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State of Minnesota

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Page No. **375**

HOUSE OF REPRESENTATIVES

Unofficial Engrossment

House Engrossment of a Senate File

NINETY-FOURTH SESSION

S. F. No. 4612

- 05/04/2026 Companion to House File No. 4466. (Authors:Bierman)
Read First Time and Sent for Comparison
- 05/05/2026 Substituted for H. F. No. 4466
Read for the Second Time
- 05/07/2026 Calendar for the Day, Amended
Read Third Time as Amended
- 05/12/2026 Passed by the House as Amended and returned to the Senate to include Floor Amendments
Refused to concur and a Conference Committee was appointed

- 1.1 A bill for an act
- 1.2 relating to state government; modifying provisions relating to health-related
- 1.3 licensing boards, the Department of Health, directed payments, and medical
- 1.4 assistance federal conformity; expanding allowable disclosures to commissioner
- 1.5 of human services; establishing work or community engagement requirements;
- 1.6 establishing a psilocybin therapeutic use program; establishing a Psychedelic
- 1.7 Medicine Advisory Committee; establishing fees; authorizing rulemaking; providing
- 1.8 criminal penalties; requiring a report; appropriating money; amending Minnesota
- 1.9 Statutes 2024, sections 13.381, subdivision 20; 62U.04, subdivisions 4, 13, by
- 1.10 adding a subdivision; 116J.035, by adding a subdivision; 144.1222, subdivision
- 1.11 4, by adding a subdivision; 144.1501, subdivision 2; 144.1503, subdivision 7;
- 1.12 144.1505, subdivisions 1, 2, 3; 144.1507, subdivisions 1, 2, 4, by adding a
- 1.13 subdivision; 144.1911, subdivisions 1, 5, 6; 148.65, subdivisions 5, 6; 148.706,
- 1.14 subdivisions 1, 2, 3; 149A.02, subdivision 26; 149A.20, subdivisions 6, 7; 149A.30,
- 1.15 subdivision 1; 149A.91, subdivision 3; 149A.94, subdivision 1; 149A.955,
- 1.16 subdivision 14; 151.74, subdivisions 1, 2, 3, 4, 5, 6, 7, 9, 10, 11, 13, 14; 151.741,
- 1.17 subdivisions 1, 2; 256B.04, subdivision 27; 256B.056, subdivisions 2a, 3d, 7, 7a;
- 1.18 256B.0561, subdivision 2; 256B.06, subdivision 4; 256B.061; 256B.0631,
- 1.19 subdivision 1a, by adding subdivisions; 256L.04, subdivision 14; 268.19,
- 1.20 subdivision 1a; 295.52, subdivision 8; Minnesota Statutes 2025 Supplement,
- 1.21 sections 144.125, subdivision 1; 151.741, subdivision 5; 256.9657, subdivision
- 1.22 2b; 256.969, subdivision 2f; 256B.1973, subdivision 9; 256B.695, subdivision 5;
- 1.23 268.19, subdivision 1; 270B.14, subdivision 1; Laws 2025, First Special Session
- 1.24 chapter 3, article 21, section 3, subdivision 2; proposing coding for new law in
- 1.25 Minnesota Statutes, chapters 256B; 342; repealing Minnesota Statutes 2024, section
- 1.26 151.74, subdivision 15.

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

2.2 **ARTICLE 1**

2.3 **HEALTH-RELATED LICENSING BOARDS**

2.4 Section 1. Minnesota Statutes 2024, section 13.381, subdivision 20, is amended to read:

2.5 Subd. 20. **Insulin safety net.** Data collected relating to an individual who seeks to access
2.6 urgent-need covered insulin or participates in a manufacturer's patient assistance program
2.7 is classified under section 151.74, subdivision 11.

2.8 Sec. 2. Minnesota Statutes 2024, section 148.65, subdivision 5, is amended to read:

2.9 Subd. 5. **Student physical therapist.** "Student physical therapist" means a person in a
2.10 professional educational program, approved by the board under section 148.705, who is
2.11 satisfying supervised clinical education requirements by performing physical therapy under
2.12 the ~~on-site~~ direct supervision of a licensed physical therapist. "~~On-site supervision~~" means
2.13 ~~the physical therapist is easily available for instruction to the student physical therapist. The~~
2.14 ~~physical therapist shall have direct contact with the patient during at least every second~~
2.15 ~~treatment session by the student physical therapist.~~ "Direct supervision" means that the
2.16 physical therapist is physically present and immediately available for supervision.
2.17 ~~Telecommunications, except within the facility,~~ does not meet the requirement of ~~on-site~~
2.18 direct supervision.

2.19 Sec. 3. Minnesota Statutes 2024, section 148.65, subdivision 6, is amended to read:

2.20 Subd. 6. **Student physical therapist assistant.** "Student physical therapist assistant"
2.21 means a person in a physical therapist assistant educational program accredited by the
2.22 Commission on Accreditation in Physical Therapy Education (CAPTE) or a recognized
2.23 comparable national accrediting agency approved by the board. The student physical therapist
2.24 assistant, under the direct supervision of the physical therapist, or the direct supervision of
2.25 the physical therapist and physical therapist assistant team, performs physical therapy
2.26 interventions and assists with coordination, communication, documentation, and
2.27 patient-client-related instruction. "Direct supervision" means the physical therapist or
2.28 physical therapist assistant when supervising a student physical therapist assistant as part
2.29 of a physical therapist and physical therapist assistant team is physically present and
2.30 immediately available to provide instruction to the student physical therapist assistant.
2.31 Telecommunications does not meet the requirement of direct supervision.

3.1 Sec. 4. Minnesota Statutes 2024, section 148.706, subdivision 1, is amended to read:

3.2 Subdivision 1. **Supervision.** (a) Every physical therapist who uses the services of a
3.3 physical therapist assistant or physical therapy aide for the purpose of assisting in the practice
3.4 of physical therapy is responsible for functions performed by the assistant or aide while
3.5 engaged in such assistance. The physical therapist shall ~~delegate~~ direct duties to the physical
3.6 therapist assistant and assign tasks to the physical therapy aide in accordance with subdivision
3.7 2. ~~Physical therapists who instruct student physical therapists and student physical therapist~~
3.8 ~~assistants are responsible for the functions performed by the students and shall supervise~~
3.9 ~~the students as provided under section 148.65, subdivisions 5 and 6. A licensed physical~~
3.10 ~~therapist may supervise no more than two physical therapist assistants at any time.~~

3.11 (b) A licensed physical therapist may supervise no more than two physical therapist
3.12 assistants at any time. A physical therapist supervising physical therapist assistants is not
3.13 required to be on site, but must be easily available by telecommunications.

3.14 (c) Physical therapists who instruct student physical therapists and student physical
3.15 therapist assistants are responsible for the functions performed by the students and shall
3.16 supervise the students as provided under section 148.65, subdivisions 5 and 6. A physical
3.17 therapist supervising a student physical therapist must have direct contact with the patient
3.18 during at least every second treatment session by the student physical therapist. A physical
3.19 therapist or physical therapist assistant as part of a physical therapist and physical therapist
3.20 assistant team who is supervising a student physical therapist assistant must have direct
3.21 contact with the patient during at least every second treatment session by the student physical
3.22 therapist assistant.

3.23 Sec. 5. Minnesota Statutes 2024, section 148.706, subdivision 2, is amended to read:

3.24 Subd. 2. **~~Delegation~~ Direction of duties.** The physical therapist ~~may delegate~~ is
3.25 authorized to direct patient treatment procedures only to a physical therapist assistant who
3.26 has sufficient didactic and clinical preparation. The physical therapist ~~may~~ must not ~~delegate~~
3.27 direct the following activities to ~~the~~ a physical therapist assistant or to other supportive
3.28 personnel: initial patient examination and evaluation, ~~treatment planning, initial treatment,~~
3.29 ~~change of treatment,~~ development and modification of the plan of care, and initial or final
3.30 documentation.

3.31 Sec. 6. Minnesota Statutes 2024, section 148.706, subdivision 3, is amended to read:

3.32 Subd. 3. **Observation of and collaboration with physical therapist assistants.** When
3.33 a physical therapist directs components of a patient's treatment ~~are delegated~~ to a physical

4.1 therapist assistant, a physical therapist must ~~provide on-site observation of the treatment~~
4.2 ~~and documentation of its appropriateness at least every six treatment sessions. The physical~~
4.3 ~~therapist is not required to be on-site, but must be easily available by telecommunications.~~
4.4 do the following at least every six treatment sessions that the physical therapist assistant
4.5 provides services:

4.6 (1) observe a portion of the patient treatment session with the physical therapist assistant,
4.7 either in person or remotely via telehealth; and

4.8 (2) document a collaborative discussion with the physical therapist assistant and the
4.9 continued appropriateness of the plan of care.

4.10 Sec. 7. Minnesota Statutes 2024, section 151.74, subdivision 1, is amended to read:

4.11 Subdivision 1. **Establishment.** (a) ~~By July 1, 2020,~~ Each manufacturer must establish
4.12 procedures to make covered insulin available in accordance with this section to eligible
4.13 individuals who are in urgent need of covered insulin or who are in need of access to an
4.14 affordable covered insulin supply.

4.15 (b) For purposes of this section, the following definitions apply:

4.16 (1) "manufacturer" means a manufacturer engaged in the manufacturing of covered
4.17 ~~insulin that is self-administered on an outpatient basis;~~

4.18 (2) "MNsured" means the Board of Directors of MNsure established in chapter 62V;

4.19 (3) "navigator" has the meaning provided in section 62V.02; ~~and~~

4.20 (4) "pharmacy" means a pharmacy located in Minnesota and licensed under section
4.21 151.19 that operates in the community or outpatient license category under Minnesota Rules,
4.22 part 6800.0350-; and

4.23 (5) "covered insulin" means a drug that is validly prescribed by a practitioner and contains
4.24 insulin for use to treat diabetes. Covered insulin does not include an insulin product with a
4.25 label approved by the United States Food and Drug Administration that indicates the product
4.26 is only for use for intravenous infusion.

4.27 (c) Any manufacturer with an annual gross revenue of \$2,000,000 or less from covered
4.28 insulin sales in Minnesota is exempt from this section. To request a waiver under this
4.29 paragraph, the manufacturer must submit a request to the Board of Pharmacy that includes
4.30 documentation indicating that the manufacturer is eligible for an exemption.

4.31 (d) ~~An~~ A covered insulin product is exempt from this section if the wholesale acquisition
4.32 cost of the covered insulin is \$8 or less per milliliter or applicable National Council for

5.1 Prescription Drug Plan billing unit, for the entire assessment time period, adjusted annually
5.2 based on the Consumer Price Index.

5.3 Sec. 8. Minnesota Statutes 2024, section 151.74, subdivision 2, is amended to read:

5.4 Subd. 2. **Eligibility for urgent-need safety net program.** (a) To be eligible to receive
5.5 an urgent-need supply of covered insulin under this section, an individual must attest to:

5.6 (1) being a resident of Minnesota;

5.7 (2) not being enrolled in medical assistance or MinnesotaCare;

5.8 (3) not being enrolled in prescription drug coverage that limits the total amount of
5.9 cost-sharing that the enrollee is required to pay for a 30-day supply of covered insulin,
5.10 including co-payments, deductibles, or coinsurance, to \$75 or less, regardless of the type
5.11 or amount of covered insulin prescribed;

5.12 (4) not having received an urgent-need supply of covered insulin through this program
5.13 within the previous 12 months, unless authorized under subdivision 9; and

5.14 (5) being in urgent need of covered insulin.

5.15 (b) For purposes of this subdivision, "urgent need of covered insulin" means having
5.16 readily available for use less than a seven-day supply of covered insulin and in need of
5.17 covered insulin in order to avoid the likelihood of suffering significant health consequences.

5.18 Sec. 9. Minnesota Statutes 2024, section 151.74, subdivision 3, is amended to read:

5.19 Subd. 3. **Access to urgent-need covered insulin.** (a) MNsure shall develop an application
5.20 form to be used by an individual who is in urgent need of covered insulin. The application
5.21 must ask the individual to attest to the eligibility requirements described in subdivision 2.
5.22 The form shall be accessible through MNsure's website. MNsure shall also make the form
5.23 available to pharmacies and health care providers who prescribe or dispense covered insulin,
5.24 hospital emergency departments, urgent care clinics, and community health clinics. By
5.25 submitting a completed, signed, and dated application to a pharmacy, the individual attests
5.26 that the information contained in the application is correct.

5.27 (b) If the individual is in urgent need of covered insulin, the individual may present a
5.28 completed, signed, and dated application form to a pharmacy. The individual must also:

5.29 (1) have a ~~valid~~ covered insulin prescription; and

5.30 (2) present the pharmacist with identification indicating Minnesota residency in the form
5.31 of a valid Minnesota identification card, driver's license or permit, individual taxpayer

6.1 identification number, or Tribal identification card as defined in section 171.072, paragraph
6.2 (b). If the individual in urgent need of covered insulin is under the age of 18, the individual's
6.3 parent or legal guardian must provide the pharmacist with proof of residency.

