48 hours of the fire. The
747.12 information under this clause must also be reported to the state fire marshal within two
747.13 business days of receiving notice from a licensed family child care provider.

747.14 Sec. 10. Minnesota Statutes 2020, section 245F.15, subdivision 1, is amended to read:

747.15 Subdivision 1. **Qualifications for all staff who have direct patient contact.** ~~(a)~~ All
747.16 staff who have direct patient contact must be at least 18 years of age ~~and must, at the time~~
747.17 ~~of hiring, document that they meet the requirements in paragraph (b), (c), or (d)~~.

747.18 ~~(b) Program directors, supervisors, nurses, and alcohol and drug counselors must be free~~
747.19 ~~of substance use problems for at least two years immediately preceding their hiring and~~
747.20 ~~must sign a statement attesting to that fact.~~

747.21 ~~(c) Recovery peers must be free of substance use problems for at least one year~~
747.22 ~~immediately preceding their hiring and must sign a statement attesting to that fact.~~

747.23 ~~(d) Technicians and other support staff must be free of substance use problems for at~~
747.24 ~~least six months immediately preceding their hiring and must sign a statement attesting to~~
747.25 ~~that fact.~~

747.26 **EFFECTIVE DATE.** This section is effective January 1, 2023.

747.27 Sec. 11. Minnesota Statutes 2020, section 245F.16, subdivision 1, is amended to read:

747.28 Subdivision 1. **Policy requirements.** A license holder must have written personnel
747.29 policies and must make them available to staff members at all times. The personnel policies
747.30 must:

(1) ensure that a staff member's retention, promotion, job assignment, or pay are not affected by a good-faith communication between the staff member and the Department of Human Services, Department of Health, Ombudsman for Mental Health and Developmental Disabilities, law enforcement, or local agencies that investigate complaints regarding patient rights, health, or safety;

(2) include a job description for each position that specifies job responsibilities, degree of authority to execute job responsibilities, standards of job performance related to specified job responsibilities, and qualifications;

(3) provide for written job performance evaluations for staff members of the license holder at least annually;

(4) describe ~~behavior that constitutes grounds~~ the process for disciplinary action, suspension, or dismissal~~, including policies that address substance use problems and meet the requirements of section 245F.15, subdivisions 1 and 2. The policies and procedures must list behaviors or incidents that are considered substance use problems. The list must include:~~ of a staff person for violating the drug and alcohol policy described in section 245A.04, subdivision 1, paragraph (c);

~~(i) receiving treatment for substance use disorder within the period specified for the position in the staff qualification requirements;~~

~~(ii) substance use that has a negative impact on the staff member's job performance;~~

~~(iii) substance use that affects the credibility of treatment services with patients, referral sources, or other members of the community; and~~

~~(iv) symptoms of intoxication or withdrawal on the job;~~

(5) include policies prohibiting personal involvement with patients and policies prohibiting patient maltreatment as specified under sections 245A.65, 626.557, and 626.5572 and chapters 260E and 604;

(6) include a chart or description of organizational structure indicating the lines of authority and responsibilities;

(7) include a written plan for new staff member orientation that, at a minimum, includes training related to the specific job functions for which the staff member was hired, program policies and procedures, patient needs, and the areas identified in subdivision 2, paragraphs (b) to (e); and

(8) include a policy on the confidentiality of patient information.

749.1 **EFFECTIVE DATE.** This section is effective January 1, 2023.

749.2 Sec. 12. Minnesota Statutes 2020, section 245G.01, subdivision 4, is amended to read:

749.3 Subd. 4. **Alcohol and drug counselor.** "Alcohol and drug counselor" has the meaning
749.4 given in section 148F.01, subdivision 5 means a person who is qualified according to section
749.5 245G.11, subdivision 5.

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

749.7 Sec. 13. Minnesota Statutes 2020, section 245G.01, subdivision 17, is amended to read:

749.8 Subd. 17. **Licensed professional in private practice.** (a) "Licensed professional in
749.9 private practice" means an individual who:

749.10 (1) is licensed under chapter 148F, or is exempt from licensure under that chapter but
749.11 is otherwise licensed to provide alcohol and drug counseling services;

749.12 (2) practices solely within the permissible scope of the individual's license as defined
749.13 in the law authorizing licensure; and

749.14 (3) does not affiliate with other licensed or unlicensed professionals to provide alcohol
749.15 and drug counseling services. Affiliation does not include conferring with another
749.16 professional or making a client referral.

749.17 (b) For purposes of this subdivision, affiliate includes but is not limited to:

749.18 (1) using the same electronic record system as another professional, except when the
749.19 system prohibits each professional from accessing the records of another professional;

749.20 (2) advertising the services of more than one professional together;

749.21 (3) accepting client referrals made to a group of professionals;

749.22 (4) providing services to another professional's clients when that professional is absent;
749.23 or

749.24 (5) appearing in any way to be a group practice or program.

749.25 (c) For purposes of this subdivision, affiliate does not include:

749.26 (1) conferring with another professional;

749.27 (2) making a client referral to another professional;

749.28 (3) contracting with the same agency as another professional for billing services;

749.29 (4) using the same waiting area for clients in an office as another professional; or

750.1 (5) using the same receptionist as another professional if the receptionist supports each
750.2 professional independently.

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

750.4 Sec. 14. Minnesota Statutes 2020, section 245G.06, is amended by adding a subdivision
750.5 to read:

750.6 Subd. 2a. **Documentation of treatment services.** The license holder must ensure that
750.7 the staff member who provides the treatment service documents in the client record the
750.8 date, type, and amount of each treatment service provided to a client and the client's response
750.9 to each treatment service within seven days of providing the treatment service.

750.10 **EFFECTIVE DATE.** This section is effective August 1, 2022.

750.11 Sec. 15. Minnesota Statutes 2020, section 245G.06, is amended by adding a subdivision
750.12 to read:

750.13 Subd. 2b. **Client record documentation requirements.** (a) The license holder must
750.14 document in the client record any significant event that occurs at the program on the day
750.15 the event occurs. A significant event is an event that impacts the client's relationship with
750.16 other clients, staff, or the client's family, or the client's treatment plan.

750.17 (b) A residential treatment program must document in the client record the following
750.18 items on the day that each occurs:

750.19 (1) medical and other appointments the client attended;

750.20 (2) concerns related to medications that are not documented in the medication
750.21 administration record; and

750.22 (3) concerns related to attendance for treatment services, including the reason for any
750.23 client absence from a treatment service.

750.24 (c) Each entry in a client's record must be accurate, legible, signed, dated, and include
750.25 the job title or position of the staff person that made the entry. A late entry must be clearly
750.26 labeled "late entry." A correction to an entry must be made in a way in which the original
750.27 entry can still be read.

750.28 **EFFECTIVE DATE.** This section is effective August 1, 2022.

751.1 Sec. 16. Minnesota Statutes 2020, section 245G.06, subdivision 3, is amended to read:

751.2 Subd. 3. ~~**Documentation of treatment services;**~~ **Treatment plan review.** ~~(a) A review~~
751.3 ~~of all treatment services must be documented weekly and include a review of:~~

751.4 ~~(1) care coordination activities;~~

751.5 ~~(2) medical and other appointments the client attended;~~

751.6 ~~(3) issues related to medications that are not documented in the medication administration~~
751.7 ~~record; and~~

751.8 ~~(4) issues related to attendance for treatment services, including the reason for any client~~
751.9 ~~absence from a treatment service.~~

751.10 ~~(b) A note must be entered immediately following any significant event. A significant~~
751.11 ~~event is an event that impacts the client's relationship with other clients, staff, the client's~~
751.12 ~~family, or the client's treatment plan.~~

751.13 ~~(c)~~ A treatment plan review must be entered in a client's file weekly or after each treatment
751.14 service, whichever is less frequent, by the ~~staff member providing the service~~ alcohol and
751.15 drug counselor responsible for the client's treatment plan. The review must indicate the span
751.16 of time covered by the review and each of the six dimensions listed in section 245G.05,
751.17 subdivision 2, paragraph (c). The review must:

751.18 ~~(1) indicate the date, type, and amount of each treatment service provided and the client's~~
751.19 ~~response to each service;~~

751.20 ~~(2)~~ (1) address each goal in the treatment plan and whether the methods to address the
751.21 goals are effective;

751.22 ~~(3)~~ (2) include monitoring of any physical and mental health problems;

751.23 ~~(4)~~ (3) document the participation of others;

751.24 ~~(5)~~ (4) document staff recommendations for changes in the methods identified in the
751.25 treatment plan and whether the client agrees with the change; and

751.26 ~~(6)~~ (5) include a review and evaluation of the individual abuse prevention plan according
751.27 to section 245A.65.

751.28 ~~(d) Each entry in a client's record must be accurate, legible, signed, and dated. A late~~
751.29 ~~entry must be clearly labeled "late entry." A correction to an entry must be made in a way~~
751.30 ~~in which the original entry can still be read.~~

751.31 **EFFECTIVE DATE.** This section is effective August 1, 2022.

752.1 Sec. 17. Minnesota Statutes 2020, section 245G.08, subdivision 5, is amended to read:

752.2 Subd. 5. **Administration of medication and assistance with self-medication.** (a) A
752.3 license holder must meet the requirements in this subdivision if a service provided includes
752.4 the administration of medication.

752.5 (b) A staff member, other than a licensed practitioner or nurse, who is delegated by a
752.6 licensed practitioner or a registered nurse the task of administration of medication or assisting
752.7 with self-medication, must:

752.8 (1) successfully complete a medication administration training program for unlicensed
752.9 personnel through an accredited Minnesota postsecondary educational institution. A staff
752.10 member's completion of the course must be documented in writing and placed in the staff
752.11 member's personnel file;

752.12 (2) be trained according to a formalized training program that is taught by a registered
752.13 nurse and offered by the license holder. The training must include the process for
752.14 administration of naloxone, if naloxone is kept on site. A staff member's completion of the
752.15 training must be documented in writing and placed in the staff member's personnel records;
752.16 or

752.17 (3) demonstrate to a registered nurse competency to perform the delegated activity. A
752.18 registered nurse must be employed or contracted to develop the policies and procedures for
752.19 administration of medication or assisting with self-administration of medication, or both.

752.20 (c) A registered nurse must provide supervision as defined in section 148.171, subdivision
752.21 23. The registered nurse's supervision must include, at a minimum, monthly on-site
752.22 supervision or more often if warranted by a client's health needs. The policies and procedures
752.23 must include:

752.24 (1) a provision that a delegation of administration of medication is limited to a method
752.25 a staff member has been trained to administer and limited to ~~the administration of~~:

752.26 (i) a medication that is administered orally, topically, or as a suppository, an eye drop,
752.27 an ear drop, ~~or~~ an inhalant, or an intranasal; and

752.28 (ii) an intramuscular injection of naloxone or epinephrine;

752.29 (2) a provision that each client's file must include documentation indicating whether
752.30 staff must conduct the administration of medication or the client must self-administer
752.31 medication, or both;

753.1 (3) a provision that a client may carry emergency medication such as nitroglycerin as
753.2 instructed by the client's physician or advanced practice registered nurse;

753.3 (4) a provision for the client to self-administer medication when a client is scheduled to
753.4 be away from the facility;

753.5 (5) a provision that if a client self-administers medication when the client is present in
753.6 the facility, the client must self-administer medication under the observation of a trained
753.7 staff member;

753.8 (6) a provision that when a license holder serves a client who is a parent with a child,
753.9 the parent may only administer medication to the child under a staff member's supervision;

753.10 (7) requirements for recording the client's use of medication, including staff signatures
753.11 with date and time;

753.12 (8) guidelines for when to inform a nurse of problems with self-administration of
753.13 medication, including a client's failure to administer, refusal of a medication, adverse
753.14 reaction, or error; and

753.15 (9) procedures for acceptance, documentation, and implementation of a prescription,
753.16 whether written, verbal, telephonic, or electronic.

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

753.18 Sec. 18. Minnesota Statutes 2020, section 245G.09, subdivision 3, is amended to read:

753.19 Subd. 3. **Contents.** Client records must contain the following:

753.20 (1) documentation that the client was given information on client rights and
753.21 responsibilities, grievance procedures, tuberculosis, and HIV, and that the client was provided
753.22 an orientation to the program abuse prevention plan required under section 245A.65,
753.23 subdivision 2, paragraph (a), clause (4). If the client has an opioid use disorder, the record
753.24 must contain documentation that the client was provided educational information according
753.25 to section 245G.05, subdivision 1, paragraph (b);

753.26 (2) an initial services plan completed according to section 245G.04;

753.27 (3) a comprehensive assessment completed according to section 245G.05;

753.28 (4) an assessment summary completed according to section 245G.05, subdivision 2;

753.29 (5) an individual abuse prevention plan according to sections 245A.65, subdivision 2,
753.30 and 626.557, subdivision 14, when applicable;

753.31 (6) an individual treatment plan according to section 245G.06, subdivisions 1 and 2;

(7) documentation of treatment services, significant events, appointments, concerns, and treatment plan ~~review~~ reviews according to section 245G.06, ~~subdivision~~ subdivisions 2a, 2b, and 3; and

(8) a summary at the time of service termination according to section 245G.06, subdivision 4.

EFFECTIVE DATE. This section is effective August 1, 2022.

Sec. 19. Minnesota Statutes 2020, section 245G.11, subdivision 1, is amended to read:

Subdivision 1. **General qualifications.** (a) All staff members who have direct contact must be 18 years of age or older. ~~At the time of employment, each staff member must meet the qualifications in this subdivision. For purposes of this subdivision, "problematic substance use" means a behavior or incident listed by the license holder in the personnel policies and procedures according to section 245G.13, subdivision 1, clause (5).~~

~~(b) A treatment director, supervisor, nurse, counselor, student intern, or other professional must be free of problematic substance use for at least the two years immediately preceding employment and must sign a statement attesting to that fact.~~

~~(c) A paraprofessional, recovery peer, or any other staff member with direct contact must be free of problematic substance use for at least one year immediately preceding employment and must sign a statement attesting to that fact.~~

EFFECTIVE DATE. This section is effective January 1, 2023.

Sec. 20. Minnesota Statutes 2020, section 245G.11, subdivision 10, is amended to read:

Subd. 10. **Student interns.** A qualified staff member must supervise and be responsible for a treatment service performed by a student intern and must review and sign each assessment, ~~progress note, and~~ individual treatment plan, and treatment plan review prepared by a student intern. A student intern must receive the orientation and training required in section 245G.13, subdivisions 1, clause (7), and 2. No more than 50 percent of the treatment staff may be students or licensing candidates with time documented to be directly related to the provision of treatment services for which the staff are authorized.

EFFECTIVE DATE. This section is effective January 1, 2023.

Sec. 21. Minnesota Statutes 2020, section 245G.13, subdivision 1, is amended to read:

Subdivision 1. **Personnel policy requirements.** A license holder must have written personnel policies that are available to each staff member. The personnel policies must:

(1) ensure that staff member retention, promotion, job assignment, or pay are not affected by a good faith communication between a staff member and the department, the Department of Health, the ombudsman for mental health and developmental disabilities, law enforcement, or a local agency for the investigation of a complaint regarding a client's rights, health, or safety;

(2) contain a job description for each staff member position specifying responsibilities, degree of authority to execute job responsibilities, and qualification requirements;

(3) provide for a job performance evaluation based on standards of job performance conducted on a regular and continuing basis, including a written annual review;

(4) describe behavior that constitutes grounds for disciplinary action, suspension, or dismissal, including ~~policies that address staff member problematic substance use and the requirements of section 245G.11, subdivision 1,~~ policies prohibiting personal involvement with a client in violation of chapter 604, and policies prohibiting client abuse described in sections 245A.65, 626.557, and 626.5572, and chapter 260E;

~~(5) identify how the program will identify whether behaviors or incidents are problematic substance use, including a description of how the facility must address:~~

~~(i) receiving treatment for substance use within the period specified for the position in the staff qualification requirements, including medication-assisted treatment;~~

~~(ii) substance use that negatively impacts the staff member's job performance;~~

~~(iii) substance use that affects the credibility of treatment services with a client, referral source, or other member of the community;~~

~~(iv) symptoms of intoxication or withdrawal on the job; and~~

~~(v) the circumstances under which an individual who participates in monitoring by the health professional services program for a substance use or mental health disorder is able to provide services to the program's clients;~~

(5) describe the process for disciplinary action, suspension, or dismissal of a staff person for violating the drug and alcohol policy described in section 245A.04, subdivision 1, paragraph (c);

(6) include a chart or description of the organizational structure indicating lines of authority and responsibilities;

(7) include orientation within 24 working hours of starting for each new staff member based on a written plan that, at a minimum, must provide training related to the staff member's

756.1 specific job responsibilities, policies and procedures, client confidentiality, HIV minimum
756.2 standards, and client needs; and

756.3 (8) include policies outlining the license holder's response to a staff member with a
756.4 behavior problem that interferes with the provision of treatment service.

756.5 **EFFECTIVE DATE.** This section is effective January 1, 2023.

756.6 Sec. 22. Minnesota Statutes 2020, section 245G.20, is amended to read:

756.7 **245G.20 LICENSE HOLDERS SERVING PERSONS WITH CO-OCCURRING**
756.8 **DISORDERS.**

756.9 A license holder specializing in the treatment of a person with co-occurring disorders
756.10 must:

756.11 (1) demonstrate that staff levels are appropriate for treating a client with a co-occurring
756.12 disorder, and that there are adequate staff members with mental health training;

756.13 (2) have continuing access to a medical provider with appropriate expertise in prescribing
756.14 psychotropic medication;

756.15 (3) have a mental health professional available for staff member supervision and
756.16 consultation;

756.17 (4) determine group size, structure, and content considering the special needs of a client
756.18 with a co-occurring disorder;

756.19 (5) have documentation of active interventions to stabilize mental health symptoms
756.20 present in the individual treatment plans and ~~progress notes~~ treatment plan reviews;

756.21 (6) have continuing documentation of collaboration with continuing care mental health
756.22 providers, and involvement of the providers in treatment planning meetings;

756.23 (7) have available program materials adapted to a client with a mental health problem;

756.24 (8) have policies that provide flexibility for a client who may lapse in treatment or may
756.25 have difficulty adhering to established treatment rules as a result of a mental illness, with
756.26 the goal of helping a client successfully complete treatment; and

756.27 (9) have individual psychotherapy and case management available during treatment
756.28 service.

756.29 **EFFECTIVE DATE.** This section is effective January 1, 2023.

757.1 Sec. 23. Minnesota Statutes 2020, section 245G.22, subdivision 7, is amended to read:

757.2 Subd. 7. **Restrictions for unsupervised use of methadone hydrochloride.** (a) If a
757.3 medical director or prescribing practitioner assesses and determines that a client meets the
757.4 criteria in subdivision 6 and may be dispensed a medication used for the treatment of opioid
757.5 addiction, the restrictions in this subdivision must be followed when the medication to be
757.6 dispensed is methadone hydrochloride. The results of the assessment must be contained in
757.7 the client file. The number of unsupervised use medication doses per week in paragraphs
757.8 (b) to (d) is in addition to the number of unsupervised use medication doses a client may
757.9 receive for days the clinic is closed for business as allowed by subdivision 6, paragraph (a).

757.10 (b) During the first 90 days of treatment, the unsupervised use medication supply must
757.11 be limited to a maximum of a single dose each week and the client shall ingest all other
757.12 doses under direct supervision.

757.13 (c) In the second 90 days of treatment, the unsupervised use medication supply must be
757.14 limited to two doses per week.

757.15 (d) In the third 90 days of treatment, the unsupervised use medication supply must not
757.16 exceed three doses per week.

757.17 (e) In the remaining months of the first year, a client may be given a maximum six-day
757.18 unsupervised use medication supply.

757.19 (f) After one year of continuous treatment, a client may be given a maximum two-week
757.20 unsupervised use medication supply.

757.21 (g) After two years of continuous treatment, a client may be given a maximum one-month
757.22 unsupervised use medication supply, but must make monthly visits to the program.

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

757.24 Sec. 24. Minnesota Statutes 2020, section 245H.05, is amended to read:

757.25 **245H.05 MONITORING AND INSPECTIONS.**

757.26 (a) The commissioner must conduct an on-site inspection of a certified license-exempt
757.27 child care center at least ~~annually~~ once each calendar year to determine compliance with
757.28 the health, safety, and fire standards specific to a certified license-exempt child care center.

757.29 (b) No later than November 19, 2017, the commissioner shall make publicly available
757.30 on the department's website the results of inspection reports for all certified centers including
757.31 the number of deaths, serious injuries, and instances of substantiated child maltreatment
757.32 that occurred in certified centers each year.

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

758.2 Sec. 25. Minnesota Statutes 2020, section 245H.08, is amended by adding a subdivision
758.3 to read:

758.4 Subd. 6. **Authority to modify requirements.** (a) Notwithstanding subdivisions 4 and
758.5 5, for children in kindergarten through 13 years old, the commissioner may increase the
758.6 maximum group size to no more than 40 children and may increase the minimally acceptable
758.7 staff-to-child ratio to one to 20 during a national security or peacetime emergency declared
758.8 under section 12.31, or during a public health emergency declared due to a pandemic by
758.9 the United States Secretary of Health and Human Services under section 319 of the Public
758.10 Health Service Act, United States Code, title 42, section 247d.

758.11 (b) If the commissioner modifies requirements under this subdivision, a certified center
758.12 operating under the modified requirements must have at least one staff person who is at
758.13 least 18 years old with each group of 40 children.

758.14 Sec. 26. Laws 2020, First Special Session chapter 7, section 1, subdivision 5, as amended
758.15 by Laws 2021, First Special Session chapter 7, article 2, section 73, is amended to read:

758.16 Subd. 5. **Waivers and modifications; extension ~~for 365 days~~.** When the peacetime
758.17 emergency declared by the governor in response to the COVID-19 outbreak expires, is
758.18 terminated, or is rescinded by the proper authority, waiver CV23: modifying background
758.19 study requirements, issued by the commissioner of human services pursuant to Executive
758.20 Orders 20-11 and 20-12, including any amendments to the modification issued before the
758.21 peacetime emergency expires, shall remain in effect ~~for 365 days after the peacetime~~
758.22 ~~emergency ends~~ until January 1, 2023.

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

758.24 Sec. 27. **CHILD CARE REGULATION MODERNIZATION; PILOT PROJECTS.**

758.25 The commissioner of human services may conduct and administer pilot projects to test
758.26 methods and procedures for the projects to modernize regulation of child care centers and
758.27 family child care allowed under Laws 2021, First Special Session chapter 7, article 2, sections
758.28 75 and 81. To carry out the pilot projects, the commissioner of human services may, by
758.29 issuing a commissioner's order, waive enforcement of existing specific statutory program
758.30 requirements, rules, and standards in one or more counties. The commissioner's order
758.31 establishing the waiver must provide alternative methods and procedures of administration
758.32 and must not be in conflict with the basic purposes, coverage, or benefits provided by law.

759.1 In no event may a pilot project under this section extend beyond February 1, 2024. Pilot
759.2 projects must comply with the requirements of the child care and development fund plan.

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

759.4 Sec. 28. **DIRECTION TO COMMISSIONER OF HUMAN SERVICES; AMENDING**
759.5 **CHILDREN'S RESIDENTIAL FACILITY AND DETOXIFICATION PROGRAM**
759.6 **RULES.**

759.7 (a) The commissioner of human services must amend Minnesota Rules, part 2960.0460,
759.8 to remove all references to repealed Minnesota Rules, part 2960.0460, subpart 2.

759.9 (b) The commissioner must amend Minnesota Rules, part 2960.0470, to require license
759.10 holders to have written personnel policies that describe the process for disciplinary action,
759.11 suspension, or dismissal of a staff person for violating the drug and alcohol policy described
759.12 in Minnesota Statutes, section 245A.04, subdivision 1, paragraph (c), and Minnesota Rules,
759.13 part 2960.0030, subpart 9.

759.14 (c) The commissioner must amend Minnesota Rules, part 9530.6565, subpart 1, to
759.15 remove items A and B and the documentation requirement that references these items.

759.16 (d) The commissioner must amend Minnesota Rules, part 9530.6570, subpart 1, item
759.17 D, to remove the existing language and insert language to require license holders to have
759.18 written personnel policies that describe the process for disciplinary action, suspension, or
759.19 dismissal of a staff person for violating the drug and alcohol policy described in Minnesota
759.20 Statutes, section 245A.04, subdivision 1, paragraph (c).

759.21 (e) For purposes of this section, the commissioner may use the good cause exempt
759.22 process under Minnesota Statutes, section 14.388, subdivision 1, clause (3), and Minnesota
759.23 Statutes, section 14.386, does not apply.

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

759.25 Sec. 29. **REPEALER.**

759.26 (a) Minnesota Statutes 2020, sections 245F.15, subdivision 2; and 245G.11, subdivision
759.27 2, are repealed.

759.28 (b) Minnesota Rules, parts 2960.0460, subpart 2; and 9530.6565, subpart 2, are repealed.

759.29 **EFFECTIVE DATE.** This section is effective January 1, 2023.

760.1 ARTICLE 20

760.2 OPIOID SETTLEMENT

760.3 Section 1. **[3.757] RELEASE OF OPIOID-RELATED CLAIMS.**

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

760.6 (b) "Municipality" has the meaning provided in section 466.01, subdivision 1.

760.7 (c) "Opioid litigation" means any civil litigation, demand, or settlement in lieu of litigation
760.8 alleging unlawful conduct related to the marketing, sale, or distribution of opioids in this
760.9 state or other alleged illegal actions that contributed to the excessive use of opioids.

760.10 (d) "Released claim" means any cause of action or other claim that has been released in
760.11 a statewide opioid settlement agreement, including matters identified as a released claim as
760.12 that term or a comparable term is defined in a statewide opioid settlement agreement.

760.13 (e) "Settling defendant" means Johnson & Johnson, AmerisourceBergen Corporation,
760.14 Cardinal Health, Inc., and McKesson Corporation, as well as related subsidiaries, affiliates,
760.15 officers, directors, and other related entities specifically named as a released entity in a
760.16 statewide opioid settlement agreement.

760.17 (f) "Statewide opioid settlement agreement" means an agreement, including consent
760.18 judgments, assurances of discontinuance, and related agreements or documents, between
760.19 the attorney general, on behalf of the state, and a settling defendant, to provide or allocate
760.20 remuneration for conduct related to the marketing, sale, or distribution of opioids in this
760.21 state or other alleged illegal actions that contributed to the excessive use of opioids.

760.22 Subd. 2. **Release of claims.** (a) No municipality shall have the authority to assert, file,
760.23 or enforce a released claim against a settling defendant.

760.24 (b) Any claim in pending opioid litigation filed by a municipality against a settling
760.25 defendant that is within the scope of a released claim is extinguished by operation of law.

760.26 (c) The attorney general shall have authority to appear or intervene in opioid litigation
760.27 where a municipality has asserted, filed, or enforced a released claim against a settling
760.28 defendant and release with prejudice any released claims.

760.29 (d) This section does not limit any causes of action, claims, or remedies, nor the authority
760.30 to assert, file, or enforce such causes of action, claims, or remedies, by a party other than a
760.31 municipality.

(e) This section does not limit any causes of action, claims, or remedies, nor the authority to assert, file, or enforce such causes of action, claims, or remedies by a municipality against entities and individuals other than a released claim against a settling defendant.

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

Sec. 2. Minnesota Statutes 2021 Supplement, section 16A.151, subdivision 2, is amended to read:

Subd. 2. **Exceptions.** (a) If a state official litigates or settles a matter on behalf of specific injured persons or entities, this section does not prohibit distribution of money to the specific injured persons or entities on whose behalf the litigation or settlement efforts were initiated. If money recovered on behalf of injured persons or entities cannot reasonably be distributed to those persons or entities because they cannot readily be located or identified or because the cost of distributing the money would outweigh the benefit to the persons or entities, the money must be paid into the general fund.

(b) Money recovered on behalf of a fund in the state treasury other than the general fund may be deposited in that fund.

(c) This section does not prohibit a state official from distributing money to a person or entity other than the state in litigation or potential litigation in which the state is a defendant or potential defendant.

(d) State agencies may accept funds as directed by a federal court for any restitution or monetary penalty under United States Code, title 18, section 3663(a)(3), or United States Code, title 18, section 3663A(a)(3). Funds received must be deposited in a special revenue account and are appropriated to the commissioner of the agency for the purpose as directed by the federal court.

(e) Tobacco settlement revenues as defined in section 16A.98, subdivision 1, paragraph (t), may be deposited as provided in section 16A.98, subdivision 12.

(f) Any money received by the state resulting from a settlement agreement or an assurance of discontinuance entered into by the attorney general of the state, or a court order in litigation brought by the attorney general of the state, on behalf of the state or a state agency, related to alleged violations of consumer fraud laws in the marketing, sale, or distribution of opioids in this state or other alleged illegal actions that contributed to the excessive use of opioids, must be deposited in ~~a separate account in the state treasury and the commissioner shall notify the chairs and ranking minority members of the Finance Committee in the senate and the Ways and Means Committee in the house of representatives that an account has been~~

~~created. Notwithstanding section 11A.20, all investment income and all investment losses attributable to the investment of this account shall be credited to the account~~ the settlement account established in the opiate epidemic response fund under section 256.043, subdivision 1. This paragraph does not apply to attorney fees and costs awarded to the state or the Attorney General's Office, to contract attorneys hired by the state or Attorney General's Office, or to other state agency attorneys. ~~If the licensing fees under section 151.065, subdivision 1, clause (16), and subdivision 3, clause (14), are reduced and the registration fee under section 151.066, subdivision 3, is repealed in accordance with section 256.043, subdivision 4, then the commissioner shall transfer from the separate account created in this paragraph to the opiate epidemic response fund under section 256.043 an amount that ensures that $20,940,000 each fiscal year is available for distribution in accordance with section 256.043, subdivision 3.~~

(g) Notwithstanding paragraph (f), if money is received from a settlement agreement or an assurance of discontinuance entered into by the attorney general of the state or a court order in litigation brought by the attorney general of the state on behalf of the state or a state agency against a consulting firm working for an opioid manufacturer or opioid wholesale drug distributor ~~and deposited into the separate account created under paragraph (f)~~, the commissioner shall ~~annually transfer from the separate account to the opiate epidemic response fund under section 256.043 an amount equal to the estimated amount submitted to the commissioner by the Board of Pharmacy in accordance with section 151.066, subdivision 3, paragraph (b). The amount transferred shall be included in the amount available for distribution in accordance with section 256.043, subdivision 3. This transfer shall occur each year until the registration fee under section 151.066, subdivision 3, is repealed in accordance with section 256.043, subdivision 4, or the money deposited in the account in accordance with this paragraph has been transferred, whichever occurs first~~ deposit any money received into the settlement account established within the opiate epidemic response fund under section 256.042, subdivision 1. Notwithstanding section 256.043, subdivision 3a, paragraph (a), any amount deposited into the settlement account in accordance with this paragraph shall be appropriated to the commissioner of human services to award as grants as specified by the opiate epidemic response advisory council in accordance with section 256.043, subdivision 3a, paragraph (d).

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

Sec. 3. Minnesota Statutes 2021 Supplement, section 151.066, subdivision 3, is amended to read:

Subd. 3. **Determination of an opiate product registration fee.** (a) The board shall annually assess an opiate product registration fee on any manufacturer of an opiate that annually sells, delivers, or distributes an opiate within or into the state 2,000,000 or more units as reported to the board under subdivision 2.

(b) For purposes of assessing the annual registration fee under this section and determining the number of opiate units a manufacturer sold, delivered, or distributed within or into the state, the board shall not consider any opiate that is used for medication-assisted therapy for substance use disorders. ~~If there is money deposited into the separate account as described in section 16A.151, subdivision 2, paragraph (g), The board shall submit to the commissioner of management and budget an estimate of the difference in the annual fee revenue collected under this section due to this exception.~~

(c) The annual registration fee for each manufacturer meeting the requirement under paragraph (a) is $250,000.

(d) In conjunction with the data reported under this section, and notwithstanding section 152.126, subdivision 6, the board may use the data reported under section 152.126, subdivision 4, to determine which manufacturers meet the requirement under paragraph (a) and are required to pay the registration fees under this subdivision.

(e) By April 1 of each year, beginning April 1, 2020, the board shall notify a manufacturer that the manufacturer meets the requirement in paragraph (a) and is required to pay the annual registration fee in accordance with section 151.252, subdivision 1, paragraph (b).

(f) A manufacturer may dispute the board's determination that the manufacturer must pay the registration fee no later than 30 days after the date of notification. However, the manufacturer must still remit the fee as required by section 151.252, subdivision 1, paragraph (b). The dispute must be filed with the board in the manner and using the forms specified by the board. A manufacturer must submit, with the required forms, data satisfactory to the board that demonstrates that the assessment of the registration fee was incorrect. The board must make a decision concerning a dispute no later than 60 days after receiving the required dispute forms. If the board determines that the manufacturer has satisfactorily demonstrated that the fee was incorrectly assessed, the board must refund the amount paid in error.

(g) For purposes of this subdivision, a unit means the individual dosage form of the particular drug product that is prescribed to the patient. One unit equals one tablet, capsule, patch, syringe, milliliter, or gram.

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

764.2 Sec. 4. Minnesota Statutes 2021 Supplement, section 256.042, subdivision 4, is amended
764.3 to read:

764.4 Subd. 4. **Grants.** (a) The commissioner of human services shall submit a report of the
764.5 grants proposed by the advisory council to be awarded for the upcoming calendar year to
764.6 the chairs and ranking minority members of the legislative committees with jurisdiction
764.7 over health and human services policy and finance, by December 1 of each year, beginning
764.8 March 1, 2020.

764.9 (b) The grants shall be awarded to proposals selected by the advisory council that address
764.10 the priorities in subdivision 1, paragraph (a), clauses (1) to (4), unless otherwise appropriated
764.11 by the legislature. The advisory council shall determine grant awards and funding amounts
764.12 based on the funds appropriated to the commissioner under section 256.043, subdivision 3,
764.13 paragraph ~~(e)~~ (h), and subdivision 3a, paragraph (d). The commissioner shall award the
764.14 grants from the opiate epidemic response fund and administer the grants in compliance with
764.15 section 16B.97. No more than ten percent of the grant amount may be used by a grantee for
764.16 administration.

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

764.18 Sec. 5. Minnesota Statutes 2020, section 256.043, subdivision 1, is amended to read:

764.19 Subdivision 1. **Establishment.** (a) The opiate epidemic response fund is established in
764.20 the state treasury. ~~The registration fees assessed by the Board of Pharmacy under section~~
764.21 ~~151.066 and the license fees identified in section 151.065, subdivision 7, paragraphs (b)~~
764.22 ~~and (c), shall be deposited into the fund.~~ The commissioner of management and budget
764.23 shall establish within the opiate epidemic response fund two accounts: (1) a registration and
764.24 license fee account; and (2) a settlement account. Beginning in fiscal year 2021, for each
764.25 fiscal year, the fund shall be administered according to this section.

764.26 (b) The commissioner of management and budget shall deposit into the registration and
764.27 license fee account the registration fee assessed by the Board of Pharmacy under section
764.28 151.066 and the license fees identified in section 151.065, subdivision 7, paragraphs (b)
764.29 and (c).

764.30 (c) The commissioner of management and budget shall deposit into the settlement account
764.31 any money received by the state resulting from a settlement agreement or an assurance of
764.32 discontinuance entered into by the attorney general of the state, or a court order in litigation

brought by the attorney general of the state, on behalf of the state or a state agency, related to alleged violations of consumer fraud laws in the marketing, sale, or distribution of opioids in this state or other alleged illegal actions that contributed to the excessive use of opioids, pursuant to section 16A.151, subdivision 2, paragraph (f).

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

Sec. 6. Minnesota Statutes 2021 Supplement, section 256.043, subdivision 3, is amended to read:

Subd. 3. **Appropriations from ~~fund~~ registration and license fee account.** (a) The appropriations in paragraphs (b) to (h) shall be made from the registration and license fee account on a fiscal year basis in the order specified.

~~After~~ (b) The appropriations specified in Laws 2019, chapter 63, article 3, section 1, ~~paragraph (e), are made, $249,000 is appropriated to the commissioner of human services for the provision of administrative services to the Opiate Epidemic Response Advisory Council and for the administration of the grants awarded under paragraph (e).~~ paragraphs (b), (f), (g), and (h), as amended by Laws 2020, chapter 115, article 3, section 35, shall be made accordingly.

(c) $300,000 is appropriated to the commissioner of management and budget for evaluation activities under section 256.042, subdivision 1, paragraph (c).

(d) $249,000 is appropriated to the commissioner of human services for the provision of administrative services to the Opiate Epidemic Response Advisory Council and for the administration of the grants awarded under paragraph (h).

~~(b)~~ (e) $126,000 is appropriated to the Board of Pharmacy for the collection of the registration fees under section 151.066.

~~(c)~~ (f) $672,000 is appropriated to the commissioner of public safety for the Bureau of Criminal Apprehension. Of this amount, $384,000 is for drug scientists and lab supplies and $288,000 is for special agent positions focused on drug interdiction and drug trafficking.

~~(d)~~ (g) After the appropriations in paragraphs ~~(a)~~ (b) to ~~(c)~~ (f) are made, 50 percent of the remaining amount is appropriated to the commissioner of human services for distribution to county social service ~~and tribal social service~~ agencies and Tribal social service agency initiative projects authorized under section 256.01, subdivision 14b, to provide child protection services to children and families who are affected by addiction. The commissioner shall distribute this money proportionally to ~~counties and tribal~~ county social service agencies and Tribal social service agency initiative projects based on out-of-home placement episodes

766.1 where parental drug abuse is the primary reason for the out-of-home placement using data
766.2 from the previous calendar year. County ~~and tribal~~ social service agencies and Tribal social
766.3 service agency initiative projects receiving funds from the opiate epidemic response fund
766.4 must annually report to the commissioner on how the funds were used to provide child
766.5 protection services, including measurable outcomes, as determined by the commissioner.
766.6 County social service agencies and Tribal social service ~~agencies~~ agency initiative projects
766.7 must not use funds received under this paragraph to supplant current state or local funding
766.8 received for child protection services for children and families who are affected by addiction.

766.9 ~~(e)~~ (h) After ~~making~~ the appropriations in paragraphs ~~(a)~~ (b) to ~~(d)~~ (g) are made, the
766.10 remaining amount in the ~~fund~~ account is appropriated to the commissioner of human services
766.11 to award grants as specified by the Opiate Epidemic Response Advisory Council in
766.12 accordance with section 256.042, unless otherwise appropriated by the legislature.

766.13 ~~(f)~~ (i) Beginning in fiscal year 2022 and each year thereafter, funds for county social
766.14 service ~~and tribal social service~~ agencies and Tribal social service agency initiative projects
766.15 under paragraph ~~(d)~~ (g) and grant funds specified by the Opiate Epidemic Response Advisory
766.16 Council under paragraph ~~(e) shall~~ (h) may be distributed on a calendar year basis.

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

766.18 Sec. 7. Minnesota Statutes 2020, section 256.043, is amended by adding a subdivision to
766.19 read:

766.20 Subd. 3a. **Appropriations from settlement account.** (a) The appropriations in paragraphs
766.21 (b) to (e) shall be made from the settlement account on a fiscal year basis in the order
766.22 specified.

766.23 (b) If the balance in the registration and license fee account is not sufficient to fully fund
766.24 the appropriations specified in subdivision 3, paragraphs (b) to (f), an amount necessary to
766.25 meet any insufficiency shall be transferred from the settlement account to the registration
766.26 and license fee account to fully fund the required appropriations.

766.27 (c) $209,000 in fiscal year 2023 and $239,000 in fiscal year 2024 and subsequent fiscal
766.28 years are appropriated to the commissioner of human services for the administration of
766.29 grants awarded under paragraph (e). $276,000 in fiscal year 2023 and $246,000 in fiscal
766.30 year 2024 and subsequent fiscal years are appropriated to the commissioner of human
766.31 services for data collection and analysis of settlement funds as required under section
766.32 256.042, subdivision 5, paragraph (d).

767.1 (d) After any appropriations necessary under paragraphs (b) and (c) are made, an amount
767.2 equal to the calendar year allocation to Tribal social service agency initiative projects under
767.3 subdivision 3, paragraph (g), is appropriated from the settlement account to the commissioner
767.4 of human services for distribution to Tribal social service agency initiative projects to
767.5 provide child protection services to children and families who are affected by addiction.
767.6 The requirements related to proportional distribution, annual reporting, and maintenance
767.7 of effort specified in subdivision 3, paragraph (g), also apply to the appropriations made
767.8 under this paragraph.

767.9 (e) After making the appropriations in paragraphs (b) to (d), the remaining amount in
767.10 the account is appropriated to the commissioner of human services to award grants as
767.11 specified by the Opiate Epidemic Response Advisory Council in accordance with section
767.12 256.042.

767.13 (f) Funds for Tribal social service agency initiative projects under paragraph (d) and
767.14 grant funds specified by the Opiate Epidemic Response Advisory Council under paragraph
767.15 (e) may be distributed on a calendar year basis.

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

767.17 Sec. 8. Minnesota Statutes 2021 Supplement, section 256.043, subdivision 4, is amended
767.18 to read:

767.19 Subd. 4. **Settlement; sunset.** (a) If the state receives a total sum of $250,000,000 either
767.20 as a result of a settlement agreement or an assurance of discontinuance entered into by the
767.21 attorney general of the state, or resulting from a court order in litigation brought by the
767.22 attorney general of the state on behalf of the state or a state agency related to alleged
767.23 violations of consumer fraud laws in the marketing, sale, or distribution of opioids in this
767.24 state, or other alleged illegal actions that contributed to the excessive use of opioids, or from
767.25 the fees collected under sections 151.065, subdivisions 1 and 3, and 151.066, that are
767.26 deposited into the opiate epidemic response fund established in this section, or from a
767.27 combination of both, the fees specified in section 151.065, subdivisions 1, clause (16), and
767.28 3, clause (14), shall be reduced to $5,260, and the opiate registration fee in section 151.066,
767.29 subdivision 3, shall be repealed. For purposes of this paragraph, any money received as a
767.30 result of a settlement agreement specified in this paragraph and directly allocated or
767.31 distributed and received by either the state or a municipality as defined in section 466.01,
767.32 subdivision 1, shall be counted toward determining when the $250,000,000 is reached.

768.1 (b) The commissioner of management and budget shall inform the Board of Pharmacy,
768.2 the governor, and the legislature when the amount specified in paragraph (a) has been
768.3 reached. The board shall apply the reduced license fee for the next licensure period.

768.4 (c) Notwithstanding paragraph (a), the reduction of the license fee in section 151.065,
768.5 subdivisions 1 and 3, and the repeal of the registration fee in section 151.066 shall not occur
768.6 before July 1, ~~2024~~ 2031.

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

768.8 Sec. 9. Laws 2019, chapter 63, article 3, section 1, as amended by Laws 2020, chapter
768.9 115, article 3, section 35, is amended to read:

768.10 Section 1. **APPROPRIATIONS.**

768.11 (a) **Board of Pharmacy; administration.** $244,000 in fiscal year 2020 is appropriated
768.12 from the general fund to the Board of Pharmacy for onetime information technology and
768.13 operating costs for administration of licensing activities under Minnesota Statutes, section
768.14 151.066. This is a onetime appropriation.

768.15 (b) **Commissioner of human services; administration.** $309,000 in fiscal year 2020
768.16 is appropriated from the general fund and $60,000 in fiscal year 2021 is appropriated from
768.17 the opiate epidemic response fund to the commissioner of human services for the provision
768.18 of administrative services to the Opiate Epidemic Response Advisory Council and for the
768.19 administration of the grants awarded under paragraphs (f), (g), and (h). The opiate epidemic
768.20 response fund base for this appropriation is $60,000 in fiscal year 2022, $60,000 in fiscal
768.21 year 2023, $60,000 in fiscal year 2024, and ~~$0~~ $60,000 in fiscal year 2025.

768.22 (c) **Board of Pharmacy; administration.** $126,000 in fiscal year 2020 is appropriated
768.23 from the general fund to the Board of Pharmacy for the collection of the registration fees
768.24 under section 151.066.

768.25 (d) **Commissioner of public safety; enforcement activities.** $672,000 in fiscal year
768.26 2020 is appropriated from the general fund to the commissioner of public safety for the
768.27 Bureau of Criminal Apprehension. Of this amount, $384,000 is for drug scientists and lab
768.28 supplies and $288,000 is for special agent positions focused on drug interdiction and drug
768.29 trafficking.

768.30 (e) **Commissioner of management and budget; evaluation activities.** $300,000 in
768.31 fiscal year 2020 is appropriated from the general fund and $300,000 in fiscal year 2021 is
768.32 appropriated from the opiate epidemic response fund to the commissioner of management

769.1 and budget for evaluation activities under Minnesota Statutes, section 256.042, subdivision
769.2 1, paragraph (c). ~~The opiate epidemic response fund base for this appropriation is $300,000~~
769.3 ~~in fiscal year 2022, $300,000 in fiscal year 2023, $300,000 in fiscal year 2024, and $0 in~~
769.4 ~~fiscal year 2025.~~

769.5 (f) **Commissioner of human services; grants for Project ECHO.** $400,000 in fiscal
769.6 year 2020 is appropriated from the general fund and $400,000 in fiscal year 2021 is
769.7 appropriated from the opiate epidemic response fund to the commissioner of human services
769.8 for grants of $200,000 to CHI St. Gabriel's Health Family Medical Center for the
769.9 opioid-focused Project ECHO program and $200,000 to Hennepin Health Care for the
769.10 opioid-focused Project ECHO program. The opiate epidemic response fund base for this
769.11 appropriation is $400,000 in fiscal year 2022, $400,000 in fiscal year 2023, $400,000 in
769.12 fiscal year 2024, and $0 in fiscal year 2025.

769.13 (g) **Commissioner of human services; opioid overdose prevention grant.** $100,000
769.14 in fiscal year 2020 is appropriated from the general fund and $100,000 in fiscal year 2021
769.15 is appropriated from the opiate epidemic response fund to the commissioner of human
769.16 services for a grant to a nonprofit organization that has provided overdose prevention
769.17 programs to the public in at least 60 counties within the state, for at least three years, has
769.18 received federal funding before January 1, 2019, and is dedicated to addressing the opioid
769.19 epidemic. The grant must be used for opioid overdose prevention, community asset mapping,
769.20 education, and overdose antagonist distribution. The opiate epidemic response fund base
769.21 for this appropriation is $100,000 in fiscal year 2022, $100,000 in fiscal year 2023, $100,000
769.22 in fiscal year 2024, and ~~$0~~ $100,000 in fiscal year 2025.

769.23 (h) **Commissioner of human services; traditional healing.** $2,000,000 in fiscal year
769.24 2020 is appropriated from the general fund and $2,000,000 in fiscal year 2021 is appropriated
769.25 from the opiate epidemic response fund to the commissioner of human services to award
769.26 grants to Tribal nations and five urban Indian communities for traditional healing practices
769.27 to American Indians and to increase the capacity of culturally specific providers in the
769.28 behavioral health workforce. The opiate epidemic response fund base for this appropriation
769.29 is $2,000,000 in fiscal year 2022, $2,000,000 in fiscal year 2023, $2,000,000 in fiscal year
769.30 2024, and ~~$0~~ $2,000,000 in fiscal year 2025.

769.31 (i) **Board of Dentistry; continuing education.** $11,000 in fiscal year 2020 is
769.32 appropriated from the state government special revenue fund to the Board of Dentistry to
769.33 implement the continuing education requirements under Minnesota Statutes, section 214.12,
769.34 subdivision 6.

770.1 (j) **Board of Medical Practice; continuing education.** $17,000 in fiscal year 2020 is
770.2 appropriated from the state government special revenue fund to the Board of Medical Practice
770.3 to implement the continuing education requirements under Minnesota Statutes, section
770.4 214.12, subdivision 6.

770.5 (k) **Board of Nursing; continuing education.** $17,000 in fiscal year 2020 is appropriated
770.6 from the state government special revenue fund to the Board of Nursing to implement the
770.7 continuing education requirements under Minnesota Statutes, section 214.12, subdivision
770.8 6.

770.9 (l) **Board of Optometry; continuing education.** $5,000 in fiscal year 2020 is
770.10 appropriated from the state government special revenue fund to the Board of Optometry to
770.11 implement the continuing education requirements under Minnesota Statutes, section 214.12,
770.12 subdivision 6.

770.13 (m) **Board of Podiatric Medicine; continuing education.** $5,000 in fiscal year 2020
770.14 is appropriated from the state government special revenue fund to the Board of Podiatric
770.15 Medicine to implement the continuing education requirements under Minnesota Statutes,
770.16 section 214.12, subdivision 6.

770.17 (n) **Commissioner of health; nonnarcotic pain management and wellness.** $1,250,000
770.18 is appropriated in fiscal year 2020 from the general fund to the commissioner of health, to
770.19 provide funding for:

770.20 (1) statewide mapping and assessment of community-based nonnarcotic pain management
770.21 and wellness resources; and

770.22 (2) up to five demonstration projects in different geographic areas of the state to provide
770.23 community-based nonnarcotic pain management and wellness resources to patients and
770.24 consumers.

770.25 The demonstration projects must include an evaluation component and scalability analysis.
770.26 The commissioner shall award the grant for the statewide mapping and assessment, and the
770.27 demonstration project grants, through a competitive request for proposal process. Grants
770.28 for statewide mapping and assessment and demonstration projects may be awarded
770.29 simultaneously. In awarding demonstration project grants, the commissioner shall give
770.30 preference to proposals that incorporate innovative community partnerships, are informed
770.31 and led by people in the community where the project is taking place, and are culturally
770.32 relevant and delivered by culturally competent providers. This is a onetime appropriation.

771.1 (o) **Commissioner of health; administration.** $38,000 in fiscal year 2020 is appropriated
771.2 from the general fund to the commissioner of health for the administration of the grants
771.3 awarded in paragraph (n).

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

771.5 Sec. 10. Laws 2021, First Special Session chapter 7, article 16, section 12, is amended to
771.6 read:

771.7 Sec. 12. **COMMISSIONER OF**
771.8 **MANAGEMENT AND BUDGET** **$ 300,000 $** ~~**300,000**~~ 0

771.9 (a) This appropriation is from the opiate
771.10 epidemic response fund.

771.11 (b) **Evaluation.** $300,000 in fiscal year 2022
771.12 ~~and $300,000 in fiscal year 2023~~ is for
771.13 evaluation activities under Minnesota Statutes,
771.14 section 256.042, subdivision 1, paragraph (c).

771.15 ~~(c) **Base Level Adjustment.** The opiate~~
771.16 ~~epidemic response fund base is $300,000 in~~
771.17 ~~fiscal year 2024 and $300,000 in fiscal year~~
771.18 ~~2025.~~

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

771.20 Sec. 11. **TRANSFER; ELIMINATION OF ACCOUNT.**

771.21 (a) The commissioner of management and budget shall transfer any money in the separate
771.22 account established in the state treasury under Minnesota Statutes, section 16A.151,
771.23 subdivision 2, paragraph (f), to the settlement account in the opiate epidemic response fund
771.24 established under Minnesota Statutes, section 256.043, subdivision 1. Notwithstanding
771.25 section 256.043, subdivision 3a, paragraph (a), money transferred into the account under
771.26 this paragraph shall be appropriated to the commissioner of human services to award as
771.27 grants as specified by the Opiate Epidemic Response Advisory Council in accordance with
771.28 Minnesota Statutes, section 256.043, subdivision 3a, paragraph (d).

771.29 (b) Once the money is transferred as required in paragraph (a), the commissioner of
771.30 management and budget shall eliminate the separate account established under Minnesota
771.31 Statutes, section 16A.151, subdivision 2, paragraph (f).

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

772.1 **ARTICLE 21**

772.2 **CHILD CARE POLICY**

772.3 Section 1. Minnesota Statutes 2020, section 119B.011, subdivision 2, is amended to read:

772.4 Subd. 2. **Applicant.** "Child care fund applicants" means all parents,; stepparents,; legal
772.5 guardians, or; eligible relative caregivers who are; relative custodians who accepted a transfer
772.6 of permanent legal and physical custody of a child under section 260C.515, subdivision 4,
772.7 or similar permanency disposition in Tribal code; successor custodians or guardians as
772.8 established by section 256N.22, subdivision 10; or foster parents providing care to a child
772.9 placed in a family foster home under section 260C.007, subdivision 16b. Applicants must
772.10 be members of the family and reside in the household that applies for child care assistance
772.11 under the child care fund.

772.12 **EFFECTIVE DATE.** This section is effective August 7, 2023.

772.13 Sec. 2. Minnesota Statutes 2020, section 119B.011, subdivision 5, is amended to read:

772.14 Subd. 5. **Child care.** "Child care" means the care of a child by someone other than a
772.15 parent,; stepparent,; legal guardian,; eligible relative caregiver,; relative custodian who
772.16 accepted a transfer of permanent legal and physical custody of a child under section
772.17 260C.515, subdivision 4, or similar permanency disposition in Tribal code; successor
772.18 custodian or guardian as established according to section 256N.22, subdivision 10; foster
772.19 parent providing care to a child placed in a family foster home under section 260C.007,
772.20 subdivision 16b; or the spouses spouse of any of the foregoing in or outside the child's own
772.21 home for gain or otherwise, on a regular basis, for any part of a 24-hour day.

772.22 **EFFECTIVE DATE.** This section is effective August 7, 2023.

772.23 Sec. 3. Minnesota Statutes 2020, section 119B.011, subdivision 13, is amended to read:

772.24 Subd. 13. **Family.** "Family" means parents,; stepparents,; guardians and their spouses,
772.25 or; other eligible relative caregivers and their spouses,; relative custodians who accepted a
772.26 transfer of permanent legal and physical custody of a child under section 260C.515,
772.27 subdivision 4, or similar permanency disposition in Tribal code, and their spouses; successor
772.28 custodians or guardians as established according to section 256N.22, subdivision 10, and
772.29 their spouses; or foster parents providing care to a child placed in a family foster home
772.30 under section 260C.007, subdivision 16b, and their spouses; and their blood related the
772.31 blood-related dependent children and adoptive siblings under the age of 18 years living in
772.32 the same home including of the above. This definition includes children temporarily absent

773.1 from the household in settings such as schools, foster care, and residential treatment facilities
773.2 ~~or parents, stepparents, guardians and their spouses, or other relative caregivers and their~~
773.3 ~~spouses~~ and adults temporarily absent from the household in settings such as schools, military
773.4 service, or rehabilitation programs. An adult family member who is not in an authorized
773.5 activity under this chapter may be temporarily absent for up to 60 days. When a minor
773.6 parent or parents and his, her, or their child or children are living with other relatives, and
773.7 the minor parent or parents apply for a child care subsidy, "family" means only the minor
773.8 parent or parents and their child or children. An adult age 18 or older who meets this
773.9 definition of family and is a full-time high school or postsecondary student may be considered
773.10 a dependent member of the family unit if 50 percent or more of the adult's support is provided
773.11 by the parents~~,~~; stepparents~~,~~; guardians~~,~~ and their spouses; relative custodians who accepted
773.12 a transfer of permanent legal and physical custody of a child under section 260C.515,
773.13 subdivision 4, or similar permanency disposition in Tribal code, and their spouses; successor
773.14 custodians or guardians as established according to section 256N.22, subdivision 10, and
773.15 their spouses; foster parents providing care to a child placed in a family foster home under
773.16 section 260C.007, subdivision 16b, and their spouses; or eligible relative caregivers and
773.17 their spouses residing in the same household.

773.18 **EFFECTIVE DATE.** This section is effective August 7, 2023.

773.19 Sec. 4. Minnesota Statutes 2021 Supplement, section 119B.03, subdivision 4a, is amended
773.20 to read:

773.21 Subd. 4a. ~~**Temporary reprioritization**~~ **Funding priorities.** (a) ~~Notwithstanding~~
773.22 ~~subdivision 4~~ In the event that inadequate funding necessitates the use of waiting lists,
773.23 priority for child care assistance under the basic sliding fee assistance program shall be
773.24 determined according to this subdivision ~~beginning July 1, 2021, through May 31, 2024~~.

773.25 (b) First priority must be given to eligible non-MFIP families who do not have a high
773.26 school diploma or commissioner of education-selected high school equivalency certification
773.27 or who need remedial and basic skill courses in order to pursue employment or to pursue
773.28 education leading to employment and who need child care assistance to participate in the
773.29 education program. This includes student parents as defined under section 119B.011,
773.30 subdivision 19b. Within this priority, the following subpriorities must be used:

773.31 (1) child care needs of minor parents;

773.32 (2) child care needs of parents under 21 years of age; and

773.33 (3) child care needs of other parents within the priority group described in this paragraph.

774.1 (c) Second priority must be given to families in which at least one parent is a veteran,
774.2 as defined under section 197.447.

774.3 (d) Third priority must be given to eligible families who do not meet the specifications
774.4 of paragraph (b), (c), (e), or (f).

774.5 (e) Fourth priority must be given to families who are eligible for portable basic sliding
774.6 fee assistance through the portability pool under subdivision 9.

774.7 (f) Fifth priority must be given to eligible families receiving services under section
774.8 119B.011, subdivision 20a, if the parents have completed their MFIP or DWP transition
774.9 year, or if the parents are no longer receiving or eligible for DWP supports.

774.10 (g) Families under paragraph (f) must be added to the basic sliding fee waiting list on
774.11 the date they complete their transition year under section 119B.011, subdivision 20.

774.12 **EFFECTIVE DATE.** This section is effective July 1, 2022.

774.13 Sec. 5. Minnesota Statutes 2021 Supplement, section 119B.13, subdivision 1, is amended
774.14 to read:

774.15 Subdivision 1. **Subsidy restrictions.** (a) Beginning ~~November 15, 2021~~ October 3, 2022,
774.16 the maximum rate paid for child care assistance in any county or county price cluster under
774.17 the child care fund shall be~~:~~

774.18 ~~(1) for all infants and toddlers,~~ the greater of the ~~40th~~ 75th percentile of the 2021 child
774.19 care provider rate survey or the rates in effect at the time of the update~~; and~~.

774.20 ~~(2) for all preschool and school-age children, the greater of the 30th percentile of the~~
774.21 ~~2021 child care provider rate survey or the rates in effect at the time of the update.~~

774.22 (b) Beginning the first full service period on or after January 1, 2025, and every three
774.23 years thereafter, the maximum rate paid for child care assistance in a county or county price
774.24 cluster under the child care fund shall be~~:~~

774.25 ~~(1) for all infants and toddlers,~~ the greater of the ~~40th~~ 75th percentile of the ~~2024~~ most
774.26 recent child care provider rate survey or the rates in effect at the time of the update~~; and~~.

774.27 ~~(2) for all preschool and school-age children, the greater of the 30th percentile of the~~
774.28 ~~2024 child care provider rate survey or the rates in effect at the time of the update.~~

774.29 The rates under paragraph (a) continue until the rates under this paragraph go into effect.

774.30 (c) For a child care provider located within the boundaries of a city located in two or
774.31 more of the counties of Benton, Sherburne, and Stearns, the maximum rate paid for child

775.1 care assistance shall be equal to the maximum rate paid in the county with the highest
775.2 maximum reimbursement rates or the provider's charge, whichever is less. The commissioner
775.3 may: (1) assign a county with no reported provider prices to a similar price cluster; and (2)
775.4 consider county level access when determining final price clusters.

775.5 (d) A rate which includes a special needs rate paid under subdivision 3 may be in excess
775.6 of the maximum rate allowed under this subdivision.

775.7 (e) The department shall monitor the effect of this paragraph on provider rates. The
775.8 county shall pay the provider's full charges for every child in care up to the maximum
775.9 established. The commissioner shall determine the maximum rate for each type of care on
775.10 an hourly, full-day, and weekly basis, including special needs and disability care.

775.11 (f) If a child uses one provider, the maximum payment for one day of care must not
775.12 exceed the daily rate. The maximum payment for one week of care must not exceed the
775.13 weekly rate.

775.14 (g) If a child uses two providers under section 119B.097, the maximum payment must
775.15 not exceed:

775.16 (1) the daily rate for one day of care;

775.17 (2) the weekly rate for one week of care by the child's primary provider; and

775.18 (3) two daily rates during two weeks of care by a child's secondary provider.

775.19 (h) Child care providers receiving reimbursement under this chapter must not be paid
775.20 activity fees or an additional amount above the maximum rates for care provided during
775.21 nonstandard hours for families receiving assistance.

775.22 (i) If the provider charge is greater than the maximum provider rate allowed, the parent
775.23 is responsible for payment of the difference in the rates in addition to any family co-payment
775.24 fee.

775.25 (j) Beginning October 3, 2022, the maximum registration fee paid for child care assistance
775.26 in any county or county price cluster under the child care fund shall be ~~set as follows: (1)~~
775.27 ~~beginning November 15, 2021,~~ the greater of the ~~40th~~ 75th percentile of the ~~2021~~ most
775.28 recent child care provider rate survey or the registration fee in effect at the time of the
775.29 update~~; and (2) beginning the first full service period on or after January 1, 2025, the~~
775.30 ~~maximum registration fee shall be the greater of the 40th percentile of the 2024 child care~~
775.31 ~~provider rate survey or the registration fee in effect at the time of the update. The registration~~
775.32 ~~fees under clause (1) continue until the registration fees under clause (2) go into effect~~.

776.1 (k) Maximum registration fees must be set for licensed family child care and for child
776.2 care centers. For a child care provider located in the boundaries of a city located in two or
776.3 more of the counties of Benton, Sherburne, and Stearns, the maximum registration fee paid
776.4 for child care assistance shall be equal to the maximum registration fee paid in the county
776.5 with the highest maximum registration fee or the provider's charge, whichever is less.

776.6 Sec. 6. Minnesota Statutes 2020, section 119B.19, subdivision 7, is amended to read:

776.7 Subd. 7. **Child care resource and referral programs.** Within each region, a child care
776.8 resource and referral program must:

776.9 (1) maintain one database of all existing child care resources and services and one
776.10 database of family referrals;

776.11 (2) provide a child care referral service for families;

776.12 (3) develop resources to meet the child care service needs of families;

776.13 (4) increase the capacity to provide culturally responsive child care services;

776.14 (5) coordinate professional development opportunities for child care and school-age
776.15 care providers;

776.16 (6) administer and award child care services grants;

776.17 (7) cooperate with the Minnesota Child Care Resource and Referral Network and its
776.18 member programs to develop effective child care services and child care resources; ~~and~~

776.19 (8) assist in fostering coordination, collaboration, and planning among child care programs
776.20 and community programs such as school readiness, Head Start, early childhood family
776.21 education, local interagency early intervention committees, early childhood screening,
776.22 special education services, and other early childhood care and education services and
776.23 programs that provide flexible, family-focused services to families with young children to
776.24 the extent possible~~.~~;

776.25 (9) administer the child care one-stop regional assistance network to assist child care
776.26 providers and individuals interested in becoming child care providers with establishing and
776.27 sustaining a licensed family child care or group family child care program or a child care
776.28 center; and

776.29 (10) provide supports that enable economically challenged individuals to obtain the job
776.30 skills training, career counseling, and job placement assistance necessary to begin a career
776.31 path in child care.

777.1 Sec. 7. **[119B.27] SHARED SERVICES GRANTS.**

777.2 The commissioner of human services shall establish a grant program to enable family
777.3 child care providers to implement shared services alliances.

777.4 **EFFECTIVE DATE.** This section is effective July 1, 2023.

777.5 Sec. 8. **[119B.28] CHILD CARE PROVIDER ACCESS TO TECHNOLOGY**
777.6 **GRANTS.**

777.7 The commissioner of human services shall distribute money through grants to one or
777.8 more organizations to offer grants or other supports to child care providers to improve their
777.9 access to computers, the Internet, subscriptions to online child care management applications,
777.10 and other technologies intended to improve business practices. Up to ten percent of the
777.11 grant funds may be used to administer the program.

777.12 Sec. 9. Laws 2021, First Special Session chapter 7, article 14, section 21, subdivision 4,
777.13 is amended to read:

777.14 Subd. 4. **Grant awards.** (a) The commissioner shall award transition grants to all eligible
777.15 programs on a noncompetitive basis through August 31, 2021.

777.16 (b) The commissioner shall award base grant amounts to all eligible programs on a
777.17 noncompetitive basis beginning September 1, 2021~~, through June 30, 2023~~. The base grant
777.18 amounts shall be:

777.19 (1) based on the full-time equivalent number of staff who regularly care for children in
777.20 the program, including any employees, sole proprietors, or independent contractors; and

777.21 ~~(2) reduced between July 1, 2022, and June 30, 2023, with amounts for the final month~~
777.22 ~~being no more than 50 percent of the amounts awarded in September 2021; and~~

777.23 ~~(3)~~ (2) enhanced in amounts determined by the commissioner for any providers receiving
777.24 payments through the child care assistance program under sections 119B.03 and 119B.05
777.25 or early learning scholarships under section 124D.165.

777.26 (c) The commissioner may provide grant amounts in addition to any base grants received
777.27 to eligible programs in extreme financial hardship until all money set aside for that purpose
777.28 is awarded.

777.29 (d) The commissioner may pay any grants awarded to eligible programs under this
777.30 section in the form and manner established by the commissioner, except that such payments
777.31 must occur on a monthly basis.

778.1 Sec. 10. **DIRECTION TO COMMISSIONER OF HUMAN SERVICES;**
778.2 **ALLOCATING BASIC SLIDING FEE FUNDS.**

778.3 Notwithstanding Minnesota Statutes, section 119B.03, subdivisions 6, 6a, and 6b, the
778.4 commissioner of human services must allocate additional basic sliding fee child care money
778.5 for calendar year 2024 to counties and Tribes to account for the change in the definition of
778.6 family. In allocating the additional money, the commissioner shall consider:

778.7 (1) the number of children in the county or Tribe who receive care from a relative
778.8 custodian who accepted a transfer of permanent legal and physical custody of a child under
778.9 section 260C.515, subdivision 4, or similar permanency disposition in Tribal code; successor
778.10 custodian or guardian as established according to section 256N.22, subdivision 10; or foster
778.11 parents in a family foster home under section 260C.007, subdivision 16b; and

778.12 (2) the average basic sliding fee cost of care in the county or Tribe.

778.13 Sec. 11. **DIRECTION TO COMMISSIONER OF HUMAN SERVICES; INCREASE**
778.14 **FOR MAXIMUM RATES.**

778.15 Notwithstanding Minnesota Statutes, section 119B.03, subdivisions 6, 6a, and 6b, the
778.16 commissioner of human services shall allocate additional basic sliding fee child care funds
778.17 for calendar year 2023 to counties and Tribes for updated maximum rates based on relative
778.18 need to cover maximum rate increases. In distributing the additional funds, the commissioner
778.19 shall consider the following factors by county and Tribe:

778.20 (1) number of children covered by the county or Tribe;

778.21 (2) provider types that care for covered children;

778.22 (3) age of covered children; and

778.23 (4) amount of the increase in maximum rates.

778.24 Sec. 12. **DIRECTION TO COMMISSIONER OF HUMAN SERVICES; CHILD**
778.25 **CARE AND DEVELOPMENT FUND ALLOCATION.**

778.26 The commissioner of human services shall allocate $75,364,000 in fiscal year 2023 from
778.27 the child care and development fund for rate and registration fee increases under Minnesota
778.28 Statutes, section 119B.13, subdivision 1, paragraphs (a) and (j). This is a onetime allocation.

779.1 Sec. 13. **DIRECTION TO COMMISSIONER OF HUMAN SERVICES; COST**
779.2 **ESTIMATION MODEL FOR EARLY CARE AND LEARNING PROGRAMS.**

779.3 (a) The commissioner of human services shall develop a cost estimation model for
779.4 providing early care and learning in the state. In developing the model, the commissioner
779.5 shall consult with relevant entities and stakeholders, including but not limited to the State
779.6 Advisory Council on Early Childhood Education and Care under Minnesota Statutes, section
779.7 124D.141; county administrators; child care resource and referral organizations under
779.8 Minnesota Statutes, section 119B.19, subdivision 1; and organizations representing
779.9 caregivers, teachers, and directors.

779.10 (b) The commissioner shall contract with an organization with experience and expertise
779.11 in early care and learning cost estimation modeling to conduct the work outlined in this
779.12 section. If practicable, the commissioner shall contract with First Children's Finance.

779.13 (c) The commissioner shall ensure that the model can estimate variation in the cost of
779.14 early care and learning by:

779.15 (1) quality of care;

779.16 (2) geographic area;

779.17 (3) type of child care provider and associated licensing standards;

779.18 (4) age of child;

779.19 (5) whether the early care and learning is inclusive, caring for children with disabilities
779.20 alongside children without disabilities;

779.21 (6) provider and staff compensation, including benefits such as professional development
779.22 stipends, health benefits, and retirement benefits;

779.23 (7) a provider's fixed costs, including rent and mortgage payments, property taxes, and
779.24 business-related insurance payments;

779.25 (8) a provider's operating expenses, including expenses for training and substitutes; and

779.26 (9) a provider's hours of operation.

779.27 (d) By January 30, 2024, the commissioner shall report to the legislative committees
779.28 with jurisdiction over early childhood programs on the development of the cost estimation
779.29 model. The report shall include:

780.1 (1) recommendations for how the model could be used in conjunction with a child care
780.2 provider wage scale to set provider payment rates for child care assistance under Minnesota
780.3 Statutes, chapter 119B; and

780.4 (2) the department's plan to seek federal approval to use the model for provider payment
780.5 rates for child care assistance.

780.6 Sec. 14. **DIRECTION TO COMMISSIONER OF HUMAN SERVICES; CHILD**
780.7 **CARE PROVIDER WAGE SCALE.**

780.8 (a) The commissioner of human services shall develop, in consultation with the
780.9 commissioner of employment and economic development, the commissioner of education,
780.10 and relevant stakeholders, a child care provider wage scale that:

780.11 (1) provides for wages that are equivalent to elementary school educators with similar
780.12 credentials and experience;

780.13 (2) incentivizes child care providers and staff to increase child care-related qualifications;

780.14 (3) incorporates payments toward compensation benefits, including professional
780.15 development stipends, health benefits, and retirement benefits; and

780.16 (4) accounts for the business structures of different types of child care providers, including
780.17 licensed family child care providers and legal, nonlicensed child care providers.

780.18 (b) By January 30, 2024, the commissioner shall report to the legislative committees
780.19 with jurisdiction over early childhood programs on the development of the wage scale and
780.20 make recommendations for how the wage scale could be used to inform payment rates for
780.21 child care assistance under Minnesota Statutes, chapter 119B.

780.22 Sec. 15. **DIRECTION TO COMMISSIONER OF HUMAN SERVICES; BRAIN**
780.23 **BUILDERS BONUS PILOT PROGRAM.**

780.24 (a) The commissioner of human services shall develop and implement a brain builders
780.25 bonus pilot program to provide incentives or other supports to eligible child care providers
780.26 that provide consistent care for infants and toddlers, as defined in Minnesota Statutes, section
780.27 245A.02, subdivision 19, who receive child care assistance under Minnesota Statutes, chapter
780.28 119B, or an early learning scholarship under Minnesota Statutes, section 124D.165.

780.29 (b) "Eligible child care providers" for purposes of the pilot program are family child
780.30 care providers and group family child care providers licensed under Minnesota Statutes,

781.1 chapter 245A, and legal nonlicensed child care providers, as defined in Minnesota Statutes,
781.2 section 119B.011, subdivision 16.

781.3 (c) The commissioner may administer the pilot program and measure the program's
781.4 outcomes through a grant to a public or private nonprofit organization with the demonstrated
781.5 ability to manage benefit programs for child care professionals.

781.6 (d) By January 31, 2024, the commissioner shall report to the legislative committees
781.7 with jurisdiction over early childhood on implementation of the pilot program, including:
781.8 a description of the incentives and supports provided; the number of the providers that
781.9 received the incentives and supports, disaggregated by provider type; the average length of
781.10 time a provider who received incentives or supports cared for an infant or toddler; and other
781.11 outcomes of the program. The report shall also include the commissioner's recommendations
781.12 on the utility and feasibility of making the pilot program permanent.

781.13 Sec. 16. **DIRECTION TO COMMISSIONER OF INFORMATION TECHNOLOGY**
781.14 **SERVICES; INFORMATION TECHNOLOGY SYSTEMS FOR EARLY**
781.15 **CHILDHOOD PROGRAMS.**

781.16 (a) The commissioner of information technology services shall develop and implement,
781.17 to the extent practicable with the available appropriation, a plan to modernize the information
781.18 technology systems that support the programs impacting early childhood, including child
781.19 care and early learning programs and those serving young children administered by the
781.20 Departments of Education and Human Services and other departments with programs
781.21 impacting early childhood as identified by the Children's Cabinet. The commissioner may
781.22 contract for the services contained in this section.

781.23 (b) The plan must support the goal of creating information technology systems for early
781.24 childhood programs that collect, analyze, share, and report data on program participation,
781.25 school readiness, early screening, and other childhood indicators. The plan must include
781.26 strategies to:

781.27 (1) increase the efficiency and effectiveness with which early childhood programs serve
781.28 children and families;

781.29 (2) improve coordination among early childhood programs for families; and

781.30 (3) assess the impact of early childhood programs on children's outcomes, including
781.31 school readiness.

781.32 (c) In developing and implementing the plan required under this section, the commissioner
781.33 or the contractor must consult with the commissioners of education and human services,

782.1 and other departments with programs impacting early childhood as identified by the
782.2 Children's Cabinet; the Children's Cabinet; and other stakeholders.

782.3 (d) By February 1, 2023, the commissioner must provide a preliminary report on the
782.4 status of the plan's development and implementation to the chairs and ranking minority
782.5 members of the committees of the legislature with jurisdiction over early childhood programs.