6.4 (c) Upon receipt of a completed and signed application, the pharmacist shall dispense
6.5 the ~~prescribed~~ covered insulin in an amount that will provide the individual with a 30-day
6.6 supply. The pharmacy must notify the health care practitioner who issued the prescription
6.7 order no later than 72 hours after the covered insulin is dispensed.

6.8 (d) The pharmacy may submit to the manufacturer of the dispensed covered insulin
6.9 product or to the manufacturer's vendor a claim for payment that is in accordance with the
6.10 National Council for Prescription Drug Program standards for electronic claims processing,
6.11 unless the manufacturer agrees to send to the pharmacy a replacement supply of the same
6.12 covered insulin as dispensed in the amount dispensed. If the pharmacy submits an electronic
6.13 claim to the manufacturer or the manufacturer's vendor, the manufacturer or vendor shall
6.14 reimburse the pharmacy in an amount that covers the pharmacy's acquisition cost.

6.15 (e) The pharmacy may collect ~~an~~ a covered insulin co-payment from the individual to
6.16 cover the pharmacy's costs of processing and dispensing in an amount not to exceed \$35
6.17 for the 30-day supply of covered insulin dispensed.

6.18 (f) The pharmacy shall also provide each eligible individual with the information sheet
6.19 described in subdivision 7 and a list of trained navigators provided by the Board of Pharmacy
6.20 for the individual to contact if the individual needs to access ongoing covered insulin
6.21 coverage options, including assistance in:

6.22 (1) applying for medical assistance or MinnesotaCare;

6.23 (2) applying for a qualified health plan offered through MNsure, subject to open and
6.24 special enrollment periods;

6.25 (3) accessing information on providers who participate in prescription drug discount
6.26 programs, including providers who are authorized to participate in the 340B program under
6.27 section 340b of the federal Public Health Services Act, United States Code, title 42, section
6.28 256b; and

6.29 (4) accessing covered insulin manufacturers' patient assistance programs, co-payment
6.30 assistance programs, and other foundation-based programs.

6.31 (g) The pharmacist shall retain a copy of the application form submitted by the individual
6.32 to the pharmacy for reporting and auditing purposes.

7.1 (h) A manufacturer may submit to the commissioner of administration a request for
7.2 reimbursement in an amount not to exceed \$35 for each 30-day supply of covered insulin
7.3 the manufacturer provides under paragraph (d). The commissioner of administration shall
7.4 determine the manner and format for submitting and processing requests for reimbursement.
7.5 After receiving a reimbursement request, the commissioner of administration shall reimburse
7.6 the manufacturer in an amount not to exceed \$35 for each 30-day supply of covered insulin
7.7 the manufacturer provided under paragraph (d).

7.8 Sec. 10. Minnesota Statutes 2024, section 151.74, subdivision 4, is amended to read:

7.9 Subd. 4. **Continuing safety net program; general.** (a) Each manufacturer shall make
7.10 a patient assistance program available to any individual who meets the requirements of this
7.11 subdivision. Each manufacturer's patient assistance programs must meet the requirements
7.12 of this section. Each manufacturer shall provide the Board of Pharmacy with information
7.13 regarding the manufacturer's patient assistance program, including contact information for
7.14 individuals to call for assistance in accessing their patient assistance program.

7.15 (b) To be eligible to participate in a manufacturer's patient assistance program, the
7.16 individual must:

7.17 (1) be a Minnesota resident with a valid Minnesota identification card that indicates
7.18 Minnesota residency in the form of a Minnesota identification card, driver's license or
7.19 permit, individual taxpayer identification number, or Tribal identification card as defined
7.20 in section 171.072, paragraph (b). If the individual is under the age of 18, the individual's
7.21 parent or legal guardian must provide proof of residency;

7.22 (2) have a family income that is equal to or less than 400 percent of the federal poverty
7.23 guidelines;

7.24 (3) not be enrolled in medical assistance or MinnesotaCare;

7.25 (4) not be eligible to receive health care through a federally funded program or receive
7.26 prescription drug benefits through the Department of Veterans Affairs; and

7.27 (5) not be enrolled in prescription drug coverage through an individual or group health
7.28 plan that limits the total amount of cost-sharing that an enrollee is required to pay for a
7.29 30-day supply of covered insulin, including co-payments, deductibles, or coinsurance to
7.30 \$75 or less, regardless of the type or amount of covered insulin needed.

7.31 (c) Notwithstanding the requirement in paragraph (b), clause (4), an individual who is
7.32 enrolled in Medicare Part D is eligible for a manufacturer's patient assistance program if

8.1 the individual has spent \$1,000 on prescription drugs in the current calendar year and meets
8.2 the eligibility requirements in paragraph (b), clauses (1) to (3).

8.3 (d) An individual who is interested in participating in a manufacturer's patient assistance
8.4 program may apply directly to the manufacturer; apply through the individual's health care
8.5 practitioner, if the practitioner participates; or contact a trained navigator for assistance in
8.6 finding a long-term covered insulin supply solution, including assistance in applying to a
8.7 manufacturer's patient assistance program.

8.8 Sec. 11. Minnesota Statutes 2024, section 151.74, subdivision 5, is amended to read:

8.9 Subd. 5. **Continuing safety net program; manufacturer's responsibilities.** (a) Upon
8.10 receipt of an application for the manufacturer's patient assistance program, the manufacturer
8.11 shall process the application and determine eligibility. The manufacturer shall notify the
8.12 applicant of the determination within ten business days of receipt of the application. If
8.13 necessary, the manufacturer may request additional information from the applicant. If
8.14 additional information is needed, the manufacturer must notify the applicant within five
8.15 business days of receipt of the application as to what information is being requested. Within
8.16 three business days of receipt of the requested information, the manufacturer must determine
8.17 eligibility and notify the applicant of the determination. If the individual has been determined
8.18 to be not eligible, the manufacturer must include the reasons for denying eligibility in the
8.19 notification. The individual may seek an appeal of the determination in accordance with
8.20 subdivision 8.

8.21 (b) If the individual is determined to be eligible, the manufacturer shall provide the
8.22 individual with an eligibility statement or other indication that the individual has been
8.23 determined eligible for the manufacturer's patient assistance program. An individual's
8.24 eligibility is valid for 12 months and is renewable upon a redetermination of eligibility.

8.25 (c) If the eligible individual has prescription drug coverage through an individual or
8.26 group health plan, the manufacturer may determine that the individual's covered insulin
8.27 needs are better addressed through the use of the manufacturer's co-payment assistance
8.28 program, in which case, the manufacturer shall inform the individual and provide the
8.29 individual with the necessary coupons to submit to a pharmacy. In no instance shall an
8.30 eligible individual be required to pay more than the co-payment amount specified under
8.31 subdivision 6, paragraph (e).

9.1 Sec. 12. Minnesota Statutes 2024, section 151.74, subdivision 6, is amended to read:

9.2 Subd. 6. **Continuing safety net program; process.** (a) The individual shall submit to
9.3 a pharmacy the statement of eligibility provided by the manufacturer under subdivision 5,
9.4 paragraph (b). Upon receipt of an individual's eligibility status, the pharmacy shall submit
9.5 an order containing the name of the covered insulin product and the daily dosage amount
9.6 as contained in a valid prescription to the product's manufacturer.

9.7 (b) The pharmacy must include with the order to the manufacturer the following
9.8 information:

9.9 (1) the pharmacy's name and shipping address;

9.10 (2) the pharmacy's office telephone number, fax number, email address, and contact
9.11 name; and

9.12 (3) any specific days or times when deliveries are not accepted by the pharmacy.

9.13 (c) Upon receipt of an order from a pharmacy and the information described in paragraph
9.14 (b), the manufacturer shall send to the pharmacy a 90-day supply of covered insulin as
9.15 ordered, unless a lesser amount is requested in the order, at no charge to the individual or
9.16 pharmacy.

9.17 (d) Except as authorized under paragraph (e), the pharmacy shall provide the covered
9.18 insulin to the individual at no charge to the individual. The pharmacy shall not provide
9.19 covered insulin received from the manufacturer to any individual other than the individual
9.20 associated with the specific order. The pharmacy shall not seek reimbursement for the
9.21 covered insulin received from the manufacturer or from any third-party payer.

9.22 (e) The pharmacy may collect a co-payment from the individual to cover the pharmacy's
9.23 costs for processing and dispensing in an amount not to exceed \$50 for each 90-day supply
9.24 if the covered insulin is sent to the pharmacy.

9.25 (f) The pharmacy may submit to a manufacturer a reorder for an individual if the
9.26 individual's eligibility statement has not expired. Upon receipt of a reorder from a pharmacy,
9.27 the manufacturer must send to the pharmacy an additional 90-day supply of the product,
9.28 unless a lesser amount is requested, at no charge to the individual or pharmacy if the
9.29 individual's eligibility statement has not expired.

9.30 (g) Notwithstanding paragraph (c), a manufacturer may send the covered insulin as
9.31 ordered directly to the individual if the manufacturer provides a mail order service option.

10.1 (h) A manufacturer may submit to the commissioner of administration a request for
10.2 reimbursement in an amount not to exceed \$105 for each 90-day supply of covered insulin
10.3 the manufacturer provides under paragraphs (c) and (f). The commissioner of administration
10.4 shall determine the manner and format for submitting and processing requests for
10.5 reimbursement. After receiving a reimbursement request, the commissioner of administration
10.6 shall reimburse the manufacturer in an amount not to exceed \$105 for each 90-day supply
10.7 of covered insulin the manufacturer provided under paragraphs (c) and (f). If the manufacturer
10.8 provides less than a 90-day supply of covered insulin under paragraphs (c) and (f), the
10.9 manufacturer may submit a request for reimbursement not to exceed \$35 for each 30-day
10.10 supply of covered insulin provided.

10.11 Sec. 13. Minnesota Statutes 2024, section 151.74, subdivision 7, is amended to read:

10.12 Subd. 7. **Board of Pharmacy and MNsure responsibilities.** (a) The Board of Pharmacy
10.13 shall develop an information sheet to post on its website and provide a link to the information
10.14 sheet on the board's website for pharmacies, health care practitioners, hospital emergency
10.15 departments, urgent care clinics, and community health clinics. The information sheet must
10.16 contain:

10.17 (1) a description of the urgent-need covered insulin safety net program, including how
10.18 to access the program;

10.19 (2) a description of each covered insulin manufacturer's patient assistance program and
10.20 cost-sharing assistance program, including contact information on accessing the assistance
10.21 programs for each manufacturer;

10.22 (3) information on how to contact a trained navigator for assistance in applying for
10.23 medical assistance, MinnesotaCare, a qualified health plan, or ~~an~~ a covered insulin
10.24 manufacturer's patient assistance programs;

10.25 (4) information on how to contact the Board of Pharmacy if a manufacturer determines
10.26 that an individual is not eligible for the manufacturer's patient assistance program; and

10.27 (5) notification that an individual in need of assistance may contact their local county
10.28 social service department for more information or assistance in accessing ongoing affordable
10.29 covered insulin options.

10.30 (b) The board shall also inform each individual who accesses urgent-need covered insulin
10.31 through the insulin safety net program or accesses a manufacturer's patient assistance program
10.32 that the individual may participate in a survey conducted by the Department of Health
10.33 regarding satisfaction with the program. The board shall provide contact information for

11.1 the individual to learn more about the survey and how to participate. This information may
11.2 be included on the information sheet described in paragraph (a).

11.3 (c) MNsure, in consultation with the Board of Pharmacy and the commissioner of human
11.4 services, shall develop a training program for navigators to provide navigators with
11.5 information and resources necessary to assist individuals in accessing appropriate long-term
11.6 covered insulin options.

11.7 (d) MNsure, in consultation with the Board of Pharmacy, shall compile a list of navigators
11.8 who have completed the training program and who are available to assist individuals in
11.9 accessing affordable covered insulin coverage options. The list shall be made available
11.10 through the board's website and to pharmacies and health care practitioners who dispense
11.11 and prescribe covered insulin.

11.12 (e) If a navigator assists an individual in accessing ~~an~~ a covered insulin manufacturer's
11.13 patient assistance program, MNsure, within the available appropriation, shall pay the
11.14 navigator a onetime application assistance bonus of no less than \$25. If a navigator receives
11.15 a payment per enrollee of an assistance bonus under section 62V.05, subdivision 4, or
11.16 256.962, subdivision 5, the navigator shall not receive compensation under this paragraph.