782.6 Sec. 17. **REPEALER.**

782.7 Minnesota Statutes 2020, section 119B.03, subdivision 4, is repealed effective July 1,
782.8 2022.

782.9 **ARTICLE 22**

782.10 **MISCELLANEOUS**

782.11 Section 1. Minnesota Statutes 2020, section 34A.01, subdivision 4, is amended to read:

782.12 Subd. 4. **Food.** "Food" means every ingredient used for, entering into the consumption
782.13 of, or used or intended for use in the preparation of food, drink, confectionery, or condiment
782.14 for humans or other animals, whether simple, mixed, or compound; and articles used as
782.15 components of these ingredients, except that edible cannabinoid products, as defined in
782.16 section 151.72, subdivision 1, paragraph (c), are not food.

782.17 Sec. 2. Minnesota Statutes 2020, section 137.68, is amended to read:

782.18 **137.68 MINNESOTA RARE DISEASE ADVISORY COUNCIL ~~ON RARE~~**
782.19 **~~DISEASES~~.**

782.20 Subdivision 1. **Establishment.** ~~The University of Minnesota is requested to establish~~
782.21 There is established an advisory council on rare diseases to provide advice on policies,
782.22 access, equity, research, diagnosis, treatment, and education related to rare diseases. The
782.23 advisory council is established in honor of Chloe Barnes and her experiences in the health
782.24 care system. For purposes of this section, "rare disease" has the meaning given in United
782.25 States Code, title 21, section 360bb. The council shall be called the ~~Chloe Barnes Advisory~~
782.26 ~~Council on Rare Diseases~~ Minnesota Rare Disease Advisory Council. The Council on
782.27 Disability shall house the advisory council.

782.28 Subd. 2. **Membership.** (a) The advisory council ~~may~~ shall consist of at least 17 public
782.29 members who reflect statewide representation and are appointed by ~~the Board of Regents~~
782.30 ~~or a designee~~ the governor according to paragraph (b) and four members of the legislature
782.31 appointed according to paragraph (c).

783.1 (b) ~~The Board of Regents or a designee is requested to~~ The governor shall appoint at
783.2 least the following public members according to section 15.059:

783.3 (1) three physicians licensed and practicing in the state with experience researching,
783.4 diagnosing, or treating rare diseases, including one specializing in pediatrics;

783.5 (2) one registered nurse or advanced practice registered nurse licensed and practicing
783.6 in the state with experience treating rare diseases;

783.7 (3) at least two hospital administrators, or their designees, from hospitals in the state
783.8 that provide care to persons diagnosed with a rare disease. One administrator or designee
783.9 appointed under this clause must represent a hospital in which the scope of service focuses
783.10 on rare diseases of pediatric patients;

783.11 (4) three persons age 18 or older who either have a rare disease or are a caregiver of a
783.12 person with a rare disease. One person appointed under this clause must reside in rural
783.13 Minnesota;

783.14 (5) a representative of a rare disease patient organization that operates in the state;

783.15 (6) a social worker with experience providing services to persons diagnosed with a rare
783.16 disease;

783.17 (7) a pharmacist with experience with drugs used to treat rare diseases;

783.18 (8) a dentist licensed and practicing in the state with experience treating rare diseases;

783.19 (9) a representative of the biotechnology industry;

783.20 (10) a representative of health plan companies;

783.21 (11) a medical researcher with experience conducting research on rare diseases; ~~and~~

783.22 (12) a genetic counselor with experience providing services to persons diagnosed with
783.23 a rare disease or caregivers of those persons~~.~~; and

783.24 (13) representatives with other areas of expertise as identified by the advisory council.

783.25 (c) The advisory council shall include two members of the senate, one appointed by the
783.26 majority leader and one appointed by the minority leader; and two members of the house
783.27 of representatives, one appointed by the speaker of the house and one appointed by the
783.28 minority leader.

783.29 (d) The commissioner of health or a designee, a representative of Mayo Medical School,
783.30 and a representative of the University of Minnesota Medical School shall serve as ex officio,
783.31 nonvoting members of the advisory council.

784.1 (e) ~~Initial appointments to the advisory council shall be made no later than September~~
784.2 ~~1, 2019.~~ Notwithstanding section 15.059, members appointed according to paragraph (b)
784.3 shall serve for a term of three years, except that the initial members appointed according to
784.4 paragraph (b) shall have an initial term of two, three, or four years determined by lot by the
784.5 chairperson. Members appointed according to paragraph (b) shall serve until their successors
784.6 have been appointed.

784.7 (f) Members may be reappointed for additional terms according to the advisory council's
784.8 operating procedures.

784.9 Subd. 3. **Meetings.** ~~The Board of Regents or a designee is requested to convene the first~~
784.10 ~~meeting of the advisory council no later than October 1, 2019.~~ The advisory council shall
784.11 meet at the call of the chairperson or at the request of a majority of advisory council members.
784.12 Meetings of the advisory council are subject to section 13D.01, and notice of its meetings
784.13 is governed by section 13D.04.

784.14 Subd. 3a. **Chairperson; executive director; staff; executive committee.** (a) The
784.15 advisory council shall elect a chairperson and other officers as it deems necessary and in
784.16 accordance with the advisory council's operating procedures.

784.17 (b) The advisory council shall be governed by an executive committee elected by the
784.18 members of the advisory council. One member of the executive committee must be the
784.19 advisory council chairperson.

784.20 (c) The advisory council shall appoint an executive director. The executive director
784.21 serves as an ex officio nonvoting member of the executive committee. The advisory council
784.22 may delegate to the executive director any powers and duties under this section that do not
784.23 require advisory council approval. The executive director serves in the unclassified service
784.24 and may be removed at any time by a majority vote of the advisory council. The executive
784.25 director may employ and direct staff necessary to carry out advisory council mandates,
784.26 policies, activities, and objectives.

784.27 (d) The executive committee may appoint additional subcommittees and work groups
784.28 as necessary to fulfill the duties of the advisory council.

784.29 Subd. 4. **Duties.** (a) The advisory council's duties may include, but are not limited to:

784.30 (1) in conjunction with the state's medical schools, the state's schools of public health,
784.31 and hospitals in the state that provide care to persons diagnosed with a rare disease,
784.32 developing resources or recommendations relating to quality of and access to treatment and
784.33 services in the state for persons with a rare disease, including but not limited to:

785.1 (i) a list of existing, publicly accessible resources on research, diagnosis, treatment, and
785.2 education relating to rare diseases;

785.3 (ii) identifying best practices for rare disease care implemented in other states, at the
785.4 national level, and at the international level that will improve rare disease care in the state
785.5 and seeking opportunities to partner with similar organizations in other states and countries;

785.6 (iii) identifying and addressing problems faced by patients with a rare disease when
785.7 changing health plans, including recommendations on how to remove obstacles faced by
785.8 these patients to finding a new health plan and how to improve the ease and speed of finding
785.9 a new health plan that meets the needs of patients with a rare disease; and

785.10 (iv) identifying and addressing barriers faced by patients with a rare disease to obtaining
785.11 care, caused by prior authorization requirements in private and public health plans; and

785.12 (iv) (v) identifying, recommending, and implementing best practices to ensure health
785.13 care providers are adequately informed of the most effective strategies for recognizing and
785.14 treating rare diseases; and

785.15 (2) advising, consulting, and cooperating with the Department of Health, including the
785.16 Advisory Committee on Heritable and Congenital Disorders,; the Department of Human
785.17 Services, including the Drug Utilization Review Board and the Drug Formulary Committee;
785.18 and other agencies of state government in developing recommendations, information, and
785.19 programs for the public and the health care community relating to diagnosis, treatment, and
785.20 awareness of rare diseases.;

785.21 (3) advising on policy issues and advancing policy initiatives at the state and federal
785.22 levels; and

785.23 (4) receiving funds and issuing grants.

785.24 (b) The advisory council shall collect additional topic areas for study and evaluation
785.25 from the general public. In order for the advisory council to study and evaluate a topic, the
785.26 topic must be approved for study and evaluation by the advisory council.

785.27 Subd. 5. **Conflict of interest.** Advisory council members are subject to the Board of
785.28 Regents policy on conflicts advisory council's conflict of interest policy as outlined in the
785.29 advisory council's operating procedures.

785.30 Subd. 6. **Annual report.** By January 1 of each year, beginning January 1, 2020, the
785.31 advisory council shall report to the chairs and ranking minority members of the legislative
785.32 committees with jurisdiction over higher education and health care policy on the advisory

786.1 council's activities under subdivision 4 and other issues on which the advisory council may
786.2 choose to report.

786.3 Sec. 3. Minnesota Statutes 2020, section 151.72, subdivision 1, is amended to read:

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

786.6 (b) "Certified hemp" means hemp plants that have been tested and found to meet the
786.7 requirements of chapter 18K and the rules adopted thereunder.

786.8 (c) "Edible cannabinoid product" means any product that is intended to be eaten or
786.9 consumed as a beverage by humans, contains a cannabinoid in combination with food
786.10 ingredients, and is not a drug.

786.11 ~~(b)~~ (d) "Hemp" has the meaning given to "industrial hemp" in section 18K.02, subdivision
786.12 3.

786.13 (e) "Label" has the meaning given in section 151.01, subdivision 18.

786.14 ~~(c)~~ (f) "Labeling" means all labels and other written, printed, or graphic matter that are:

786.15 (1) affixed to the immediate container in which a product regulated under this section
786.16 is sold; ~~or~~

786.17 (2) provided, in any manner, with the immediate container, including but not limited to
786.18 outer containers, wrappers, package inserts, brochures, or pamphlets~~.~~; or

786.19 (3) provided on that portion of a manufacturer's website that is linked by a scannable
786.20 barcode or matrix barcode.

786.21 (g) "Matrix barcode" means a code that stores data in a two-dimensional array of
786.22 geometrically shaped dark and light cells capable of being read by the camera on a
786.23 smartphone or other mobile device.

786.24 (h) "Nonintoxicating cannabinoid" means substances extracted from certified hemp
786.25 plants that do not produce intoxicating effects when consumed by any route of administration.

786.26 Sec. 4. Minnesota Statutes 2020, section 151.72, subdivision 2, is amended to read:

786.27 Subd. 2. **Scope.** (a) This section applies to the sale of any product that contains
786.28 ~~nonintoxicating~~ cannabinoids extracted from hemp ~~other than food~~ and that is an edible
786.29 cannabinoid product or is intended for human or animal consumption by any route of
786.30 administration.

787.1 (b) This section does not apply to any product dispensed by a registered medical cannabis
787.2 manufacturer pursuant to sections 152.22 to 152.37.

787.3 (c) The board must have no authority over food products, as defined in section 34A.01,
787.4 subdivision 4, that do not contain cannabinoids extracted or derived from hemp.

787.5 Sec. 5. Minnesota Statutes 2020, section 151.72, subdivision 3, is amended to read:

787.6 Subd. 3. **Sale of cannabinoids derived from hemp.** (a) Notwithstanding any other
787.7 section of this chapter, a product containing nonintoxicating cannabinoids, including an
787.8 edible cannabinoid product, may be sold for human or animal consumption only if all of
787.9 the requirements of this section are met, provided that a product sold for human or animal
787.10 consumption does not contain more than 0.3 percent of any tetrahydrocannabinol and an
787.11 edible cannabinoid product does not contain an amount of any tetrahydrocannabinol that
787.12 exceeds the limits established in subdivision 5a, paragraph (f).

787.13 (b) No other substance extracted or otherwise derived from hemp may be sold for human
787.14 consumption if the substance is intended:

787.15 (1) for external or internal use in the diagnosis, cure, mitigation, treatment, or prevention
787.16 of disease in humans or other animals; or

787.17 (2) to affect the structure or any function of the bodies of humans or other animals.

787.18 (c) No product containing any cannabinoid or tetrahydrocannabinol extracted or otherwise
787.19 derived from hemp may be sold to any individual who is under the age of 21.

787.20 (d) Products that meet the requirements of this section are not controlled substances
787.21 under section 152.02.

787.22 Sec. 6. Minnesota Statutes 2020, section 151.72, subdivision 4, is amended to read:

787.23 Subd. 4. **Testing requirements.** (a) A manufacturer of a product regulated under this
787.24 section must submit representative samples of the product to an independent, accredited
787.25 laboratory in order to certify that the product complies with the standards adopted by the
787.26 board. Testing must be consistent with generally accepted industry standards for herbal and
787.27 botanical substances, and, at a minimum, the testing must confirm that the product:

787.28 (1) contains the amount or percentage of cannabinoids that is stated on the label of the
787.29 product;

787.30 (2) does not contain more than trace amounts of any mold, residual solvents, pesticides,
787.31 fertilizers, or heavy metals; and

788.1 (3) does not contain ~~a delta-9 tetrahydrocannabinol concentration that exceeds the~~
788.2 ~~concentration permitted for industrial hemp as defined in section 18K.02, subdivision 3~~
788.3 more than 0.3 percent of any tetrahydrocannabinol.

788.4 (b) Upon the request of the board, the manufacturer of the product must provide the
788.5 board with the results of the testing required in this section.

788.6 (c) Testing of the hemp from which the nonintoxicating cannabinoid was derived, or
788.7 possession of a certificate of analysis for such hemp, does not meet the testing requirements
788.8 of this section.

788.9 Sec. 7. Minnesota Statutes 2021 Supplement, section 151.72, subdivision 5, is amended
788.10 to read:

788.11 Subd. 5. **Labeling requirements.** (a) A product regulated under this section must bear
788.12 a label that contains, at a minimum:

788.13 (1) the name, location, contact phone number, and website of the manufacturer of the
788.14 product;

788.15 (2) the name and address of the independent, accredited laboratory used by the
788.16 manufacturer to test the product; and

788.17 (3) an accurate statement of the amount or percentage of cannabinoids found in each
788.18 unit of the product meant to be consumed~~; or~~.

788.19 ~~(4) instead of the information required in clauses (1) to (3), a scannable bar code or QR~~
788.20 ~~code that links to the manufacturer's website.~~

788.21 (b) The information in paragraph (a) may be provided on an outer package if the
788.22 immediate container that holds the product is too small to contain all of the information.

788.23 (c) The information required in paragraph (a) may be provided through the use of a
788.24 scannable barcode or matrix barcode that links to a page on the manufacturer's website if
788.25 that page contains all of the information required by this subdivision.

788.26 (d) The label must also include a statement stating that ~~this~~ the product does not claim
788.27 to diagnose, treat, cure, or prevent any disease and has not been evaluated or approved by
788.28 the United States Food and Drug Administration (FDA) unless the product has been so
788.29 approved.

788.30 ~~(b)~~ (e) The information required ~~to be on the label~~ by this subdivision must be prominently
788.31 and conspicuously placed ~~and~~ on the label or displayed on the website in terms that can be
788.32 easily read and understood by the consumer.

789.1 ~~(e)~~ (f) The ~~label~~ labeling must not contain any claim that the product may be used or is
789.2 effective for the prevention, treatment, or cure of a disease or that it may be used to alter
789.3 the structure or function of human or animal bodies, unless the claim has been approved by
789.4 the FDA.

789.5 Sec. 8. Minnesota Statutes 2020, section 151.72, is amended by adding a subdivision to
789.6 read:

789.7 Subd. 5a. **Additional requirements for edible cannabinoid products.** (a) In addition
789.8 to the testing and labeling requirements under subdivisions 4 and 5, an edible cannabinoid
789.9 must meet the requirements of this subdivision.

789.10 (b) An edible cannabinoid product must not:

789.11 (1) bear the likeness or contain cartoon-like characteristics of a real or fictional person,
789.12 animal, or fruit that appeals to children;

789.13 (2) be modeled after a brand of products primarily consumed by or marketed to children;

789.14 (3) be made by applying an extracted or concentrated hemp-derived cannabinoid to a
789.15 commercially available candy or snack food item;

789.16 (4) contain an ingredient, other than a hemp-derived cannabinoid, that is not approved
789.17 by the United States Food and Drug Administration for use in food;

789.18 (5) be packaged in a way that resembles the trademarked, characteristic, or
789.19 product-specialized packaging of any commercially available food product; or

789.20 (6) be packaged in a container that includes a statement, artwork, or design that could
789.21 reasonably mislead any person to believe that the package contains anything other than an
789.22 edible cannabinoid product.

789.23 (c) An edible cannabinoid product must be prepackaged in packaging or a container that
789.24 is child-resistant, tamper-evident, and opaque or placed in packaging or a container that is
789.25 child-resistant, tamper-evident, and opaque at the final point of sale to a customer. The
789.26 requirement that packaging be child-resistant does not apply to an edible cannabinoid product
789.27 that is intended to be consumed as a beverage and which contains no more than a trace
789.28 amount of any tetrahydrocannabinol.

789.29 (d) If an edible cannabinoid product is intended for more than a single use or contains
789.30 multiple servings, each serving must be indicated by scoring, wrapping, or other indicators
789.31 designating the individual serving size.

790.1 (e) A label containing at least the following information must be affixed to the packaging
790.2 or container of all edible cannabinoid products sold to consumers:

790.3 (1) the serving size;

790.4 (2) the cannabinoid profile per serving and in total;

790.5 (3) a list of ingredients, including identification of any major food allergens declared
790.6 by name; and

790.7 (4) the following statement: "Keep this product out of reach of children."

790.8 (f) An edible cannabinoid product must not contain more than five milligrams of any
790.9 tetrahydrocannabinol in a single serving, or more than a total of 50 milligrams of any
790.10 tetrahydrocannabinol per package.

790.11 Sec. 9. Minnesota Statutes 2020, section 151.72, subdivision 6, is amended to read:

790.12 Subd. 6. **Enforcement.** (a) A product ~~sold~~ regulated under this section, including an
790.13 edible cannabinoid product, shall be considered an adulterated drug if:

790.14 (1) it consists, in whole or in part, of any filthy, putrid, or decomposed substance;

790.15 (2) it has been produced, prepared, packed, or held under unsanitary conditions where
790.16 it may have been rendered injurious to health, or where it may have been contaminated with
790.17 filth;

790.18 (3) its container is composed, in whole or in part, of any poisonous or deleterious
790.19 substance that may render the contents injurious to health;

790.20 (4) it contains any food additives, color additives, or excipients that have been found by
790.21 the FDA to be unsafe for human or animal consumption; ~~or~~

790.22 (5) it contains an amount or percentage of nonintoxicating cannabinoids that is different
790.23 than the amount or percentage stated on the label~~.~~;

790.24 (6) it contains more than 0.3 percent of any tetrahydrocannabinol or, if the product is
790.25 an edible cannabinoid product, an amount of tetrahydrocannabinol that exceeds the limits
790.26 established in subdivision 5a, paragraph (f); or

790.27 (7) it contains more than trace amounts of mold, residual solvents, pesticides, fertilizers,
790.28 or heavy metals.

790.29 (b) A product ~~sold~~ regulated under this section shall be considered a misbranded drug
790.30 if the product's labeling is false or misleading in any manner or in violation of the
790.31 requirements of this section.

791.1 (c) The board's authority to issue cease and desist orders under section 151.06; to embargo
791.2 adulterated and misbranded drugs under section 151.38; and to seek injunctive relief under
791.3 section 214.11, extends to any violation of this section.

791.4 Sec. 10. Minnesota Statutes 2020, section 152.01, subdivision 23, is amended to read:

791.5 Subd. 23. **Analog.** (a) Except as provided in paragraph (b), "analog" means a substance,
791.6 the chemical structure of which is substantially similar to the chemical structure of a
791.7 controlled substance in Schedule I or II:

791.8 (1) that has a stimulant, depressant, or hallucinogenic effect on the central nervous system
791.9 that is substantially similar to or greater than the stimulant, depressant, or hallucinogenic
791.10 effect on the central nervous system of a controlled substance in Schedule I or II; or

791.11 (2) with respect to a particular person, if the person represents or intends that the substance
791.12 have a stimulant, depressant, or hallucinogenic effect on the central nervous system that is
791.13 substantially similar to or greater than the stimulant, depressant, or hallucinogenic effect
791.14 on the central nervous system of a controlled substance in Schedule I or II.

791.15 (b) "Analog" does not include:

791.16 (1) a controlled substance;

791.17 (2) any substance for which there is an approved new drug application under the Federal
791.18 Food, Drug, and Cosmetic Act; ~~or~~

791.19 (3) with respect to a particular person, any substance, if an exemption is in effect for
791.20 investigational use, for that person, as provided by United States Code, title 21, section 355,
791.21 and the person is registered as a controlled substance researcher as required under section
791.22 152.12, subdivision 3, to the extent conduct with respect to the substance is pursuant to the
791.23 exemption and registration; or

791.24 (4) marijuana or tetrahydrocannabinols naturally contained in a plant of the genus
791.25 cannabis or in the resinous extractives of the plant.

791.26 **EFFECTIVE DATE.** This section is effective August 1, 2022, and applies to crimes
791.27 committed on or after that date.

791.28 Sec. 11. Minnesota Statutes 2020, section 152.02, subdivision 2, is amended to read:

791.29 Subd. 2. **Schedule I.** (a) Schedule I consists of the substances listed in this subdivision.

791.30 (b) Opiates. Unless specifically excepted or unless listed in another schedule, any of the
791.31 following substances, including their analogs, isomers, esters, ethers, salts, and salts of

792.1 isomers, esters, and ethers, whenever the existence of the analogs, isomers, esters, ethers,
792.2 and salts is possible:

792.3 (1) acetylmethadol;

792.4 (2) allylprodine;

792.5 (3) alphacetylmethadol (except levo-alphacetylmethadol, also known as levomethadyl
792.6 acetate);

792.7 (4) alphameprodine;

792.8 (5) alphamethadol;

792.9 (6) alpha-methylfentanyl benzethidine;

792.10 (7) betacetylmethadol;

792.11 (8) betameprodine;

792.12 (9) betamethadol;

792.13 (10) betaprodine;

792.14 (11) clonitazene;

792.15 (12) dextromoramide;

792.16 (13) diampromide;

792.17 (14) diethyliambutene;

792.18 (15) difenoxin;

792.19 (16) dimenoxadol;

792.20 (17) dimepheptanol;

792.21 (18) dimethyliambutene;

792.22 (19) dioxaphetyl butyrate;

792.23 (20) dipipanone;

792.24 (21) ethylmethylthiambutene;

792.25 (22) etonitazene;

792.26 (23) etoxeridine;

792.27 (24) furethidine;

792.28 (25) hydroxypethidine;

793.1 (26) ketobemidone;

793.2 (27) levomoramide;

793.3 (28) levophenacylmorphan;

793.4 (29) 3-methylfentanyl;

793.5 (30) acetyl-alpha-methylfentanyl;

793.6 (31) alpha-methylthiofentanyl;

793.7 (32) benzylfentanyl beta-hydroxyfentanyl;

793.8 (33) beta-hydroxy-3-methylfentanyl;

793.9 (34) 3-methylthiofentanyl;

793.10 (35) thenylfentanyl;

793.11 (36) thiofentanyl;

793.12 (37) para-fluorofentanyl;

793.13 (38) morpheridine;

793.14 (39) 1-methyl-4-phenyl-4-propionoxypiperidine;

793.15 (40) noracymethadol;

793.16 (41) norlevorphanol;

793.17 (42) normethadone;

793.18 (43) norpipanone;

793.19 (44) 1-(2-phenylethyl)-4-phenyl-4-acetoxypiperidine (PEPAP);

793.20 (45) phenadoxone;

793.21 (46) phenampromide;

793.22 (47) phenomorphan;

793.23 (48) phenoperidine;

793.24 (49) piritramide;

793.25 (50) proheptazine;

793.26 (51) properidine;

793.27 (52) propiram;

794.1 (53) racemoramide;

794.2 (54) tilidine;

794.3 (55) trimeperidine;

794.4 (56) N-(1-Phenethylpiperidin-4-yl)-N-phenylacetamide (acetyl fentanyl);

794.5 (57) 3,4-dichloro-N-[(1R,2R)-2-(dimethylamino)cyclohexyl]-N-
794.6 methylbenzamide(U47700);

794.7 (58) N-phenyl-N-[1-(2-phenylethyl)piperidin-4-yl]furan-2-carboxamide(furanylfentanyl);

794.8 (59) 4-(4-bromophenyl)-4-dimethylamino-1-phenethylcyclohexanol (bromadol);

794.9 (60) N-(1-phenethylpiperidin-4-yl)-N-phenylcyclopropanecarboxamide (Cycloproprylf
794.10 fentanyl);

794.11 (61) N-(1-phenethylpiperidin-4-yl)-N-phenylbutanamide) (butyryl fentanyl);

794.12 (62) 1-cyclohexyl-4-(1,2-diphenylethyl)piperazine) (MT-45);

794.13 (63) N-(1-phenethylpiperidin-4-yl)-N-phenylcyclopentanecarboxamide (cyclopentyl
794.14 fentanyl);

794.15 (64) N-(1-phenethylpiperidin-4-yl)-N-phenylisobutyramide (isobutyryl fentanyl);

794.16 (65) N-(1-phenethylpiperidin-4-yl)-N-phenylpentanamide (valeryl fentanyl);

794.17 (66) N-(4-chlorophenyl)-N-(1-phenethylpiperidin-4-yl)isobutyramide
794.18 (para-chloroisobutyryl fentanyl);

794.19 (67) N-(4-fluorophenyl)-N-(1-phenethylpiperidin-4-yl)butyramide (para-fluorobutyryl
794.20 fentanyl);

794.21 (68) N-(4-methoxyphenyl)-N-(1-phenethylpiperidin-4-yl)butyramide
794.22 (para-methoxybutyryl fentanyl);

794.23 (69) N-(2-fluorophenyl)-2-methoxy-N-(1-phenethylpiperidin-4-yl)acetamide (ocfentanil);

794.24 (70) N-(4-fluorophenyl)-N-(1-phenethylpiperidin-4-yl)isobutyramide (4-fluoroisobutyryl
794.25 fentanyl or para-fluoroisobutyryl fentanyl);

794.26 (71) N-(1-phenethylpiperidin-4-yl)-N-phenylacrylamide (acryl fentanyl or
794.27 acryloylfentanyl);

794.28 (72) 2-methoxy-N-(1-phenethylpiperidin-4-yl)-N-phenylacetamide (methoxyacetyl
794.29 fentanyl);

795.1 (73) N-(2-fluorophenyl)-N-(1-phenethylpiperidin-4-yl)propionamide (ortho-fluorofentanyl
795.2 or 2-fluorofentanyl);

795.3 (74) N-(1-phenethylpiperidin-4-yl)-N-phenyltetrahydrofuran-2-carboxamide
795.4 (tetrahydrofuranyl fentanyl); and

795.5 (75) Fentanyl-related substances, their isomers, esters, ethers, salts and salts of isomers,
795.6 esters and ethers, meaning any substance not otherwise listed under another federal
795.7 Administration Controlled Substance Code Number or not otherwise listed in this section,
795.8 and for which no exemption or approval is in effect under section 505 of the Federal Food,
795.9 Drug, and Cosmetic Act, United States Code , title 21, section 355, that is structurally related
795.10 to fentanyl by one or more of the following modifications:

795.11 (i) replacement of the phenyl portion of the phenethyl group by any monocycle, whether
795.12 or not further substituted in or on the monocycle;

795.13 (ii) substitution in or on the phenethyl group with alkyl, alkenyl, alkoxyl, hydroxyl, halo,
795.14 haloalkyl, amino, or nitro groups;

795.15 (iii) substitution in or on the piperidine ring with alkyl, alkenyl, alkoxyl, ester, ether,
795.16 hydroxyl, halo, haloalkyl, amino, or nitro groups;

795.17 (iv) replacement of the aniline ring with any aromatic monocycle whether or not further
795.18 substituted in or on the aromatic monocycle; or

795.19 (v) replacement of the N-propionyl group by another acyl group.

795.20 (c) Opium derivatives. Any of the following substances, their analogs, salts, isomers,
795.21 and salts of isomers, unless specifically excepted or unless listed in another schedule,
795.22 whenever the existence of the analogs, salts, isomers, and salts of isomers is possible:

795.23 (1) acetorphine;

795.24 (2) acetyldihydrocodeine;

795.25 (3) benzylmorphine;

795.26 (4) codeine methylbromide;

795.27 (5) codeine-n-oxide;

795.28 (6) cyprenorphine;

795.29 (7) desomorphine;

795.30 (8) dihydromorphine;

796.1 (9) drotebanol;

796.2 (10) etorphine;

796.3 (11) heroin;

796.4 (12) hydromorphinol;

796.5 (13) methyldesorphine;

796.6 (14) methyldihydromorphine;

796.7 (15) morphine methylbromide;

796.8 (16) morphine methylsulfonate;

796.9 (17) morphine-n-oxide;

796.10 (18) myrophine;

796.11 (19) nicocodeine;

796.12 (20) nicomorphine;

796.13 (21) normorphine;

796.14 (22) pholcodine; and

796.15 (23) thebacon.

796.16 (d) Hallucinogens. Any material, compound, mixture or preparation which contains any
796.17 quantity of the following substances, their analogs, salts, isomers (whether optical, positional,
796.18 or geometric), and salts of isomers, unless specifically excepted or unless listed in another
796.19 schedule, whenever the existence of the analogs, salts, isomers, and salts of isomers is
796.20 possible:

796.21 (1) methylenedioxy amphetamine;

796.22 (2) methylenedioxymethamphetamine;

796.23 (3) methylenedioxy-N-ethylamphetamine (MDEA);

796.24 (4) n-hydroxy-methylenedioxyamphetamine;

796.25 (5) 4-bromo-2,5-dimethoxyamphetamine (DOB);

796.26 (6) 2,5-dimethoxyamphetamine (2,5-DMA);

796.27 (7) 4-methoxyamphetamine;

796.28 (8) 5-methoxy-3, 4-methylenedioxyamphetamine;

797.1 (9) alpha-ethyltryptamine;

797.2 (10) bufotenine;

797.3 (11) diethyltryptamine;

797.4 (12) dimethyltryptamine;

797.5 (13) 3,4,5-trimethoxyamphetamine;

797.6 (14) 4-methyl-2, 5-dimethoxyamphetamine (DOM);

797.7 (15) ibogaine;

797.8 (16) lysergic acid diethylamide (LSD);

797.9 (17) mescaline;

797.10 (18) parahexyl;

797.11 (19) N-ethyl-3-piperidyl benzilate;

797.12 (20) N-methyl-3-piperidyl benzilate;

797.13 (21) psilocybin;

797.14 (22) psilocyn;

797.15 (23) tenocyclidine (TPCP or TCP);

797.16 (24) N-ethyl-1-phenyl-cyclohexylamine (PCE);

797.17 (25) 1-(1-phenylcyclohexyl) pyrrolidine (PCPy);

797.18 (26) 1-[1-(2-thienyl)cyclohexyl]-pyrrolidine (TCPy);

797.19 (27) 4-chloro-2,5-dimethoxyamphetamine (DOC);

797.20 (28) 4-ethyl-2,5-dimethoxyamphetamine (DOET);

797.21 (29) 4-iodo-2,5-dimethoxyamphetamine (DOI);

797.22 (30) 4-bromo-2,5-dimethoxyphenethylamine (2C-B);

797.23 (31) 4-chloro-2,5-dimethoxyphenethylamine (2C-C);

797.24 (32) 4-methyl-2,5-dimethoxyphenethylamine (2C-D);

797.25 (33) 4-ethyl-2,5-dimethoxyphenethylamine (2C-E);

797.26 (34) 4-iodo-2,5-dimethoxyphenethylamine (2C-I);

797.27 (35) 4-propyl-2,5-dimethoxyphenethylamine (2C-P);

798.1 (36) 4-isopropylthio-2,5-dimethoxyphenethylamine (2C-T-4);

798.2 (37) 4-propylthio-2,5-dimethoxyphenethylamine (2C-T-7);

798.3 (38) 2-(8-bromo-2,3,6,7-tetrahydrofuro [2,3-f][1]benzofuran-4-yl)ethanamine
798.4 (2-CB-FLY);

798.5 (39) bromo-benzodifuranyl-isopropylamine (Bromo-DragonFLY);

798.6 (40) alpha-methyltryptamine (AMT);

798.7 (41) N,N-diisopropyltryptamine (DiPT);

798.8 (42) 4-acetoxy-N,N-dimethyltryptamine (4-AcO-DMT);

798.9 (43) 4-acetoxy-N,N-diethyltryptamine (4-AcO-DET);

798.10 (44) 4-hydroxy-N-methyl-N-propyltryptamine (4-HO-MPT);

798.11 (45) 4-hydroxy-N,N-dipropyltryptamine (4-HO-DPT);

798.12 (46) 4-hydroxy-N,N-diallyltryptamine (4-HO-DALT);

798.13 (47) 4-hydroxy-N,N-diisopropyltryptamine (4-HO-DiPT);

798.14 (48) 5-methoxy-N,N-diisopropyltryptamine (5-MeO-DiPT);

798.15 (49) 5-methoxy-α-methyltryptamine (5-MeO-AMT);

798.16 (50) 5-methoxy-N,N-dimethyltryptamine (5-MeO-DMT);

798.17 (51) 5-methylthio-N,N-dimethyltryptamine (5-MeS-DMT);

798.18 (52) 5-methoxy-N-methyl-N-isopropyltryptamine (5-MeO-MiPT);

798.19 (53) 5-methoxy-α-ethyltryptamine (5-MeO-AET);

798.20 (54) 5-methoxy-N,N-dipropyltryptamine (5-MeO-DPT);

798.21 (55) 5-methoxy-N,N-diethyltryptamine (5-MeO-DET);

798.22 (56) 5-methoxy-N,N-diallyltryptamine (5-MeO-DALT);

798.23 (57) methoxetamine (MXE);

798.24 (58) 5-iodo-2-aminoindane (5-IAI);

798.25 (59) 5,6-methylenedioxy-2-aminoindane (MDAI);

798.26 (60) 2-(4-bromo-2,5-dimethoxyphenyl)-N-(2-methoxybenzyl)ethanamine (25B-NBOMe);

798.27 (61) 2-(4-chloro-2,5-dimethoxyphenyl)-N-(2-methoxybenzyl)ethanamine (25C-NBOMe);

799.1 (62) 2-(4-iodo-2,5-dimethoxyphenyl)-N-(2-methoxybenzyl)ethanamine (25I-NBOMe);

799.2 (63) 2-(2,5-Dimethoxyphenyl)ethanamine (2C-H);

799.3 (64) 2-(4-Ethylthio-2,5-dimethoxyphenyl)ethanamine (2C-T-2);

799.4 (65) N,N-Dipropyltryptamine (DPT);

799.5 (66) 3-[1-(Piperidin-1-yl)cyclohexyl]phenol (3-HO-PCP);

799.6 (67) N-ethyl-1-(3-methoxyphenyl)cyclohexanamine (3-MeO-PCE);

799.7 (68) 4-[1-(3-methoxyphenyl)cyclohexyl]morpholine (3-MeO-PCMo);

799.8 (69) 1-[1-(4-methoxyphenyl)cyclohexyl]-piperidine (methoxydine, 4-MeO-PCP);

799.9 (70) 2-(2-Chlorophenyl)-2-(ethylamino)cyclohexan-1-one (N-Ethylnorketamine,
799.10 ethketamine, NENK);

799.11 (71) methylenedioxy-N,N-dimethylamphetamine (MDDMA);

799.12 (72) 3-(2-Ethyl(methyl)aminoethyl)-1H-indol-4-yl (4-AcO-MET); and

799.13 (73) 2-Phenyl-2-(methylamino)cyclohexanone (deschloroketamine).

799.14 (e) Peyote. All parts of the plant presently classified botanically as Lophophora williamsii
799.15 Lemaire, whether growing or not, the seeds thereof, any extract from any part of the plant,
799.16 and every compound, manufacture, salts, derivative, mixture, or preparation of the plant,
799.17 its seeds or extracts. The listing of peyote as a controlled substance in Schedule I does not
799.18 apply to the nondrug use of peyote in bona fide religious ceremonies of the American Indian
799.19 Church, and members of the American Indian Church are exempt from registration. Any
799.20 person who manufactures peyote for or distributes peyote to the American Indian Church,
799.21 however, is required to obtain federal registration annually and to comply with all other
799.22 requirements of law.

799.23 (f) Central nervous system depressants. Unless specifically excepted or unless listed in
799.24 another schedule, any material compound, mixture, or preparation which contains any
799.25 quantity of the following substances, their analogs, salts, isomers, and salts of isomers
799.26 whenever the existence of the analogs, salts, isomers, and salts of isomers is possible:

799.27 (1) mecloqualone;

799.28 (2) methaqualone;

799.29 (3) gamma-hydroxybutyric acid (GHB), including its esters and ethers;

799.30 (4) flunitrazepam;

800.1 (5) 2-(2-Methoxyphenyl)-2-(methylamino)cyclohexanone (2-MeO-2-deschloroketamine,
800.2 methoxyketamine);

800.3 (6) tianeptine;

800.4 (7) clonazolam;

800.5 (8) etizolam;

800.6 (9) flubromazolam; and

800.7 (10) flubromazepam.

800.8 (g) Stimulants. Unless specifically excepted or unless listed in another schedule, any
800.9 material compound, mixture, or preparation which contains any quantity of the following
800.10 substances, their analogs, salts, isomers, and salts of isomers whenever the existence of the
800.11 analogs, salts, isomers, and salts of isomers is possible:

800.12 (1) aminorex;

800.13 (2) cathinone;

800.14 (3) fenethylline;

800.15 (4) methcathinone;

800.16 (5) methylaminorex;

800.17 (6) N,N-dimethylamphetamine;

800.18 (7) N-benzylpiperazine (BZP);

800.19 (8) methylmethcathinone (mephedrone);

800.20 (9) 3,4-methylenedioxy-N-methylcathinone (methylone);

800.21 (10) methoxymethcathinone (methedrone);

800.22 (11) methylenedioxypyrovalerone (MDPV);

800.23 (12) 3-fluoro-N-methylcathinone (3-FMC);

800.24 (13) methylethcathinone (MEC);

800.25 (14) 1-benzofuran-6-ylpropan-2-amine (6-APB);

800.26 (15) dimethylmethcathinone (DMMC);

800.27 (16) fluoroamphetamine;

800.28 (17) fluoromethamphetamine;

801.1 (18) α-methylaminobutyrophenone (MABP or buphedrone);

801.2 (19) 1-(1,3-benzodioxol-5-yl)-2-(methylamino)butan-1-one (butylone);

801.3 (20) 2-(methylamino)-1-(4-methylphenyl)butan-1-one (4-MEMABP or BZ-6378);

801.4 (21) 1-(naphthalen-2-yl)-2-(pyrrolidin-1-yl) pentan-1-one (naphthylpyrovalerone or
801.5 naphyrone);

801.6 (22) (alpha-pyrrolidinopentiophenone (alpha-PVP);

801.7 (23) (RS)-1-(4-methylphenyl)-2-(1-pyrrolidinyl)-1-hexanone (4-Me-PHP or MPHP);

801.8 (24) 2-(1-pyrrolidinyl)-hexanophenone (Alpha-PHP);

801.9 (25) 4-methyl-N-ethylcathinone (4-MEC);

801.10 (26) 4-methyl-alpha-pyrrolidinopropiophenone (4-MePPP);

801.11 (27) 2-(methylamino)-1-phenylpentan-1-one (pentedrone);

801.12 (28) 1-(1,3-benzodioxol-5-yl)-2-(methylamino)pentan-1-one (pentylone);

801.13 (29) 4-fluoro-N-methylcathinone (4-FMC);

801.14 (30) 3,4-methylenedioxy-N-ethylcathinone (ethylone);

801.15 (31) alpha-pyrrolidinobutiophenone (α-PBP);

801.16 (32) 5-(2-Aminopropyl)-2,3-dihydrobenzofuran (5-APDB);

801.17 (33) 1-phenyl-2-(1-pyrrolidinyl)-1-heptanone (PV8);

801.18 (34) 6-(2-Aminopropyl)-2,3-dihydrobenzofuran (6-APDB);

801.19 (35) 4-methyl-alpha-ethylaminopentiophenone (4-MEAPP);

801.20 (36) 4'-chloro-alpha-pyrrolidinopropiophenone (4'-chloro-PPP);

801.21 (37) 1-(1,3-Benzodioxol-5-yl)-2-(dimethylamino)butan-1-one (dibutylone, bk-DMBDB);

801.22 (38) 1-(3-chlorophenyl) piperazine (meta-chlorophenylpiperazine or mCPP);

801.23 (39) 1-(1,3-benzodioxol-5-yl)-2-(ethylamino)-pentan-1-one (N-ethylpentylone, ephylone);
801.24 and

801.25 (40) any other substance, except bupropion or compounds listed under a different
801.26 schedule, that is structurally derived from 2-aminopropan-1-one by substitution at the
801.27 1-position with either phenyl, naphthyl, or thiophene ring systems, whether or not the
801.28 compound is further modified in any of the following ways:

802.1 (i) by substitution in the ring system to any extent with alkyl, alkylenedioxy, alkoxy,
802.2 haloalkyl, hydroxyl, or halide substituents, whether or not further substituted in the ring
802.3 system by one or more other univalent substituents;

802.4 (ii) by substitution at the 3-position with an acyclic alkyl substituent;

802.5 (iii) by substitution at the 2-amino nitrogen atom with alkyl, dialkyl, benzyl, or
802.6 methoxybenzyl groups; or

802.7 (iv) by inclusion of the 2-amino nitrogen atom in a cyclic structure.

802.8 (h) ~~Marijuana,~~ Synthetic tetrahydrocannabinols~~,~~ and synthetic cannabinoids. Unless
802.9 specifically excepted or unless listed in another schedule, any ~~natural or~~ synthetic material,
802.10 compound, mixture, or preparation that contains any quantity of the following substances,
802.11 their analogs, isomers, esters, ethers, salts, and salts of isomers, esters, and ethers, whenever
802.12 the existence of the isomers, esters, ethers, or salts is possible:

802.13 ~~(1) marijuana;~~

802.14 ~~(2)~~ (1) synthetic tetrahydrocannabinols ~~naturally contained in a plant of the genus~~
802.15 ~~Cannabis,~~ that are the synthetic equivalents of the substances contained in the cannabis
802.16 plant or in the resinous extractives of the plant, or synthetic substances with similar chemical
802.17 structure and pharmacological activity to those substances contained in the plant or resinous
802.18 extract, including, but not limited to, 1 cis or trans tetrahydrocannabinol, 6 cis or trans
802.19 tetrahydrocannabinol, and 3,4 cis or trans tetrahydrocannabinol; and

802.20 ~~(3)~~ (2) synthetic cannabinoids, including the following substances:

802.21 (i) Naphthoylindoles, which are any compounds containing a 3-(1-napthoyl)indole
802.22 structure with substitution at the nitrogen atom of the indole ring by an alkyl, haloalkyl,
802.23 alkenyl, cycloalkylmethyl, cycloalkylethyl, 1-(N-methyl-2-piperidinyl)methyl or
802.24 2-(4-morpholinyl)ethyl group, whether or not further substituted in the indole ring to any
802.25 extent and whether or not substituted in the naphthyl ring to any extent. Examples of
802.26 naphthoylindoles include, but are not limited to:

802.27 (A) 1-Pentyl-3-(1-naphthoyl)indole (JWH-018 and AM-678);

802.28 (B) 1-Butyl-3-(1-naphthoyl)indole (JWH-073);

802.29 (C) 1-Pentyl-3-(4-methoxy-1-naphthoyl)indole (JWH-081);

802.30 (D) 1-[2-(4-morpholinyl)ethyl]-3-(1-naphthoyl)indole (JWH-200);

802.31 (E) 1-Propyl-2-methyl-3-(1-naphthoyl)indole (JWH-015);

803.1 (F) 1-Hexyl-3-(1-naphthoyl)indole (JWH-019);

803.2 (G) 1-Pentyl-3-(4-methyl-1-naphthoyl)indole (JWH-122);

803.3 (H) 1-Pentyl-3-(4-ethyl-1-naphthoyl)indole (JWH-210);

803.4 (I) 1-Pentyl-3-(4-chloro-1-naphthoyl)indole (JWH-398);

803.5 (J) 1-(5-fluoropentyl)-3-(1-naphthoyl)indole (AM-2201).

803.6 (ii) Napthylmethylindoles, which are any compounds containing a
803.7 1H-indol-3-yl-(1-naphthyl)methane structure with substitution at the nitrogen atom of the
803.8 indole ring by an alkyl, haloalkyl, alkenyl, cycloalkylmethyl, cycloalkylethyl,
803.9 1-(N-methyl-2-piperidinyl)methyl or 2-(4-morpholinyl)ethyl group, whether or not further
803.10 substituted in the indole ring to any extent and whether or not substituted in the naphthyl
803.11 ring to any extent. Examples of naphthylmethylindoles include, but are not limited to:

803.12 (A) 1-Pentyl-1H-indol-3-yl-(1-naphthyl)methane (JWH-175);

803.13 (B) 1-Pentyl-1H-indol-3-yl-(4-methyl-1-naphthyl)methane (JWH-184).

803.14 (iii) Naphthoylpyrroles, which are any compounds containing a 3-(1-naphthoyl)pyrrole
803.15 structure with substitution at the nitrogen atom of the pyrrole ring by an alkyl, haloalkyl,
803.16 alkenyl, cycloalkylmethyl, cycloalkylethyl, 1-(N-methyl-2-piperidinyl)methyl or
803.17 2-(4-morpholinyl)ethyl group whether or not further substituted in the pyrrole ring to any
803.18 extent, whether or not substituted in the naphthyl ring to any extent. Examples of
803.19 naphthoylpyrroles include, but are not limited to,
803.20 (5-(2-fluorophenyl)-1-pentylpyrrol-3-yl)-naphthalen-1-ylmethanone (JWH-307).

803.21 (iv) Naphthylmethylindenes, which are any compounds containing a naphthylideneindene
803.22 structure with substitution at the 3-position of the indene ring by an alkyl, haloalkyl, alkenyl,
803.23 cycloalkylmethyl, cycloalkylethyl, 1-(N-methyl-2-piperidinyl)methyl or
803.24 2-(4-morpholinyl)ethyl group whether or not further substituted in the indene ring to any
803.25 extent, whether or not substituted in the naphthyl ring to any extent. Examples of
803.26 naphthylemethylindenes include, but are not limited to,
803.27 E-1-[1-(1-naphthalenylmethylene)-1H-inden-3-yl]pentane (JWH-176).

803.28 (v) Phenylacetylindoles, which are any compounds containing a 3-phenylacetylindole
803.29 structure with substitution at the nitrogen atom of the indole ring by an alkyl, haloalkyl,
803.30 alkenyl, cycloalkylmethyl, cycloalkylethyl, 1-(N-methyl-2-piperidinyl)methyl or
803.31 2-(4-morpholinyl)ethyl group whether or not further substituted in the indole ring to any
803.32 extent, whether or not substituted in the phenyl ring to any extent. Examples of
803.33 phenylacetylindoles include, but are not limited to:

804.1 (A) 1-(2-cyclohexylethyl)-3-(2-methoxyphenylacetyl)indole (RCS-8);

804.2 (B) 1-pentyl-3-(2-methoxyphenylacetyl)indole (JWH-250);

804.3 (C) 1-pentyl-3-(2-methylphenylacetyl)indole (JWH-251);

804.4 (D) 1-pentyl-3-(2-chlorophenylacetyl)indole (JWH-203).

804.5 (vi) Cyclohexylphenols, which are compounds containing a
804.6 2-(3-hydroxycyclohexyl)phenol structure with substitution at the 5-position of the phenolic
804.7 ring by an alkyl, haloalkyl, alkenyl, cycloalkylmethyl, cycloalkylethyl,
804.8 1-(N-methyl-2-piperidinyl)methyl or 2-(4-morpholinyl)ethyl group whether or not substituted
804.9 in the cyclohexyl ring to any extent. Examples of cyclohexylphenols include, but are not
804.10 limited to:

804.11 (A) 5-(1,1-dimethylheptyl)-2-[(1R,3S)-3-hydroxycyclohexyl]-phenol (CP 47,497);

804.12 (B) 5-(1,1-dimethyloctyl)-2-[(1R,3S)-3-hydroxycyclohexyl]-phenol
804.13 (Cannabicyclohexanol or CP 47,497 C8 homologue);

804.14 (C) 5-(1,1-dimethylheptyl)-2-[(1R,2R)-5-hydroxy-2-(3-hydroxypropyl)cyclohexyl]
804.15 -phenol (CP 55,940).

804.16 (vii) Benzoylindoles, which are any compounds containing a 3-(benzoyl)indole structure
804.17 with substitution at the nitrogen atom of the indole ring by an alkyl, haloalkyl, alkenyl,
804.18 cycloalkylmethyl, cycloalkylethyl, 1-(N-methyl-2-piperidinyl)methyl or
804.19 2-(4-morpholinyl)ethyl group whether or not further substituted in the indole ring to any
804.20 extent and whether or not substituted in the phenyl ring to any extent. Examples of
804.21 benzoylindoles include, but are not limited to:

804.22 (A) 1-Pentyl-3-(4-methoxybenzoyl)indole (RCS-4);

804.23 (B) 1-(5-fluoropentyl)-3-(2-iodobenzoyl)indole (AM-694);

804.24 (C) (4-methoxyphenyl-[2-methyl-1-(2-(4-morpholinyl)ethyl)indol-3-yl]methanone (WIN
804.25 48,098 or Pravadoline).

804.26 (viii) Others specifically named:

804.27 (A) (6aR,10aR)-9-(hydroxymethyl)-6,6-dimethyl-3-(2-methyloctan-2-yl)
804.28 -6a,7,10,10a-tetrahydrobenzo[c]chromen-1-ol (HU-210);

804.29 (B) (6aS,10aS)-9-(hydroxymethyl)-6,6-dimethyl-3-(2-methyloctan-2-yl)
804.30 -6a,7,10,10a-tetrahydrobenzo[c]chromen-1-ol (Dexanabinol or HU-211);

805.1 (C) 2,3-dihydro-5-methyl-3-(4-morpholinylmethyl)pyrrolo[1,2,3-de]
805.2 -1,4-benzoxazin-6-yl-1-naphthalenylmethanone (WIN 55,212-2);

805.3 (D) (1-pentylindol-3-yl)-(2,2,3,3-tetramethylcyclopropyl)methanone (UR-144);

805.4 (E) (1-(5-fluoropentyl)-1H-indol-3-yl)(2,2,3,3-tetramethylcyclopropyl)methanone
805.5 (XLR-11);

805.6 (F) 1-pentyl-N-tricyclo[3.3.1.13,7]dec-1-yl-1H-indazole-3-carboxamide
805.7 (AKB-48(APINACA));

805.8 (G) N-((3s,5s,7s)-adamantan-1-yl)-1-(5-fluoropentyl)-1H-indazole-3-carboxamide
805.9 (5-Fluoro-AKB-48);

805.10 (H) 1-pentyl-8-quinolinyl ester-1H-indole-3-carboxylic acid (PB-22);

805.11 (I) 8-quinolinyl ester-1-(5-fluoropentyl)-1H-indole-3-carboxylic acid (5-Fluoro PB-22);

805.12 (J) N-[(1S)-1-(aminocarbonyl)-2-methylpropyl]-1-pentyl-1H-indazole- 3-carboxamide
805.13 (AB-PINACA);

805.14 (K) N-[(1S)-1-(aminocarbonyl)-2-methylpropyl]-1-[(4-fluorophenyl)methyl]-
805.15 1H-indazole-3-carboxamide (AB-FUBINACA);

805.16 (L) N-[(1S)-1-(aminocarbonyl)-2-methylpropyl]-1-(cyclohexylmethyl)-1H-
805.17 indazole-3-carboxamide(AB-CHMINACA);

805.18 (M) (S)-methyl 2-(1-(5-fluoropentyl)-1H-indazole-3-carboxamido)-3- methylbutanoate
805.19 (5-fluoro-AMB);

805.20 (N) [1-(5-fluoropentyl)-1H-indazol-3-yl](naphthalen-1-yl) methanone (THJ-2201);

805.21 (O) (1-(5-fluoropentyl)-1H-benzo[d]imidazol-2-yl)(naphthalen-1-yl)methanone)
805.22 (FUBIMINA);

805.23 (P) (7-methoxy-1-(2-morpholinoethyl)-N-((1S,2S,4R)-1,3,3-trimethylbicyclo
805.24 [2.2.1]heptan-2-yl)-1H-indole-3-carboxamide (MN-25 or UR-12);

805.25 (Q) (S)-N-(1-amino-3-methyl-1-oxobutan-2-yl)-1-(5-fluoropentyl)
805.26 -1H-indole-3-carboxamide (5-fluoro-ABICA);

805.27 (R) N-(1-amino-3-phenyl-1-oxopropan-2-yl)-1-(5-fluoropentyl)
805.28 -1H-indole-3-carboxamide;

805.29 (S) N-(1-amino-3-phenyl-1-oxopropan-2-yl)-1-(5-fluoropentyl)
805.30 -1H-indazole-3-carboxamide;

806.1 (T) methyl 2-(1-(cyclohexylmethyl)-1H-indole-3-carboxamido) -3,3-dimethylbutanoate;

806.2 (U) N-(1-amino-3,3-dimethyl-1-oxobutan-2-yl)-1(cyclohexylmethyl)-1
806.3 H-indazole-3-carboxamide (MAB-CHMINACA);

806.4 (V) N-(1-Amino-3,3-dimethyl-1-oxo-2-butanyl)-1-pentyl-1H-indazole-3-carboxamide
806.5 (ADB-PINACA);

806.6 (W) methyl (1-(4-fluorobenzyl)-1H-indazole-3-carbonyl)-L-valinate (FUB-AMB);

806.7 (X) N-[(1S)-2-amino-2-oxo-1-(phenylmethyl)ethyl]-1-(cyclohexylmethyl)-1H-Indazole-
806.8 3-carboxamide. (APP-CHMINACA);

806.9 (Y) quinolin-8-yl 1-(4-fluorobenzyl)-1H-indole-3-carboxylate (FUB-PB-22); and

806.10 (Z) methyl N-[1-(cyclohexylmethyl)-1H-indole-3-carbonyl]valinate (MMB-CHMICA).

806.11 (ix) Additional substances specifically named:

806.12 (A) 1-(5-fluoropentyl)-N-(2-phenylpropan-2-yl)-1
806.13 H-pyrrolo[2,3-B]pyridine-3-carboxamide (5F-CUMYL-P7AICA);

806.14 (B) 1-(4-cyanobutyl)-N-(2- phenylpropan-2-yl)-1 H-indazole-3-carboxamide
806.15 (4-CN-Cumyl-Butinaca);

806.16 (C) naphthalen-1-yl-1-(5-fluoropentyl)-1-H-indole-3-carboxylate (NM2201; CBL2201);

806.17 (D) N-(1-amino-3-methyl-1-oxobutan-2-yl)-1-(5-fluoropentyl)-1
806.18 H-indazole-3-carboxamide (5F-ABPINACA);

806.19 (E) methyl-2-(1-(cyclohexylmethyl)-1H-indole-3-carboxamido)-3,3-dimethylbutanoate
806.20 (MDMB CHMICA);

806.21 (F) methyl 2-(1-(5-fluoropentyl)-1H-indazole-3-carboxamido)-3,3-dimethylbutanoate
806.22 (5F-ADB; 5F-MDMB-PINACA); and

806.23 (G) N-(1-amino-3,3-dimethyl-1-oxobutan-2-yl)-1-(4-fluorobenzyl)
806.24 1H-indazole-3-carboxamide (ADB-FUBINACA).

806.25 (i) A controlled substance analog, to the extent that it is implicitly or explicitly intended
806.26 for human consumption.

806.27 **EFFECTIVE DATE.** This section is effective August 1, 2022, and applies to crimes
806.28 committed on or after that date.

806.29 Sec. 12. Minnesota Statutes 2020, section 152.02, subdivision 3, is amended to read:

806.30 Subd. 3. **Schedule II.** (a) Schedule II consists of the substances listed in this subdivision.

807.1 (b) Unless specifically excepted or unless listed in another schedule, any of the following
807.2 substances whether produced directly or indirectly by extraction from substances of vegetable
807.3 origin or independently by means of chemical synthesis, or by a combination of extraction
807.4 and chemical synthesis:

807.5 (1) Opium and opiate, and any salt, compound, derivative, or preparation of opium or
807.6 opiate.

807.7 (i) Excluding:

807.8 (A) apomorphine;

807.9 (B) thebaine-derived butorphanol;

807.10 (C) dextrophan;

807.11 (D) nalbuphine;

807.12 (E) nalmefene;

807.13 (F) naloxegol;

807.14 (G) naloxone;

807.15 (H) naltrexone; and

807.16 (I) their respective salts;

807.17 (ii) but including the following:

807.18 (A) opium, in all forms and extracts;

807.19 (B) codeine;

807.20 (C) dihydroetorphine;

807.21 (D) ethylmorphine;

807.22 (E) etorphine hydrochloride;

807.23 (F) hydrocodone;

807.24 (G) hydromorphone;

807.25 (H) metopon;

807.26 (I) morphine;

807.27 (J) oxycodone;

807.28 (K) oxymorphone;

808.1 (L) thebaine;

808.2 (M) oripavine;

808.3 (2) any salt, compound, derivative, or preparation thereof which is chemically equivalent
808.4 or identical with any of the substances referred to in clause (1), except that these substances
808.5 shall not include the isoquinoline alkaloids of opium;

808.6 (3) opium poppy and poppy straw;

808.7 (4) coca leaves and any salt, cocaine compound, derivative, or preparation of coca leaves
808.8 (including cocaine and ecgonine and their salts, isomers, derivatives, and salts of isomers
808.9 and derivatives), and any salt, compound, derivative, or preparation thereof which is
808.10 chemically equivalent or identical with any of these substances, except that the substances
808.11 shall not include decocainized coca leaves or extraction of coca leaves, which extractions
808.12 do not contain cocaine or ecgonine;

808.13 (5) concentrate of poppy straw (the crude extract of poppy straw in either liquid, solid,
808.14 or powder form which contains the phenanthrene alkaloids of the opium poppy).

808.15 (c) Any of the following opiates, including their isomers, esters, ethers, salts, and salts
808.16 of isomers, esters and ethers, unless specifically excepted, or unless listed in another schedule,
808.17 whenever the existence of such isomers, esters, ethers and salts is possible within the specific
808.18 chemical designation:

808.19 (1) alfentanil;

808.20 (2) alphaprodine;

808.21 (3) anileridine;

808.22 (4) bezitramide;

808.23 (5) bulk dextropropoxyphene (nondosage forms);

808.24 (6) carfentanil;

808.25 (7) dihydrocodeine;

808.26 (8) dihydromorphinone;

808.27 (9) diphenoxylate;

808.28 (10) fentanyl;

808.29 (11) isomethadone;

808.30 (12) levo-alpha-acetylmethadol (LAAM);

809.1 (13) levomethorphan;

809.2 (14) levorphanol;

809.3 (15) metazocine;

809.4 (16) methadone;

809.5 (17) methadone - intermediate, 4-cyano-2-dimethylamino-4, 4-diphenylbutane;

809.6 (18) moramide - intermediate, 2-methyl-3-morpholino-1, 1-diphenyl-propane-carboxylic
809.7 acid;

809.8 (19) pethidine;

809.9 (20) pethidine - intermediate - a, 4-cyano-1-methyl-4-phenylpiperidine;

809.10 (21) pethidine - intermediate - b, ethyl-4-phenylpiperidine-4-carboxylate;

809.11 (22) pethidine - intermediate - c, 1-methyl-4-phenylpiperidine-4-carboxylic acid;

809.12 (23) phenazocine;

809.13 (24) piminodine;

809.14 (25) racemethorphan;

809.15 (26) racemorphan;

809.16 (27) remifentanil;

809.17 (28) sufentanil;

809.18 (29) tapentadol;

809.19 (30) 4-Anilino-N-phenethylpiperidine.

809.20 (d) Unless specifically excepted or unless listed in another schedule, any material,
809.21 compound, mixture, or preparation which contains any quantity of the following substances
809.22 having a stimulant effect on the central nervous system:

809.23 (1) amphetamine, its salts, optical isomers, and salts of its optical isomers;

809.24 (2) methamphetamine, its salts, isomers, and salts of its isomers;

809.25 (3) phenmetrazine and its salts;

809.26 (4) methylphenidate;

809.27 (5) lisdexamfetamine.

810.1 (e) Unless specifically excepted or unless listed in another schedule, any material,
810.2 compound, mixture, or preparation which contains any quantity of the following substances
810.3 having a depressant effect on the central nervous system, including its salts, isomers, and
810.4 salts of isomers whenever the existence of such salts, isomers, and salts of isomers is possible
810.5 within the specific chemical designation:

810.6 (1) amobarbital;

810.7 (2) glutethimide;

810.8 (3) secobarbital;

810.9 (4) pentobarbital;

810.10 (5) phencyclidine;

810.11 (6) phencyclidine immediate precursors:

810.12 (i) 1-phenylcyclohexylamine;

810.13 (ii) 1-piperidinocyclohexanecarbonitrile;

810.14 (7) phenylacetone.

810.15 (f) Cannabis and cannabinoids:

810.16 (1) nabilone;

810.17 (2) unless specifically excepted or unless listed in another schedule, any natural material,
810.18 compound, mixture, or preparation that contains any quantity of the following substances,
810.19 their analogs, isomers, esters, ethers, salts, and salts of isomers, esters, and ethers, whenever
810.20 the existence of the isomers, esters, ethers, or salts is possible:

810.21 (i) marijuana; and

810.22 (ii) tetrahydrocannabinols naturally contained in a plant of the genus cannabis or in the
810.23 resinous extractives of the plant, except that tetrahydrocannabinols does not include any
810.24 material, compound, mixture, or preparation that qualifies as industrial hemp as defined in
810.25 section 18K.02, subdivision 3; and

810.26 ~~(2)~~ (3) dronabinol [(-)-delta-9-trans-tetrahydrocannabinol (delta-9-THC)] in an oral
810.27 solution in a drug product approved for marketing by the United States Food and Drug
810.28 Administration.

810.29 **EFFECTIVE DATE.** This section is effective August 1, 2022, and applies to crimes
810.30 committed on or after that date.

811.1 Sec. 13. Minnesota Statutes 2020, section 152.11, is amended by adding a subdivision to
811.2 read:

811.3 Subd. 5. **Exception.** References in this section to Schedule II controlled substances do
811.4 not extend to marijuana or tetrahydrocannabinols.

811.5 Sec. 14. Minnesota Statutes 2020, section 152.12, is amended by adding a subdivision to
811.6 read:

811.7 Subd. 6. **Exception.** References in this section to Schedule II controlled substances do
811.8 not extend to marijuana or tetrahydrocannabinols.

811.9 Sec. 15. Minnesota Statutes 2020, section 152.125, subdivision 3, is amended to read:

811.10 Subd. 3. **Limits on applicability.** This section does not apply to:

811.11 (1) a physician's treatment of an individual for chemical dependency resulting from the
811.12 use of controlled substances in Schedules II to V of section 152.02;

811.13 (2) the prescription or administration of controlled substances in Schedules II to V of
811.14 section 152.02 to an individual whom the physician knows to be using the controlled
811.15 substances for nontherapeutic purposes;

811.16 (3) the prescription or administration of controlled substances in Schedules II to V of
811.17 section 152.02 for the purpose of terminating the life of an individual having intractable
811.18 pain; ~~or~~

811.19 (4) the prescription or administration of a controlled substance in Schedules II to V of
811.20 section 152.02 that is not a controlled substance approved by the United States Food and
811.21 Drug Administration for pain relief; or

811.22 (5) the administration of medical cannabis under sections 152.22 to 152.37.

811.23 Sec. 16. Minnesota Statutes 2020, section 152.32, subdivision 1, is amended to read:

811.24 Subdivision 1. ~~**Presumption**~~ **Presumptions.** (a) There is a presumption that a patient
811.25 enrolled in the registry program under sections 152.22 to 152.37 is engaged in the authorized
811.26 use of medical cannabis.

811.27 (b) The presumption in paragraph (a) may be rebutted by evidence that conduct related
811.28 to use of medical cannabis was not for the purpose of treating or alleviating the patient's
811.29 qualifying medical condition or symptoms associated with the patient's qualifying medical
811.30 condition.

812.1 (c) Sections 152.22 to 152.37 do not create any positive conflict with federal drug laws
812.2 or regulations and are consistent with United States Code, title 21, section 903.

812.3 Sec. 17. Minnesota Statutes 2020, section 152.32, subdivision 2, is amended to read:

812.4 Subd. 2. **Criminal and civil protections.** (a) Subject to section 152.23, the following
812.5 are not violations under this chapter:

812.6 (1) use or possession of medical cannabis or medical cannabis products by a patient
812.7 enrolled in the registry program, or possession by a registered designated caregiver or the
812.8 parent, legal guardian, or spouse of a patient if the parent, legal guardian, or spouse is listed
812.9 on the registry verification;

812.10 (2) possession, dosage determination, or sale of medical cannabis or medical cannabis
812.11 products by a medical cannabis manufacturer, employees of a manufacturer, a laboratory
812.12 conducting testing on medical cannabis, or employees of the laboratory; and

812.13 (3) possession of medical cannabis or medical cannabis products by any person while
812.14 carrying out the duties required under sections 152.22 to 152.37.

812.15 (b) Medical cannabis obtained and distributed pursuant to sections 152.22 to 152.37 and
812.16 associated property is not subject to forfeiture under sections 609.531 to 609.5316.

812.17 (c) The commissioner, the commissioner's staff, the commissioner's agents or contractors,
812.18 and any health care practitioner are not subject to any civil or disciplinary penalties by the
812.19 Board of Medical Practice, the Board of Nursing, or by any business, occupational, or
812.20 professional licensing board or entity, solely for the participation in the registry program
812.21 under sections 152.22 to 152.37. A pharmacist licensed under chapter 151 is not subject to
812.22 any civil or disciplinary penalties by the Board of Pharmacy when acting in accordance
812.23 with the provisions of sections 152.22 to 152.37. Nothing in this section affects a professional
812.24 licensing board from taking action in response to violations of any other section of law.

812.25 (d) Notwithstanding any law to the contrary, the commissioner, the governor of
812.26 Minnesota, or an employee of any state agency may not be held civilly or criminally liable
812.27 for any injury, loss of property, personal injury, or death caused by any act or omission
812.28 while acting within the scope of office or employment under sections 152.22 to 152.37.

812.29 (e) Federal, state, and local law enforcement authorities are prohibited from accessing
812.30 the patient registry under sections 152.22 to 152.37 except when acting pursuant to a valid
812.31 search warrant.

813.1 (f) Notwithstanding any law to the contrary, neither the commissioner nor a public
813.2 employee may release data or information about an individual contained in any report,
813.3 document, or registry created under sections 152.22 to 152.37 or any information obtained
813.4 about a patient participating in the program, except as provided in sections 152.22 to 152.37.

813.5 (g) No information contained in a report, document, or registry or obtained from a patient
813.6 under sections 152.22 to 152.37 may be admitted as evidence in a criminal proceeding
813.7 unless independently obtained or in connection with a proceeding involving a violation of
813.8 sections 152.22 to 152.37.

813.9 (h) Notwithstanding section 13.09, any person who violates paragraph (e) or (f) is guilty
813.10 of a gross misdemeanor.

813.11 (i) An attorney may not be subject to disciplinary action by the Minnesota Supreme
813.12 Court or professional responsibility board for providing legal assistance to prospective or
813.13 registered manufacturers or others related to activity that is no longer subject to criminal
813.14 penalties under state law pursuant to sections 152.22 to 152.37.

813.15 (j) Possession of a registry verification or application for enrollment in the program by
813.16 a person entitled to possess or apply for enrollment in the registry program does not constitute
813.17 probable cause or reasonable suspicion, nor shall it be used to support a search of the person
813.18 or property of the person possessing or applying for the registry verification, or otherwise
813.19 subject the person or property of the person to inspection by any governmental agency.

813.20 (k) Subject to section 152.23, the listing of tetrahydrocannabinols as a Schedule I
813.21 controlled substance under this chapter does not apply to protected activities specified in
813.22 this subdivision.

813.23 Sec. 18. Minnesota Statutes 2021 Supplement, section 363A.50, is amended to read:

813.24 **363A.50 NONDISCRIMINATION IN ACCESS TO TRANSPLANTS.**

813.25 Subdivision 1. **Definitions.** (a) For purposes of this section, the following terms have
813.26 the meanings given unless the context clearly requires otherwise.

813.27 (b) "Anatomical gift" has the meaning given in section 525A.02, subdivision 4.

813.28 (c) "Auxiliary aids and services" include, but are not limited to:

813.29 (1) qualified interpreters or other effective methods of making aurally delivered materials
813.30 available to individuals with hearing impairments and to non-English-speaking individuals;

814.1 (2) qualified readers, taped texts, texts in accessible electronic format, or other effective
814.2 methods of making visually delivered materials available to individuals with visual
814.3 impairments;

814.4 (3) the provision of information in a format that is accessible for individuals with
814.5 cognitive, neurological, developmental, intellectual, or physical disabilities;

814.6 (4) the provision of supported decision-making services; and

814.7 (5) the acquisition or modification of equipment or devices.

814.8 (d) "Covered entity" means:

814.9 (1) any licensed provider of health care services, including licensed health care
814.10 practitioners, hospitals, nursing facilities, laboratories, intermediate care facilities, psychiatric
814.11 residential treatment facilities, institutions for individuals with intellectual or developmental
814.12 disabilities, and prison health centers; or

814.13 (2) any entity responsible for matching anatomical gift donors to potential recipients.

814.14 (e) "Disability" has the meaning given in section 363A.03, subdivision 12.

814.15 (f) "Organ transplant" means the transplantation or infusion of a part of a human body
814.16 into the body of another for the purpose of treating or curing a medical condition.

814.17 (g) "Qualified individual" means an individual who, with or without available support
814.18 networks, the provision of auxiliary aids and services, or reasonable modifications to policies
814.19 or practices, meets the essential eligibility requirements for the receipt of an anatomical
814.20 gift.

814.21 (h) "Reasonable modifications" include, but are not limited to:

814.22 (1) communication with individuals responsible for supporting an individual with
814.23 postsurgical and post-transplantation care, including medication; and

814.24 (2) consideration of support networks available to the individual, including family,
814.25 friends, and home and community-based services, including home and community-based
814.26 services funded through Medicaid, Medicare, another health plan in which the individual
814.27 is enrolled, or any program or source of funding available to the individual, in determining
814.28 whether the individual is able to comply with post-transplant medical requirements.

814.29 (i) "Supported decision making" has the meaning given in section 524.5-102, subdivision
814.30 16a.

815.1 Subd. 2. **Prohibition of discrimination.** (a) A covered entity may not, on the basis of
815.2 a qualified individual's race, ethnicity, mental disability, or physical disability:

815.3 (1) deem an individual ineligible to receive an anatomical gift or organ transplant;

815.4 (2) deny medical or related organ transplantation services, including evaluation, surgery,
815.5 counseling, and postoperative treatment and care;

815.6 (3) refuse to refer the individual to a transplant center or other related specialist for the
815.7 purpose of evaluation or receipt of an anatomical gift or organ transplant;

815.8 (4) refuse to place an individual on an organ transplant waiting list or place the individual
815.9 at a lower-priority position on the list than the position at which the individual would have
815.10 been placed if not for the individual's race, ethnicity, or disability; or

815.11 (5) decline insurance coverage for any procedure associated with the receipt of the
815.12 anatomical gift or organ transplant, including post-transplantation and postinfusion care.

815.13 (b) Notwithstanding paragraph (a), a covered entity may take an individual's disability
815.14 into account when making treatment or coverage recommendations or decisions, solely to
815.15 the extent that the physical or mental disability has been found by a physician, following
815.16 an individualized evaluation of the potential recipient to be medically significant to the
815.17 provision of the anatomical gift or organ transplant. The provisions of this section may not
815.18 be deemed to require referrals or recommendations for, or the performance of, organ
815.19 transplants that are not medically appropriate given the individual's overall health condition.

815.20 (c) If an individual has the necessary support system to assist the individual in complying
815.21 with post-transplant medical requirements, an individual's inability to independently comply
815.22 with those requirements may not be deemed to be medically significant for the purposes of
815.23 paragraph (b).

815.24 (d) A covered entity must make reasonable modifications to policies, practices, or
815.25 procedures, when such modifications are necessary to make services such as
815.26 transplantation-related counseling, information, coverage, or treatment available to qualified
815.27 individuals with disabilities, unless the entity can demonstrate that making such modifications
815.28 would fundamentally alter the nature of such services.

815.29 (e) A covered entity must take such steps as may be necessary to ensure that no qualified
815.30 individual with a disability is denied services such as transplantation-related counseling,
815.31 information, coverage, or treatment because of the absence of auxiliary aids and services,
815.32 unless the entity can demonstrate that taking such steps would fundamentally alter the nature

816.1 of the services being offered or result in an undue burden. A covered entity is not required
816.2 to provide supported decision-making services.

816.3 (f) A covered entity must otherwise comply with the requirements of Titles II and III of
816.4 the Americans with Disabilities Act of 1990, the Americans with Disabilities Act
816.5 Amendments Act of 2008, and the Minnesota Human Rights Act.

816.6 (g) The provisions of this section apply to each part of the organ transplant process.

816.7 Subd. 3. **Remedies.** In addition to all other remedies available under this chapter, any
816.8 individual who has been subjected to discrimination in violation of this section may initiate
816.9 a civil action in a court of competent jurisdiction to enjoin violations of this section.

816.10 Sec. 19. **FEDERAL SCHEDULE I EXEMPTION APPLICATION FOR MEDICAL**
816.11 **USE OF CANNABIS.**

816.12 By September 1, 2022, the commissioner of health shall apply to the Drug Enforcement
816.13 Administration's Office of Diversion Control for an exception under Code of Federal
816.14 Regulations, title 21, section 1307.03, and request formal written acknowledgment that the
816.15 listing of marijuana, marijuana extract, and tetrahydrocannabinols as controlled substances
816.16 in federal Schedule I does not apply to the protected activities in Minnesota Statutes, section
816.17 152.32, subdivision 2, pursuant to the medical cannabis program established under Minnesota
816.18 Statutes, sections 152.22 to 152.37. The application must include the list of presumptions
816.19 in Minnesota Statutes, section 152.32, subdivision 1.