11.17 Sec. 14. Minnesota Statutes 2024, section 151.74, subdivision 9, is amended to read:

11.18 Subd. 9. **Additional 30-day urgent-need covered insulin supply.** (a) If an individual
11.19 has applied for medical assistance or MinnesotaCare but has not been determined eligible
11.20 or has been determined eligible but coverage has not become effective or the individual has
11.21 been determined ineligible for the manufacturer's patient assistance program by the
11.22 manufacturer and the individual has requested a review pursuant to subdivision 8 but the
11.23 panel has not rendered a decision, the individual may access urgent-need covered insulin
11.24 under subdivision 3 if the individual is in urgent need of covered insulin as defined under
11.25 subdivision 2, paragraph (b).

11.26 (b) To access an additional 30-day supply of covered insulin, the individual must attest
11.27 to the pharmacy that the individual meets the requirements of paragraph (a) and must comply
11.28 with subdivision 3, paragraph (b).

11.29 Sec. 15. Minnesota Statutes 2024, section 151.74, subdivision 10, is amended to read:

11.30 Subd. 10. **Penalty.** (a) If a manufacturer fails to comply with this section, the board may
11.31 assess an administrative penalty of \$200,000 per month of noncompliance, with the penalty
11.32 increasing to \$400,000 per month if the manufacturer continues to be in noncompliance

12.1 after six months, and increasing to \$600,000 per month if the manufacturer continues to be
12.2 in noncompliance after one year. The penalty shall remain at \$600,000 per month for as
12.3 long as the manufacturer continues to be in noncompliance.

12.4 (b) In addition, a manufacturer is subject to the administrative penalties specified in
12.5 paragraph (a) if the manufacturer fails to:

12.6 (1) provide a hotline for individuals to call or access between 8 a.m. and 10 p.m. on
12.7 weekdays and between 10 a.m. and 6 p.m. on Saturdays; and

12.8 (2) list on the manufacturer's website the eligibility requirements for the manufacturer's
12.9 patient assistance programs for Minnesota residents.

12.10 (c) Any penalty assessed under this subdivision shall be deposited in a separate covered
12.11 insulin assistance account in the special revenue fund.

12.12 Sec. 16. Minnesota Statutes 2024, section 151.74, subdivision 11, is amended to read:

12.13 Subd. 11. **Data.** (a) Any data collected, created, received, maintained, or disseminated
12.14 by the Board of Pharmacy, the legislative auditor, the commissioner of health, MNsure, or
12.15 a trained navigator under this section related to an individual who is seeking to access
12.16 urgent-need covered insulin or participate in a manufacturer's patient assistance program
12.17 under this section is classified as private data on individuals as defined in section 13.02,
12.18 subdivision 12, and may not be retained for longer than ten years.

12.19 (b) A manufacturer must maintain the privacy of all data received from any individual
12.20 applying for the manufacturer's patient assistance program under this section and is prohibited
12.21 from selling, sharing, or disseminating data received under this section unless required to
12.22 under this section or the individual has provided the manufacturer with a signed authorization.

12.23 Sec. 17. Minnesota Statutes 2024, section 151.74, subdivision 13, is amended to read:

12.24 Subd. 13. **Reports.** (a) By February 15 of each year, ~~beginning February 15, 2021,~~ each
12.25 manufacturer shall report to the Board of Pharmacy the following:

12.26 (1) the number of Minnesota residents who accessed and received covered insulin on
12.27 an urgent-need basis under this section in the preceding calendar year;

12.28 (2) the number of Minnesota residents participating in the manufacturer's patient
12.29 assistance program in the preceding calendar year, including the number of Minnesota
12.30 residents who the manufacturer determined were ineligible for their patient assistance
12.31 program; and

13.1 (3) the value of the covered insulin provided by the manufacturer under clauses (1) and
13.2 (2).

13.3 For purposes of this paragraph, "value" means the wholesale acquisition cost of the covered
13.4 insulin provided.

13.5 (b) By March 15 of each year, ~~beginning March 15, 2021,~~ the Board of Pharmacy shall
13.6 submit the information reported in paragraph (a) to the chairs and ranking minority members
13.7 of the legislative committees with jurisdiction over health and human services policy and
13.8 finance. The board shall also include in the report any administrative penalties assessed
13.9 under subdivision 10, including the name of the manufacturer and amount of the penalty
13.10 assessed.

13.11 Sec. 18. Minnesota Statutes 2024, section 151.74, subdivision 14, is amended to read:

13.12 Subd. 14. **Program review; legislative auditor.** (a) The legislative auditor is requested
13.13 to conduct a program review to determine:

13.14 (1) whether the manufacturers are meeting the responsibilities required under this section,
13.15 including but not limited to:

13.16 (i) reimbursing pharmacies for urgent-need covered insulin dispensed under subdivision
13.17 3;

13.18 (ii) determining eligibility in a timely manner and notifying the individuals as required
13.19 under subdivision 5; and

13.20 (iii) providing pharmacies with covered insulin product under the manufacturers' patient
13.21 assistance programs; and

13.22 (2) whether the training program developed for navigators is adequate and easily
13.23 accessible for navigators interested in becoming trained, and that there is a sufficient number
13.24 of trained navigators to provide assistance to individuals in need of assistance.

13.25 (b) The legislative auditor may access application forms retained by pharmacies under
13.26 subdivision 3, paragraph (g), to determine whether urgent-need covered insulin is being
13.27 dispensed in accordance with this section.

13.28 Sec. 19. Minnesota Statutes 2024, section 151.741, subdivision 1, is amended to read:

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

13.31 (b) "Board" means the Minnesota Board of Pharmacy under section 151.02.

14.1 (c) "Covered insulin" has the meaning given in section 151.74, subdivision 1.

14.2 ~~(e)~~ (d) "Manufacturer" means a manufacturer licensed under section 151.252 and engaged
14.3 in the manufacturing of ~~prescription~~ covered insulin.

14.4 Sec. 20. Minnesota Statutes 2024, section 151.741, subdivision 2, is amended to read:

14.5 Subd. 2. **Assessment of registration fee.** (a) The board shall assess each manufacturer
14.6 an annual registration fee of \$100,000, except as provided in paragraph (b). The board shall
14.7 notify each manufacturer of this requirement beginning November 1, 2024, and each
14.8 November 1 thereafter.

14.9 (b) A manufacturer may request an exemption from the annual registration fee. The
14.10 board shall exempt a manufacturer from the annual registration fee if the manufacturer can
14.11 demonstrate to the board, in the form and manner specified by the board, that gross revenue
14.12 from sales of ~~prescription~~ covered insulin produced by that manufacturer and sold or
14.13 delivered within or into Minnesota was less than five percent of the total gross revenue from
14.14 sales of ~~prescription~~ covered insulin produced by all manufacturers and sold or delivered
14.15 within or into Minnesota in the previous calendar year.

14.16 Sec. 21. Minnesota Statutes 2025 Supplement, section 151.741, subdivision 5, is amended
14.17 to read:

14.18 Subd. 5. **Insulin repayment account; annual transfer from health care access fund.** (a)
14.19 The insulin repayment account is established in the special revenue fund in the state treasury.
14.20 Money in the account is appropriated each fiscal year to the commissioner of administration
14.21 to reimburse manufacturers for covered insulin dispensed under the insulin safety net program
14.22 in section 151.74, in accordance with section 151.74, subdivisions 3, paragraph (h), and 6,
14.23 paragraph (h), and to cover costs incurred by the commissioner in providing these
14.24 reimbursement payments.

14.25 (b) By June 30, 2025, and each June 30 thereafter, the commissioner of administration
14.26 shall certify to the commissioner of management and budget the total amount expended in
14.27 the prior fiscal year for:

14.28 (1) reimbursement to manufacturers for covered insulin dispensed under the insulin
14.29 safety net program in section 151.74, in accordance with section 151.74, subdivisions 3,
14.30 paragraph (h), and 6, paragraph (h); and

14.31 (2) costs incurred by the commissioner of administration in providing the reimbursement
14.32 payments described in clause (1).

15.1 (c) The commissioner of management and budget shall transfer from the health care
15.2 access fund to the insulin repayment account, beginning July 1, 2025, and each July 1
15.3 thereafter, an amount equal to the amount to which the commissioner of administration
15.4 certified pursuant to paragraph (b).

15.5 Sec. 22. REPEALER.

15.6 Minnesota Statutes 2024, section 151.74, subdivision 15, is repealed.

15.7 ARTICLE 2

15.8 DEPARTMENT OF HEALTH

15.9 Section 1. Minnesota Statutes 2024, section 62U.04, subdivision 4, is amended to read:

15.10 Subd. 4. **Encounter data.** (a) All health plan companies, dental organizations, and
15.11 third-party administrators shall submit encounter data on a monthly basis to a private entity
15.12 designated by the commissioner of health. The data shall be submitted in a form and manner
15.13 specified by the commissioner subject to the following requirements:

15.14 (1) the data must be de-identified data as described under the Code of Federal Regulations,
15.15 title 45, section 164.514;

15.16 (2) the data for each encounter must include an identifier for the patient's health care
15.17 home if the patient has selected a health care home, data on contractual value-based payments,
15.18 and data deemed necessary by the commissioner to uniquely identify claims in the individual
15.19 health insurance market;

15.20 (3) the data must include enrollee race and ethnicity, to the extent available, for claims
15.21 incurred on or after January 1, 2023; ~~and~~

15.22 (4) except for the data described in clauses (2) and (3), the data must not include
15.23 information that is not included in a health care claim, dental care claim, or equivalent
15.24 encounter information transaction that is required under section 62J.536; and

15.25 (5) the data must include at least the following data fields for any fully denied claims:

15.26 (i) an indicator of which claim lines were denied;

15.27 (ii) the reason for denial of each denied claim line;

15.28 (iii) the claim line status in terms of adjudication; and

15.29 (iv) a claim identifier to link the original claim to subsequent action on the claim.

16.1 (b) The commissioner or the commissioner's designee shall only use the data submitted
16.2 under paragraph (a) to carry out the commissioner's responsibilities in this section, including
16.3 supplying the data to providers so they can verify their results of the peer grouping process
16.4 consistent with the recommendations developed pursuant to subdivision 3c, paragraph (d),
16.5 and adopted by the commissioner and, if necessary, submit comments to the commissioner
16.6 or initiate an appeal.

16.7 (c) Data on providers collected under this subdivision are private data on individuals or
16.8 nonpublic data, as defined in section 13.02. Notwithstanding the data classifications in this
16.9 paragraph, data on providers collected under this subdivision may be released or published
16.10 as authorized in subdivision 11. The commissioner or the commissioner's designee shall
16.11 establish procedures and safeguards to protect the integrity and confidentiality of any data
16.12 that it maintains.

16.13 (d) The commissioner or the commissioner's designee shall not publish analyses or
16.14 reports that identify, or could potentially identify, individual patients.

16.15 (e) The commissioner shall compile summary information on the data submitted under
16.16 this subdivision. The commissioner shall work with its vendors to assess the data submitted
16.17 in terms of compliance with the data submission requirements and the completeness of the
16.18 data submitted by comparing the data with summary information compiled by the
16.19 commissioner and with established and emerging data quality standards to ensure data
16.20 quality.

16.21 Sec. 2. Minnesota Statutes 2024, section 62U.04, subdivision 13, is amended to read:

16.22 Subd. 13. **Expanded access to and use of the all-payer claims data.** (a) The
16.23 commissioner or the commissioner's designee shall make the data submitted under
16.24 subdivisions 4, 5, 5a, and 5b, including data classified as private or nonpublic, available to
16.25 individuals and organizations engaged in research on, or efforts to effect transformation in,
16.26 health care outcomes, access, quality, disparities, or spending, provided the use of the data
16.27 serves a public benefit. Data made available under this subdivision may not be used to:

16.28 (1) create an unfair market advantage for any participant in the health care market in
16.29 Minnesota, including health plan companies, payers, and providers;

16.30 (2) reidentify or attempt to reidentify an individual in the data; or

16.31 (3) publicly report contract details between a health plan company and provider and
16.32 derived from the data.

16.33 (b) To implement paragraph (a), the commissioner shall:

17.1 (1) establish detailed requirements for data access; a process for data users to apply to
17.2 access and use the data; legally enforceable data use agreements to which data users must
17.3 consent; a clear and robust oversight process for data access and use, including a data
17.4 management plan, that ensures compliance with state and federal data privacy laws;
17.5 agreements for state agencies and the University of Minnesota to ensure proper and efficient
17.6 use and security of data; and technical assistance for users of the data and for stakeholders;

17.7 (2) ~~develop a~~ assess fees according to the fee schedule in subdivision 14 to support the
17.8 cost of expanded access to and use of the data, provided the fees charged under the schedule
17.9 do not create a barrier to access or use for those most affected by disparities; ~~and~~

17.10 (3) create a research advisory group to advise the commissioner on applications for data
17.11 use under this subdivision, including an examination of the rigor of the research approach,
17.12 the technical capabilities of the proposed user, and the ability of the proposed user to
17.13 successfully safeguard the data; and

17.14 (4) annually publish on the Department of Health website a list of projects authorized
17.15 under this subdivision.