816.20 Sec. 20. **REVISOR INSTRUCTION.**

816.21 The revisor of statutes shall renumber as Minnesota Statutes, section 256.4835, the
816.22 Minnesota Rare Disease Advisory Council that is currently coded as Minnesota Statutes,
816.23 section 137.68. The revisor shall also make necessary cross-reference changes consistent
816.24 with the renumbering.

816.25 **ARTICLE 23**

816.26 **FORECAST ADJUSTMENTS AND CARRYFORWARD AUTHORITY**

816.27 Section 1. **HUMAN SERVICES APPROPRIATION.**

816.28 The dollar amounts shown in the columns marked "Appropriations" are added to or, if
816.29 shown in parentheses, are subtracted from the appropriations in Laws 2021, First Special
816.30 Session chapter 7, article 16, from the general fund or any fund named to the Department
816.31 of Human Services for the purposes specified in this article, to be available for the fiscal
816.32 year indicated for each purpose. The figures "2022" and "2023" used in this article mean

817.1 that the appropriations listed under them are available for the fiscal years ending June 30,
817.2 2022, or June 30, 2023, respectively. "The first year" is fiscal year 2022. "The second year"
817.3 is fiscal year 2023. "The biennium" is fiscal years 2022 and 2023.

				APPROPRIATIONS Available for the Year Ending June 30	
817.4–817.7				**2022**	**2023**
817.8–817.9	Sec. 2. **COMMISSIONER OF HUMAN SERVICES**				
817.10	Subdivision 1. **Total Appropriation**			**$ (585,901,000)**	**$ 182,791,000**
817.11	Appropriations by Fund				
817.12	General Fund	(406,629,000)	185,395,000		
817.13–817.14	Health Care Access Fund	(86,146,000)	(11,799,000)		
817.15	Federal TANF	(93,126,000)	9,195,000		
817.16	Subd. 2. **Forecasted Programs**				
817.17	(a) **MFIP/DWP**				
817.18	Appropriations by Fund				
817.19	General Fund	72,106,000	(14,397,000)		
817.20	Federal TANF	(93,126,000)	9,195,000		
817.21	(b) **MFIP Child Care Assistance**			(103,347,000)	(73,738,000)
817.22	(c) **General Assistance**			(4,175,000)	(1,488,000)
817.23	(d) **Minnesota Supplemental Aid**			318,000	1,613,000
817.24	(e) **Housing Support**			(1,994,000)	9,257,000
817.25	(f) **Northstar Care for Children**			(9,613,000)	(4,865,000)
817.26	(g) **MinnesotaCare**			(86,146,000)	(11,799,000)
817.27–817.28	These appropriations are from the health care access fund.				
817.29	(h) **Medical Assistance**				
817.30	Appropriations by Fund				
817.31	General Fund	(348,364,000)	292,880,000		
817.32–817.33	Health Care Access Fund	-0-	-0-		

(i) **Alternative Care Program**	-0-	-0-
(j) **Behavioral Health Fund**	(11,560,000)	(23,867,000)
Subd. 3. **Technical Activities**	-0-	-0-

These appropriations are from the federal TANF fund.

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

Sec. 3. Laws 2021, First Special Session chapter 7, article 16, section 2, subdivision 29, is amended to read:

Subd. 29. **Grant Programs; Disabilities Grants**	31,398,000	31,010,000

(a) **Training Stipends for Direct Support Services Providers.** $1,000,000 in fiscal year 2022 is from the general fund for stipends for individual providers of direct support services as defined in Minnesota Statutes, section 256B.0711, subdivision 1. These stipends are available to individual providers who have completed designated voluntary trainings made available through the State-Provider Cooperation Committee formed by the State of Minnesota and the Service Employees International Union Healthcare Minnesota. Any unspent appropriation in fiscal year 2022 is available in fiscal year 2023. This is a onetime appropriation. This appropriation is available only if the labor agreement between the state of Minnesota and the Service Employees International Union Healthcare Minnesota under Minnesota Statutes, section 179A.54, is approved under Minnesota Statutes, section 3.855.

(b) **Parent-to-Parent Peer Support.** $125,000 in fiscal year 2022 and $125,000 in fiscal year 2023 are from the general fund for a grant to

819.1 an alliance member of Parent to Parent USA
819.2 to support the alliance member's
819.3 parent-to-parent peer support program for
819.4 families of children with a disability or special
819.5 health care need.

819.6 (c) **Self-Advocacy Grants.** (1) $143,000 in
819.7 fiscal year 2022 and $143,000 in fiscal year
819.8 2023 are from the general fund for a grant
819.9 under Minnesota Statutes, section 256.477,
819.10 subdivision 1.

819.11 (2) $105,000 in fiscal year 2022 and $105,000
819.12 in fiscal year 2023 are from the general fund
819.13 for subgrants under Minnesota Statutes,
819.14 section 256.477, subdivision 2.

819.15 (d) **Minnesota Inclusion Initiative Grants.**
819.16 $150,000 in fiscal year 2022 and $150,000 in
819.17 fiscal year 2023 are from the general fund for
819.18 grants under Minnesota Statutes, section
819.19 256.4772.

819.20 (e) **Grants to Expand Access to Child Care**
819.21 **for Children with Disabilities.** $250,000 in
819.22 fiscal year 2022 and $250,000 in fiscal year
819.23 2023 are from the general fund for grants to
819.24 expand access to child care for children with
819.25 disabilities. Any unexpended amount in fiscal
819.26 year 2022 is available through June 30, 2023.
819.27 This is a onetime appropriation.

819.28 (f) **Parenting with a Disability Pilot Project.**
819.29 The general fund base includes $1,000,000 in
819.30 fiscal year 2024 and $0 in fiscal year 2025 to
819.31 implement the parenting with a disability pilot
819.32 project.

820.1 (g) **Base Level Adjustment.** The general fund
820.2 base is $29,260,000 in fiscal year 2024 and
820.3 $22,260,000 in fiscal year 2025.

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

820.5 Sec. 4. Laws 2021, First Special Session chapter 7, article 16, section 2, subdivision 31,
820.6 is amended to read:

820.7 Subd. 31. **Grant Programs; Adult Mental Health**
820.8 **Grants**

820.9	Appropriations by Fund		
820.10	General	98,772,000	98,703,000
820.11 820.12	Opiate Epidemic Response	2,000,000	2,000,000

820.13 (a) **Culturally and Linguistically**
820.14 **Appropriate Services Implementation**
820.15 **Grants.** $2,275,000 in fiscal year 2022 and
820.16 $2,206,000 in fiscal year 2023 are from the
820.17 general fund for grants to disability services,
820.18 mental health, and substance use disorder
820.19 treatment providers to implement culturally
820.20 and linguistically appropriate services
820.21 standards, according to the implementation
820.22 and transition plan developed by the
820.23 commissioner. Any unexpended amount in
820.24 fiscal year 2022 is available through June 30,
820.25 2023. The general fund base for this
820.26 appropriation is $1,655,000 in fiscal year 2024
820.27 and $0 in fiscal year 2025.

820.28 (b) **Base Level Adjustment.** The general fund
820.29 base is $93,295,000 in fiscal year 2024 and
820.30 $83,324,000 in fiscal year 2025. The opiate
820.31 epidemic response fund base is $2,000,000 in
820.32 fiscal year 2024 and $0 in fiscal year 2025.

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

821.1 Sec. 5. Laws 2021, First Special Session chapter 7, article 16, section 2, subdivision 33,
821.2 is amended to read:

821.3 Subd. 33. **Grant Programs; Chemical**
821.4 **Dependency Treatment Support Grants**

821.5 Appropriations by Fund

821.6	General	4,273,000	4,274,000
821.7	Lottery Prize	1,733,000	1,733,000
821.8 821.9	Opiate Epidemic Response	500,000	500,000

821.10 (a) **Problem Gambling.** $225,000 in fiscal
821.11 year 2022 and $225,000 in fiscal year 2023
821.12 are from the lottery prize fund for a grant to
821.13 the state affiliate recognized by the National
821.14 Council on Problem Gambling. The affiliate
821.15 must provide services to increase public
821.16 awareness of problem gambling, education,
821.17 training for individuals and organizations
821.18 providing effective treatment services to
821.19 problem gamblers and their families, and
821.20 research related to problem gambling.

821.21 (b) **Recovery Community Organization**
821.22 **Grants.** $2,000,000 in fiscal year 2022 and
821.23 $2,000,000 in fiscal year 2023 are from the
821.24 general fund for grants to recovery community
821.25 organizations, as defined in Minnesota
821.26 Statutes, section 254B.01, subdivision 8, to
821.27 provide for costs and community-based peer
821.28 recovery support services that are not
821.29 otherwise eligible for reimbursement under
821.30 Minnesota Statutes, section 254B.05, as part
821.31 of the continuum of care for substance use
821.32 disorders. Any unexpended amount in fiscal
821.33 year 2022 is available through June 30, 2023.
821.34 The general fund base for this appropriation
821.35 is $2,000,000 in fiscal year 2024 and $0 in
821.36 fiscal year 2025

822.1 (c) **Base Level Adjustment.** The general fund
822.2 base is $4,636,000 in fiscal year 2024 and
822.3 $2,636,000 in fiscal year 2025. The opiate
822.4 epidemic response fund base is $500,000 in
822.5 fiscal year 2024 and $0 in fiscal year 2025.

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

822.7 Sec. 6. Laws 2021, First Special Session chapter 7, article 17, section 3, is amended to
822.8 read:

822.9 Sec. 3. **GRANTS FOR TECHNOLOGY FOR HCBS RECIPIENTS.**

822.10 (a) This act includes $500,000 in fiscal year 2022 and $2,000,000 in fiscal year 2023
822.11 for the commissioner of human services to issue competitive grants to home and
822.12 community-based service providers. Grants must be used to provide technology assistance,
822.13 including but not limited to Internet services, to older adults and people with disabilities
822.14 who do not have access to technology resources necessary to use remote service delivery
822.15 and telehealth. Any unexpended amount in fiscal year 2022 is available through June 30,
822.16 2023. The general fund base included in this act for this purpose is $1,500,000 in fiscal year
822.17 2024 and $0 in fiscal year 2025.

822.18 (b) All grant activities must be completed by March 31, 2024.

822.19 (c) This section expires June 30, 2024.

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

822.21 Sec. 7. Laws 2021, First Special Session chapter 7, article 17, section 6, is amended to
822.22 read:

822.23 Sec. 6. **TRANSITION TO COMMUNITY INITIATIVE.**

822.24 (a) This act includes $5,500,000 in fiscal year 2022 and $5,500,000 in fiscal year 2023
822.25 for additional funding for grants awarded under the transition to community initiative
822.26 described in Minnesota Statutes, section 256.478. Any unexpended amount in fiscal year
822.27 2022 is available through June 30, 2023. The general fund base in this act for this purpose
822.28 is $4,125,000 in fiscal year 2024 and $0 in fiscal year 2025.

822.29 (b) All grant activities must be completed by March 31, 2024.

822.30 (c) This section expires June 30, 2024.

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

823.2 Sec. 8. Laws 2021, First Special Session chapter 7, article 17, section 10, is amended to
823.3 read:

823.4 Sec. 10. **PROVIDER CAPACITY GRANTS FOR RURAL AND UNDERSERVED**
823.5 **COMMUNITIES.**

823.6 (a) This act includes $6,000,000 in fiscal year 2022 and $8,000,000 in fiscal year 2023
823.7 for the commissioner to establish a grant program for small provider organizations that
823.8 provide services to rural or underserved communities with limited home and
823.9 community-based services provider capacity. The grants are available to build organizational
823.10 capacity to provide home and community-based services in Minnesota and to build new or
823.11 expanded infrastructure to access medical assistance reimbursement. Any unexpended
823.12 amount in fiscal year 2022 is available through June 30, 2023. The general fund base in this
823.13 act for this purpose is $8,000,000 in fiscal year 2024 and $0 in fiscal year 2025.

823.14 (b) The commissioner shall conduct community engagement, provide technical assistance,
823.15 and establish a collaborative learning community related to the grants available under this
823.16 section and work with the commissioner of management and budget and the commissioner
823.17 of the Department of Administration to mitigate barriers in accessing grant funds. Funding
823.18 awarded for the community engagement activities described in this paragraph is exempt
823.19 from state solicitation requirements under Minnesota Statutes, section 16B.97, for activities
823.20 that occur in fiscal year 2022.

823.21 (c) All grant activities must be completed by March 31, 2024.

823.22 (d) This section expires June 30, 2024.

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

823.24 Sec. 9. Laws 2021, First Special Session chapter 7, article 17, section 11, is amended to
823.25 read:

823.26 Sec. 11. **EXPAND MOBILE CRISIS.**

823.27 (a) This act includes $8,000,000 in fiscal year 2022 and $8,000,000 in fiscal year 2023
823.28 for additional funding for grants for adult mobile crisis services under Minnesota Statutes,
823.29 section 245.4661, subdivision 9, paragraph (b), clause (15). Any unexpended amount in
823.30 fiscal year 2022 and fiscal year 2023 is available through June 30, 2024. The general fund
823.31 base in this act for this purpose is $4,000,000 in fiscal year 2024 and $0 in fiscal year 2025.

824.1 (b) Beginning April 1, 2024, counties may fund and continue conducting activities
824.2 funded under this section.

824.3 (c) All grant activities must be completed by March 31, 2024.

824.4 (d) This section expires June 30, 2024.

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

824.6 Sec. 10. Laws 2021, First Special Session chapter 7, article 17, section 12, is amended to
824.7 read:

824.8 Sec. 12. **PSYCHIATRIC RESIDENTIAL TREATMENT FACILITY AND CHILD**
824.9 **AND ADOLESCENT MOBILE TRANSITION UNIT.**

824.10 (a) This act includes $2,500,000 in fiscal year 2022 and $2,500,000 in fiscal year 2023
824.11 for the commissioner of human services to create children's mental health transition and
824.12 support teams to facilitate transition back to the community of children from psychiatric
824.13 residential treatment facilities, and child and adolescent behavioral health hospitals. Any
824.14 unexpended amount in fiscal year 2022 is available through June 30, 2023. The general
824.15 fund base included in this act for this purpose is $1,875,000 in fiscal year 2024 and $0 in
824.16 fiscal year 2025.

824.17 (b) Beginning April 1, 2024, counties may fund and continue conducting activities
824.18 funded under this section.

824.19 (c) This section expires March 31, 2024.

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

824.21 Sec. 11. Laws 2021, First Special Session chapter 7, article 17, section 17, subdivision 3,
824.22 is amended to read:

824.23 Subd. 3. **Respite services for older adults grants.** (a) This act includes $2,000,000 in
824.24 fiscal year 2022 and $2,000,000 in fiscal year 2023 for the commissioner of human services
824.25 to establish a grant program for respite services for older adults. The commissioner must
824.26 award grants on a competitive basis to respite service providers. Any unexpended amount
824.27 in fiscal year 2022 is available through June 30, 2023. The general fund base included in
824.28 this act for this purpose is $2,000,000 in fiscal year 2024 and $0 in fiscal year 2025.

824.29 (b) All grant activities must be completed by March 31, 2024.

824.30 (c) This subdivision expires June 30, 2024.

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

825.2 Sec. 12. Laws 2021, First Special Session chapter 7, article 17, section 19, is amended to
825.3 read:

825.4 Sec. 19. **CENTERS FOR INDEPENDENT LIVING HCBS ACCESS GRANT.**

825.5 (a) This act includes $1,200,000 in fiscal year 2022 and $1,200,000 in fiscal year 2023
825.6 for grants to expand services to support people with disabilities from underserved
825.7 communities who are ineligible for medical assistance to live in their own homes and
825.8 communities by providing accessibility modifications, independent living services, and
825.9 public health program facilitation. The commissioner of human services must award the
825.10 grants in equal amounts to ~~the eight organizations~~ grantees. To be eligible, a grantee must
825.11 be an organization defined in Minnesota Statutes, section 268A.01, subdivision 8. Any
825.12 unexpended amount in fiscal year 2022 is available through June 30, 2023. The general
825.13 fund base included in this act for this purpose is $0 in fiscal year 2024 and $0 in fiscal year
825.14 2025.

825.15 (b) All grant activities must be completed by March 31, 2024.

825.16 (c) This section expires June 30, 2024.

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

825.18 **ARTICLE 24**

825.19 **APPROPRIATIONS**

825.20 Section 1. **HEALTH AND HUMAN SERVICES APPROPRIATIONS.**

825.21 The sums shown in the columns marked "Appropriations" are added to or, if shown in
825.22 parentheses, subtracted from the appropriations in Laws 2021, First Special Session chapter
825.23 7, article 16, to the agencies and for the purposes specified in this article. The appropriations
825.24 are from the general fund or other named fund and are available for the fiscal years indicated
825.25 for each purpose. The figures "2022" and "2023" used in this article mean that the addition
825.26 to or subtraction from the appropriation listed under them is available for the fiscal year
825.27 ending June 30, 2022, or June 30, 2023, respectively. Base adjustments mean the addition
825.28 to or subtraction from the base level adjustment set in Laws 2021, First Special Session
825.29 chapter 7, article 16. Supplemental appropriations and reductions to appropriations for the
825.30 fiscal year ending June 30, 2022, are effective the day following final enactment unless a
825.31 different effective date is explicit.

			APPROPRIATIONS	
			Available for the Year	
			Ending June 30	
			2022	**2023**

Sec. 2. **COMMISSIONER OF HUMAN SERVICES**

Subdivision 1. **Total Appropriation** **$ 32,461,000 $ 456,998,000**

Appropriations by Fund		
	2022	2023
General	34,397,000	476,814,000
Health Care Access	(1,936,000)	(88,874,000)
Federal TANF	-0-	7,000
Opiate Epidemic Response	-0-	551,000

Subd. 2. **Central Office; Operations**

Appropriations by Fund		
General	397,000	96,704,000
Health Care Access	-0-	10,592,000

(a) **Background Studies.** (1) $1,617,000 in fiscal year 2023 is from the general fund to provide a credit to providers who paid for emergency background studies in NETStudy 2.0. This is a onetime appropriation.

(2) $1,683,000 in fiscal year 2023 is from the general fund to fund the costs of reprocessing emergency studies conducted under interagency agreements. This is a onetime appropriation.

(b) **Supporting Drug Pricing Litigation Costs.** $397,000 in fiscal year 2022 is from the general fund for costs to comply with litigation requirements related to

827.1 pharmaceutical drug price litigation. This is a
827.2 onetime appropriation.

827.3 (c) **Information Technology and Data**
827.4 **Sharing Projects.** $113,000 in fiscal year
827.5 2023 is from the general fund for staff and
827.6 costs related to the information technology
827.7 and data sharing projects for programs
827.8 impacting early childhood. The base for this
827.9 appropriation is $131,000 in fiscal year 2024
827.10 and $131,000 in fiscal year 2025.

827.11 (d) **Base Level Adjustment.** The general fund
827.12 base is increased $12,787,000 in fiscal year
827.13 2024 and $9,679,000 in fiscal year 2025. The
827.14 health care access fund base is increased
827.15 $915,000 in fiscal year 2024 and $2,293,000
827.16 in fiscal year 2025.

827.17	Subd. 3. **Central Office; Children and Families**	-0-	23,398,000

827.18 (a) **Foster Care Federal Cash Assistance**
827.19 **Benefits Plan.** $373,000 in fiscal year 2023
827.20 is for the commissioner to develop the foster
827.21 care federal cash assistance benefits plan. The
827.22 base for this appropriation is $342,000 in fiscal
827.23 year 2024 and $127,000 in fiscal year 2025.

827.24 (b) **Pregnant and Parenting Homeless**
827.25 **Youth Study.** $108,000 in fiscal year 2023 is
827.26 to fund a study of the prevalence of pregnancy
827.27 and parenting among homeless youths and
827.28 youths who are at risk of homelessness. This
827.29 is a onetime appropriation and is available
827.30 until June 30, 2024.

827.31 (c) **Chosen Family Hosting to Prevent**
827.32 **Youth Homelessness Pilot Program.**
827.33 $218,000 in fiscal year 2023 is for the chosen
827.34 family hosting to prevent youth homelessness

828.1 pilot program for a contract with a technical
828.2 assistance provider to: (1) provide technical
828.3 assistance to funding recipients; (2) facilitate
828.4 a monthly learning cohort for funding
828.5 recipients; (3) evaluate the efficacy and
828.6 cost-effectiveness of the pilot program; and
828.7 (4) submit annual updates and a final report
828.8 to the commissioner. This is a onetime
828.9 appropriation and is available until June 30,
828.10 2027.

828.11 (d) **Ombudsperson for Family Child Care**
828.12 **Providers.** The base shall include $125,000
828.13 in fiscal year 2025, $205,000 in fiscal year
828.14 2026, and $205,000 in fiscal year 2027 for the
828.15 ombudsperson for family child care providers
828.16 under Minnesota Statutes, section 245.975.

828.17 (e) **Information Technology and Data**
828.18 **Sharing Projects.** $563,000 in fiscal year
828.19 2023 is for staff and costs related to the
828.20 information technology and data sharing
828.21 projects for programs impacting early
828.22 childhood. The base for this appropriation is
828.23 $646,000 in fiscal year 2024 and $646,000 in
828.24 fiscal year 2025.

828.25 (f) **Staff for Cost Estimation Model for**
828.26 **Early Care and Learning Programs.**
828.27 $111,000 in fiscal year 2023 is for staff related
828.28 to developing a cost estimation model for early
828.29 care and learning programs. The base for this
828.30 appropriation is $127,000 in fiscal year 2024
828.31 and $0 in fiscal year 2025.

828.32 (g) **Base Level Adjustment.** The general fund
828.33 base is increased $8,995,000 in fiscal year
828.34 2024 and $8,748,000 in fiscal year 2025.

829.1 Subd. 4. **Central Office; Health Care**

829.2	Appropriations by Fund		
829.3	General	-0-	4,762,000
829.4	Health Care Access	-0-	2,475,000

829.5 (a) **Interactive Voice Response and**
829.6 **Improving Access for Applications and**
829.7 **Forms.** $1,350,000 in fiscal year 2023 is from
829.8 the health care access fund for the
829.9 improvement of accessibility to Minnesota
829.10 health care programs applications, forms, and
829.11 other consumer support resources and services
829.12 to enrollees with limited English proficiency.
829.13 This is a onetime appropriation and is
829.14 available until June 30, 2025.

829.15 (b) **Community-Driven Improvements.**
829.16 $680,000 in fiscal year 2023 is from the health
829.17 care access fund for Minnesota health care
829.18 program enrollee engagement activities.

829.19 (c) **Responding to COVID-19 in Minnesota**
829.20 **Health Care Programs.** $1,000,000 in fiscal
829.21 year 2023 is from the general fund for contract
829.22 assistance relating to the resumption of
829.23 eligibility and redetermination processes in
829.24 Minnesota health care programs after the
829.25 expiration of the federal public health
829.26 emergency. Contracts entered into under this
829.27 section are for emergency acquisition and are
829.28 not subject to solicitation requirements under
829.29 Minnesota Statutes, section 16C.10,
829.30 subdivision 2. This is a onetime appropriation
829.31 and is available until June 30, 2025.

829.32 (d) **Initial PACE Implementation Funding.**
829.33 $270,000 in fiscal year 2023 is from the
829.34 general fund to complete the initial actuarial
829.35 and administrative work necessary to

830.1 recommend a financing mechanism for the
830.2 operation of PACE under Minnesota Statutes,
830.3 section 256B.69, subdivision 23, paragraph
830.4 (e). This is a onetime appropriation.

830.5 (e) **Base Level Adjustment.** The general fund
830.6 base is increased $3,698,000 in fiscal year
830.7 2024 and $5,214,000 in fiscal year 2025. The
830.8 health care access fund base is increased
830.9 $2,037,000 in fiscal year 2024 and $5,450,000
830.10 in fiscal year 2025.

830.11 Subd. 5. **Central Office; Continuing Care**	-0-	3,478,000

830.12 (a) **Lifesharing Services.** $57,000 in fiscal
830.13 year 2023 is for engaging stakeholders and
830.14 developing recommendations regarding
830.15 establishing a lifesharing service under the
830.16 state's medical assistance disability waivers
830.17 and elderly waiver. The base for this
830.18 appropriation is $43,000 in fiscal year 2024
830.19 and $0 in fiscal year 2025.

830.20 (b) **Initial PACE Implementation Funding.**
830.21 $120,000 in fiscal year 2023 is to complete
830.22 the initial actuarial and administrative work
830.23 necessary to recommend a financing
830.24 mechanism for the operation of PACE under
830.25 Minnesota Statutes, section 256B.69,
830.26 subdivision 23, paragraph (e). This is a
830.27 onetime appropriation.

830.28 (c) **Base Level Adjustment.** The general fund
830.29 base is increased $168,000 in fiscal year 2024
830.30 and $125,000 in fiscal year 2025.

830.31 Subd. 6. **Central Office; Community Supports**

831.1 Appropriations by Fund

831.2 General	-0-	7,059,000
831.3 Opioid Epidemic 831.4 Response	-0-	551,000

831.5 (a) **SEIU Health Care Arbitration Award.**
831.6 $5,444 in fiscal year 2023 is from the general
831.7 fund for arbitration awards resulting from a
831.8 SEIU grievance. This is a onetime
831.9 appropriation.

831.10 (b) **Lifesharing Services.** $57,000 in fiscal
831.11 year 2023 is from the general fund for
831.12 engaging stakeholders and developing
831.13 recommendations regarding establishing a
831.14 lifesharing service under the state's medical
831.15 assistance disability waivers and elderly
831.16 waiver. The general fund base for this
831.17 appropriation is $43,000 in fiscal year 2024
831.18 and $0 in fiscal year 2025.

831.19 (c) **Intermediate Care Facilities for Persons**
831.20 **with Developmental Disabilities; Rate**
831.21 **Study.** $250,000 in fiscal year 2023 is from
831.22 the general fund for a study of medical
831.23 assistance rates for intermediate care facilities
831.24 for persons with developmental disabilities
831.25 under Minnesota Statutes, sections 256B.5011
831.26 to 256B.5015. This is a onetime appropriation.

831.27 (d) **Online tool accessibility and capacity**
831.28 **expansion.** $150,000 in fiscal year 2023 is
831.29 from the general fund to expand the
831.30 accessibility and capacity of online tools for
831.31 people receiving services and direct support
831.32 workers. The general fund base for this
831.33 appropriation is $305,000 in fiscal year 2024
831.34 and $420,000 in fiscal year 2025.

832.1 (e) **Systemic critical incident review team.**
832.2 $80,000 in fiscal year 2023 is from the general
832.3 fund to implement the systemic critical
832.4 incident review process in Minnesota Statutes,
832.5 section 256.01, subdivision 12b.

832.6 (f) **Base Level Adjustment.** The general fund
832.7 base is increased $8,450,000 in fiscal year
832.8 2024 and $8,722,000 in fiscal year 2025. The
832.9 opiate epidemic response base is increased
832.10 $511,000 in fiscal year 2024 and $611,000 in
832.11 fiscal year 2025.

832.12 Subd. 7. **Forecasted Programs; MFIP/DWP**

832.13 Appropriations by Fund

832.14 General	-0-	5,000
832.15 Federal TANF	-0-	7,000

832.16 Subd. 8. **Forecasted Programs; MFIP Child Care** 832.17 **Assistance**	-0-	(23,000)
832.18 Subd. 9. **Forecasted Programs; Minnesota** 832.19 **Supplemental Aid**	-0-	1,000
832.20 Subd. 10. **Forecasted Programs; Housing** 832.21 **Supports**	-0-	4,304,000
832.22 Subd. 11. **Forecasted Programs; MinnesotaCare**	-0-	28,724,000

832.23 This appropriation is from the health care
832.24 access fund.

832.25 Subd. 12. **Forecasted Programs; Medical**
832.26 **Assistance**

832.27 Appropriations by Fund

832.28 General	-0-	(75,208,000)
832.29 Health Care Access	-0-	(134,601,000)

833.1 Subd. 13. **Forecasted Programs; Alternative** 833.2 **Care**	-0-	530,000
833.3 Subd. 14. **CD Treatment Fund**	-0-	27,000
833.4 Subd. 15. **Grant Programs; BSF Child Care** 833.5 **Grants**	-0-	6,000

833.6 **Base Level Adjustment.** The general fund
833.7 base is increased $29,620,000 in fiscal year
833.8 2024 and $69,470,000 in fiscal year 2025. The
833.9 TANF base is increased $23,500,000 in fiscal
833.10 year 2024 and $23,500,000 in fiscal year 2025.

833.11 Subd. 16. **Grant Programs; Child Care** 833.12 **Development Grants**	-0-	67,205,000

833.13 (a) **Child Care Provider Access to**
833.14 **Technology Grants.** $300,000 in fiscal year
833.15 2023 is for child care provider access to
833.16 technology grants pursuant to Minnesota
833.17 Statutes, section 119B.28.

833.18 (b) **One-Stop Regional Assistance Network.**
833.19 The base shall include $1,200,000 in fiscal
833.20 year 2025 for a grant to the statewide child
833.21 care resource and referral network to
833.22 administer the child care one-stop shop
833.23 regional assistance network in accordance with
833.24 Minnesota Statutes, section 119B.19,
833.25 subdivision 7, clause (9).

833.26 (c) **Child Care Workforce Development**
833.27 **Grants.** The base shall include $1,300,000 in
833.28 fiscal year 2025 for a grant to the statewide
833.29 child care resource and referral network to
833.30 administer the child care workforce
833.31 development grants in accordance with
833.32 Minnesota Statutes, section 119B.19,
833.33 subdivision 7, clause (10).

833.34 (d) **Shared Services Innovation Grants.** The
833.35 base shall include $500,000 in fiscal year 2024

834.1 and $500,000 in fiscal year 2025 for shared
834.2 services innovation grants pursuant to
834.3 Minnesota Statutes, section 119B.27.

834.4 (e) **Stabilization Grants for Child Care**
834.5 **Providers Experiencing Financial Hardship.**
834.6 $31,476,000 in fiscal year 2023 is for child
834.7 care stabilization grants for child care
834.8 programs in extreme financial hardship. This
834.9 is a onetime appropriation and is available
834.10 until June 30, 2025. Use of grant money must
834.11 be made in accordance with eligibility and
834.12 compliance requirements established by the
834.13 commissioner.

834.14 (f) **Contract for Cost Estimation Model for**
834.15 **Early Care and Learning Programs.**
834.16 $400,000 in fiscal year 2023 is for a
834.17 professional technical contract related to
834.18 developing a cost estimation model for early
834.19 care and learning programs.

834.20 (g) **Brain Builders Bonus Program.**
834.21 $2,500,000 in fiscal year 2023 is for brain
834.22 builders bonus grants. The commissioner may
834.23 use up to ten percent of the appropriation for
834.24 administration. This is a onetime appropriation
834.25 and is available until June 30, 2025.

834.26 (h) **Child Care Stabilization Base Grants.**
834.27 $29,929,000 in fiscal year 2023 is for child
834.28 care stabilization base grants under Laws
834.29 2021, First Special Session chapter 7, article
834.30 14, section 21, subdivision 4, paragraph (b).
834.31 The base for this appropriation is $78,183,000
834.32 in fiscal year 2024 and $80,350,000 in fiscal
834.33 year 2025.

835.1 (i) **Grants for Family, Friend, and Neighbor**
835.2 **Caregivers.** $3,000,000 in fiscal year 2023 is
835.3 for grants to community-based organizations
835.4 working with family, friend, and neighbor
835.5 caregivers. In awarding the grants, the
835.6 commissioner shall prioritize
835.7 community-based organizations working with
835.8 family, friend, and neighbor caregivers who
835.9 serve children from low-income families,
835.10 families of color, Tribal communities, or
835.11 families with limited English language
835.12 proficiency. The commissioner may use up to
835.13 ten percent of the appropriation for statewide
835.14 outreach, training initiatives, research, and
835.15 data collection.

835.16 (j) **Base Level Adjustment.** The general fund
835.17 base is increased $82,183,000 in fiscal year
835.18 2024 and $86,850,000 in fiscal year 2025.

835.19 Subd. 17. **Grant Programs; Children's Services**
835.20 **Grants** -0- 8,984,000

835.21 (a) **American Indian Child Welfare**
835.22 **Initiative; Mille Lacs Band of Ojibwe**
835.23 **Planning.** $1,263,000 in fiscal year 2023 is
835.24 to support planning activities necessary for
835.25 the Mille Lacs Band of Ojibwe to join the
835.26 American Indian child welfare initiative. The
835.27 base for this appropriation is $2,671,000 in
835.28 fiscal year 2024 and $0 in fiscal year 2025.

835.29 (b) **Expand Parent Support Outreach**
835.30 **Program.** The base shall include $7,000,000
835.31 in fiscal year 2024 and $7,000,000 in fiscal
835.32 year 2025 to expand the parent support
835.33 outreach program.

835.34 (c) **Thriving Families Safer Children.** The
835.35 base shall include $30,000 in fiscal year 2024

836.1 to plan for an education attendance support
836.2 diversionary program to prevent entry into the
836.3 child welfare system. The commissioner shall
836.4 report back to the chairs and ranking minority
836.5 members of the legislative committees that
836.6 oversee child welfare by January 1, 2025, on
836.7 the plan for this program. This is a onetime
836.8 appropriation.

836.9 (d) **Family Group Decision Making.** The
836.10 base shall include $5,000,000 in fiscal year
836.11 2024 and $5,000,000 in fiscal year 2025 to
836.12 expand the use of family group decision
836.13 making to provide opportunity for family
836.14 voices concerning critical decisions in child
836.15 safety and prevent entry into the child welfare
836.16 system.

836.17 (e) **Child Welfare Promising Practices.** The
836.18 base shall include $5,000,000 in fiscal year
836.19 2024 and $5,000,000 in fiscal year 2025 to
836.20 develop promising practices for prevention of
836.21 out-of-home placement of children and youth.

836.22 (f) **Family Assessment Response.** The base
836.23 shall include $23,550,000 in fiscal year 2024
836.24 and $23,550,000 in fiscal year 2025 to support
836.25 counties and Tribes that are members of the
836.26 American Indian child welfare initiative in
836.27 providing case management services and
836.28 support for families being served under family
836.29 assessment response and to prevent entry into
836.30 the child welfare system.

836.31 (g) **Extend Support for Youth Leaving**
836.32 **Foster Care.** $600,000 in fiscal year 2023 is
836.33 to extend financial supports for young adults
836.34 aging out of foster care to age 22. The base

837.1 for this appropriation is $1,200,000 in fiscal
837.2 year 2024 and $1,200,000 in fiscal year 2025.

837.3 (h) **Grants to Counties for Child Protection**
837.4 **Staff.** $1,000,000 in fiscal year 2023 is to
837.5 provide grants to counties and American
837.6 Indian child welfare initiative Tribes to be
837.7 used to reduce extended foster care caseload
837.8 sizes to ten cases per worker. The base for this
837.9 appropriation is $2,000,000 in fiscal year 2024
837.10 and $2,000,000 in fiscal year 2025.

837.11 (i) **Statewide Pool of Qualified Individuals.**
837.12 $1,017,000 in fiscal year 2023 is for grants to
837.13 one or more grantees to establish and manage
837.14 a pool of state-funded qualified individuals to
837.15 assess potential out-of-home placement of a
837.16 child in a qualified residential treatment
837.17 program. Up to $200,000 of the grants each
837.18 fiscal year is available for grantee contracts to
837.19 manage the state-funded pool of qualified
837.20 individuals. This amount shall also pay for
837.21 qualified individual training, certification, and
837.22 background studies. Remaining grant money
837.23 shall be available until expended to provide
837.24 qualified individual services to counties and
837.25 Tribes that have joined the American Indian
837.26 child welfare initiative pursuant to Minnesota
837.27 Statutes, section 256.01, subdivision 14b, to
837.28 provide qualified residential treatment
837.29 program assessments at no cost to the county
837.30 or Tribal agency.

837.31 (j) **Quality Parenting Initiative Grant.**
837.32 $100,000 in fiscal year 2023 is for a grant to
837.33 the Quality Parenting Initiative Minnesota, to
837.34 implement Quality Parenting Initiative
837.35 principles and practices and support children

838.1 and families experiencing foster care
838.2 placements. The grantee shall use grant funds
838.3 to provide training and technical assistance to
838.4 county and Tribal agencies, community-based
838.5 agencies, and other stakeholders on conducting
838.6 initial foster care phone calls under Minnesota
838.7 Statutes, section 260C.219, subdivision 6;
838.8 supporting practices that create partnerships
838.9 between birth and foster families; and
838.10 informing child welfare practices by
838.11 supporting youth leadership and the
838.12 participation of individuals with experience
838.13 in the foster care system. Upon request, the
838.14 commissioner shall make information
838.15 regarding the use of this grant funding
838.16 available to the chairs and ranking minority
838.17 members of the legislative committees with
838.18 jurisdiction over human services. This is a
838.19 onetime appropriation.

838.20 (k) **Costs of Foster Care or Care,**
838.21 **Examination, or Treatment.** $5,000,000 in
838.22 fiscal year 2023 is for grants to counties and
838.23 Tribes, to reimburse counties and Tribes for
838.24 the costs of foster care or care, examination,
838.25 or treatment that would previously have been
838.26 paid by the parents or custodians of a child in
838.27 foster care using parental income and
838.28 resources, child support payments, or income
838.29 and resources attributable to a child under
838.30 Minnesota Statutes, sections 242.19, 256N.26,
838.31 260B.331, and 260C.331. Counties and Tribes
838.32 must apply for grant funds in a form
838.33 prescribed by the commissioner, and must
838.34 provide the information and data necessary to
838.35 calculate grant fund allocations accurately and
838.36 equitably, as determined by the commissioner.

839.1 This is a onetime appropriation and is
839.2 available until June 30, 2025.

839.3 (l) **Grants to Counties; Foster Care Federal**
839.4 **Cash Assistance Benefits Plan.** $50,000 in
839.5 fiscal year 2023 is for the commissioner to
839.6 provide grants to counties to assist counties
839.7 with gathering and reporting the county data
839.8 required for the commissioner to develop the
839.9 foster care federal cash assistance benefits
839.10 plan. This is a onetime appropriation.

839.11 (m) **Base Level Adjustment.** The general fund
839.12 base is increased $47,386,000 in fiscal year
839.13 2024 and $44,715,000 in fiscal year 2025.

839.14 Subd. 18. **Grant Programs; Children and** 839.15 **Economic Support Grants**	14,000,000	147,160,000

839.16 (a) **Family and Community Resource Hubs.**
839.17 $2,550,000 in fiscal year 2023 is to implement
839.18 a sustainable family and community resource
839.19 hub model through the community action
839.20 agencies under Minnesota Statutes, section
839.21 256E.31, and federally recognized Tribes. The
839.22 community resource hubs must offer
839.23 navigation to several supports and services,
839.24 including but not limited to basic needs and
839.25 economic assistance, disability services,
839.26 healthy development and screening,
839.27 developmental and behavioral concerns,
839.28 family well-being and mental health, early
839.29 learning and child care, dental care, legal
839.30 services, and culturally specific services for
839.31 American Indian families. The base for this
839.32 appropriation is $12,750,000 in fiscal year
839.33 2024 and $20,400,000 in fiscal year 2025.

839.34 (b) **Tribal Food Sovereignty Infrastructure**
839.35 **Grants.** $4,000,000 in fiscal year 2023 is for

840.1 capital and infrastructure development to
840.2 support food system changes and provide
840.3 equitable access to existing and new methods
840.4 of food support for American Indian
840.5 communities, including federally recognized
840.6 Tribes and American Indian nonprofit
840.7 organizations. This is a onetime appropriation
840.8 and is available until June 30, 2025.

840.9 (c) **Tribal Food Security.** $2,836,000 in fiscal
840.10 year 2023 is to promote food security for
840.11 American Indian communities, including
840.12 federally recognized Tribes and American
840.13 Indian nonprofit organizations. This includes
840.14 hiring staff, providing culturally relevant
840.15 training for building food access, purchasing
840.16 technical assistance materials and supplies,
840.17 and planning for sustainable food systems.
840.18 The base for this appropriation is $2,809,000
840.19 in fiscal year 2024 and $1,809,000 in fiscal
840.20 year 2025.

840.21 (d) **Capital for Emergency Food**
840.22 **Distribution Facilities.** $14,931,000 in fiscal
840.23 year 2023 is for improving and expanding the
840.24 infrastructure of food shelf facilities across
840.25 the state, including adding freezer or cooler
840.26 space and dry storage space, improving the
840.27 safety and sanitation of existing food shelves,
840.28 and addressing deferred maintenance or other
840.29 facility needs of existing food shelves. Grant
840.30 money shall be made available to nonprofit
840.31 organizations, federally recognized Tribes,
840.32 and local units of government. This is a
840.33 onetime appropriation and is available until
840.34 June 30, 2025.

841.1 (e) **Food Support Grants.** $5,000,000 in
841.2 fiscal year 2023 is to provide additional
841.3 resources to a diverse food support network
841.4 that includes food shelves, food banks, and
841.5 meal and food outreach programs. Grant
841.6 money shall be made available to nonprofit
841.7 organizations, federally recognized Tribes,
841.8 and local units of government. The base for
841.9 this appropriation is $3,000,000 in fiscal year
841.10 2024 and $0 in fiscal year 2025.

841.11 (f) **Transitional Housing.** $2,500,000 in fiscal
841.12 year 2023 is for transitional housing programs
841.13 under Minnesota Statutes, section 256E.33.

841.14 (g) **Shelter-Linked Youth Mental Health**
841.15 **Grants.** $1,650,000 in fiscal year 2023 is for
841.16 shelter-linked youth mental health grants under
841.17 Minnesota Statutes, section 256K.46.

841.18 (h) **Emergency Services Grants.** $36,124,000
841.19 in fiscal year 2023 is for emergency services
841.20 under Minnesota Statutes, section 256E.36.
841.21 This appropriation is available until June 30,
841.22 2025. The base for this appropriation is
841.23 $19,283,000 in fiscal year 2024 and
841.24 $19,283,000 in fiscal year 2025.

841.25 (i) **Homeless Youth Act.** $10,000,000 in fiscal
841.26 year 2023 is for homeless youth act grants
841.27 under Minnesota Statutes, section 256K.45,
841.28 subdivision 1. This appropriation is available
841.29 until June 30, 2025.

841.30 (j) **Safe Harbor Grants.** $5,500,000 in fiscal
841.31 year 2023 is for safe harbor grants to fund
841.32 street outreach, emergency shelter, and
841.33 transitional and long-term housing beds for

842.1 sexually exploited youth and youth at risk of
842.2 exploitation.

842.3 (k) **Emergency Shelter Facilities.**
842.4 $75,000,000 in fiscal year 2023 is for grants
842.5 to eligible applicants for the acquisition of
842.6 property; site preparation, including
842.7 demolition; predesign; design; construction;
842.8 renovation; furnishing; and equipping of
842.9 emergency shelter facilities in accordance with
842.10 emergency shelter facilities project criteria in
842.11 this act. This is a onetime appropriation and
842.12 is available until June 30, 2025.

842.13 (l) **Heading Home Ramsey Continuum of**
842.14 **Care.** (1) $8,000,000 in fiscal year 2022 is for
842.15 a grant to fund and support Heading Home
842.16 Ramsey Continuum of Care. This is a onetime
842.17 appropriation. The grant shall be used for:

842.18 (i) maintaining funding for a 100-bed family
842.19 shelter that had been funded by CARES Act
842.20 money;

842.21 (ii) maintaining funding for an existing
842.22 100-bed single room occupancy shelter and
842.23 developing a replacement single-room
842.24 occupancy shelter for housing up to 100 single
842.25 adults; and

842.26 (iii) maintaining current day shelter
842.27 programming that had been funded with
842.28 CARES Act money and developing a
842.29 replacement for current day shelter facilities.

842.30 (2) Ramsey County may use up to ten percent
842.31 of this appropriation for administrative
842.32 expenses. This appropriation is available until
842.33 June 30, 2025.

843.1 (m) **Hennepin County Funding for Serving**
843.2 **Homeless Persons.** (1) $6,000,000 in fiscal
843.3 year 2022 is for a grant to fund and support
843.4 Hennepin County shelters and services for
843.5 persons experiencing homelessness. This is a
843.6 onetime appropriation. Of this appropriation:

843.7 (i) up to $4,000,000 in matching grant funding
843.8 is to design, construct, equip, and furnish the
843.9 Simpson Housing Services shelter facility in
843.10 the city of Minneapolis; and

843.11 (ii) up to $2,000,000 is to maintain current
843.12 shelter and homeless response programming
843.13 that had been funded with federal funding
843.14 from the CARES Act of the American Rescue
843.15 Plan Act, including:

843.16 (A) shelter operations and services to maintain
843.17 services at Avivo Village, including a shelter
843.18 comprised of 100 private dwellings and the
843.19 American Indian Community Development
843.20 Corporation Homeward Bound 50-bed shelter;

843.21 (B) shelter operations and services to maintain
843.22 shelter services 24 hours per day, seven days
843.23 per week;

843.24 (C) housing-focused case management; and

843.25 (D) shelter diversion services.

843.26 (2) Hennepin County may contract with
843.27 eligible nonprofit organizations and local and
843.28 Tribal governmental units to provide services
843.29 under the grant program. This appropriation
843.30 is available until June 30, 2025.

843.31 (n) **Chosen Family Hosting to Prevent**
843.32 **Youth Homelessness Pilot Program.**
843.33 $1,000,000 in fiscal year 2023 is for the

844.1 chosen family hosting to prevent youth
844.2 homelessness pilot program to provide funds
844.3 to providers serving homeless youth. This is
844.4 a onetime appropriation and is available until
844.5 June 30, 2027.

844.6 (o) **Minnesota Association for Volunteer**
844.7 **Administration.** $1,000,000 in fiscal year
844.8 2023 is for a grant to the Minnesota
844.9 Association for Volunteer Administration to
844.10 administer needs-based volunteerism subgrants
844.11 targeting underresourced nonprofit
844.12 organizations in greater Minnesota to support
844.13 selected organizations' ongoing efforts to
844.14 address and minimize disparities in access to
844.15 human services through increased
844.16 volunteerism. Successful subgrant applicants
844.17 must demonstrate that the populations to be
844.18 served by the subgrantee are considered
844.19 underserved or suffer from or are at risk of
844.20 homelessness, hunger, poverty, lack of access
844.21 to health care, or deficits in education. The
844.22 Minnesota Association for Volunteer
844.23 Administration must give priority to
844.24 organizations that are serving the needs of
844.25 vulnerable populations. By December 15,
844.26 2023, the Minnesota Association for Volunteer
844.27 Administration must report data on outcomes
844.28 from the subgrants and recommendations for
844.29 improving and sustaining volunteer efforts
844.30 statewide to the chairs and ranking minority
844.31 members of the legislative committees and
844.32 divisions with jurisdiction over human
844.33 services. This is a onetime appropriation and
844.34 is available until June 30, 2024.

845.1 (p) **Base Level Adjustment.** The general fund
845.2 base is increased $57,492,000 in fiscal year
845.3 2024 and $61,142,000 in fiscal year 2025.

845.4 Subd. 19. **Grant Programs; Health Care Grants**

845.5 Appropriations by Fund

845.6	2022	2023
845.7 General Fund	-0-	3,500,000
845.8 Health Care Access	(1,936,000)	3,936,000

845.9 (a) **Grant Funding to Support Urban**
845.10 **American Indians in Minnesota Health**
845.11 **Care Programs.** $2,500,000 in fiscal year
845.12 2023 is from the general fund for funding to
845.13 the Indian Health Board of Minneapolis to
845.14 support continued access to health care
845.15 coverage through Minnesota health care
845.16 programs and improve access to quality care.
845.17 The general fund base for this appropriation
845.18 is $3,750,000 in fiscal year 2024 and
845.19 $1,260,000 in fiscal year 2025.

845.20 (b) **Grants for Navigator Organizations.**

845.21 (1) $1,936,000 in fiscal year 2023 is from the
845.22 health care access fund for grants to
845.23 organizations with a MNsure grant services
845.24 navigator assister contract in good standing
845.25 as of July 1, 2022. The grants to each
845.26 organization must be in proportion to the
845.27 number of medical assistance and
845.28 MinnesotaCare enrollees each organization
845.29 assisted that resulted in a successful
845.30 enrollment in the second quarter of fiscal year
845.31 2022, as determined by MNsure's navigator
845.32 payment process. This is a onetime
845.33 appropriation and is available until June 30,
845.34 2025.

846.1 (2) $2,000,000 in fiscal year 2023 is from the
846.2 health care access fund for incentive payments
846.3 as defined in Minnesota Statutes, section
846.4 256.962, subdivision 5. This appropriation is
846.5 available until June 30, 2025. The health care
846.6 access fund base for this appropriation is
846.7 $1,000,000 in fiscal year 2024 and $0 in fiscal
846.8 year 2025.

846.9 (c) **Dental Home Pilot Project.** $1,000,000
846.10 in fiscal year 2023 is from the general fund
846.11 for grants to individual providers and provider
846.12 networks participating in the dental home pilot
846.13 project. This is a onetime appropriation.

846.14 (d) **Base Level Adjustment.** The general fund
846.15 base is increased $3,750,000 in fiscal year
846.16 2024 and $1,250,000 in fiscal year 2025. The
846.17 health care access fund base is increased
846.18 $1,000,000 in fiscal year 2024, and $0 in fiscal
846.19 year 2025.

846.20 Subd. 20. **Grant Programs; Other Long-Term** 846.21 **Care Grants**	-0-	119,336,000

846.22 (a) **Workforce Incentive Fund Grant**
846.23 **Program.** $118,000,000 in fiscal year 2023
846.24 is to assist disability, housing, substance use,
846.25 and older adult service providers of public
846.26 programs to pay for incentive benefits to
846.27 current and new workers. This is a onetime
846.28 appropriation and is available until June 30,
846.29 2025. Three percent of the total amount of the
846.30 appropriation may be used to administer the
846.31 program, which may include contracting with
846.32 a third-party administrator.

846.33 (b) **Supported Decision Making.** $600,000
846.34 in fiscal year 2023 is for a grant to Volunteers
846.35 for America for the Centers for Excellence in

847.1 Supported Decision Making to assist older
847.2 adults and people with disabilities in avoiding
847.3 unnecessary guardianships through using less
847.4 restrictive alternatives, such as supported
847.5 decision making. The base for this
847.6 appropriation is $600,000 in fiscal year 2024,
847.7 $600,000 in fiscal year 2025, and $0 in fiscal
847.8 year 2026.

847.9 (c) **Support Coordination Training.**
847.10 $736,000 in fiscal year 2023 is to develop and
847.11 implement a curriculum and training plan for
847.12 case managers to ensure all case managers
847.13 have the knowledge and skills necessary to
847.14 fulfill support planning and coordination
847.15 responsibilities for people who use home and
847.16 community-based disability services waivers
847.17 authorized under Minnesota Statutes, sections
847.18 256B.0913, 256B.092, and 256B.49, and
847.19 chapter 256S, and live in own-home settings.
847.20 Case manager support planning and
847.21 coordination responsibilities to be addressed
847.22 in the training include developing a plan with
847.23 the participant and their family to address
847.24 urgent staffing changes or unavailability and
847.25 other support coordination issues that may
847.26 arise for a participant. The commissioner shall
847.27 work with lead agencies, advocacy
847.28 organizations, and other stakeholders to
847.29 develop the training. An initial support
847.30 coordination training and competency
847.31 evaluation must be completed by all staff
847.32 responsible for case management, and the
847.33 support coordination training and competency
847.34 evaluation must be available to all staff
847.35 responsible for case management following
847.36 the initial training. The base for this

848.1 appropriation is $377,000 in fiscal year 2024,
848.2 $377,000 in fiscal year 2025, and $0 in fiscal
848.3 year 2026.

848.4 (d) **Base Level Adjustment.** The general fund
848.5 base is increased $977,000 in fiscal year 2024
848.6 and $977,000 in fiscal year 2025.

848.7 Subd. 21. **Grant Programs; Disabilities Grants** -0- 8,950,000

848.8 (a) **Electronic Visit Verification (EVV)**
848.9 **Stipends.** $6,440,000 in fiscal year 2023 is
848.10 for onetime stipends of $200 to bargaining
848.11 members to offset the potential costs related
848.12 to people using individual devices to access
848.13 EVV. $5,600,000 of the appropriation is for
848.14 stipends and the remaining 15 percent is for
848.15 administration of these stipends. This is a
848.16 onetime appropriation.

848.17 (b) **Self-Directed Collective Bargaining**
848.18 **Agreement; Temporary Rate Increase**
848.19 **Memorandum of Understanding.** $1,610,000
848.20 in fiscal year 2023 is for onetime stipends for
848.21 individual providers covered by the SEIU
848.22 collective bargaining agreement based on the
848.23 memorandum of understanding related to the
848.24 temporary rate increase in effect between
848.25 December 1, 2020, and February 7, 2021.
848.26 $1,400,000 of the appropriation is for stipends
848.27 and the remaining 15 percent is for
848.28 administration of the stipends. This is a
848.29 onetime appropriation.

848.30 (c) **Service Employees International Union**
848.31 **Memorandums.** The memorandums of
848.32 understanding submitted by the commissioner
848.33 of management and budget to the Legislative
848.34 Coordinating Commission Subcommittee on

849.1 Employee Relations on March 17, 2022, are
849.2 ratified.

849.3 (d) **Direct Care Service Corps Pilot Project.**
849.4 $500,000 in fiscal year 2023 is for a grant to
849.5 HealthForce Minnesota at Winona State
849.6 University for purposes of the direct care
849.7 service corps pilot project in this act. Up to
849.8 $25,000 may be used by HealthForce
849.9 Minnesota for administrative costs. This is a
849.10 onetime appropriation.

849.11 (e) **Task Force on Disability Services**
849.12 **Accessibility.** $300,000 in fiscal year 2023 is
849.13 for the Task Force on Disability Services
849.14 Accessibility. This is a onetime appropriation
849.15 and is available until March 31, 2026.

849.16 (f) **Base Level Adjustment.** The general fund
849.17 base is increased $805,000 in fiscal year 2024
849.18 and $2,420,000 in fiscal year 2025.

849.19 Subd. 22. **Grant Programs; Adult Mental Health** 849.20 **Grants**	20,000,000	30,776,000

849.21 (a) **Expanding Support for Psychiatric**
849.22 **Residential Treatment Facilities.** $800,000
849.23 in fiscal year 2023 is for start-up grants to
849.24 psychiatric residential treatment facilities as
849.25 described in Minnesota Statutes, section
849.26 256B.0941. Grantees may use grant money
849.27 for emergency workforce shortage uses.
849.28 Allowable grant uses related to emergency
849.29 workforce shortages may include but are not
849.30 limited to hiring and retention bonuses,
849.31 recruitment of a culturally responsive
849.32 workforce, and allowing providers to increase
849.33 the hourly rate in order to be competitive in
849.34 the market.

850.1 (b) **Workforce Incentive Fund Grant**
850.2 **Program.** $20,000,000 in fiscal year 2022 is
850.3 to provide mental health public program
850.4 providers the ability to pay for incentive
850.5 benefits to current and new workers. This is
850.6 a onetime appropriation and is available until
850.7 June 30, 2025. Three percent of the total
850.8 amount of the appropriation may be used to
850.9 administer the program, which may include
850.10 contracting with a third-party administrator.

850.11 (c) **Cultural and Ethnic Minority**
850.12 **Infrastructure Grant Funding.** $15,000,000
850.13 in fiscal year 2023 is for increasing cultural
850.14 and ethnic minority infrastructure grant
850.15 funding under Minnesota Statutes, section
850.16 245.4903. The base for this appropriation is
850.17 $10,000,000 in fiscal year 2024 and
850.18 $10,000,000 in fiscal year 2025.

850.19 (d) **Culturally Specific Grants.** $2,000,000
850.20 in fiscal year 2023 is for grants for small to
850.21 midsize nonprofit organizations who represent
850.22 and support American Indian, Indigenous, and
850.23 other communities disproportionately affected
850.24 by the opiate crisis. These grants utilize
850.25 traditional healing practices and other
850.26 culturally congruent and relevant supports to
850.27 prevent and curb opiate use disorders through
850.28 housing, treatment, education, aftercare, and
850.29 other activities as determined by the
850.30 commissioner. The base for this appropriation
850.31 is $2,000,000 in fiscal year 2024 and $0 in
850.32 fiscal year 2025.

850.33 (e) **African American Community Mental**
850.34 **Health Center Grant.** $1,000,000 in fiscal
850.35 year 2023 is for a grant to an African

851.1 American mental health service provider that
851.2 is a licensed community mental health center
851.3 specializing in services for African American
851.4 children and families. The center must offer
851.5 culturally specific, comprehensive,
851.6 trauma-informed, practice- and
851.7 evidence-based, person- and family-centered
851.8 mental health and substance use disorder
851.9 services; supervision and training; and care
851.10 coordination to all ages, regardless of ability
851.11 to pay or place of residence. Upon request, the
851.12 commissioner shall make information
851.13 regarding the use of this grant funding
851.14 available to the chairs and ranking minority
851.15 members of the legislative committees with
851.16 jurisdiction over human services. This is a
851.17 onetime appropriation and is available until
851.18 June 30, 2025.

851.19 (f) **Behavioral Health Peer Training.**
851.20 $1,000,000 in fiscal year 2023 is for training
851.21 and development for mental health certified
851.22 peer specialists, mental health certified family
851.23 peer specialists, and recovery peer specialists.
851.24 Training and development may include but is
851.25 not limited to initial training and certification.

851.26 (g) **Intensive Residential Treatment Services**
851.27 **Locked Facilities.** $2,796,000 in fiscal year
851.28 2023 is for start-up funds to intensive
851.29 residential treatment service providers to
851.30 provide treatment in locked facilities for
851.31 patients who have been transferred from a jail
851.32 or who have been deemed incompetent to
851.33 stand trial and a judge has determined that the
851.34 patient needs to be in a secure facility. This is
851.35 a onetime appropriation.

852.1 (h) **Base Level Adjustment.** The general fund
852.2 base is increased $25,792,000 in fiscal year
852.3 2024 and $30,916,000 in fiscal year 2025. The
852.4 opiate epidemic response base is increased
852.5 $2,000,000 in fiscal year 2025.

852.6 Subd. 23. **Grant Programs; Child Mental Health** 852.7 **Grants**	-0-	17,359,000

852.8 (a) **First Episode of Psychosis Grants.**
852.9 $300,000 in fiscal year 2023 is for first
852.10 episode of psychosis grants under Minnesota
852.11 Statutes, section 245.4905.

852.12 (b) **Children's Residential Treatment**
852.13 **Services Emergency Funding.** $2,500,000
852.14 in fiscal year 2023 is to provide licensed
852.15 children's residential treatment facilities with
852.16 emergency funding for staff overtime,
852.17 one-to-one staffing as needed, staff
852.18 recruitment and retention, and training and
852.19 related costs to maintain quality staff. Up to
852.20 $500,000 of this appropriation may be
852.21 allocated to support group home organizations
852.22 supporting children transitioning to lower
852.23 levels of care. This is a onetime appropriation.

852.24 (c) **Early Childhood Mental Health**
852.25 **Consultation.** $3,759,000 in fiscal year 2023
852.26 is for grants to school districts and charter
852.27 schools for early childhood mental health
852.28 consultation under Minnesota Statutes, section
852.29 245.4889. The commissioner may use up to
852.30 $409,000 for administration.

852.31 (d) **Inpatient Psychiatric and Psychiatric**
852.32 **Residential Treatment Facilities.**
852.33 $10,000,000 in fiscal year 2023 is for
852.34 competitive grants to hospitals or mental
852.35 health providers to retain, build, or expand

853.1 children's inpatient psychiatric beds for
853.2 children in need of acute high-level psychiatric
853.3 care or psychiatric residential treatment facility
853.4 beds as described in Minnesota Statutes,
853.5 section 256B.0941. In order to be eligible for
853.6 a grant, a hospital or mental health provider
853.7 must serve individuals covered by medical
853.8 assistance under Minnesota Statutes, section
853.9 256B.0625. The base for this appropriation is
853.10 $15,000,000 in fiscal year 2024 and $0 in
853.11 fiscal year 2025.

853.12 (e) **Base Level Adjustment.** The general fund
853.13 base is increased $19,859,000 in fiscal year
853.14 2024 and $4,859,000 in fiscal year 2025.

853.15 853.16	Subd. 24. **Grant Programs; Chemical Dependency Treatment Support Grants**	-0-	2,000,000

853.17 (a) **Emerging Mood Disorder Grant**
853.18 **Program.** $1,000,000 in fiscal year 2023 is
853.19 for emerging mood disorder grants under
853.20 Minnesota Statutes, section 245.4904.
853.21 Grantees must use grant money as required in
853.22 Minnesota Statutes, section 245.4904,
853.23 subdivision 2.

853.24 (b) **Traditional Healing Grants.** The base
853.25 shall include $2,000,000 in fiscal year 2025
853.26 to extend the traditional healing grant funding
853.27 appropriated in Laws 2019, chapter 63, article
853.28 3, section 1, paragraph (h), from the opiate
853.29 epidemic response account to the
853.30 commissioner of human services. This funding
853.31 is awarded to all Tribal nations and to five
853.32 urban Indian communities for traditional
853.33 healing practices to American Indians and to
853.34 increase the capacity of culturally specific
853.35 providers in the behavioral health workforce.

854.1 (c) **Base Level Adjustment.** The opiate
854.2 epidemic response base is increased $100,000
854.3 in fiscal year 2025.

854.4 Subd. 25. **Direct Care and Treatment -**
854.5 **Operations** -0- 6,501,000

854.6 **Base Level Adjustment.** The general fund
854.7 base is increased $5,267,000 in fiscal year
854.8 2024 and $0 in fiscal year 2025.

854.9 Subd. 26. **Technical Activities** -0- -0-

854.10 (a) **Transfers; Child Care and Development**
854.11 **Fund.** For fiscal years 2024 and 2025, the base
854.12 shall include a transfer of $23,500,000 in fiscal
854.13 year 2024 and $23,500,000 in fiscal year 2025
854.14 from the TANF fund to the child care and
854.15 development fund. These are onetime
854.16 transfers.

854.17 (b) **Base Level Adjustment.** The TANF base
854.18 is increased $23,500,000 in fiscal year 2024,
854.19 $23,500,000 in fiscal year 2025, and $0 in
854.20 fiscal year 2026.

854.21 Sec. 3. **COMMISSIONER OF HEALTH**

854.22 Subdivision 1. **Total Appropriation** **$** **-0-** **$** **266,731,000**

854.23 Appropriations by Fund

	2022	2023
854.24		
854.25 General	-0-	259,187,000
854.26 State Government 854.27 Special Revenue	-0-	5,969,000
854.28 Health Care Access	-0-	21,575,000

854.29 Subd. 2. **Health Improvement**

854.30 Appropriations by Fund

854.31 General	-0-	201,635,000
854.32 State Government 854.33 Special Revenue	-0-	1,583,000
854.34 Health Care Access	-0-	21,575,000

855.1 (a) **988 National Suicide Prevention Lifeline.**
855.2 $8,671,000 in fiscal year 2023 is from the
855.3 general fund for the 988 suicide prevention
855.4 lifeline in Minnesota Statutes, section 145.56.
855.5 Of this appropriation, $671,000 is for
855.6 administration and $8,000,000 is for grants.

855.7 (b) **Address Growing Health Care Costs.**
855.8 $2,476,000 in fiscal year 2023 is from the
855.9 general fund for initiatives aimed at addressing
855.10 growth in health care spending while ensuring
855.11 stability in rural health care programs. The
855.12 general fund base for this appropriation is
855.13 $3,057,000 in fiscal year 2024 and $3,057,000
855.14 in fiscal year 2025.

855.15 (c) **Community Health Workers.** $1,462,000
855.16 in fiscal year 2023 is from the general fund
855.17 for a public health approach to developing
855.18 community health workers across Minnesota
855.19 under Minnesota Statutes, section 145.9282.
855.20 Of this appropriation, $462,000 is for
855.21 administration and $1,000,000 is for grants.
855.22 The general fund base for this appropriation
855.23 is $1,097,000 in fiscal year 2024, of which
855.24 $337,000 is for administration and $760,000
855.25 is for grants, and $1,098,000 in fiscal year
855.26 2025, of which $338,000 is for administration
855.27 and $760,000 is for grants.

855.28 (d) **Community Solutions for Healthy Child**
855.29 **Development.** $10,000,000 in fiscal year 2023
855.30 is from the general fund for the community
855.31 solutions for the healthy child development
855.32 grant program under Minnesota Statutes,
855.33 section 145.9271. Of this appropriation,
855.34 $1,250,000 is for administration and
855.35 $8,750,000 is for grants. The general fund base

856.1 appropriation is $10,000,000 in fiscal year
856.2 2024 and $10,000,000 in fiscal year 2025, of
856.3 which $1,250,000 is for administration and
856.4 $8,750,000 is for grants in each fiscal year.

856.5 (e) **Disability as a Health Equity Issue.**
856.6 $1,575,000 in fiscal year 2023 is from the
856.7 general fund to reduce disability-related health
856.8 disparities through collaboration and
856.9 coordination between state and community
856.10 partners under Minnesota Statutes, section
856.11 145.9283. Of this appropriation, $1,130,000
856.12 is for administration and $445,000 is for
856.13 grants. The general fund base for this
856.14 appropriation is $1,585,000 in fiscal year 2024
856.15 and $1,585,000 in fiscal year 2025, of which
856.16 $1,140,000 is for administration and $445,000
856.17 is for grants.

856.18 (f) **Drug Overdose and Substance Abuse**
856.19 **Prevention.** $5,042,000 in fiscal year 2023 is
856.20 from the general fund for a public health
856.21 prevention approach to drug overdose and
856.22 substance use disorder in Minnesota Statutes,
856.23 section 144.8611. Of this appropriation,
856.24 $921,000 is for administration and $4,121,000
856.25 is for grants.

856.26 (g) **Healthy Beginnings, Healthy Families.**
856.27 $11,700,000 in fiscal year 2023 is from the
856.28 general fund for Healthy Beginnings, Healthy
856.29 Families services under Minnesota Statutes,
856.30 section 145.987. The general fund base for
856.31 this appropriation is $11,818,000 in fiscal year
856.32 2024 and $11,763,000 in fiscal year 2025. Of
856.33 this appropriation:

856.34 (1) $7,510,000 in fiscal year 2023 is for the
856.35 Minnesota Collaborative to Prevent Infant

857.1 Mortality under Minnesota Statutes, section
857.2 145.987, subdivisions 2, 3, and 4, of which
857.3 $1,535,000 is for administration and
857.4 $5,975,000 is for grants. The general fund base
857.5 for this appropriation is $7,501,000 in fiscal
857.6 year 2024, of which $1,526,000 is for
857.7 administration and $5,975,000 is for grants,
857.8 and $7,501,000 in fiscal year 2025, of which
857.9 $1,526,000 is for administration and
857.10 $5,975,000 is for grants.

857.11 (2) $340,000 in fiscal year 2023 is for Help
857.12 Me Connect under Minnesota Statutes, section
857.13 145.987, subdivisions 5 and 6. The general
857.14 fund base for this appropriation is $663,000
857.15 in fiscal year 2024 and $663,000 in fiscal year
857.16 2025.

857.17 (3) $1,940,000 in fiscal year 2023 is for
857.18 voluntary developmental and social-emotional
857.19 screening and follow-up under Minnesota
857.20 Statutes, section 145.987, subdivisions 7 and
857.21 8, of which $1,190,000 is for administration
857.22 and $750,000 is for grants. The general fund
857.23 base for this appropriation is $1,764,000 in
857.24 fiscal year 2024, of which $1,014,000 is for
857.25 administration and $750,000 is for grants, and
857.26 $1,764,000 in fiscal year 2025, of which
857.27 $1,014,000 is for administration and $750,000
857.28 is for grants.

857.29 (4) $1,910,000 in fiscal year 2023 is for model
857.30 jail practices for incarcerated parents under
857.31 Minnesota Statutes, section 145.987,
857.32 subdivisions 9, 10, and 11, of which $485,000
857.33 is for administration and $1,425,000 is for
857.34 grants. The general fund base for this
857.35 appropriation is $1,890,000 in fiscal year

858.1 2024, of which $465,000 is for administration
858.2 and $1,425,000 is for grants, and $1,835,000
858.3 in fiscal year 2025, of which $410,000 is for
858.4 administration and $1,425,000 is for grants.

858.5 (h) **Home Visiting.** $62,386,000 in fiscal year
858.6 2023 is from the general fund for universal,
858.7 voluntary home visiting services under
858.8 Minnesota Statutes, section 145.871. Of this
858.9 appropriation, up to seven percent is for
858.10 administration and at least 93 percent is for
858.11 implementation grants of home visiting
858.12 services to families. The general fund base for
858.13 this appropriation is $60,886,000 in fiscal year
858.14 2024 and $60,886,000 in fiscal year 2025.

858.15 (i) **Long COVID.** $2,669,000 in fiscal year
858.16 2023 is from the general fund for a public
858.17 health approach to supporting long COVID
858.18 survivors under Minnesota Statutes, section
858.19 145.361. Of this appropriation, $2,119,000 is
858.20 for administration and $550,000 is for grants.
858.21 The base for this appropriation is $3,706,000
858.22 in fiscal year 2024 and $3,706,000 in fiscal
858.23 year 2025, of which $3,156,000 is for
858.24 administration and $550,000 is for grants in
858.25 each fiscal year.

858.26 (j) **Medical Education Research Cost**
858.27 **(MERC).** Of the amount previously
858.28 appropriated in the general fund by Laws
858.29 2015, chapter 71, article 3, section 2, for the
858.30 MERC program, $150,000 in fiscal year 2023
858.31 and each year thereafter is for the
858.32 administration of grants under Minnesota
858.33 Statutes, section 62J.692.

858.34 (k) **No Surprises Act Enforcement.** $964,000
858.35 in fiscal year 2023 is from the general fund

859.1 for implementation of the federal No Surprises
859.2 Act portion of the Consolidated
859.3 Appropriations Act, 2021, under Minnesota
859.4 Statutes, section 62Q.021, subdivision 3. The
859.5 general fund base for this appropriation is
859.6 $763,000 in fiscal year 2024 and $757,000 in
859.7 fiscal year 2025.

859.8 (l) **Public Health System Transformation.**
859.9 $23,531,000 in fiscal year 2023 is from the
859.10 general fund for public health system
859.11 transformation. Of this appropriation:

859.12 (1) $20,000,000 is for grants to community
859.13 health boards under Minnesota Statutes,
859.14 section 145A.131, subdivision 1, paragraph
859.15 (f).

859.16 (2) $1,000,000 is for grants to Tribal
859.17 governments under Minnesota Statutes, section
859.18 145A.14, subdivision 2b.

859.19 (3) $1,000,000 is for a public health
859.20 AmeriCorps program grant under Minnesota
859.21 Statutes, section 145.9292.

859.22 (4) $1,531,000 is for the commissioner to
859.23 oversee and administer activities under this
859.24 paragraph.

859.25 (m) **Revitalize Health Care Workforce.**
859.26 $21,575,000 in fiscal year 2023 is from the
859.27 health care access fund to address challenges
859.28 of Minnesota's health care workforce. Of this
859.29 appropriation:

859.30 (1) $2,073,000 in fiscal year 2023 is for the
859.31 health professionals clinical training expansion
859.32 and rural and underserved clinical rotations
859.33 grant programs under Minnesota Statutes,
859.34 section 144.1505, of which $423,000 is for

860.1 administration and $1,650,000 is for grants.
860.2 Grant appropriations are available until
860.3 expended under Minnesota Statutes, section
860.4 144.1505, subdivision 2.

860.5 (2) $4,507,000 in fiscal year 2023 is for the
860.6 primary care rural residency training grant
860.7 program under Minnesota Statutes, section
860.8 144.1507, of which $207,000 is for
860.9 administration and $4,300,000 is for grants.
860.10 Grant appropriations are available until
860.11 expended under Minnesota Statutes, section
860.12 144.1507, subdivision 2.

860.13 (3) $430,000 in fiscal year 2023 is for the
860.14 international medical graduates assistance
860.15 program under Minnesota Statutes, section
860.16 144.1911, for international immigrant medical
860.17 graduates to fill a gap in their preparedness
860.18 for medical residencies or transition to a new
860.19 career making use of their medical degrees.
860.20 Of this appropriation, $55,000 is for
860.21 administration and $375,000 is for grants.

860.22 (4) $12,565,000 in fiscal year 2023 is for a
860.23 grant program to health care systems,
860.24 hospitals, clinics, and other providers to ensure
860.25 the availability of clinical training for students,
860.26 residents, and graduate students to meet health
860.27 professions educational requirements under
860.28 Minnesota Statutes, section 144.1511, of
860.29 which $565,000 is for administration and
860.30 $12,000,000 is for grants.

860.31 (5) $2,000,000 in fiscal year 2023 is for the
860.32 mental health cultural community continuing
860.33 education grant program, of which $460,000
860.34 is for administration and $1,540,000 is for
860.35 grants.

861.1 (n) **School Health.** $837,000 in fiscal year
861.2 2023 is from the general fund for the School
861.3 Health Initiative under Minnesota Statutes,
861.4 section 145.988. The general fund base for
861.5 this appropriation is $3,462,000 in fiscal year
861.6 2024, of which $1,212,000 is for
861.7 administration and $2,250,000 is for grants
861.8 and $3,287,000 in fiscal year 2025, of which
861.9 $1,037,000 is for administration and
861.10 $2,250,000 is for grants.

861.11 (o) **Trauma System.** $61,000 in fiscal year
861.12 2023 is from the general fund to administer
861.13 the trauma care system throughout the state
861.14 under Minnesota Statutes, sections 144.602,
861.15 144.603, 144.604, 144.606, and 144.608.
861.16 $430,000 in fiscal year 2023 is from the state
861.17 government special revenue fund for trauma
861.18 designations according to Minnesota Statutes,
861.19 sections 144.122, paragraph (g), 144.605, and
861.20 144.6071.