17.16 Sec. 3. Minnesota Statutes 2024, section 62U.04, is amended by adding a subdivision to
17.17 read:

17.18 Subd. 14. Fees for expanded access to and use of the all-payer claims database. (a)
17.19 For purposes of this section:

17.20 (1) "custom data set or analysis" means a de-identified data set or report for which a
17.21 standard data set or limited use data sets are not appropriate, that only provides the minimum
17.22 necessary data, and that is de-identified using the expert determination method as defined
17.23 in Code of Federal Regulations, title 45, section 164.514(b)(1);

17.24 (2) "data file" means a data file derived from medical claims, pharmacy claims, dental
17.25 claims, eligibility information, membership information, or provider information for a single
17.26 year;

17.27 (3) "limited use data set" means a data set that meets the requirements in Code of Federal
17.28 Regulations, title 45, section 164.514(e)(2), and may include protected health information
17.29 from which certain direct identifiers of individuals have been removed under the principle
17.30 of minimum information necessary; and

17.31 (4) "standard data set" means a static data release designed by the commissioner to serve
17.32 a wide range of projects in which nearly all de-identified data elements are disclosed in one
17.33 release after applying the safe harbor de-identification method defined in Code of Federal

18.1 Regulations, title 45, section 164.514(b)(2), and from which protected health information
18.2 and any combination of data elements that directly identify any person are excluded.

18.3 (b) The commissioner must assess fees on an individual or organization that receives
18.4 data under subdivision 13 for the cost of accessing or receiving the data. Costs under this
18.5 paragraph may include but are not limited to the cost of producing and releasing data to the
18.6 individual or organization under subdivision 13 and managing infrastructure and operations.
18.7 The commissioner must assess fees according to the following schedule based on the type
18.8 of data requested and number of years for which access is requested:

18.9 (1) the fee for a standard data set is \$3,500 per data file per year;

18.10 (2) the fee for a limited use data set is \$7,000 per data file per year; and

18.11 (3) the fee for a custom data set or analysis is \$89 per hour of staff time expended, with
18.12 fees not to exceed the cost of 65 hours of staff time.

18.13 (c) An individual or organization that receives approval to access or receive data under
18.14 subdivision 13 must pay all the required fees in full before accessing or receiving the
18.15 requested data.

18.16 (d) The commissioner may grant a partial or full waiver of the fees in paragraph (b) if
18.17 the individual or organization requesting the data meets at least one of the following criteria:

18.18 (1) the fees represent a financial hardship to the individual or organization;

18.19 (2) the organization is a self-insured data submitter under this section;

18.20 (3) the individual or organization is affiliated with an academic institution;

18.21 (4) the individual or organization requests a high volume of data files; or

18.22 (5) the request is from a Tribal health director for, or the governing body of, one of the
18.23 11 federally recognized Tribes in Minnesota.

18.24 In determining whether to grant a waiver under this paragraph, the commissioner may
18.25 consult the research advisory group established under subdivision 13.

18.26 (e) Fees paid by an individual or organization approved to access or receive data under
18.27 subdivision 13 are nonrefundable. Fees collected under this subdivision must be deposited
18.28 into an account in the state government special revenue fund. Money in that account does
18.29 not cancel.

18.30 (f) The commissioner must publish the fee schedule in paragraph (b) on the Department
18.31 of Health website.

19.1 Sec. 4. Minnesota Statutes 2024, section 144.1222, is amended by adding a subdivision
19.2 to read:

19.3 Subd. 2e. **Private residential pool used for certified swimming classes.** Notwithstanding
19.4 Minnesota Rules, part 4717.0250, subpart 7, a private residential pool may be used as part
19.5 of a business if the private residential pool is used by a paying guest of the homeowner and
19.6 the guest is participating in a certified swimming class conducted by the homeowner,
19.7 provided that:

19.8 (1) the homeowner is a certified swimming instructor and is conducting a certified
19.9 swimming class on a one-on-one basis;

19.10 (2) not more than four individuals are in the pool at the same time during the class;

19.11 (3) prior to each new paying guest beginning participation in a certified swimming class:

19.12 (i) the guest, or the guest's parent or legal guardian if the guest is a minor, provides
19.13 written consent to use of the pool. The written consent must include a statement that the
19.14 guest, or the guest's parent or legal guardian if the guest is a minor, has received and read
19.15 materials provided by the Department of Health with information on the risk of disease
19.16 transmission and other risks associated with pools and a statement that the Department of
19.17 Health does not monitor or inspect the homeowner's pool to ensure compliance with the
19.18 requirements in section 144.1222 or Minnesota Rules, chapter 4717; and

19.19 (ii) the homeowner tests the pool's water for the concentration of chlorine or bromine,
19.20 pH, and alkalinity, and the water in the pool meets the requirements for disinfection residual,
19.21 pH, and alkalinity in Minnesota Rules, part 4717.1750, subparts 3 to 6; and

19.22 (4) the following notice is conspicuously posted at the pool and, prior to each new paying
19.23 guest beginning participation in a certified swimming class, is provided to the guest or to
19.24 the guest's parent or legal guardian if the guest is a minor:

19.25 "NOTICE

19.26 This pool is exempt from state and local anti-entrapment and sanitary requirements that
19.27 prevent waterborne diseases such as Legionnaires' disease, Pseudomonas folliculitis (hot
19.28 tub rash), and chemical burns and is not subject to inspection.

19.29 USE AT YOUR OWN RISK"

19.30 Sec. 5. Minnesota Statutes 2024, section 144.1222, subdivision 4, is amended to read:

19.31 Subd. 4. **Definitions.** (a) For purposes of this section, the following terms have the
19.32 meanings given them.

20.1 (b) "ASME/ANSI standard" means a safety standard accredited by the American National
20.2 Standards Institute and published by the American Society of Mechanical Engineers.

20.3 (c) "ASTM standard" means a safety standard issued by ASTM International, formerly
20.4 known as the American Society for Testing and Materials.

20.5 (d) "Public pool" means any pool other than a private residential pool, that is: (1) open
20.6 to the public generally, whether for a fee or free of charge; (2) open exclusively to members
20.7 of an organization and their guests; (3) open to residents of a multiunit apartment building,
20.8 apartment complex, residential real estate development, or other multifamily residential
20.9 area; (4) open to patrons of a hotel or lodging or other public accommodation facility; or
20.10 (5) operated by a person in a park, school, licensed child care facility, group home, motel,
20.11 camp, resort, club, condominium, manufactured home park, or political subdivision with
20.12 the exception of swimming pools at family day care homes licensed under section 142B.41,
20.13 subdivision 9, paragraph (a).

20.14 (e) "Unblockable suction outlet or drain" means a drain of any size and shape that a
20.15 human body cannot sufficiently block to create a suction entrapment hazard and meets
20.16 ASME/ANSI standards.

20.17 (f) "Certified swimming class" means an infant swimming resource (ISR) class; an
20.18 American Red Cross swimming class, swimming lesson, or learn-to-swim class; or any
20.19 other swimming class certified by a nationally accredited organization that operates in all
20.20 50 states.

20.21 (g) "Certified swimming instructor" means a certified ISR instructor; a certified American
20.22 Red Cross swimming instructor or swim coach; or any other swimming instructor certified
20.23 by a nationally accredited organization that operates in all 50 states.

20.24 Sec. 6. Minnesota Statutes 2025 Supplement, section 144.125, subdivision 1, is amended
20.25 to read:

20.26 Subdivision 1. **Duty to perform testing.** (a) It is the duty of (1) the administrative officer
20.27 or other person in charge of each institution caring for infants 28 days or less of age, (2) the
20.28 person required in pursuance of the provisions of section 144.215, to register the birth of a
20.29 child, or (3) the nurse midwife or midwife in attendance at the birth, to arrange to have
20.30 administered to every infant or child in its care tests for heritable and congenital disorders
20.31 according to subdivision 2 and rules prescribed by the state commissioner of health.

20.32 (b) Testing, recording of test results, reporting of test results, and follow-up of infants
20.33 with heritable congenital disorders, including hearing loss detected through the early hearing

21.1 detection and intervention program in section 144.966, shall be performed at the times and
21.2 in the manner prescribed by the commissioner of health.

21.3 (c) The fee to support the newborn screening program, including tests administered
21.4 under this section and section 144.966, shall be \$184.35 per specimen. This fee amount
21.5 shall be deposited in the state treasury and credited to the state government special revenue
21.6 fund. If the individual described in paragraph (a) submits to an insurer a claim for
21.7 reimbursement for a newborn screening program fee but does not receive reimbursement
21.8 from the insurer, the individual may request a special fee exemption form from the newborn
21.9 screening program and may apply for an exemption from the fee. To qualify for the
21.10 exemption, the individual must provide documentation to the newborn screening program
21.11 that the insurer did not reimburse the individual for the fee.

21.12 (d) The fee to offset the cost of the support services provided under section 144.966,
21.13 subdivision 3a, shall be \$15 per specimen. This fee shall be deposited in the state treasury
21.14 and credited to the general fund.

21.15 Sec. 7. Minnesota Statutes 2024, section 144.1501, subdivision 2, is amended to read:

21.16 Subd. 2. **Availability.** (a) The commissioner of health shall use money appropriated for
21.17 health professional education loan forgiveness in this section:

21.18 (1) for medical residents, physicians, mental health professionals, and alcohol and drug
21.19 counselors agreeing to practice in designated rural areas or underserved urban communities
21.20 or specializing in the area of pediatric psychiatry;

21.21 (2) for midlevel practitioners agreeing to practice in designated rural areas or to teach
21.22 at least 12 credit hours, or 720 hours per year in the nursing field in a postsecondary program
21.23 at the undergraduate level or the equivalent at the graduate level;

21.24 (3) for nurses who agree to practice in a Minnesota nursing home; in an intermediate
21.25 care facility for persons with developmental disability; in a hospital if the hospital owns
21.26 and operates a Minnesota nursing home and a minimum of 50 percent of the hours worked
21.27 by the nurse is in the nursing home; in an assisted living facility as defined in section
21.28 144G.08, subdivision 7; or for a home care provider as defined in section 144A.43,
21.29 subdivision 4; or agree to teach at least 12 credit hours, or 720 hours per year in the nursing
21.30 field in a postsecondary program at the undergraduate level or the equivalent at the graduate
21.31 level;

21.32 (4) for other health care technicians agreeing to teach at least 12 credit hours, or 720
21.33 hours per year in their designated field in a postsecondary program at the undergraduate

22.1 level or the equivalent at the graduate level. The commissioner, in consultation with the
22.2 Healthcare Education-Industry Partnership, shall determine the health care fields where the
22.3 need is the greatest, including, but not limited to, respiratory therapy, clinical laboratory
22.4 technology, radiologic technology, and surgical technology;

22.5 (5) for pharmacists, advanced dental therapists, dental therapists, and public health nurses
22.6 who agree to practice in designated rural areas;

22.7 (6) for dentists agreeing to deliver at least 25 percent of the dentist's yearly patient
22.8 encounters to state public program enrollees or patients receiving sliding fee schedule
22.9 discounts through a formal sliding fee schedule meeting the standards established by the
22.10 United States Department of Health and Human Services under Code of Federal Regulations,
22.11 title 42, section 51c.303; and

22.12 (7) for nurses employed as a hospital nurse by a nonprofit hospital and providing direct
22.13 care to patients at the nonprofit hospital.

22.14 (b) Appropriations made for health professional education loan forgiveness in this section
22.15 do not cancel and are available until expended, ~~except that at the end of each biennium, any~~
22.16 ~~remaining balance in the account that is not committed by contract and not needed to fulfill~~
22.17 ~~existing commitments shall cancel to the fund.~~

22.18 Sec. 8. Minnesota Statutes 2024, section 144.1503, subdivision 7, is amended to read:

22.19 Subd. 7. **Selection process.** The commissioner shall determine a maximum award for
22.20 grants and loan forgiveness, and shall make selections based on the information provided
22.21 in the grant application, including the demonstrated need for an applicant provider to enhance
22.22 the education of its workforce, the proposed employee scholarship or loan forgiveness
22.23 selection process, the applicant's proposed budget, and other criteria as determined by the
22.24 commissioner. Notwithstanding any law or rule to the contrary, amounts appropriated for
22.25 purposes of this section do not cancel and are available until expended, ~~except that at the~~
22.26 ~~end of each biennium, any remaining amount that is not committed by contract and not~~
22.27 ~~needed to fulfill existing commitments shall cancel to the general fund.~~

22.28 Sec. 9. Minnesota Statutes 2024, section 144.1505, subdivision 1, is amended to read:

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

22.30 (1) "eligible advanced practice registered nurse program" means a program that is located
22.31 in Minnesota and is currently accredited as a master's, doctoral, or postgraduate level
22.32 advanced practice registered nurse program by the Commission on Collegiate Nursing

23.1 Education or by the Accreditation Commission for Education in Nursing, or ~~is~~ has presented
23.2 a credible plan as a candidate for accreditation;

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

23.5 (i) is approved by the Board of Dentistry; or

23.6 (ii) is currently accredited by the Commission on Dental Accreditation; or

23.7 (iii) has presented a credible plan as a candidate for accreditation;

23.8 (3) "eligible mental health professional program" means a program that is located in
23.9 Minnesota and is ~~listed~~ currently accredited as a mental health professional program by the
23.10 appropriate accrediting body for clinical social work, psychology, marriage and family
23.11 therapy, or licensed professional clinical counseling, or ~~is~~ has presented a credible plan as
23.12 a candidate for accreditation;

23.13 (4) "eligible pharmacy program" means a program that is located in Minnesota and is
23.14 currently accredited as a doctor of pharmacy program by the Accreditation Council on
23.15 Pharmacy Education or has presented a credible plan as a candidate for accreditation;

23.16 (5) "eligible physician assistant program" means a program that is located in Minnesota
23.17 and is currently accredited as a physician assistant program by the Accreditation Review
23.18 Commission on Education for the Physician Assistant, or ~~is~~ has presented a credible plan
23.19 as a candidate for accreditation;

23.20 (6) "mental health professional" means an individual providing clinical services in the
23.21 treatment of mental illness who meets one of the qualifications under section 245.462,
23.22 subdivision 18;

23.23 (7) "eligible physician training program" means a medical school training program or a
23.24 physician residency training program located in Minnesota and that is currently accredited
23.25 by the accrediting body or has presented a credible plan as a candidate for accreditation;

23.26 (8) "eligible dental program" means a dental education program or a dental residency
23.27 training program located in Minnesota and that is currently accredited by the accrediting
23.28 body or has presented a credible plan as a candidate for accreditation; ~~and~~

23.29 (9) "project" means a project to ~~establish or expand~~ (i) plan or implement a new eligible
23.30 clinical training for physician assistants, advanced practice registered nurses, pharmacists,
23.31 dental therapists, advanced dental therapists, or mental health professionals in Minnesota.
23.32 program or increase the base number of trainees in an existing eligible clinical training

24.1 program, or (ii) add or expand rural rotations or clinical training experiences in an existing
24.2 eligible clinical training program;

24.3 (10) "rural community" means a Tribal Nation, statutory city, home rule charter city, or
24.4 township in Minnesota that is outside the seven-county metropolitan area as defined in
24.5 section 473.121, subdivision 2, excluding the cities of Duluth, Mankato, Moorhead,
24.6 Rochester, and St. Cloud; and

24.7 (11) "underserved community" means a Minnesota area or population included in the
24.8 list of designated primary medical care health professional shortage areas, medically
24.9 underserved areas, or medically underserved populations maintained and updated by the
24.10 United States Department of Health and Human Services.

24.11 Sec. 10. Minnesota Statutes 2024, section 144.1505, subdivision 2, is amended to read:

24.12 Subd. 2. **Programs.** (a) For advanced practice provider clinical training expansion grants,
24.13 the commissioner of health shall award ~~health professional training site~~ grants to eligible
24.14 physician assistant, advanced practice registered nurse, pharmacy, dental therapy, and mental
24.15 health professional programs to plan and implement ~~expanded~~ a new eligible clinical training
24.16 program or increase the base number of trainees in an existing eligible clinical training
24.17 program. Clinical training must take place in rural communities or underserved communities.
24.18 A planning grant shall not exceed \$75,000, and a three-year training grant shall not exceed
24.19 \$300,000 per project. The commissioner may provide a ~~one-year~~, no-cost extension for
24.20 grants.

24.21 (b) For health professional rural ~~and underserved~~ clinical rotations grants, the
24.22 commissioner of health shall award ~~health professional training site~~ grants to existing eligible
24.23 physician, physician assistant, advanced practice registered nurse, pharmacy, dentistry,
24.24 dental therapy, and mental health professional training programs to augment existing clinical
24.25 training programs to add, expand, or enhance rural ~~and underserved~~ rotations or clinical
24.26 training experiences, such as credential or certificate rural tracks or other specialized training.
24.27 Rotations and clinical training experiences must take place in rural communities. For
24.28 physician and dentist training, the expanded training must include rotations in primary care
24.29 settings such as community clinics, hospitals, health maintenance organizations, or practices
24.30 in rural communities.

24.31 (c) Advanced practice provider clinical training expansion grant funds may be used for:

25.1 (1) ~~establishing or expanding rotations~~ planning and implementing a new clinical training
25.2 program or increasing the base number of trainees in an existing clinical training program
25.3 as described in paragraph (a);

25.4 (2) recruitment, training, and retention of students ~~and~~ faculty, and preceptors;

25.5 (3) connecting students with appropriate clinical training sites, internships, practicums,
25.6 or externship activities opportunities;

25.7 (4) travel and lodging for students;

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

25.9 (6) development and implementation of health equity and cultural competency
25.10 responsiveness training;

25.11 (7) evaluations of the clinical training program to inform program improvements;

25.12 (8) training site improvements, fees, equipment, and supplies required to establish,
25.13 maintain, or expand a training program; ~~and~~

25.14 (9) supporting clinical education in which trainees are part of a primary care team model;
25.15 and

25.16 (10) onboarding expenses for trainees to meet clinical training site requirements.

25.17 (d) Health professional rural clinical rotation grant funds may be used for:

25.18 (1) adding, expanding, or enhancing rural rotations and clinical training experiences in
25.19 an existing clinical training program as described in paragraph (b);

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

25.21 (3) connecting students with appropriate clinical training sites, internships, practicums,
25.22 or externship opportunities;

25.23 (4) travel and lodging for students;

25.24 (5) faculty, student, and preceptor salaries, stipends, or other financial support;

25.25 (6) development and implementation of health equity and cultural responsiveness training;

25.26 (7) evaluations of the rural rotation or clinical training experience to inform program
25.27 improvements;

25.28 (8) training site improvements, fees, equipment, and supplies required to establish or
25.29 expand rural rotations or clinical training experiences;

- 26.1 (9) supporting clinical education in which trainees are part of a primary care team model;
26.2 and
26.3 (10) onboarding expenses for trainees to meet clinical training site requirements.

26.4 Sec. 11. Minnesota Statutes 2024, section 144.1505, subdivision 3, is amended to read:

26.5 Subd. 3. **Applications.** (a) Eligible physician assistant, advanced practice registered
26.6 nurse, pharmacy, dental therapy, dental, physician, and mental health professional programs
26.7 seeking a grant shall apply to the commissioner. Applications for advanced practice provider
26.8 clinical training expansion grants must include a description of the number of additional
26.9 students who will be trained using grant funds; and attestation that funding will be used to
26.10 support an increase in the number of clinical training slots;.

26.11 (b) All applications must include: (1) a description of the problem that the proposed
26.12 project will address; (2) a description of the project, including all costs associated with the
26.13 project; (3) sources of funds for the project; (4) detailed uses of all funds for the project;
26.14 and the results expected; and (5) a plan to maintain or operate any component included in
26.15 the project after the grant period, including a description of potential barriers to sustainability.
26.16 ~~The applicant~~ Applicants must describe achievable objectives, a timetable, and roles and
26.17 capabilities of responsible individuals in the organization.

26.18 ~~Applicants applying under subdivision 2, paragraph (b),~~ (c) Applications for rural clinical
26.19 rotation grants must include a description of the new, expanded, or enhanced rural rotations
26.20 or clinical training experiences; attestation that funding will be used to support improved
26.21 rural clinical training experiences; and information about length of training and training site
26.22 settings, geographic location of rural sites, and rural populations expected to be served.

26.23 Sec. 12. Minnesota Statutes 2024, section 144.1507, subdivision 1, is amended to read:

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

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

26.27 (1) is located in Minnesota;

26.28 (2) trains medical residents in the specialties of family medicine, general internal
26.29 medicine, general pediatrics, psychiatry, geriatrics, or general surgery in rural residency
26.30 training programs or in community-based ambulatory care centers that primarily serve the
26.31 underserved, or trains postdoctoral psychology residents; and

27.1 (3) is accredited by the Accreditation Council for Graduate Medical Education or the
27.2 American Psychological Association or presents a credible plan to obtain accreditation.

27.3 (c) "Rural community" means a Tribal Nation, statutory city, home rule charter city, or
27.4 township in Minnesota that is outside the seven-county metropolitan area as defined in
27.5 section 473.121, subdivision 2, excluding the cities of Duluth, Mankato, Moorhead,
27.6 Rochester, and St. Cloud.

27.7 ~~(e)~~ (d) "Rural residency training program" means a rural medical residency program or
27.8 a rural psychology residency program that provides an initial year of training in an accredited
27.9 residency program in Minnesota. The subsequent years of the residency program are At
27.10 least two-thirds of the residency training must be based in rural communities, utilizing local
27.11 clinics and community hospitals, with specialty rotations in nearby regional medical centers.
27.12 When specialty rotations cannot be fulfilled within rural communities, training may occur
27.13 in regional or urban sites as long as at least one-half of all training occurs in rural
27.14 communities. For residency training programs in general surgery, pediatrics, and psychiatry,
27.15 at least one-half of the residency training must be based in communities outside the
27.16 seven-county metropolitan area, with rotations in rural communities.

27.17 ~~(d)~~ (e) "Community-based ambulatory care centers" means federally qualified health
27.18 centers, community mental health centers, rural health clinics, health centers operated by
27.19 the Indian Health Service, an Indian Tribe or Tribal organization, or an urban American
27.20 Indian organization or an entity receiving funds under Title X of the Public Health Service
27.21 Act.

27.22 ~~(e)~~ (f) "Eligible project" means a project to establish and maintain a rural residency
27.23 training program.

27.24 Sec. 13. Minnesota Statutes 2024, section 144.1507, subdivision 2, is amended to read:

27.25 Subd. 2. **Rural residency training program.** (a) The commissioner of health shall
27.26 award rural residency training program grants to eligible programs to plan, implement, and
27.27 sustain rural residency training programs. A rural medical residency training program grant
27.28 shall not exceed \$250,000 per year for up to three years for planning and development, and
27.29 \$225,000 per resident per year for each year thereafter to sustain the program. A rural
27.30 psychology residency training program grant shall not exceed \$150,000 per year for up to
27.31 three years for planning and development, and \$150,000 per resident per year for each year
27.32 thereafter to sustain the program. Medical and psychology residency programs that meet
27.33 eligibility guidelines and continue to demonstrate financial need shall be granted sustaining
27.34 funds, renewable every five years.

- 28.1 (b) Funds may be spent to cover the costs of:
- 28.2 (1) planning related to establishing accredited rural residency training programs;
- 28.3 (2) obtaining accreditation by the Accreditation Council for Graduate Medical Education,
- 28.4 the American Psychological Association, or another national body that accredits rural
- 28.5 residency training programs;
- 28.6 (3) establishing new rural residency training programs;
- 28.7 (4) recruitment, training, and retention of new residents and faculty related to the new
- 28.8 rural residency training program;
- 28.9 (5) travel and lodging for new residents;
- 28.10 (6) faculty, new resident, and preceptor salaries related to new rural residency training
- 28.11 programs;
- 28.12 (7) training site improvements, fees, equipment, and supplies required for new rural
- 28.13 residency training programs; and
- 28.14 (8) supporting clinical education in which trainees are part of a primary care team model.

28.15 Sec. 14. Minnesota Statutes 2024, section 144.1507, subdivision 4, is amended to read:

28.16 Subd. 4. **Consideration of grant applications.** The commissioner shall review each

28.17 application to determine if the residency program application is complete, if the proposed

28.18 rural residency program and residency slots are eligible for a grant, and if the program is

28.19 eligible for federal graduate medical education funding, and when the funding is available.

28.20 If eligible programs are not eligible for federal graduate medical education funding, the

28.21 commissioner may award continuation funding to the eligible program beyond the initial

28.22 grant period without requiring a competitive application. The commissioner shall award

28.23 grants to support training programs in family medicine, general internal medicine, general

28.24 pediatrics, psychiatry, geriatrics, general surgery, psychology, and other primary care focus

28.25 areas.

28.26 Sec. 15. Minnesota Statutes 2024, section 144.1507, is amended by adding a subdivision

28.27 to read:

28.28 Subd. 6. **Clinical training program coordination.** The commissioner may award grants

28.29 to the University of Minnesota to provide technical assistance to residency training programs

28.30 for coordinated development of rural clinical training programs.

29.1 Sec. 16. Minnesota Statutes 2024, section 144.1911, subdivision 1, is amended to read:

29.2 Subdivision 1. **Establishment.** The international medical graduates assistance program
29.3 is established to address barriers to practice and facilitate pathways to assist immigrant
29.4 international medical graduates to integrate into the Minnesota health care delivery system,
29.5 with the goal of increasing access to primary care in rural and underserved areas of the state.
29.6 Notwithstanding any law to the contrary, appropriations made to the program do not cancel
29.7 and are available until expended.