861.21 (p) **Mental Health Providers; Loan**
861.22 **Forgiveness, Grants, Information**
861.23 **Clearinghouse.** $4,275,000 in fiscal year 2023
861.24 is from the general fund for activities to
861.25 increase the number of mental health
861.26 professionals in the state. Of this
861.27 appropriation:

861.28 (1) $1,000,000 is for loan forgiveness under
861.29 the health professional education loan
861.30 forgiveness program under Minnesota Statutes,
861.31 section 144.1501, notwithstanding the
861.32 priorities and distribution requirements in that
861.33 section, for eligible mental health
861.34 professionals who provide clinical supervision
861.35 in their designated field;

862.1 (2) $3,000,000 is for the mental health
862.2 provider supervision grant program under
862.3 Minnesota Statutes, section 144.1508;

862.4 (3) $250,000 is for the mental health
862.5 professional scholarship grant program under
862.6 Minnesota Statutes, section 144.1509; and

862.7 (4) $25,000 is for the commissioner to
862.8 establish and maintain a website to serve as
862.9 an information clearinghouse for mental health
862.10 professionals and individuals seeking to
862.11 qualify as a mental health professional. The
862.12 website must contain information on the
862.13 various master's level programs to become a
862.14 mental health professional, requirements for
862.15 supervision, where to find supervision, how
862.16 to access tools to study for the applicable
862.17 licensing examination, links to loan
862.18 forgiveness programs and tuition
862.19 reimbursement programs, and other topics of
862.20 use to individuals seeking to become a mental
862.21 health professional. This is a onetime
862.22 appropriation.

862.23 (q) **Palliative Care Advisory Council.**
862.24 $44,000 in fiscal year 2023 is from the general
862.25 fund for the Palliative Care Advisory Council
862.26 under Minnesota Statutes, section 144.059.

862.27 (r) **Emmett Louis Till Victims Recovery**
862.28 **Program.** $500,000 in fiscal year 2023 is from
862.29 the general fund for the Emmett Louis Till
862.30 Victims Recovery Program. This is a onetime
862.31 appropriation and is available until June 30,
862.32 2024.

862.33 (s) **Study; POLST Forms.** $292,000 in fiscal
862.34 year 2023 is from the general fund for the

863.1 commissioner to study the creation of a
863.2 statewide registry of provider orders for
863.3 life-sustaining treatment and issue a report and
863.4 recommendations.

863.5 (t) **Benefit and Cost Analysis of Universal**
863.6 **Health Reform Proposal.** $461,000 in fiscal
863.7 year 2023 is from the general fund for an
863.8 analysis of the benefits and costs of a universal
863.9 health care financing system and a similar
863.10 analysis of the current health care financing
863.11 system. Of this appropriation, $250,000 is for
863.12 a contract with the University of Minnesota
863.13 School of Public Health and the Carlson
863.14 School of Management. The general fund base
863.15 for this appropriation is $288,000 in fiscal year
863.16 2024, of which $250,000 is for a contract with
863.17 the University of Minnesota School of Public
863.18 Health and the Carlson School of
863.19 Management, and $0 in fiscal year 2025.

863.20 (u) **Technical Assistance; Health Care**
863.21 **Trends and Costs.** $2,506,000 in fiscal year
863.22 2023 is from the general fund for technical
863.23 assistance to the Health Care Affordability
863.24 Board in analyzing health care trends and costs
863.25 and setting health care spending growth
863.26 targets. The general fund base for this
863.27 appropriation is $2,753,000 in fiscal year 2024
863.28 and $2,694,000 in fiscal year 2025.

863.29 (v) **Sexual Exploitation and Trafficking**
863.30 **Study.** $300,000 in fiscal year 2023 is to fund
863.31 a prevalence study on youth and adult victim
863.32 survivors of sexual exploitation and
863.33 trafficking. This is a onetime appropriation
863.34 and is available until June 30, 2024.

864.1 (w) **Local and Tribal Public Health**
864.2 **Emergency Preparedness and Response.**
864.3 $9,000,000 in fiscal year 2023 is from the
864.4 general fund for distribution to local and Tribal
864.5 public health organizations for emergency
864.6 preparedness and response capabilities. At
864.7 least 90 percent of this appropriation must be
864.8 distributed to local and Tribal public health
864.9 organizations, and up to ten percent of this
864.10 appropriation may be used by the
864.11 commissioner for administrative costs. Use of
864.12 this appropriation must align with the Centers
864.13 for Disease Control and Prevention's issued
864.14 report: Public Health Emergency Preparedness
864.15 and Response Capabilities: National Standards
864.16 for State, Local, Tribal, and Territorial Public
864.17 Health.

864.18 (x) **Loan Forgiveness for Nursing**
864.19 **Instructors.** Notwithstanding the priorities
864.20 and distribution requirements in Minnesota
864.21 Statutes, section 144.1501, $50,000 in fiscal
864.22 year 2023 is from the general fund for loan
864.23 forgiveness under the health professional
864.24 education loan forgiveness program under
864.25 Minnesota Statutes, section 144.1501, for
864.26 eligible nurses who agree to teach.

864.27 (y) **Mental Health of Health Care Workers.**
864.28 $1,000,000 in fiscal year 2023 is from the
864.29 general fund for competitive grants to
864.30 hospitals, community health centers, rural
864.31 health clinics, and medical professional
864.32 associations to establish or enhance
864.33 evidence-based or evidence-informed
864.34 programs dedicated to improving the mental
864.35 health of health care professionals.

865.1 (z) **Prevention of Violence in Health Care.**
865.2 $50,000 in fiscal year 2023 is from the general
865.3 fund to continue the prevention of violence in
865.4 health care programs and to create violence
865.5 prevention resources for hospitals and other
865.6 health care providers to use to train their staff
865.7 on violence prevention.

865.8 (aa) **Hospital Nursing Loan Forgiveness.**
865.9 $5,000,000 in fiscal year 2023 is from the
865.10 general fund for the hospital nursing loan
865.11 forgiveness program under Minnesota Statutes,
865.12 section 144.1504.

865.13 (bb) **Program to Distribute COVID-19**
865.14 **Tests, Masks, and Respirators.** $15,000,000
865.15 in fiscal year 2023 is from the general fund
865.16 for a program to distribute COVID-19 tests,
865.17 masks, and respirators to individuals in the
865.18 state. This is a onetime appropriation.

865.19 (cc) **Safe Harbor Grants.** $1,000,000 in fiscal
865.20 year 2023 is for grants to fund supportive
865.21 services, including but not limited to legal
865.22 services, mental health therapy, substance use
865.23 disorder counseling, and case management for
865.24 sexually exploited youth or youth at risk of
865.25 sexual exploitation under Minnesota Statutes,
865.26 section 145.4716.

865.27 (dd) **Dignity in Pregnancy and Childbirth**
865.28 **Act.** $50,000 in fiscal year 2023 is from the
865.29 general fund for hosting and maintaining a
865.30 continuing education curriculum and course
865.31 under Minnesota Statutes, section 144.1461.

865.32 (ee) **Base Level Adjustments.** The general
865.33 fund base is increased $186,852,000 in fiscal
865.34 year 2024 and $186,270,000 in fiscal year

866.1 2025. The state government special revenue
866.2 fund base is increased $1,373,000 in fiscal
866.3 year 2024 and $1,373,000 in fiscal year 2025.

866.4 Subd. 3. **Health Protection**

866.5	Appropriations by Fund		
866.6	General	-0-	57,552,000
866.7 866.8	State Government Special Revenue	-0-	4,386,000

866.9 (a) **Climate Resiliency.** $1,977,000 in fiscal
866.10 year 2023 is from the general fund for climate
866.11 resiliency actions under Minnesota Statutes,
866.12 section 144.9981. Of this appropriation,
866.13 $977,000 is for administration and $1,000,000
866.14 is for grants. The general fund base for this
866.15 appropriation is $988,000 in fiscal year 2024,
866.16 of which $888,000 is for administration and
866.17 $100,000 is for grants, and $989,000 in fiscal
866.18 year 2025, of which $889,000 is for
866.19 administration and $100,000 is for grants.

866.20 (b) **Lead Testing and Remediation Grant**
866.21 **Program; Schools, Child Care Centers,**
866.22 **Family Child Care Providers.** $3,054,000
866.23 in fiscal year 2023 is from the general fund
866.24 for a lead testing and remediation grant
866.25 program for schools, licensed child care
866.26 centers, and licensed family child care
866.27 providers under Minnesota Statutes, section
866.28 145.9272. Of this appropriation, $454,000 is
866.29 for administration and $2,600,000 is for
866.30 grants. The general fund base for this
866.31 appropriation is $2,540,000 in fiscal year
866.32 2024, of which $370,000 is for administration
866.33 and $2,170,000 is for grants, and $2,540,000
866.34 in fiscal year 2025, of which $371,000 is for
866.35 administration and $2,710,000 is for grants.

867.1 (c) **Lead Service Line Inventory.** $4,029,000
867.2 in fiscal year 2023 is from the general fund
867.3 for grants to public water suppliers to complete
867.4 a lead service line inventory of their
867.5 distribution systems under Minnesota Statutes,
867.6 section 144.383, clause (6). Of this
867.7 appropriation, $279,000 is for administration
867.8 and $3,750,000 is for grants. The general fund
867.9 base for this appropriation is $4,029,000 in
867.10 fiscal year 2024, of which $279,000 is for
867.11 administration and $3,750,000 is for grants,
867.12 and $140,000 in fiscal year 2025, which is for
867.13 administration.

867.14 (d) **Lead Service Line Replacement.**
867.15 $5,000,000 in fiscal year 2023 is from the
867.16 general fund for administrative costs related
867.17 to the replacement of lead service lines in the
867.18 state.

867.19 (e) **Reports and Posting; School Test Results**
867.20 **and Remediation for Lead in Drinking**
867.21 **Water.** $249,000 in fiscal year 2023 is from
867.22 the general fund for the commissioner to
867.23 accept, post on the department website, and
867.24 annually update reports from schools of test
867.25 results for the presence of lead in drinking
867.26 water and remediation efforts according to
867.27 Minnesota Statutes, section 145.9274. The
867.28 general fund base for this appropriation is
867.29 $175,000 in fiscal year 2024 and $175,000 in
867.30 fiscal year 2025.

867.31 (f) **Grants to Local Public Health**
867.32 **Departments.** $16,172,000 in fiscal year 2023
867.33 is from the general fund for grants to local
867.34 public health departments for public health
867.35 response related to defining elevated blood

868.1 lead level as 3.5 micrograms of lead or greater
868.2 per deciliter of whole blood. Of this amount,
868.3 $172,000 is available to the commissioner for
868.4 administrative costs. This appropriation is
868.5 available until June 30, 2025. The general fund
868.6 base for this appropriation is $5,000,000 in
868.7 fiscal year 2024 and $5,000,000 in fiscal year
868.8 2025.

868.9 (g) **Mercury in Skin-Lightening Products**
868.10 **Grants.** $100,000 in fiscal year 2023 is from
868.11 the general fund for a skin-lightening products
868.12 public awareness and education grant program
868.13 under Minnesota Statutes, section 145.9275.

868.14 (h) **HIV Prevention for People Experiencing**
868.15 **Homelessness.** $1,129,000 in fiscal year 2023
868.16 is from the general fund for expanding access
868.17 to harm reduction services and improving
868.18 linkages to care to prevent HIV/AIDS,
868.19 hepatitis, and other infectious diseases for
868.20 those experiencing homelessness or housing
868.21 instability under Minnesota Statutes, section
868.22 145.924, paragraph (d). Of this appropriation,
868.23 $169,000 is for administration and $960,000
868.24 is for grants.

868.25 (i) **Safety Improvements for State-Licensed**
868.26 **Long-Term Care Facilities.** $5,500,000 in
868.27 fiscal year 2023 is from the general fund for
868.28 a temporary grant program for safety
868.29 improvements for state-licensed long-term
868.30 care facilities. Of this appropriation, $500,000
868.31 is for administration and $5,000,000 is for
868.32 grants. The general fund base for this
868.33 appropriation is $8,200,000 in fiscal year 2024
868.34 and $0 in fiscal year 2025. Of this
868.35 appropriation in fiscal year 2024, $700,000 is

869.1 for administration and $7,500,000 is for
869.2 grants. This appropriation is available until
869.3 June 30, 2025.

869.4 (j) **Mortuary Science.** $219,000 in fiscal year
869.5 2023 is from the state government special
869.6 revenue fund for regulation of transfer care
869.7 specialists under Minnesota Statutes, chapter
869.8 149A, and for additional reporting
869.9 requirements under Minnesota Statutes,
869.10 section 149A.94. The state government special
869.11 revenue fund base for this appropriation is
869.12 $132,000 in fiscal year 2024 and $61,000 in
869.13 fiscal year 2025.

869.14 (k) **Public Health Response Contingency**
869.15 **Account.** $20,000,000 in fiscal year 2023 is
869.16 from the general fund for transfer to the public
869.17 health response contingency account under
869.18 Minnesota Statutes, section 144.4199. This is
869.19 a onetime transfer.

869.20 (l) **Base Level Adjustments.** The general fund
869.21 base is increased $22,444,000 in fiscal year
869.22 2024 and $10,239,000 in fiscal year 2025. The
869.23 state government special revenue fund base is
869.24 increased $4,299,000 in fiscal year 2024 and
869.25 $4,228,000 in fiscal year 2025.

869.26 Sec. 4. **HEALTH-RELATED BOARDS**

869.27 Subdivision 1. **Total Appropriation**	**$**	**-0-**	**$**	**203,000**

869.28 Appropriations by Fund

869.29 General Fund	-0-	175,000
869.30 State Government 869.31 Special Revenue	-0-	28,000

869.32 This appropriation is from the state
869.33 government special revenue fund unless
869.34 specified otherwise. The amounts that may be

870.1 spent for each purpose are specified in the
870.2 following subdivisions.

870.3 Subd. 2. **Board of Dentistry**		-0-		3,000
870.4 Subd. 3. **Board of Dietetics and Nutrition** 870.5 **Practice**		-0-		25,000
870.6 Subd. 4. **Board of Pharmacy**		-0-		175,000

870.7 This appropriation is from the general fund.

870.8 **Medication repository program.** $175,000
870.9 in fiscal year 2023 is for transfer by the Board
870.10 of Pharmacy to the central repository to be
870.11 used to administer the medication repository
870.12 program according to the contract between the
870.13 central repository and the Board of Pharmacy.

870.14 Sec. 5. **COUNCIL ON DISABILITY**	**$**	**-0-**	**$**	**375,000**
870.15 Sec. 6. **OMBUDSMAN FOR MENTAL** 870.16 **HEALTH AND DEVELOPMENTAL** 870.17 **DISABILITIES**	**$**	**-0-**	**$**	**189,000**

870.18 **Community Residential Setting Closures.**
870.19 $189,000 in fiscal year 2023 is for staffing
870.20 related to community residential setting
870.21 closures. The base for this appropriation is
870.22 $211,000 in fiscal year 2024 and $211,000 in
870.23 fiscal year 2025.

870.24 Sec. 7. **EMERGENCY MEDICAL SERVICES** 870.25 **REGULATORY BOARD**	**$**	**-0-**	**$**	**200,000**

870.26 This is a onetime appropriation.

870.27 Sec. 8. **BOARD OF DIRECTORS OF MNSURE**	**$**	**-0-**	**$**	**7,775,000**

870.28 This appropriation may be transferred to the
870.29 MNsure account established in Minnesota
870.30 Statutes, section 62V.07.

870.31 **Base Adjustment.** The general fund base for
870.32 this appropriation is $10,982,000 in fiscal year
870.33 2024, $6,450,000 in fiscal year 2025, and $0
870.34 in fiscal year 2026.

871.1 Sec. 9. **HEALTH CARE AFFORDABILITY**
871.2 **BOARD.** $ -0- $ 1,070,000

871.3 (a) **Health Care Affordability Board.**
871.4 $1,070,000 in fiscal year 2023 is for the Health
871.5 Care Affordability Board to implement
871.6 Minnesota Statutes, sections 62J.86 to 62J.72.

871.7 (b) **Base Level Adjustment.** The general fund
871.8 base is increased $1,417,000 in fiscal year
871.9 2024 and $1,485,000 in fiscal year 2025.

871.10 Sec. 10. **COMMISSIONER OF COMMERCE** $ -0- $ 251,000

871.11 (a) **Prescription Drug Affordability Board.**
871.12 $197,000 in fiscal year 2023 is for the
871.13 commissioner of commerce to establish the
871.14 Prescription Drug Affordability Board under
871.15 Minnesota Statutes, section 62J.87, and for
871.16 the Prescription Drug Affordability Board to
871.17 implement the Prescription Drug Affordability
871.18 Act. Following the first meeting of the board
871.19 and prior to June 30, 2023, the commissioner
871.20 of commerce shall transfer any funds
871.21 remaining from this appropriation to the board.
871.22 The base for this appropriation is $357,000 in
871.23 fiscal year 2024 and $357,000 in fiscal year
871.24 2025.

871.25 (b) **Ectodermal Dysplasias.** $54,000 in fiscal
871.26 year 2023 is for costs related to insurance
871.27 coverage of ectodermal dysplasias. The base
871.28 for this appropriation is $58,000 in fiscal year
871.29 2024 and $62,000 in fiscal year 2025.

871.30 Sec. 11. **COMMISSIONER OF LABOR AND**
871.31 **INDUSTRY** $ -0- $ 641,000

871.32 **Nursing Home Workforce Standards**
871.33 **Board.** $641,000 in fiscal year 2023 is for
871.34 establishment and operation of the Nursing
871.35 Home Workforce Standards Board in

872.1 Minnesota Statutes, sections 181.211 to
872.2 181.217. The base for this appropriation is
872.3 $322,000 in fiscal year 2024 and $368,000 in
872.4 fiscal year 2025.

872.5 Sec. 12. **ATTORNEY GENERAL** **$** **-0-** **$** **456,000**

872.6 (a) **Expert Witnesses.** $200,000 in fiscal year
872.7 2023 is for expert witnesses and investigations
872.8 under Minnesota Statutes, section 62J.844.
872.9 This is a onetime appropriation.

872.10 (b) **Prescription Drug Enforcement.**
872.11 $256,000 in fiscal year 2023 is for prescription
872.12 drug enforcement. This is a onetime
872.13 appropriation.

872.14 Sec. 13. **COMMISSIONER OF EDUCATION** **$** **-0-** **$** **264,000**

872.15 **Information Technology and Data Sharing**
872.16 **Projects for Early Childhood Programs.**
872.17 $264,000 in fiscal year 2023 is for staff and
872.18 costs related to the information technology
872.19 project and the data sharing project for
872.20 programs impacting early childhood. The base
872.21 for this appropriation is $503,000 in fiscal year
872.22 2024 and $493,000 in fiscal year 2025.

872.23 Sec. 14. **COMMISSIONER OF INFORMATION**
872.24 **TECHNOLOGY SERVICES** **$** **-0-** **$** **6,441,000**

872.25 **Information Technology Project for Early**
872.26 **Childhood Programs.** $6,441,000 in fiscal
872.27 year 2023 is for staff and costs related to the
872.28 information technology project for programs
872.29 impacting early childhood. This is a onetime
872.30 appropriation and is available until June 30,
872.31 2027.

872.32 Sec. 15. **COMMISSIONER OF**
872.33 **MANAGEMENT AND BUDGET** **$** **-0-** **$** **492,000**

873.1 **Information Technology and Data Sharing**
873.2 **Projects for Early Childhood Programs.**
873.3 $492,000 in fiscal year 2023 is for the
873.4 commissioner of management and budget to:
873.5 (1) identify any state or federal statutes or
873.6 administrative rules and practices that prevent
873.7 or complicate data sharing among child care
873.8 and early learning programs administered by
873.9 the Departments of Education and Human
873.10 Services and other departments with programs
873.11 impacting early childhood as identified by the
873.12 Children's Cabinet; (2) support ongoing efforts
873.13 to address any barriers to data sharing; and (3)
873.14 support work related to the information
873.15 technology modernization project for
873.16 programs impacting early childhood. The
873.17 commissioner of management and budget must
873.18 consult with the commissioners of education,
873.19 human services, and information technology
873.20 services; the Children's Cabinet; and other
873.21 stakeholders. The commissioner of
873.22 management and budget must report
873.23 preliminary findings to the legislative
873.24 committees with jurisdiction over early
873.25 childhood programs by February 1, 2023, and
873.26 make a final report by February 1, 2024. The
873.27 base for this appropriation is $192,000 in fiscal
873.28 year 2024 and $97,000 in fiscal year 2025.

873.29 Sec. 16. **COMMISSIONER OF EMPLOYMENT**
873.30 **AND ECONOMIC DEVELOPMENT** **$** **-0-** **$** **255,000**

873.31 **Early Childhood Education Workforce**
873.32 **Study.** $255,000 in fiscal year 2023 is for a
873.33 study on the early childhood education
873.34 workforce in Minnesota. The study must
873.35 provide a consolidated report of current data
873.36 on the makeup of the early childhood

874.1 education workforce, including those working
874.2 in certified and licensed child care centers and
874.3 family child care homes, Early Head Start and
874.4 Head Start programs, and school-based
874.5 programs, including early childhood special
874.6 education; wages, income, and benefits in the
874.7 industry; and barriers to entering these careers
874.8 or retaining workers in the field, along with
874.9 information on any other relevant issues
874.10 identified during the research process. At a
874.11 minimum, the study must replicate the data
874.12 points published in the study funded by the
874.13 Department of Human Services titled Child
874.14 Care Workforce in Minnesota: 2011 Statewide
874.15 Study of Demographics, Training and
874.16 Professional Development. The study must be
874.17 completed within 18 months, and the
874.18 commissioner may contract with another
874.19 organization to complete the study. This is a
874.20 onetime appropriation and is available until
874.21 December 30, 2023.

874.22 Sec. 17. Laws 2021, First Special Session chapter 2, article 1, section 4, subdivision 2, is
874.23 amended to read:

874.24 Subd. 2. **Operations and Maintenance** 621,968,000 621,968,000

874.25 (a) $15,000,000 in fiscal year 2022 and
874.26 $15,000,000 in fiscal year 2023 are to: (1)
874.27 increase the medical school's research
874.28 capacity; (2) improve the medical school's
874.29 ranking in National Institutes of Health
874.30 funding; (3) ensure the medical school's
874.31 national prominence by attracting and
874.32 retaining world-class faculty, staff, and
874.33 students; (4) invest in physician training
874.34 programs in rural and underserved
874.35 communities; and (5) translate the medical

875.1 school's research discoveries into new
875.2 treatments and cures to improve the health of
875.3 Minnesotans.

875.4 (b) $7,800,000 in fiscal year 2022 and
875.5 $7,800,000 in fiscal year 2023 are for health
875.6 training restoration. This appropriation must
875.7 be used to support all of the following: (1)
875.8 faculty physicians who teach at eight residency
875.9 program sites, including medical resident and
875.10 student training programs in the Department
875.11 of Family Medicine; (2) the Mobile Dental
875.12 Clinic; and (3) expansion of geriatric
875.13 education and family programs.

875.14 (c) $4,000,000 in fiscal year 2022 and
875.15 $4,000,000 in fiscal year 2023 are for the
875.16 Minnesota Discovery, Research, and
875.17 InnoVation Economy funding program for
875.18 cancer care research.

875.19 (d) $500,000 in fiscal year 2022 and $500,000
875.20 in fiscal year 2023 are for the University of
875.21 Minnesota, Morris branch, to cover the costs
875.22 of tuition waivers under Minnesota Statutes,
875.23 section 137.16.

875.24 (e) $150,000 in fiscal year 2022 and $150,000
875.25 in fiscal year 2023 are for the Chloe Barnes
875.26 Advisory Council on Rare Diseases under
875.27 Minnesota Statutes, section 137.68. The fiscal
875.28 year 2023 appropriation shall be transferred
875.29 to the Council on Disability. The base for this
875.30 appropriation is $0 in fiscal year 2024 and
875.31 later.

875.32 (f) The total operations and maintenance base
875.33 for fiscal year 2024 and later is $620,818,000.

876.1 Sec. 18. **APPROPRIATIONS FOR ADVISORY COUNCIL ON RARE DISEASES.**

876.2 In accordance with Minnesota Statutes, section 15.039, subdivision 6, the unexpended
876.3 balance of money appropriated from the general fund to the Board of Regents of the
876.4 University of Minnesota for purposes of the advisory council on rare diseases under
876.5 Minnesota Statutes, section 137.68, shall be under control of the Minnesota Rare Disease
876.6 Advisory Council and the Council on Disability.

876.7 Sec. 19. **APPROPRIATION ENACTED MORE THAN ONCE.**

876.8 If an appropriation is enacted more than once in the 2022 legislative session, the
876.9 appropriation must be given effect only once.

876.10 Sec. 20. **SUNSET OF UNCODIFIED LANGUAGE.**

876.11 All uncodified language contained in this article expires on June 30, 2023, unless a
876.12 different effective date is explicit.

876.13 Sec. 21. **EFFECTIVE DATE.**

876.14 This article is effective the day following final enactment.

119B.03 BASIC SLIDING FEE PROGRAM.

Subd. 4. **Funding priority.** (a) First priority for child care assistance under the basic sliding fee program must be given to eligible non-MFIP families who do not have a high school diploma or commissioner of education-selected high school equivalency certification or who need remedial and basic skill courses in order to pursue employment or to pursue education leading to employment and who need child care assistance to participate in the education program. This includes student parents as defined under section 119B.011, subdivision 19b. Within this priority, the following subpriorities must be used:

(1) child care needs of minor parents;

(2) child care needs of parents under 21 years of age; and

(3) child care needs of other parents within the priority group described in this paragraph.

(b) Second priority must be given to parents who have completed their MFIP or DWP transition year, or parents who are no longer receiving or eligible for diversionary work program supports.

(c) Third priority must be given to families who are eligible for portable basic sliding fee assistance through the portability pool under subdivision 9.

(d) Fourth priority must be given to families in which at least one parent is a veteran as defined under section 197.447.

(e) Families under paragraph (b) must be added to the basic sliding fee waiting list on the date they begin the transition year under section 119B.011, subdivision 20, and must be moved into the basic sliding fee program as soon as possible after they complete their transition year.

144G.07 RETALIATION PROHIBITED.

Subd. 6. **Other laws.** Nothing in this section affects the rights and remedies available under section 626.557, subdivisions 10, 17, and 20.

150A.091 FEES.

Subd. 3. **Initial license or permit fees.** Along with the application fee, each of the following applicants shall submit a separate initial license or permit fee. The initial fee shall be established by the board not to exceed the following nonrefundable fee amounts:

(1) dentist or full faculty dentist, $168;

(2) dental therapist, $120;

(3) dental hygienist, $60;

(4) licensed dental assistant, $36; and

(5) dental assistant with a permit as described in Minnesota Rules, part 3100.8500, subpart 3, $12.

Subd. 15. **Verification of licensure.** Each institution or corporation shall submit with a request for verification of a license a fee in the amount of $5 for each license to be verified.

Subd. 17. **Advanced dental therapy examination fee.** Any dental therapist eligible to sit for the advanced dental therapy certification examination must submit with the application a fee as established by the board, not to exceed $250.

169A.70 ALCOHOL SAFETY PROGRAMS; CHEMICAL USE ASSESSMENTS.

Subd. 6. **Method of assessment.** (a) As used in this subdivision, "collateral contact" means an oral or written communication initiated by an assessor for the purpose of gathering information from an individual or agency, other than the offender, to verify or supplement information provided by the offender during an assessment under this section. The term includes contacts with family members and criminal justice agencies.

(b) An assessment conducted under this section must include at least one personal interview with the offender designed to make a determination about the extent of the offender's past and present chemical and alcohol use or abuse. It must also include collateral contacts and a review of relevant records or reports regarding the offender including, but not limited to, police reports, arrest reports, driving records, chemical testing records, and test refusal records. If the offender has a probation officer, the officer must be the subject of a collateral contact under this subdivision. If

an assessor is unable to make collateral contacts, the assessor shall specify why collateral contacts were not made.

245A.03 WHO MUST BE LICENSED.

Subd. 5. **Excluded housing with services programs; right to seek licensure.** Nothing in this section shall prohibit a housing with services program that is excluded from licensure under subdivision 2, paragraph (a), clause (25), from seeking a license under this chapter. The commissioner shall ensure that any application received from such an excluded provider is processed in the same manner as all other applications for licensed adult foster care.

245F.15 STAFF QUALIFICATIONS.

Subd. 2. **Continuing employment; no substance use problems.** License holders must require staff to be free from substance use problems as a condition of continuing employment. Staff are not required to sign statements attesting to their freedom from substance use problems after the initial statement required by subdivision 1. Staff with substance use problems must be immediately removed from any responsibilities that include direct patient contact.

245G.11 STAFF QUALIFICATIONS.

Subd. 2. **Employment; prohibition on problematic substance use.** A staff member with direct contact must be free from problematic substance use as a condition of employment, but is not required to sign additional statements. A staff member with direct contact who is not free from problematic substance use must be removed from any responsibilities that include direct contact for the time period specified in subdivision 1. The time period begins to run on the date of the last incident of problematic substance use as described in the facility's policies and procedures according to section 245G.13, subdivision 1, clause (5).

245G.22 OPIOID TREATMENT PROGRAMS.

Subd. 19. **Placing authorities.** A program must provide certain notification and client-specific updates to placing authorities for a client who is enrolled in Minnesota health care programs. At the request of the placing authority, the program must provide client-specific updates, including but not limited to informing the placing authority of positive drug testings and changes in medications used for the treatment of opioid use disorder ordered for the client.

246.0136 ESTABLISHING ENTERPRISE ACTIVITIES IN STATE-OPERATED SERVICES.

Subdivision 1. **Planning for enterprise activities.** The commissioner of human services is directed to study and make recommendations to the legislature on establishing enterprise activities within state-operated services. Before implementing an enterprise activity, the commissioner must obtain statutory authorization for its implementation, except that the commissioner has authority to implement enterprise activities for adult mental health, adolescent services, and to establish a public group practice without statutory authorization. Enterprise activities are defined as the range of services, which are delivered by state employees, needed by people with disabilities and are fully funded by public or private third-party health insurance or other revenue sources available to clients that provide reimbursement for the services provided. Enterprise activities within state-operated services shall specialize in caring for vulnerable people for whom no other providers are available or for whom state-operated services may be the provider selected by the payer. In subsequent biennia after an enterprise activity is established within a state-operated service, the base state appropriation for that state-operated service shall be reduced proportionate to the size of the enterprise activity.

Subd. 2. **Required components of any proposal; considerations.** In any proposal for an enterprise activity brought to the legislature by the commissioner, the commissioner must demonstrate that there is public or private third-party health insurance or other revenue available to the people served, that the anticipated revenues to be collected will fully fund the services, that there will be sufficient funds for cash flow purposes, and that access to services by vulnerable populations served by state-operated services will not be limited by implementation of an enterprise activity. In studying the feasibility of establishing an enterprise activity, the commissioner must consider:

(1) creating public or private partnerships to facilitate client access to needed services;

(2) administrative simplification and efficiencies throughout the state-operated services system;

(3) converting or disposing of buildings not utilized and surplus lands; and

(4) exploring the efficiencies and benefits of establishing state-operated services as an independent state agency.

252.025 STATE HOSPITALS FOR PERSONS WITH DEVELOPMENTAL DISABILITIES.

Subd. 7. **Minnesota extended treatment options.** The commissioner shall develop by July 1, 1997, the Minnesota extended treatment options to serve Minnesotans who have developmental disabilities and exhibit severe behaviors which present a risk to public safety. This program is statewide and must provide specialized residential services in Cambridge and an array of community-based services with sufficient levels of care and a sufficient number of specialists to ensure that individuals referred to the program receive the appropriate care. The individuals working in the community-based services under this section are state employees supervised by the commissioner of human services. No layoffs shall occur as a result of restructuring under this section.

252.035 REGIONAL TREATMENT CENTER CATCHMENT AREAS.

The commissioner may administratively designate catchment areas for regional treatment centers and state nursing homes. Catchment areas may vary by client group served. Catchment areas in effect on January 1, 1989, may not be modified until the commissioner has consulted with the regional planning committees of the affected regional treatment centers.

254A.02 DEFINITIONS.

Subd. 8a. **Placing authority.** "Placing authority" means a county, prepaid health plan, or tribal governing board governed by Minnesota Rules, parts 9530.6600 to 9530.6655.

254A.04 CITIZENS ADVISORY COUNCIL.

There is hereby created an Alcohol and Other Drug Abuse Advisory Council to advise the Department of Human Services concerning the problems of substance misuse and substance use disorder, composed of ten members. Five members shall be individuals whose interests or training are in the field of alcohol-specific substance use disorder and alcohol misuse; and five members whose interests or training are in the field of substance use disorder and misuse of substances other than alcohol. The terms, compensation and removal of members shall be as provided in section 15.059. The council expires June 30, 2018. The commissioner of human services shall appoint members whose terms end in even-numbered years. The commissioner of health shall appoint members whose terms end in odd-numbered years.

254A.16 RESPONSIBILITIES OF THE COMMISSIONER.

Subd. 6. **Monitoring.** The commissioner shall gather and placing authorities shall provide information to measure compliance with Minnesota Rules, parts 9530.6600 to 9530.6655. The commissioner shall specify the format for data collection to facilitate tracking, aggregating, and using the information.

254A.19 CHEMICAL USE ASSESSMENTS.

Subd. 1a. **Emergency room patients.** A county may enter into a contract with a hospital to provide chemical use assessments under Minnesota Rules, parts 9530.6600 to 9530.6655, for patients admitted to an emergency room or inpatient hospital when:

(1) an assessor is not available; and

(2) detoxification services in the county are at full capacity.

Subd. 2. **Probation officer as contact.** When a chemical use assessment is required under Minnesota Rules, parts 9530.6600 to 9530.6655, for a person who is on probation or under other correctional supervision, the assessor, either orally or in writing, shall contact the person's probation officer to verify or supplement the information provided by the person.

Subd. 5. **Assessment via telehealth.** Notwithstanding Minnesota Rules, part 9530.6615, subpart 3, item A, a chemical use assessment may be conducted via telehealth as defined in section 256B.0625, subdivision 3b.

254B.04 ELIGIBILITY FOR BEHAVIORAL HEALTH FUND SERVICES.

Subd. 2b. **Eligibility for placement in opioid treatment programs.** Prior to placement of an individual who is determined by the assessor to require treatment for opioid addiction, the assessor must provide educational information concerning treatment options for opioid addiction, including

the use of a medication for the use of opioid addiction. The commissioner shall develop educational materials supported by research and updated periodically that must be used by assessors to comply with this requirement.

Subd. 2c. **Eligibility to receive peer recovery support and treatment service coordination.** Notwithstanding Minnesota Rules, part 9530.6620, subpart 6, a placing authority may authorize peer recovery support and treatment service coordination for a person who scores a severity of one or more in dimension 4, 5, or 6, under Minnesota Rules, part 9530.6622. Authorization for peer recovery support and treatment service coordination under this subdivision does not need to be provided in conjunction with treatment services under Minnesota Rules, part 9530.6622, subpart 4, 5, or 6.

254B.041 CHEMICAL DEPENDENCY RULES.

Subd. 2. **Vendor collections; rule amendment.** The commissioner may amend Minnesota Rules, parts 9530.7000 to 9530.7025, to require a vendor of chemical dependency transitional and extended care rehabilitation services to collect the cost of care received under a program from an eligible person who has been determined to be partially responsible for treatment costs, and to remit the collections to the commissioner. The commissioner shall pay to a vendor, for the collections, an amount equal to five percent of the collections remitted to the commissioner by the vendor.

254B.14 CONTINUUM OF CARE PILOT PROJECTS; CHEMICAL HEALTH CARE.

Subdivision 1. **Authorization for continuum of care pilot projects.** The commissioner shall establish chemical dependency continuum of care pilot projects to begin implementing the measures developed with stakeholder input and identified in the report completed pursuant to Laws 2012, chapter 247, article 5, section 8. The pilot projects are intended to improve the effectiveness and efficiency of the service continuum for chemically dependent individuals in Minnesota while reducing duplication of efforts and promoting scientifically supported practices.

Subd. 2. **Program implementation.** (a) The commissioner, in coordination with representatives of the Minnesota Association of County Social Service Administrators and the Minnesota Inter-County Association, shall develop a process for identifying and selecting interested counties and providers for participation in the continuum of care pilot projects. There shall be three pilot projects: one representing the northern region, one for the metro region, and one for the southern region. The selection process of counties and providers must include consideration of population size, geographic distribution, cultural and racial demographics, and provider accessibility. The commissioner shall identify counties and providers that are selected for participation in the continuum of care pilot projects no later than September 30, 2013.

(b) The commissioner and entities participating in the continuum of care pilot projects shall enter into agreements governing the operation of the continuum of care pilot projects. The agreements shall identify pilot project outcomes and include timelines for implementation and beginning operation of the pilot projects.