29.8 Sec. 17. Minnesota Statutes 2024, section 144.1911, subdivision 5, is amended to read:

29.9 Subd. 5. **Clinical preparation.** ~~(a)~~ The commissioner shall award grants to support
29.10 clinical preparation for Minnesota international medical graduates needing additional clinical
29.11 preparation or experience to qualify for residency. The grant program shall include:

29.12 (1) proposed training curricula;

29.13 (2) associated policies and procedures for clinical training sites, which must be part of
29.14 existing clinical medical education programs in Minnesota; and

29.15 (3) monthly stipends for international medical graduate participants. Priority shall be
29.16 given to primary care sites in rural or underserved areas of the state, ~~and~~ International
29.17 medical graduate participants who receive support from the international medical graduate
29.18 primary care residency grant program must commit to serving at least five years in a rural
29.19 or underserved community of the state.

29.20 ~~(b) The policies and procedures for the clinical preparation grants must be developed~~
29.21 ~~by December 31, 2015, including an implementation schedule that begins awarding grants~~
29.22 ~~to clinical preparation programs beginning in June of 2016.~~

29.23 Sec. 18. Minnesota Statutes 2024, section 144.1911, subdivision 6, is amended to read:

29.24 Subd. 6. **International medical graduate primary care residency grant program**
29.25 **and revolving account.** (a) The commissioner shall award grants to support primary care
29.26 residency positions designated for Minnesota immigrant physicians who are willing to serve
29.27 in rural or underserved areas of the state. No grant shall exceed \$150,000 per residency
29.28 position per year. Eligible primary care residency grant recipients include accredited family
29.29 medicine, general surgery, internal medicine, obstetrics and gynecology, psychiatry, and
29.30 pediatric residency programs. Eligible primary care residency programs shall apply to the
29.31 commissioner. Applications must include the number of anticipated residents to be funded
29.32 using grant funds and a budget. ~~Notwithstanding any law to the contrary, funds awarded to~~

30.1 ~~grantees in a grant agreement do not lapse until the grant agreement expires.~~ Before any
30.2 funds are distributed, a grant recipient shall provide the commissioner with the following:

30.3 (1) a copy of the signed contract between the primary care residency program and the
30.4 participating international medical graduate;

30.5 (2) certification that the participating international medical graduate has lived in
30.6 Minnesota for at least two years and is certified by the Educational Commission on Foreign
30.7 Medical Graduates. Residency programs may also require that participating international
30.8 medical graduates hold a Minnesota certificate of clinical readiness for residency, once the
30.9 certificates become available; and

30.10 (3) verification that the participating international medical graduate has executed a
30.11 participant agreement pursuant to paragraph (b).

30.12 (b) Upon acceptance by a participating residency program, international medical graduates
30.13 shall enter into an agreement with the commissioner to provide primary care for at least
30.14 five years in a rural or underserved area of Minnesota after graduating from the residency
30.15 program and make payments to the revolving international medical graduate residency
30.16 account for five years beginning in their second year of postresidency employment.
30.17 Participants shall pay \$15,000 or ten percent of their annual compensation each year,
30.18 whichever is less.

30.19 (c) A revolving international medical graduate residency account is established as an
30.20 account in the special revenue fund in the state treasury. The commissioner of management
30.21 and budget shall credit to the account appropriations, payments, and transfers to the account.
30.22 Earnings, such as interest, dividends, and any other earnings arising from fund assets, must
30.23 be credited to the account. Funds in the account are appropriated annually to the
30.24 commissioner to award grants and administer the grant program established in paragraph
30.25 (a). Notwithstanding any law to the contrary, any funds deposited in the account do not
30.26 expire. The commissioner may accept contributions to the account from private sector
30.27 entities subject to the following provisions:

30.28 (1) the contributing entity may not specify the recipient or recipients of any grant issued
30.29 under this subdivision;

30.30 (2) the commissioner shall make public the identity of any private contributor to the
30.31 account, as well as the amount of the contribution provided; and

31.1 (3) a contributing entity may not specify that the recipient or recipients of any funds use
31.2 specific products or services, nor may the contributing entity imply that a contribution is
31.3 an endorsement of any specific product or service.

31.4 Sec. 19. Minnesota Statutes 2024, section 149A.02, subdivision 26, is amended to read:

31.5 Subd. 26. **Intern.** "Intern" means an individual ~~that~~ who: (1)(i) has met the educational
31.6 and testing requirements for a license to practice mortuary science in Minnesota; (ii) has
31.7 completed a mortuary science program accredited by the American Board of Funeral Service
31.8 Education; or (iii) is enrolled in a mortuary science program accredited by the American
31.9 Board of Funeral Service Education; (2) has registered with the commissioner of health;
31.10 and (3) is engaged in the practice of mortuary science under the direction and supervision
31.11 of a currently licensed Minnesota mortuary science practitioner.

31.12 Sec. 20. Minnesota Statutes 2024, section 149A.20, subdivision 6, is amended to read:

31.13 Subd. 6. **Internship.** (a) A person ~~who attains a passing score on both examinations in~~
31.14 ~~subdivision 5~~ must complete a registered internship under the direct supervision of an
31.15 individual currently licensed to practice mortuary science in Minnesota. ~~Interns must file~~
31.16 ~~with the commissioner.~~ A person may begin the registered internship while the person is
31.17 enrolled in a mortuary science program accredited by the American Board of Funeral Service
31.18 Education, upon completion of the accredited mortuary science program, or after attaining
31.19 a passing score on both examinations in subdivision 5.

31.20 (b) An applicant for an internship must file with the commissioner:

31.21 (1) the appropriate fee; and

31.22 (2) a registration form indicating the name and home address of the ~~intern,~~ applicant;
31.23 the date the internship begins; and; the name, license number, and business address of the
31.24 primary supervising mortuary science licensee; and the name, license number, and business
31.25 address of the alternate supervising mortuary science licensee, if applicable; and

31.26 (3) if the applicant is currently enrolled in a mortuary science program accredited by
31.27 the American Board of Funeral Service Education, a letter from the program specifying the
31.28 name and address of the program; verifying the applicant's enrollment, number of credit
31.29 hours completed, and anticipated graduation date; and specifying whether the applicant has
31.30 completed coursework in embalming and restorative arts.

31.31 ~~(b)~~ (c) Any changes in information provided in the registration must be immediately
31.32 reported to the commissioner. The internship shall be a minimum of 2,080 hours to be

32.1 completed ~~within a three-year period, however,~~ during enrollment in a mortuary science
32.2 program accredited by the American Board of Funeral Service Education, after graduation,
32.3 or both during enrollment and after graduation. However, the commissioner may waive up
32.4 to 520 hours of the internship time requirement upon satisfactory completion of a clinical
32.5 or practicum in mortuary science administered through the program of mortuary science of
32.6 the University of Minnesota or a ~~substantially similar~~ mortuary science program approved
32.7 ~~by the commissioner~~ accredited by the American Board of Funeral Service Education.
32.8 Registrations must be renewed on an annual basis if they exceed one calendar year. During
32.9 the internship period, the intern must be under the direct supervision of a person holding a
32.10 current license to practice mortuary science in Minnesota. An intern may be registered under
32.11 only one registered primary supervising licensee and one registered alternate supervising
32.12 licensee at any given time and may be directed and supervised only by the registered primary
32.13 supervising licensee or registered alternate supervising licensee. The registered primary
32.14 supervising licensee shall have only one intern registered at any given time. The
32.15 commissioner shall issue to each registered intern a registration permit that must be displayed
32.16 with the other establishment and practice licenses. While under the direct supervision of
32.17 the registered primary supervising or alternate supervising licensee, the intern must complete
32.18 25 case reports in each of the following areas: embalming, funeral arrangements, and services.
32.19 An intern who has not completed coursework in embalming and restorative arts must be in
32.20 the physical presence of the primary or alternate supervising licensee in order to perform
32.21 surgical procedures and embalming. Case reports, on forms provided by the commissioner,
32.22 shall be completed by the intern and filed with the commissioner prior to the completion
32.23 of the internship. Information contained in these reports that identifies the subject or the
32.24 family of the subject embalmed or the subject or the family of the subject of the funeral
32.25 shall be classified as licensing data under section 13.41, subdivision 2.

32.26 Sec. 21. Minnesota Statutes 2024, section 149A.20, subdivision 7, is amended to read:

32.27 Subd. 7. **Application procedure and documentation.** After completing the registered
32.28 internship, the applicant for an initial license to practice mortuary science must submit to
32.29 the commissioner a complete application and the appropriate fee. A complete application
32.30 includes:

32.31 (1) a completed application form, as provided by the commissioner;

32.32 (2) proof of age;

32.33 (3) an official transcript from each post high school educational institution attended,
32.34 including colleges of funeral service education;

33.1 (4) certification of a passing score on the National Board Examination from the
33.2 commissioner of the Conference of Funeral Service Examining Boards of the United States,
33.3 Inc.;

33.4 (5) a copy of the notification of a passing score on the state licensing examination; and

33.5 (6) a signed, dated, and notarized affidavit from the registered primary supervising
33.6 licensee who supervised the Minnesota internship stating the date the internship began and
33.7 ended and that both the applicant and the registered primary supervising licensee fulfilled
33.8 the requirements under subdivision 6.

33.9 Upon receipt of the completed application and appropriate fee, the commissioner shall
33.10 review and verify all information. Upon completion of the verification process and resolution
33.11 of any deficiencies in the application information, the commissioner shall make a
33.12 determination, based on all the information available, to grant or deny licensure. If the
33.13 commissioner's determination is to grant licensure, the applicant shall be notified and the
33.14 license shall issue and remain valid for a period prescribed on the license, but not to exceed
33.15 one calendar year from the date of issuance of the license. If the commissioner's determination
33.16 is to deny licensure, the commissioner must notify the applicant, in writing, of the denial
33.17 and provide the specific reason for the denial.

33.18 Sec. 22. Minnesota Statutes 2024, section 149A.30, subdivision 1, is amended to read:

33.19 Subdivision 1. **Licensees of other states.** (a) The commissioner may issue a reciprocal
33.20 license to practice mortuary science to a person who holds a current license or other credential
33.21 from another jurisdiction if the ~~commissioner determines that the requirements for that~~
33.22 ~~license or other credential are substantially similar to the requirements under this chapter.~~
33.23 The individual seeking reciprocal licensing must person:

33.24 (1) ~~attain~~ attains:

33.25 (i) a passing score on the Minnesota state licensing examination; and

33.26 (ii) a passing score on the National Board Examination administered by the International
33.27 Conference of Funeral Service Examining Boards of the United States, Inc., or another
33.28 examination determined by the commissioner to adequately and accurately assess the
33.29 knowledge and skills required to practice mortuary science;

33.30 (2) ~~submit~~ submits to the commissioner the documentation described in section 149A.20,
33.31 subdivision 7, clauses (1) and (5), and certification of a passing score on an examination
33.32 described in clause (1), item (ii); and

34.1 (3) ~~pay~~ pays the appropriate licensing fee;

34.2 (4) submits to the commissioner:

34.3 (i) documentation that the person meets one of the educational requirements in section
34.4 149A.20, subdivision 4; or

34.5 (ii) documentation that the person has been licensed or credentialed in another jurisdiction
34.6 and a signed, dated affidavit from the person declaring that the person has engaged in at
34.7 least three years of practice in that jurisdiction performing the duties of a licensed mortician;

34.8 (5) submits to the commissioner a signed, dated affidavit from the person declaring that
34.9 the person is not subject to any pending investigations by the mortuary science licensing or
34.10 credentialing authority in any other jurisdiction and is not currently practicing as a licensed
34.11 mortician in any other jurisdiction under a restricted license or credential;

34.12 (6) submits to the commissioner a signed, dated affidavit from the person declaring that
34.13 the person has performed at least 25 services, completed at least 25 funeral arrangements,
34.14 and performed at least 25 embalming cases; and

34.15 (7) submits to the commissioner documentation that the person has completed the
34.16 continuing education hours required in section 149A.40, subdivision 11, within the two-year
34.17 period prior to applying for licensure under this subdivision.

34.18 (b) When, in the determination of the commissioner, all of the requirements of this
34.19 subdivision have been met, the commissioner shall, based on all the information available,
34.20 grant or deny licensure. If the commissioner grants licensure, the applicant shall be notified
34.21 and the license shall issue and remain valid for a period prescribed on the license, but not
34.22 to exceed one calendar year from the date of issuance of the license. If the commissioner
34.23 denies licensure, the commissioner must notify the applicant, in writing, of the denial and
34.24 provide the specific reason for denial.

34.25 Sec. 23. Minnesota Statutes 2024, section 149A.91, subdivision 3, is amended to read:

34.26 Subd. 3. **Embalming or refrigeration required.** (a) A dead human body must be
34.27 embalmed by a licensed mortician or registered intern or practicum student or clinical
34.28 student, refrigerated, or packed in dry ice in the following circumstances:

34.29 (1) if the body will be transported by public transportation, pursuant to section 149A.93,
34.30 subdivision 7;

34.31 (2) if final disposition will not be accomplished within 72 hours after death or release
34.32 of the body by a competent authority with jurisdiction over the body or the body will be

35.1 lawfully stored for final disposition in the future, except as provided in section 149A.94,
35.2 subdivision 1;

35.3 (3) if the body will be publicly viewed subject to paragraph (b); or

35.4 (4) if so ordered by the commissioner of health for the control of infectious disease and
35.5 the protection of the public health.

35.6 (b) For purposes of this subdivision, "publicly viewed" means reviewal of a dead human
35.7 body by anyone other than those mentioned in section 149A.80, subdivision 2, and their
35.8 minor children. Dry ice may only be used when the dead human body is publicly viewed
35.9 within private property.

35.10 (c) Except as provided in section 149A.955, subdivision 14, a body may not be kept in
35.11 refrigeration for a period that exceeds six calendar days, or packed in dry ice for a period
35.12 that exceeds four calendar days, from the time and release of the body from the place of
35.13 death or from the time of release from the coroner or medical examiner.

35.14 Sec. 24. Minnesota Statutes 2024, section 149A.94, subdivision 1, is amended to read:

35.15 Subdivision 1. **Generally.** Every dead human body lying within the state, except
35.16 unclaimed bodies delivered for dissection by the medical examiner, those delivered for
35.17 anatomical study pursuant to section 149A.81, subdivision 2, or lawfully carried through
35.18 the state for the purpose of disposition elsewhere; and the remains of any dead human body
35.19 after dissection or anatomical study, shall be decently buried or entombed in a public or
35.20 private cemetery, alkaline hydrolyzed, cremated, or, ~~effective July 1, 2025~~, naturally reduced
35.21 within a reasonable time after death. Where final disposition of a body will not be
35.22 accomplished; or, ~~effective July 1, 2025~~, when natural organic reduction will not be initiated;
35.23 within 72 hours following death or release of the body by a competent authority with
35.24 jurisdiction over the body, the body must be properly embalmed, refrigerated, or packed
35.25 with dry ice. Except as provided in section 149A.955, subdivision 14, a body may not be
35.26 kept in refrigeration for a period exceeding six calendar days, or packed in dry ice for a
35.27 period that exceeds four calendar days, from the time of death or release of the body from
35.28 the coroner or medical examiner.

35.29 Sec. 25. Minnesota Statutes 2024, section 149A.955, subdivision 14, is amended to read:

35.30 Subd. 14. **Bodies awaiting natural organic reduction.** (a) Except as provided in
35.31 paragraphs (b) and (c), a dead human body must be placed in the natural organic reduction
35.32 vessel to initiate the natural reduction process within ~~24 hours~~ 30 calendar days after the

36.1 natural organic reduction facility accepts legal and physical custody of the body. A natural
36.2 organic reduction facility must keep a body awaiting natural organic reduction in refrigeration
36.3 if the facility holds the body for longer than four calendar days.

36.4 (b) If a natural organic reduction facility does not initiate natural reduction within 30
36.5 calendar days after accepting legal and physical custody of the body, the natural organic
36.6 reduction facility may hold the body for up to an additional 30 calendar days before initiating
36.7 natural reduction, provided the person or persons with the right to control and duty of
36.8 disposition of the body under section 149A.80, subdivision 2, consent to the extension of
36.9 time. If the facility does not initiate natural reduction within the additional 30-day period,
36.10 the facility must arrange for final disposition of the body by burial or cremation, as
36.11 determined by the person or persons with the right to control and duty of disposition of the
36.12 body. The body must be buried or cremated within five calendar days after the additional
36.13 30-day period ends.

36.14 (c) If a natural organic reduction facility does not initiate natural reduction within 30
36.15 calendar days after accepting legal and physical custody of the body and the person or
36.16 persons with the right to control and duty of disposition of the body do not consent to an
36.17 extension of the time the facility may hold the body, the facility must arrange final disposition
36.18 of the body by burial or cremation. The person or persons with the right to control and duty
36.19 of disposition of the body must determine whether the body is buried or cremated, and the
36.20 body must be buried or cremated within five calendar days after the end of the initial 30-day
36.21 period.

ARTICLE 3

FEDERAL CONFORMITY AND RELATED PROVISIONS

36.24 Section 1. Minnesota Statutes 2024, section 116J.035, is amended by adding a subdivision
36.25 to read:

36.26 Subd. 9. **Disclosure to the commissioner of human services.** The commissioner may
36.27 disclose workforce program participation data gathered under chapter 116L to the
36.28 commissioner of human services for the purpose of administering section 256B.0562 without
36.29 the consent of the subject of the data.

36.30 Sec. 2. Minnesota Statutes 2025 Supplement, section 256.9657, subdivision 2b, is amended
36.31 to read:

36.32 Subd. 2b. **Hospital assessment.** (a) For purposes of this subdivision, the following terms
36.33 have the meanings given:

- 37.1 (1) "eligible hospital" means:
- 37.2 (i) PrairieCare psychiatric hospital; or
- 37.3 (ii) a hospital licensed under section 144.50, located in Minnesota, and with a Medicare
- 37.4 cost report filed and showing in the Healthcare Cost Report Information System (HCRIS),
- 37.5 except for the following:
- 37.6 (A) federal Indian Health Service facilities;
- 37.7 (B) state-owned or state-operated regional treatment centers and all state-operated
- 37.8 services;
- 37.9 (C) federal Veterans Administration Medical Centers; ~~and~~
- 37.10 (D) long-term acute care hospitals; and
- 37.11 (E) hospitals that do not receive payments under section 256B.1974;
- 37.12 (2) "net outpatient revenue" means total outpatient revenue less Medicare revenue as
- 37.13 calculated from:
- 37.14 (i) values on Worksheet G of the hospital's Medicare cost report; or
- 37.15 (ii) for PrairieCare psychiatric hospital, data available to the commissioner; and
- 37.16 (3) "total patient days" means total hospital inpatient days as reported on:
- 37.17 (i) Worksheet S-3 of the hospital's Medicare cost report; or
- 37.18 (ii) for PrairieCare psychiatric hospital, data available to the commissioner.
- 37.19 (b) Subject to paragraphs (m) to (o), each eligible hospital must pay assessments to the
- 37.20 hospital directed payment program account in the special revenue fund, with an aggregate
- 37.21 annual assessment amount equal to the sum of the following:
- 37.22 (1) \$120.22 multiplied by total patient days; and
- 37.23 (2) 5.96 percent of the hospital's net outpatient revenue.
- 37.24 (c) The assessment amount for calendar years 2026 and 2027 must be based on the total
- 37.25 patient days and net outpatient revenue reflected on an eligible hospital's Medicare cost
- 37.26 report as follows:
- 37.27 (1) an eligible hospital with a fiscal year ending on March 31 or June 30 must use data
- 37.28 from a cost report from the hospital's fiscal year 2022; and
- 37.29 (2) an eligible hospital with a fiscal year ending on September 30 or December 31 must
- 37.30 use data from a cost report from the hospital's fiscal year 2021.

38.1 (d) The annual assessment amount for calendar years after 2027 must be set for a two-year
38.2 period and must be based on the total patient days and net outpatient revenue reflected on
38.3 an eligible hospital's most recent Medicare cost report filed and showing in HCRIS as of
38.4 August 1 of the year prior to the subsequent two-year period.

38.5 (e) The commissioner may, after consultation with the Minnesota Hospital Association,
38.6 modify the rates of assessment in paragraph (b) as necessary to comply with federal law,
38.7 obtain or maintain a waiver under Code of Federal Regulations, title 42, section 433.72, or
38.8 otherwise maximize under this section federal financial participation for medical assistance.
38.9 Notwithstanding the foregoing authorization to maximize federal financial participation for
38.10 medical assistance, the commissioner must reduce the rates of assessment in paragraph (b)
38.11 as necessary to ensure:

38.12 (1) the state's aggregated health care-related taxes on inpatient hospital services do not
38.13 exceed 5.75 percent of the net patient revenue attributable to those services; and

38.14 (2) the state's aggregated health care-related taxes on outpatient hospital services do not
38.15 exceed 5.75 percent of the net patient revenue attributable to those services.

38.16 (f) Eligible hospitals must pay the annual assessment amount under paragraph (b) to the
38.17 commissioner by paying four equal, quarterly assessments. Eligible hospitals must pay the
38.18 quarterly assessments by January 1, April 1, July 1, and October 1 each year. Assessments
38.19 must be paid in the form and manner specified by the commissioner. An eligible hospital
38.20 is prohibited from paying a quarterly assessment until the eligible hospital has received the
38.21 applicable invoice under paragraph (g).

38.22 (g) The commissioner must provide eligible hospitals with an invoice by December 1
38.23 for the assessment due January 1, March 1 for the assessment due April 1, June 1 for the
38.24 assessment due July 1, and September 1 for the assessment due October 1 each year.

38.25 (h) The commissioner must notify each eligible hospital of the hospital's estimated annual
38.26 assessment amount for the subsequent calendar year by October 15 each year.

38.27 (i) If any of the dates for assessments or invoices in paragraphs (f) to (h) fall on a holiday,
38.28 the applicable date is the next business day.

38.29 (j) A hospital that has merged with another hospital must have the surviving hospital's
38.30 assessment revised at the start of the hospital's first full fiscal year after the merger is
38.31 complete. A closed hospital is retroactively responsible for assessments owed for services
38.32 provided through the final date of operations.

39.1 (k) If the commissioner determines that a hospital has underpaid or overpaid an
39.2 assessment, the commissioner must notify the hospital of the unpaid assessment or of any
39.3 refund due. The commissioner must refund a hospital's overpayment from the hospital
39.4 directed payment program account created in section 256B.1975, subdivision 1.

39.5 (l) Revenue from an assessment under this subdivision must only be used by the
39.6 commissioner to pay the nonfederal share of the directed payment program under section
39.7 256B.1974.

39.8 (m) The commissioner is prohibited from collecting any assessment under this subdivision
39.9 during any period of time when:

39.10 (1) federal financial participation is unavailable or disallowed, or if the approved
39.11 aggregate federal financial participation for the directed payment under section 256B.1974
39.12 is less than 51 percent; or

39.13 (2) a directed payment under section 256B.1974 is not approved by the Centers for
39.14 Medicare and Medicaid Services.

39.15 (n) The commissioner must make the following discounts from the inpatient portion of
39.16 the assessment under paragraph (b), clause (1), in the stated amount or as necessary to
39.17 achieve federal approval of the assessment in this section:

39.18 (1) Hennepin Healthcare, with a discount of 25 percent;

39.19 (2) Mayo Rochester, with a discount of ten percent;

39.20 (3) Gillette Children's Hospital, with a discount of 90 percent;

39.21 (4) each hospital not included in another discount category, and with greater than
39.22 \$200,000,000 in total medical assistance inpatient and outpatient revenue in fee-for-service
39.23 and managed care, as reported in state fiscal year 2022 medical assistance fee-for-service
39.24 and managed care claims data, with a discount of five percent; and

39.25 (5) any hospital responsible for greater than 12 percent of the total assessment annually
39.26 collected statewide, with a discount in the amount necessary such that the hospital is
39.27 responsible for 12 percent of the total assessment annually collected statewide.

39.28 (o) The commissioner must make the following discounts from the outpatient portion
39.29 of the assessment under paragraph (b), clause (2), in the stated amount or as necessary to
39.30 achieve federal approval of the assessment in this section:

39.31 (1) each critical access hospital or independent hospital located outside a city of the first
39.32 class and paid under the Medicare prospective payment system, with a discount of 40 percent;

40.1 (2) Gillette Children's Hospital, with a discount of 90 percent;

40.2 (3) Hennepin Healthcare, with a discount of 60 percent;

40.3 (4) Mayo Rochester, with a discount of 20 percent; and

40.4 (5) each hospital not included in another discount category, and with greater than
40.5 \$200,000,000 in total medical assistance inpatient and outpatient revenue in fee-for-service
40.6 and managed care, as reported in state fiscal year 2022 medical assistance fee-for-service
40.7 and managed care claims data, with a discount of ten percent.

40.8 (p) If the federal share of the hospital directed payment program under section 256B.1974
40.9 is increased as the result of an increase to the federal medical assistance percentage, the
40.10 commissioner must reduce the assessment on a uniform percentage basis across eligible
40.11 hospitals on which the assessment is imposed, such that the aggregate amount collected
40.12 from hospitals under this subdivision does not exceed the total amount needed to maintain
40.13 the same aggregate state and federal funding level for the directed payments authorized by
40.14 section 256B.1974.