(c) Entities that are currently participating in the navigator pilot project are eligible to participate in the continuum of care pilot project subsequent to or instead of participating in the navigator pilot project.

(d) The commissioner may waive administrative rule requirements that are incompatible with implementation of the continuum of care pilot projects.

(e) Notwithstanding section 254A.19, the commissioner may designate noncounty entities to complete chemical use assessments and placement authorizations required under section 254A.19 and Minnesota Rules, parts 9530.6600 to 9530.6655. Section 254A.19, subdivision 3, is applicable to the continuum of care pilot projects at the discretion of the commissioner.

Subd. 3. **Program design.** (a) The operation of the pilot projects shall include:

(1) new services that are responsive to the chronic nature of substance use disorder;

(2) telehealth services, when appropriate to address barriers to services;

(3) services that assure integration with the mental health delivery system when appropriate;

(4) services that address the needs of diverse populations; and

(5) an assessment and access process that permits clients to present directly to a service provider for a substance use disorder assessment and authorization of services.

(b) Prior to implementation of the continuum of care pilot projects, a utilization review process must be developed and agreed to by the commissioner, participating counties, and providers. The utilization review process shall be described in the agreements governing operation of the continuum of care pilot projects.

Subd. 4. **Notice of project discontinuation.** Each entity's participation in the continuum of care pilot project may be discontinued for any reason by the county or the commissioner after 30 days' written notice to the entity.

Subd. 5. **Duties of commissioner.** (a) Notwithstanding any other provisions in this chapter, the commissioner may authorize the behavioral health fund to pay for nontreatment services arranged by continuum of care pilot projects. Individuals who are currently accessing Rule 31 treatment services are eligible for concurrent participation in the continuum of care pilot projects.

(b) County expenditures for continuum of care pilot project services shall not be greater than their expected share of forecasted expenditures in the absence of the continuum of care pilot projects.

Subd. 6. **Managed care.** An individual who is eligible for the continuum of care pilot project is excluded from mandatory enrollment in managed care unless these services are included in the health plan's benefit set.

256B.057 ELIGIBILITY REQUIREMENTS FOR SPECIAL CATEGORIES.

Subd. 7. **Waiver of maintenance of effort requirement.** Unless a federal waiver of the maintenance of effort requirement of section 2105(d) of title XXI of the Balanced Budget Act of 1997, Public Law 105-33, Statutes at Large, volume 111, page 251, is granted by the federal Department of Health and Human Services by September 30, 1998, eligibility for children under age 21 must be determined without regard to asset standards established in section 256B.056, subdivision 3c. The commissioner of human services shall publish a notice in the State Register upon receipt of a federal waiver.

256B.063 COST SHARING.

Notwithstanding the provisions of section 256B.05, subdivision 2, the commissioner is authorized to promulgate rules pursuant to the Administrative Procedure Act, and to require a nominal enrollment fee, premium, or similar charge for recipients of medical assistance, if and to the extent required by applicable federal regulation.

256B.69 PREPAID HEALTH PLANS.

Subd. 20. **Ombudsperson.** The commissioner shall designate an ombudsperson to advocate for persons required to enroll in prepaid health plans under this section. The ombudsperson shall advocate for recipients enrolled in prepaid health plans through complaint and appeal procedures and ensure that necessary medical services are provided either by the prepaid health plan directly or by referral to appropriate social services. At the time of enrollment in a prepaid health plan, the local agency shall inform recipients about the ombudsperson program and their right to a resolution of a complaint by the prepaid health plan if they experience a problem with the plan or its providers.

256D.055 COUNTY DESIGN; WORK FOCUS PROGRAM.

The commissioner of human services shall issue a request for proposals from counties to submit a plan for developing and implementing a county-designed program. The plan shall be for first-time applicants for the Minnesota family investment program and must emphasize the importance of becoming employed and oriented into the work force in order to become self-sufficient. The plan must target public assistance applicants who are most likely to become self-sufficient quickly with short-term assistance or services such as child care, child support enforcement, or employment and training services.

The plan may include vendor payments, mandatory job search, refocusing existing county or provider efforts, or other program features. The commissioner may approve a county plan which allows a county to use other program funding for the county work focus program in a more flexible manner. Nothing in this section shall allow payments made to the public assistance applicant to be less than the amount the applicant would have received if the program had not been implemented, or reduce or eliminate a category of eligible participants from the program without legislative approval.

If the plan is approved by the commissioner, the county may implement the plan.

256J.08 DEFINITIONS.

Subd. 10. **Budget month.** "Budget month" means the calendar month which the county agency uses to determine the income or circumstances of an assistance unit to calculate the amount of the assistance payment in the payment month.

Subd. 53. **Lump sum.** "Lump sum" means nonrecurring income as described in section 256P.06, subdivision 3, clause (2), item (ix).

Subd. 61. **Monthly income test.** "Monthly income test" means the test used to determine ongoing eligibility and the assistance payment amount according to section 256J.21.

Subd. 62. **Nonrecurring income.** "Nonrecurring income" means a form of income which is received:

(1) only one time or is not of a continuous nature; or

(2) in a prospective payment month but is no longer received in the corresponding retrospective payment month.

Subd. 81. **Retrospective budgeting.** "Retrospective budgeting" means a method of determining the amount of the assistance payment in which the payment month is the second month after the budget month.

Subd. 83. **Significant change.** "Significant change" means a decline in gross income of the amount of the disregard as defined in section 256P.03 or more from the income used to determine the grant for the current month.

256J.30 APPLICANT AND PARTICIPANT REQUIREMENTS AND RESPONSIBILITIES.

Subd. 5. **Monthly MFIP household reports.** Each assistance unit with a member who has earned income or a recent work history, and each assistance unit that has income deemed to it from a financially responsible person must complete a monthly MFIP household report form. "Recent work history" means the individual received earned income in the report month or any of the previous three calendar months even if the earnings are excluded. To be complete, the MFIP household report form must be signed and dated by the caregivers no earlier than the last day of the reporting period. All questions required to determine assistance payment eligibility must be answered, and documentation of earned income must be included.

Subd. 7. **Due date of MFIP household report form.** An MFIP household report form must be received by the county agency by the eighth calendar day of the month following the reporting period covered by the form. When the eighth calendar day of the month falls on a weekend or holiday, the MFIP household report form must be received by the county agency the first working day that follows the eighth calendar day.

Subd. 8. **Late MFIP household report forms.** (a) Paragraphs (b) to (e) apply to the reporting requirements in subdivision 7.

(b) When the county agency receives an incomplete MFIP household report form, the county agency must immediately contact the caregiver by phone or in writing to acquire the necessary information to complete the form.

(c) The automated eligibility system must send a notice of proposed termination of assistance to the assistance unit if a complete MFIP household report form is not received by a county agency. The automated notice must be mailed to the caregiver by approximately the 16th of the month. When a caregiver submits an incomplete form on or after the date a notice of proposed termination has been sent, the termination is valid unless the caregiver submits a complete form before the end of the month.

(d) An assistance unit required to submit an MFIP household report form is considered to have continued its application for assistance if a complete MFIP household report form is received within a calendar month after the month in which the form was due and assistance shall be paid for the period beginning with the first day of that calendar month.

(e) A county agency must allow good cause exemptions from the reporting requirements under subdivision 5 when any of the following factors cause a caregiver to fail to provide the county agency with a completed MFIP household report form before the end of the month in which the form is due:

(1) an employer delays completion of employment verification;

(2) a county agency does not help a caregiver complete the MFIP household report form when the caregiver asks for help;

(3) a caregiver does not receive an MFIP household report form due to mistake on the part of the department or the county agency or due to a reported change in address;

(4) a caregiver is ill, or physically or mentally incapacitated; or

(5) some other circumstance occurs that a caregiver could not avoid with reasonable care which prevents the caregiver from providing a completed MFIP household report form before the end of the month in which the form is due.

256J.33 PROSPECTIVE AND RETROSPECTIVE MFIP ELIGIBILITY.

Subd. 3. **Retrospective eligibility.** After the first two months of MFIP eligibility, a county agency must continue to determine whether an assistance unit is prospectively eligible for the payment month by looking at all factors other than income and then determine whether the assistance unit is retrospectively income eligible by applying the monthly income test to the income from the budget month. When the monthly income test is not satisfied, the assistance payment must be suspended when ineligibility exists for one month or ended when ineligibility exists for more than one month.

Subd. 4. **Monthly income test.** A county agency must apply the monthly income test retrospectively for each month of MFIP eligibility. An assistance unit is not eligible when the countable income equals or exceeds the MFIP standard of need or the family wage level for the assistance unit. The income applied against the monthly income test must include:

(1) gross earned income from employment as described in chapter 256P, prior to mandatory payroll deductions, voluntary payroll deductions, wage authorizations, and after the disregards in section 256J.21, subdivision 4, and the allocations in section 256J.36;

(2) gross earned income from self-employment less deductions for self-employment expenses in section 256J.37, subdivision 5, but prior to any reductions for personal or business state and federal income taxes, personal FICA, personal health and life insurance, and after the disregards in section 256J.21, subdivision 4, and the allocations in section 256J.36;

(3) unearned income as described in section 256P.06, subdivision 3, after deductions for allowable expenses in section 256J.37, subdivision 9, and allocations in section 256J.36;

(4) gross earned income from employment as determined under clause (1) which is received by a member of an assistance unit who is a minor child or minor caregiver and less than a half-time student;

(5) child support received by an assistance unit, excluded under section 256P.06, subdivision 3, clause (2), item (xvi);

(6) spousal support received by an assistance unit;

(7) the income of a parent when that parent is not included in the assistance unit;

(8) the income of an eligible relative and spouse who seek to be included in the assistance unit; and

(9) the unearned income of a minor child included in the assistance unit.

Subd. 5. **When to terminate assistance.** When an assistance unit is ineligible for MFIP assistance for two consecutive months, the county agency must terminate MFIP assistance.

256J.34 CALCULATING ASSISTANCE PAYMENTS.

Subdivision 1. **Prospective budgeting.** A county agency must use prospective budgeting to calculate the assistance payment amount for the first two months for an applicant who has not received assistance in this state for at least one payment month preceding the first month of payment under a current application. Notwithstanding subdivision 3, paragraph (a), clause (2), a county agency must use prospective budgeting for the first two months for a person who applies to be added to an assistance unit. Prospective budgeting is not subject to overpayments or underpayments unless fraud is determined under section 256.98.

(a) The county agency must apply the income received or anticipated in the first month of MFIP eligibility against the need of the first month. The county agency must apply the income received or anticipated in the second month against the need of the second month.

(b) When the assistance payment for any part of the first two months is based on anticipated income, the county agency must base the initial assistance payment amount on the information available at the time the initial assistance payment is made.

(c) The county agency must determine the assistance payment amount for the first two months of MFIP eligibility by budgeting both recurring and nonrecurring income for those two months.

Subd. 2. **Retrospective budgeting.** The county agency must use retrospective budgeting to calculate the monthly assistance payment amount after the payment for the first two months has been made under subdivision 1.

Subd. 3. **Additional uses of retrospective budgeting.** Notwithstanding subdivision 1, the county agency must use retrospective budgeting to calculate the monthly assistance payment amount for the first two months under paragraphs (a) and (b).

(a) The county agency must use retrospective budgeting to determine the amount of the assistance payment in the first two months of MFIP eligibility:

(1) when an assistance unit applies for assistance for the same month for which assistance has been interrupted, the interruption in eligibility is less than one payment month, the assistance payment for the preceding month was issued in this state, and the assistance payment for the immediately preceding month was determined retrospectively; or

(2) when a person applies in order to be added to an assistance unit, that assistance unit has received assistance in this state for at least the two preceding months, and that person has been living with and has been financially responsible for one or more members of that assistance unit for at least the two preceding months.

(b) Except as provided in clauses (1) to (4), the county agency must use retrospective budgeting and apply income received in the budget month by an assistance unit and by a financially responsible household member who is not included in the assistance unit against the MFIP standard of need or family wage level to determine the assistance payment to be issued for the payment month.

(1) When a source of income ends prior to the third payment month, that income is not considered in calculating the assistance payment for that month. When a source of income ends prior to the fourth payment month, that income is not considered when determining the assistance payment for that month.

(2) When a member of an assistance unit or a financially responsible household member leaves the household of the assistance unit, the income of that departed household member is not budgeted retrospectively for any full payment month in which that household member does not live with that household and is not included in the assistance unit.

(3) When an individual is removed from an assistance unit because the individual is no longer a minor child, the income of that individual is not budgeted retrospectively for payment months in which that individual is not a member of the assistance unit, except that income of an ineligible child in the household must continue to be budgeted retrospectively against the child's needs when the parent or parents of that child request allocation of their income against any unmet needs of that ineligible child.

(4) When a person ceases to have financial responsibility for one or more members of an assistance unit, the income of that person is not budgeted retrospectively for the payment months which follow the month in which financial responsibility ends.

Subd. 4. **Significant change in gross income.** The county agency must recalculate the assistance payment when an assistance unit experiences a significant change, as defined in section 256J.08, resulting in a reduction in the gross income received in the payment month from the gross income received in the budget month. The county agency must issue a supplemental assistance payment based on the county agency's best estimate of the assistance unit's income and circumstances for the payment month. Supplemental assistance payments that result from significant changes are limited to two in a 12-month period regardless of the reason for the change. Notwithstanding any other statute or rule of law, supplementary assistance payments shall not be made when the significant change in income is the result of receipt of a lump sum, receipt of an extra paycheck, business fluctuation in self-employment income, or an assistance unit member's participation in a strike or other labor action.

256J.37 TREATMENT OF INCOME AND LUMP SUMS.

Subd. 10. **Treatment of lump sums.** (a) The agency must treat lump-sum payments as earned or unearned income. If the lump-sum payment is included in the category of income identified in subdivision 9, it must be treated as unearned income. A lump sum is counted as income in the month received and budgeted either prospectively or retrospectively depending on the budget cycle at the time of receipt. When an individual receives a lump-sum payment, that lump sum must be combined with all other earned and unearned income received in the same budget month, and it must be applied according to paragraphs (a) to (c). A lump sum may not be carried over into subsequent months. Any funds that remain in the third month after the month of receipt are counted in the asset limit.

(b) For a lump sum received by an applicant during the first two months, prospective budgeting is used to determine the payment and the lump sum must be combined with other earned or unearned income received and budgeted in that prospective month.

(c) For a lump sum received by a participant after the first two months of MFIP eligibility, the lump sum must be combined with other income received in that budget month, and the combined amount must be applied retrospectively against the applicable payment month.

(d) When a lump sum, combined with other income under paragraphs (b) and (c), is less than the MFIP transitional standard for the appropriate payment month, the assistance payment must be reduced according to the amount of the countable income. When the countable income is greater than the MFIP standard or family wage level, the assistance payment must be suspended for the payment month.

256R.08 REPORTING OF FINANCIAL STATEMENTS.

Subd. 2. **Extensions.** The commissioner may grant up to a 15-day extension of the reporting deadline to a nursing facility for good cause. To receive such an extension, a nursing facility shall submit a written request by January 1. The commissioner shall notify the nursing facility of the decision by January 15. Between January 1 and February 1, the nursing facility may request a reporting extension for good cause by telephone and followed by a written request.

256R.49 RATE ADJUSTMENTS FOR COMPENSATION-RELATED COSTS FOR MINIMUM WAGE CHANGES.

Subdivision 1. **Rate adjustments for compensation-related costs.** (a) Rate increases provided under this section before October 1, 2016, expire effective January 1, 2018, and rate increases provided on or after October 1, 2016, expire effective January 1, 2019.

(b) Nursing facilities that receive approval of the applications in subdivision 2 must receive rate adjustments according to subdivision 4. The rate adjustments must be used to pay compensation costs for nursing facility employees paid less than $14 per hour.

Subd. 2. **Application process.** To receive a rate adjustment, nursing facilities must submit applications to the commissioner in a form and manner determined by the commissioner. The applications for the rate adjustments shall include specified data, and spending plans that describe how the funds from the rate adjustments will be allocated for compensation to employees paid less than $14 per hour. The applications must be submitted within three months of the effective date of any operating payment rate adjustment under this section. The commissioner may request any additional information needed to determine the rate adjustment within three weeks of receiving a complete application. The nursing facility must provide any additional information requested by the commissioner within six months of the effective date of any operating payment rate adjustment under this section. The commissioner may waive the deadlines in this section under extraordinary circumstances.

Subd. 3. **Additional application requirements for facilities with employees represented by an exclusive bargaining representative.** For nursing facilities in which employees are represented by an exclusive bargaining representative, the commissioner shall approve the applications submitted under subdivision 2 only upon receipt of a letter or letters of acceptance of the spending plans in regard to members of the bargaining unit, signed by the exclusive bargaining agent and dated after May 31, 2014. Upon receipt of the letter or letters of acceptance, the commissioner shall deem all requirements of this section as having been met in regard to the members of the bargaining unit.

Subd. 4. **Determination of the rate adjustments for compensation-related costs.** Based on the application in subdivision 2, the commissioner shall calculate the allowable annualized compensation costs by adding the totals of clauses (1), (2), and (3). The result must be divided by

the standardized or resident days from the most recently available cost report to determine per day amounts, which must be included in the operating portion of the total payment rate and allocated to direct care or other operating as determined by the commissioner:

(1) the sum of the difference between $9.50 and any hourly wage rate less than $9.50 for October 1, 2016; and between the indexed value of the minimum wage, as defined in section 177.24, subdivision 1, paragraph (f), and any hourly wage less than that indexed value for rate years beginning on and after October 1, 2017; multiplied by the number of compensated hours at that wage rate;

(2) using wages and hours in effect during the first three months of calendar year 2014, beginning with the first pay period beginning on or after January 1, 2014; 22.2 percent of the sum of items (i) to (viii) for October 1, 2016;

(i) for all compensated hours from $8 to $8.49 per hour, the number of compensated hours is multiplied by $0.13;

(ii) for all compensated hours from $8.50 to $8.99 per hour, the number of compensated hours is multiplied by $0.25;

(iii) for all compensated hours from $9 to $9.49 per hour, the number of compensated hours is multiplied by $0.38;

(iv) for all compensated hours from $9.50 to $10.49 per hour, the number of compensated hours is multiplied by $0.50;

(v) for all compensated hours from $10.50 to $10.99 per hour, the number of compensated hours is multiplied by $0.40;

(vi) for all compensated hours from $11 to $11.49 per hour, the number of compensated hours is multiplied by $0.30;

(vii) for all compensated hours from $11.50 to $11.99 per hour, the number of compensated hours is multiplied by $0.20; and

(viii) for all compensated hours from $12 to $13 per hour, the number of compensated hours is multiplied by $0.10; and

(3) the sum of the employer's share of FICA taxes, Medicare taxes, state and federal unemployment taxes, workers' compensation, pensions, and contributions to employee retirement accounts attributable to the amounts in clauses (1) and (2).

256S.19 MONTHLY CASE MIX BUDGET CAPS; NURSING FACILITY RESIDENTS.

Subd. 4. **Calculation of monthly conversion budget cap with consumer-directed community supports.** For the elderly waiver monthly conversion budget cap for the cost of elderly waiver services with consumer-directed community supports, the nursing facility case mix adjusted total payment rate used under subdivision 3 to calculate the monthly conversion budget cap for elderly waiver services without consumer-directed community supports must be reduced by a percentage equal to the percentage difference between the consumer-directed community supports budget limit that would be assigned according to the elderly waiver plan and the corresponding monthly case mix budget cap under this chapter, but not to exceed 50 percent.

501C.0408 TRUST FOR CARE OF ANIMAL.

Subd. 4. **Public health programs and trusts.** An irrevocable inter vivos trust created under this section is subject to section 501C.1206.

501C.1206 PUBLIC HEALTH CARE PROGRAMS AND CERTAIN TRUSTS.

(a) It is the public policy of this state that individuals use all available resources to pay for the cost of long-term care services, as defined in section 256B.0595, before turning to Minnesota health care program funds, and that trust instruments should not be permitted to shield available resources of an individual or an individual's spouse from such use.

(b) When a state or local agency makes a determination on an application by the individual or the individual's spouse for payment of long-term care services through a Minnesota public health care program pursuant to chapter 256B, any irrevocable inter vivos trust or any legal instrument, device, or arrangement similar to an irrevocable inter vivos trust created on or after July 1, 2005, containing assets or income of an individual or an individual's spouse, including those created by a person, court, or administrative body with legal authority to act in place of, at the direction of,

upon the request of, or on behalf of the individual or individual's spouse, becomes revocable for the sole purpose of that determination. For purposes of this section, any inter vivos trust and any legal instrument, device, or arrangement similar to an inter vivos trust:

(1) shall be deemed to be located in and subject to the laws of this state; and

(2) is created as of the date it is fully executed by or on behalf of all of the settlors or others.

(c) For purposes of this section, a legal instrument, device, or arrangement similar to an irrevocable inter vivos trust means any instrument, device, or arrangement which involves a settlor who transfers or whose property is transferred by another including, but not limited to, any court, administrative body, or anyone else with authority to act on their behalf or at their direction, to an individual or entity with fiduciary, contractual, or legal obligations to the settlor or others to be held, managed, or administered by the individual or entity for the benefit of the settlor or others. These legal instruments, devices, or other arrangements are irrevocable inter vivos trusts for purposes of this section.

(d) In the event of a conflict between this section and the provisions of an irrevocable trust created on or after July 1, 2005, this section shall control.

(e) This section does not apply to trusts that qualify as supplemental needs trusts under section 501C.1205 or to trusts meeting the criteria of United States Code, title 42, section 1396p (d)(4)(a) and (c) for purposes of eligibility for medical assistance.

(f) This section applies to all trusts first created on or after July 1, 2005, as permitted under United States Code, title 42, section 1396p, and to all interests in real or personal property regardless of the date on which the interest was created, reserved, or acquired.

2960.0460 STAFF QUALIFICATIONS.

Subp. 2. **Qualifications applying to employees with direct resident contact.** An employee working directly with residents must be at least 21 years of age and must, at the time of hiring, document meeting the qualifications in item A or B.

A. A program director, supervisor, counselor, or any other person who has direct resident contact must be free of chemical use problems for at least the two years immediately preceding hiring and freedom from chemical use problems must be maintained during employment.

B. Overnight staff must be free of chemical use problems for at least one year preceding their hiring and maintain freedom from chemical use problems during their employment.

9530.6565 STAFF QUALIFICATIONS.

Subp. 2. **Continuing employment requirement.** License holders must require freedom from chemical use problems as a condition of continuing employment. Staff must remain free of chemical use problems although they are not required to sign statements after the initial statement required by subpart 1, item A. Staff with chemical use problems must be immediately removed from any responsibilities that include direct client contact.

9530.7000 DEFINITIONS.

Subpart 1. **Scope.** For the purposes of parts 9530.7000 to 9530.7030, the following terms have the meanings given them.

Subp. 2. **Chemical.** "Chemical" means alcohol, solvents, and other mood altering substances, including controlled substances as defined in Minnesota Statutes, chapter 152.

Subp. 5. **Chemical dependency treatment services.** "Chemical dependency treatment services" means services provided by chemical dependency treatment programs licensed according to Minnesota Statutes, chapter 245G, or certified according to parts 2960.0450 to 2960.0490.

Subp. 6. **Client.** "Client" means an individual who has requested chemical abuse or dependency services, or for whom chemical abuse or dependency services have been requested, from a local agency.

Subp. 7. **Commissioner.** "Commissioner" means the commissioner of the Minnesota Department of Human Services or the commissioner's designated representative.

Subp. 8. **Behavioral health fund.** "Behavioral health fund" means money appropriated for payment of chemical dependency treatment services under Minnesota Statutes, chapter 254B.

Subp. 9. **Copayment.** "Copayment" means the amount an insured person is obligated to pay before the person's third-party payment source is obligated to make a payment, or the amount an insured person is obligated to pay in addition to the amount the person's third-party payment source is obligated to pay.

Subp. 10. **Drug and Alcohol Abuse Normative Evaluation System or DAANES.** "Drug and Alcohol Abuse Normative Evaluation System" or "DAANES" means the client information system operated by the department's Chemical Dependency Program Division.

Subp. 11. **Department.** "Department" means the Minnesota Department of Human Services.

Subp. 13. **Income.** "Income" means the total amount of cash received by an individual from the following sources:

A. cash payments for wages or salaries;

B. cash receipts from nonfarm or farm self-employment, minus deductions allowed by the federal Internal Revenue Service for business or farm expenses;

C. regular cash payments from social security, railroad retirement, unemployment compensation, workers' union funds, veterans' benefits, the Minnesota family investment program, Supplemental Security Income, General Assistance, training stipends, alimony, child support, and military family allotments;

D. cash payments from private pensions, government employee pensions, and regular insurance or annuity payments;

E. cash payments for dividends, interest, rents, or royalties; and

F. periodic cash receipts from estates or trusts.

Income does not include capital gains; any cash assets drawn down as withdrawals from a bank, the sale of property, a house, or a car; tax refunds, gifts, lump sum inheritances, one time insurance payments, or compensation for injury; court-ordered child support or health insurance premium payments made by the client or responsible relative; and noncash benefits such as health insurance, food or rent received in lieu of wages, and noncash benefits from programs such as Medicare, Medical Assistance, the Supplemental Nutrition Assistance Program, school lunches, and housing assistance. Annual income is the amount reported and verified by an individual as current income calculated prospectively to cover one year.

Subp. 14. **Local agency.** "Local agency" means the county or multicounty agency authorized under Minnesota Statutes, sections 254B.01, subdivision 5, and 254B.03, subdivision 1, to make placements under the behavioral health fund.

Subp. 15. **Minor child.** "Minor child" means an individual under the age of 18 years.

Subp. 17a. **Policyholder.** "Policyholder" means a person who has a third-party payment policy under which a third-party payment source has an obligation to pay all or part of a client's treatment costs.

Subp. 19. **Responsible relative.** "Responsible relative" means a person who is a member of the client's household and is a client's spouse or the parent of a minor child who is a client.

Subp. 20. **Third-party payment source.** "Third-party payment source" means a person, entity, or public or private agency other than medical assistance or general assistance medical care that has a probable obligation to pay all or part of the costs of a client's chemical dependency treatment.

Subp. 21. **Vendor.** "Vendor" means a licensed provider of chemical dependency treatment services that meets the criteria established in Minnesota Statutes, section 254B.05, and that has applied according to part 9505.0195 to participate as a provider in the medical assistance program.

9530.7005 SCOPE AND APPLICABILITY.

Parts 9530.7000 to 9530.7030 govern the administration of the behavioral health fund, establish the criteria to be applied by local agencies to determine a client's eligibility under the behavioral health fund, and establish a client's obligation to pay for chemical dependency treatment services.

These parts must be read in conjunction with Minnesota Statutes, chapter 254B, and parts 9530.6600 to 9530.6655.

9530.7010 COUNTY RESPONSIBILITY TO PROVIDE SERVICES.

The local agency shall provide chemical dependency treatment services to eligible clients who have been assessed and placed by the county according to parts 9530.6600 to 9530.6655 and Minnesota Statutes, chapter 256G.

9530.7012 VENDOR AGREEMENTS.

When a local agency enters into an agreement with a vendor of chemical dependency treatment services, the agreement must distinguish client per unit room and board costs from per unit chemical dependency treatment services costs.

For purposes of this part, "chemical dependency treatment services costs" are costs, including related administrative costs, of services that meet the criteria in items A to C:

A. The services are provided within a program licensed according to Minnesota Statutes, chapter 245G, or certified according to parts 2960.0430 to 2960.0490.

B. The services meet the definition of chemical dependency services in Minnesota Statutes, section 254B.01, subdivision 3.

C. The services meet the applicable service standards for licensed chemical dependency treatment programs in item A, but are not under the jurisdiction of the commissioner.

This part also applies to vendors of room and board services that are provided concurrently with chemical dependency treatment services according to Minnesota Statutes, sections 254B.03, subdivision 2, and 254B.05, subdivision 1.

This part does not apply when a county contracts for chemical dependency services in an acute care inpatient hospital licensed by the Department of Health under chapter 4640.

9530.7015 CLIENT ELIGIBILITY; BEHAVIORAL HEALTH FUND.

Subpart 1. **Client eligibility to have treatment totally paid under the behavioral health fund.** A client who meets the criteria established in item A, B, C, or D shall be eligible to have chemical dependency treatment paid for totally with funds from the behavioral health fund.

A. The client is eligible for MFIP as determined under Minnesota Statutes, chapter 256J.

B. The client is eligible for medical assistance as determined under parts 9505.0010 to 9505.0140.

C. The client is eligible for general assistance, general assistance medical care, or work readiness as determined under parts 9500.1200 to 9500.1272.

D. The client's income is within current household size and income guidelines for entitled persons, as defined in Minnesota Statutes, section 254B.04, subdivision 1, and as determined by the local agency under part 9530.7020, subpart 1.

Subp. 2a. **Third-party payment source and client eligibility for the behavioral health fund.** Clients who meet the financial eligibility requirement in subpart 1 and who have a third-party payment source are eligible for the behavioral health fund if the third party payment source pays less than 100 percent of the treatment services determined according to parts 9530.6600 to 9530.6655.

Subp. 4. **Client ineligible to have treatment paid for from the behavioral health fund.** A client who meets the criteria in item A or B shall be ineligible to have chemical dependency treatment services paid for with behavioral health funds.

A. The client has an income that exceeds current household size and income guidelines for entitled persons as defined in Minnesota Statutes, section 254B.04, subdivision 1, and as determined by the local agency under part 9530.7020, subpart 1.

B. The client has an available third-party payment source that will pay the total cost of the client's treatment.

Subp. 5. **Eligibility of clients disenrolled from prepaid health plans.** A client who is disenrolled from a state prepaid health plan during a treatment episode is eligible for

continued treatment service that is paid for by the behavioral health fund, until the treatment episode is completed or the client is re-enrolled in a state prepaid health plan if the client meets the criteria in item A or B. The client must:

A. continue to be enrolled in MinnesotaCare, medical assistance, or general assistance medical care; or

B. be eligible according to subparts 1 and 2a and be determined eligible by a local agency under part 9530.7020.

Subp. 6. **County responsibility.** When a county commits a client under Minnesota Statutes, chapter 253B, to a regional treatment center for chemical dependency treatment services and the client is ineligible for the behavioral health fund, the county is responsible for the payment to the regional treatment center according to Minnesota Statutes, section 254B.05, subdivision 4.

9530.7020 LOCAL AGENCY TO DETERMINE CLIENT ELIGIBILITY.

Subpart 1. **Local agency duty to determine client eligibility.** The local agency shall determine a client's eligibility for the behavioral health fund at the time the client is assessed under parts 9530.6600 to 9530.6655. Client eligibility must be determined using forms prescribed by the department. To determine a client's eligibility, the local agency must determine the client's income, the size of the client's household, the availability of a third-party payment source, and a responsible relative's ability to pay for the client's chemical dependency treatment, as specified in items A to C.

A. The local agency must determine the client's income. A client who is a minor child shall not be deemed to have income available to pay for chemical dependency treatment, unless the minor child is responsible for payment under Minnesota Statutes, section 144.347, for chemical dependency treatment services sought under Minnesota Statutes, section 144.343, subdivision 1.

B. The local agency must determine the client's household size according to subitems (1), (2), and (3).

(1) If the client is a minor child, the household size includes the following persons living in the same dwelling unit:

(a) the client;

(b) the client's birth or adoptive parents; and

(c) the client's siblings who are minors.

(2) If the client is an adult, the household size includes the following persons living in the same dwelling unit:

(a) the client;

(b) the client's spouse;

(c) the client's minor children; and

(d) the client's spouse's minor children.

(3) For purposes of this item, household size includes a person listed in subitems (1) and (2) who is in out-of-home placement if a person listed in subitem (1) or (2) is contributing to the cost of care of the person in out-of-home placement.

C. The local agency must determine the client's current prepaid health plan enrollment, the availability of a third-party payment source, including the availability of total payment, partial payment, and amount of copayment.

D. The local agency must provide the required eligibility information to the department in the manner specified by the department.

E. The local agency shall require the client and policyholder to conditionally assign to the department the client and policyholder's rights and the rights of minor children to benefits or services provided to the client if the department is required to collect from a third-party pay source.

Subp. 1a. **Redetermination of client eligibility.** The local agency shall redetermine a client's eligibility for CCDTF every six months after the initial eligibility determination, if the client has continued to receive uninterrupted chemical dependency treatment services for that six months. For purposes of this subpart, placement of a client into more than one chemical dependency treatment program in less than ten working days, or placement of a client into a residential chemical dependency treatment program followed by nonresidential chemical dependency treatment services shall be treated as a single placement.

Subp. 2. **Client, responsible relative, and policyholder obligation to cooperate.** A client, responsible relative, and policyholder shall provide income or wage verification, household size verification, and shall make an assignment of third-party payment rights under subpart 1, item C. If a client, responsible relative, or policyholder does not comply with the provisions of this subpart, the client shall be deemed to be ineligible to have the behavioral health fund pay for his or her chemical dependency treatment, and the client and responsible relative shall be obligated to pay for the full cost of chemical dependency treatment services provided to the client.

9530.7021 PAYMENT AGREEMENTS.

When the local agency, the client, and the vendor agree that the vendor will accept payment from a third-party payment source for an eligible client's treatment, the local agency, the client, and the vendor shall enter into a third-party payment agreement. The agreement must stipulate that the vendor will accept, as payment in full for services provided to the client, the amount the third-party payor is obligated to pay for services provided to the client. The agreement must be executed in a form prescribed by the commissioner and is not effective unless an authorized representative of each of the three parties has signed it. The local agency shall maintain a record of third-party payment agreements into which the local agency has entered.

The vendor shall notify the local agency as soon as possible and not less than one business day before discharging a client whose treatment is covered by a payment agreement under this part if the discharge is caused by disruption of the third-party payment.

9530.7022 CLIENT FEES.

Subpart 1. **Income and household size criteria.** A client whose household income is within current household size and income guidelines for entitled persons as defined in Minnesota Statutes, section 254B.04, subdivision 1, shall pay no fee.

9530.7025 DENIAL OF PAYMENT.

Subpart 1. **Denial of payment when required assessment not completed.** The department shall deny payments from the behavioral health fund to vendors for chemical dependency treatment services provided to clients who have not been assessed and placed by the county in accordance with parts 9530.6600 to 9530.6655.

Subp. 2. **Denial of state participation in behavioral health fund payments when client found not eligible.** The department shall pay vendors from the behavioral health fund for chemical dependency treatment services provided to clients and shall bill the county for 100 percent of the costs of chemical dependency treatment services as follows:

A. The department shall bill the county for 100 percent of the costs of a client's chemical dependency treatment services when the department determines that the client was not placed in accordance with parts 9530.6600 to 9530.6655.

B. When a county's allocation under Minnesota Statutes, section 254B.02, subdivisions 1 and 2, has been exhausted, and the county's maintenance of effort has been met as required under Minnesota Statutes, section 254B.02, subdivision 3, and the local agency has been notified by the department that the only clients who are eligible to have their treatment paid for from the behavioral health fund are clients who are eligible under part 9530.7015, subpart 1, the department shall bill the county for 100 percent of the costs of a client's chemical dependency treatment services when the department determines that the client was not eligible under part 9530.7015, subpart 1.

9530.7030 VENDOR MUST PARTICIPATE IN DAANES SYSTEM.

Subpart 1. **Participation a condition of eligibility.** To be eligible for payment under the behavioral health fund, a vendor must participate in the Drug and Alcohol Normative Evaluation System (DAANES) or submit to the commissioner the information required in DAANES in the format specified by the commissioner.

9555.6255 RESIDENT'S RIGHTS.

Subpart 1. **Information about rights.** The operator shall ensure that a resident and a resident's legal representative are given, at admission:

A. an explanation and copy of the resident's rights specified in subparts 2 to 7;

B. a written summary of the Vulnerable Adults Act prepared by the department; and

C. the name, address, and telephone number of the local agency to which a resident or a resident's legal representative may submit an oral or written complaint.

Subp. 2. **Right to use telephone.** A resident has the right to daily, private access to and use of a non-coin operated telephone for local calls and long distance calls made collect or paid for by the resident.

Subp. 3. **Right to receive and send mail.** A resident has the right to receive and send uncensored, unopened mail.

Subp. 4. **Right to privacy.** A resident has the right to personal privacy and privacy for visits from others, and the respect of individuality and cultural identity. Privacy must be respected by operators, caregivers, household members, and volunteers by knocking on the door of a resident's bedroom and seeking consent before entering, except in an emergency, and during toileting, bathing, and other activities of personal hygiene, except as needed for resident safety or assistance as noted in the resident's individual record.

Subp. 5. **Right to use personal property.** A resident has the right to keep and use personal clothing and possessions as space permits, unless to do so would infringe on the health, safety, or rights of other residents or household members.

Subp. 6. **Right to associate.** A resident has the right to meet with or refuse to meet with visitors and participate in activities of commercial, religious, political, and community groups without interference if the activities do not infringe on the rights of other residents or household members.

Subp. 7. **Married residents.** Married residents have the right to privacy for visits by their spouses, and, if both spouses are residents of the adult foster home, they have the right to share a bedroom and bed.