40.15 (q) Eligible hospitals must submit to the commissioner on an annual basis, in the form
40.16 and manner specified by the commissioner in consultation with the Minnesota Hospital
40.17 Association, all documentation necessary to determine the assessment amounts under this
40.18 subdivision.

40.19 **EFFECTIVE DATE.** This section is effective upon the date that Laws 2025, First
40.20 Special Session chapter 3, article 8, section 4, becomes effective.

40.21 Sec. 3. Minnesota Statutes 2025 Supplement, section 256.969, subdivision 2f, is amended
40.22 to read:

40.23 Subd. 2f. **Alternate inpatient payment rate.** (a) Effective January 1, 2022, for a hospital
40.24 eligible to receive disproportionate share hospital payments under subdivision 9, paragraph
40.25 (d), clause (6), the commissioner shall reduce the amount calculated under subdivision 9,
40.26 paragraph (d), clause (6), by ~~99~~ one percent and compute an alternate inpatient payment
40.27 rate. The alternate payment rate shall be structured to target a total aggregate reimbursement
40.28 amount equal to what the hospital would have received for providing fee-for-service inpatient
40.29 services under this section to patients enrolled in medical assistance had the hospital received
40.30 the entire amount calculated under subdivision 9, paragraph (d), clause (6). This paragraph
40.31 expires when paragraph (b) becomes effective.

40.32 (b) For hospitals eligible to receive payment under section 256B.1973 or 256B.1974
40.33 and meeting the criteria in subdivision 9, paragraph (d), the commissioner ~~must~~ may reduce

41.1 the amount calculated under subdivision 9, paragraph (d), by one percent and compute an
41.2 alternate inpatient payment rate. The alternate payment rate must be structured to target a
41.3 total aggregate reimbursement amount equal to the amount that the hospital would have
41.4 received for providing fee-for-service inpatient services under this section to patients enrolled
41.5 in medical assistance had the hospital received 99 percent of the entire amount calculated
41.6 under subdivision 9, paragraph (d). Hospitals that do not meet federal requirements for
41.7 Medicaid disproportionate share hospitals are not eligible for the alternate payment rate.

41.8 **EFFECTIVE DATE.** This section is effective upon the date that Laws 2025, First
41.9 Special Session chapter 3, article 8, section 5, becomes effective.

41.10 Sec. 4. Minnesota Statutes 2024, section 256B.04, subdivision 27, is amended to read:

41.11 Subd. 27. **Disenrollment under medical assistance and MinnesotaCare.** (a) The
41.12 commissioner shall regularly obtain and use information from reliable data sources, including
41.13 but not limited to managed care and county-based purchasing plans, state health and human
41.14 services programs, mail returned by the United States Postal Service with a forwarding
41.15 address, and the National Change of Address database maintained by the United States
41.16 Postal Service, to update mailing addresses and other contact information for medical
41.17 assistance and MinnesotaCare enrollees in cases of returned mail and nonresponse using
41.18 information available through managed care and county-based purchasing plans, state health
41.19 and human services programs, and other sources.

41.20 (b) The commissioner shall not disenroll an individual from medical assistance or
41.21 MinnesotaCare in cases of returned mail until the commissioner makes at least two attempts
41.22 by phone, email, or other methods to contact the individual. The commissioner may disenroll
41.23 the individual after providing no less than 30 days for the individual to respond to the most
41.24 recent contact attempt.

41.25 **EFFECTIVE DATE.** This section is effective January 1, 2027.

41.26 Sec. 5. Minnesota Statutes 2024, section 256B.056, subdivision 2a, is amended to read:

41.27 Subd. 2a. **Home equity limit for medical assistance payment of long-term care**
41.28 **services.** (a) Effective for requests of medical assistance payment of long-term care services
41.29 filed on or after July 1, 2006, and for renewals on or after July 1, 2006, for persons who
41.30 received payment of long-term care services under a request filed on or after January 1,
41.31 2006, the equity interest in the home of a person whose eligibility for long-term care services
41.32 is determined on or after January 1, 2006, shall not exceed \$500,000, unless it is the lawful
41.33 residence of the person's spouse or child who is under age 21, or a child of any age who is

42.1 blind or permanently and totally disabled as defined in the Supplemental Security Income
42.2 program. The amount specified in this paragraph shall be increased beginning in year 2011,
42.3 from year to year based on the percentage increase in the Consumer Price Index for all urban
42.4 consumers (all items; United States city average), rounded to the nearest \$1,000.

42.5 (b) Effective January 1, 2028, the amount specified in paragraph (a) must not exceed
42.6 \$1,000,000.

42.7 ~~(b)~~ (c) For purposes of this subdivision, a "home" means any real or personal property
42.8 interest, including an interest in an agricultural homestead as defined under section 273.124,
42.9 subdivision 1, that, at the time of the request for medical assistance payment of long-term
42.10 care services, is the primary dwelling of the person or was the primary dwelling of the
42.11 person before receipt of long-term care services began outside of the home.

42.12 ~~(e)~~ (d) A person denied or terminated from medical assistance payment of long-term
42.13 care services because the person's home equity exceeds the home equity limit may seek a
42.14 waiver based upon a hardship by filing a written request with the county agency. Hardship
42.15 is an imminent threat to the person's health and well-being that is demonstrated by
42.16 documentation of no alternatives for payment of long-term care services. The county agency
42.17 shall make a decision regarding the written request to waive the home equity limit within
42.18 30 days if all necessary information has been provided. The county agency shall send the
42.19 person and the person's representative a written notice of decision on the request for a
42.20 demonstrated hardship waiver that also advises the person of appeal rights under the fair
42.21 hearing process of section 256.045.

42.22 Sec. 6. Minnesota Statutes 2024, section 256B.056, subdivision 3d, is amended to read:

42.23 Subd. 3d. **Reduction of excess assets.** Assets in excess of the limits in subdivisions 3
42.24 to 3c may be reduced to allowable limits as follows:

42.25 (a) Assets may be reduced in ~~any of the three~~ either one or two calendar months before
42.26 the month of application in which the applicant seeks coverage, according to the applicant's
42.27 retroactive eligibility under section 256B.061 by paying bills for health services that are
42.28 incurred in the retroactive period for which the applicant seeks eligibility, starting with the
42.29 oldest bill. After assets are reduced to allowable limits, eligibility begins with the next dollar
42.30 of MA-covered health services incurred in the retroactive period. Applicants reducing assets
42.31 under this subdivision who also have excess income shall first spend excess assets to pay
42.32 health service bills and may meet the income spenddown on remaining bills.

43.1 (b) Assets may be reduced beginning the month of application by paying bills for health
43.2 services that are incurred during the period specified in Minnesota Rules, part 9505.0090,
43.3 subpart 2, that would otherwise be paid by medical assistance. After assets are reduced to
43.4 allowable limits, eligibility begins with the next dollar of medical assistance covered health
43.5 services incurred in the period. Applicants reducing assets under this subdivision who also
43.6 have excess income shall first spend excess assets to pay health service bills and may meet
43.7 the income spenddown on remaining bills.

43.8 **EFFECTIVE DATE.** This section is effective January 1, 2027.

43.9 Sec. 7. Minnesota Statutes 2024, section 256B.056, subdivision 7, is amended to read:

43.10 Subd. 7. **Period of eligibility.** (a) Eligibility is available for the month of application
43.11 and for ~~three~~:

43.12 (1) one month prior to application for an individual eligible under section 256B.055,
43.13 subdivision 15, if the individual was eligible in the prior month; or

43.14 (2) two months prior to application for all other eligible individuals if the ~~person~~
43.15 individual was eligible in those prior months. ~~A redetermination of eligibility must occur~~
43.16 ~~every 12 months.~~

43.17 (b) Notwithstanding any other law to the contrary:

43.18 (1) a child under 19 years of age who is determined eligible for medical assistance must
43.19 remain eligible for a period of 12 months;

43.20 (2) a child 19 years of age and older but under 21 years of age who is determined eligible
43.21 for medical assistance must remain eligible for a period of 12 months; and

43.22 (3) a child under six years of age who is determined eligible for medical assistance must
43.23 remain eligible through the month in which the child reaches six years of age.

43.24 (c) A child's eligibility under paragraph (b) may be terminated earlier if:

43.25 (1) the child or the child's representative requests voluntary termination of eligibility;

43.26 (2) the child ceases to be a resident of this state;

43.27 (3) the child dies;

43.28 (4) the child attains the maximum age; or

43.29 (5) the agency determines eligibility was erroneously granted at the most recent eligibility
43.30 determination due to agency error or fraud, abuse, or perjury attributed to the child or the
43.31 child's representative.

44.1 (d) For ~~a person~~ an individual eligible for an insurance affordability program as defined
44.2 in section 256B.02, subdivision 19, who reports a change that makes the ~~person~~ individual
44.3 eligible for medical assistance, eligibility is available for the month the change was reported
44.4 and for ~~three~~ one month prior to the month the change was reported for an individual eligible
44.5 under section 256B.055, subdivision 15, or two months prior to the month the change was
44.6 reported; for all other eligible individuals if the ~~person~~ individual was eligible in ~~those~~ the
44.7 prior month or months.

44.8 (e) The period of eligibility for an individual eligible for medical assistance under section
44.9 256B.055, subdivision 15, and who is not an American Indian or Alaska Native, is six
44.10 months. The period of eligibility for all other medical assistance enrollees is 12 months.

44.11 **EFFECTIVE DATE.** This section is effective January 1, 2027.

44.12 Sec. 8. Minnesota Statutes 2024, section 256B.056, subdivision 7a, is amended to read:

44.13 Subd. 7a. **Periodic renewal of eligibility.** (a) Except as provided in paragraphs (d) and
44.14 (e), the commissioner shall make an annual redetermination of eligibility based on
44.15 information contained in the enrollee's case file and other information available to the
44.16 agency, including but not limited to information accessed through an electronic database,
44.17 without requiring the enrollee to submit any information when sufficient data is available
44.18 for the agency to renew eligibility.

44.19 (b) If the commissioner cannot renew eligibility in accordance with paragraph (a), the
44.20 commissioner must provide the enrollee with a prepopulated renewal form containing
44.21 eligibility information available to the agency and permit the enrollee to submit the form
44.22 with any corrections or additional information to the agency and sign the renewal form via
44.23 any of the modes of submission specified in section 256B.04, subdivision 18.

44.24 (c) An enrollee who is terminated for failure to complete the renewal process may
44.25 subsequently submit the renewal form and required information within four months after
44.26 the date of termination and have coverage reinstated without a lapse, if otherwise eligible
44.27 under this chapter. The local agency may close the enrollee's case file if the required
44.28 information is not submitted within four months of termination.

44.29 (d) Notwithstanding paragraph (a), a person who is eligible under subdivision 5 ~~shall~~
44.30 ~~be~~ is subject to a review of the person's income every six months.

44.31 (e) Notwithstanding paragraph (a), a person who is eligible under section 256B.055,
44.32 subdivision 15, and who is not an American Indian or Alaska Native is subject to
44.33 redetermination of eligibility every six months.

45.1 **EFFECTIVE DATE.** This section is effective January 1, 2027.

45.2 Sec. 9. Minnesota Statutes 2024, section 256B.0561, subdivision 2, is amended to read:

45.3 Subd. 2. **Periodic data matching.** (a) The commissioner shall conduct periodic data
45.4 matching to identify recipients who, based on available electronic data, may not meet
45.5 eligibility criteria for the public health care program in which the recipient is enrolled. The
45.6 commissioner shall conduct data matching for medical assistance or MinnesotaCare recipients
45.7 at least once during a recipient's ~~12-month~~ period of eligibility, except as provided in
45.8 paragraph (f).

45.9 (b) If data matching indicates a recipient may no longer qualify for medical assistance
45.10 or MinnesotaCare, the commissioner must notify the recipient and allow the recipient no
45.11 more than 30 days to confirm the information obtained through the periodic data matching
45.12 or provide a reasonable explanation for the discrepancy to the state or county agency directly
45.13 responsible for the recipient's case. If a recipient does not respond within the advance notice
45.14 period or does not respond with information that demonstrates eligibility or provides a
45.15 reasonable explanation for the discrepancy within the 30-day time period, the commissioner
45.16 shall terminate the recipient's eligibility in the manner provided for by the laws and
45.17 regulations governing the health care program for which the recipient has been identified
45.18 as being ineligible.

45.19 (c) The commissioner shall not terminate eligibility for a recipient who is cooperating
45.20 with the requirements of paragraph (b) and needs additional time to provide information in
45.21 response to the notification.

45.22 (d) A recipient whose eligibility was terminated according to paragraph (b) may be
45.23 eligible for medical assistance no earlier than the first day of the month in which the recipient
45.24 provides information that demonstrates the recipient's eligibility.

45.25 (e) Any termination of eligibility for benefits under this section may be appealed as
45.26 provided for in sections 256.045 to 256.0451, and the laws governing the health care
45.27 programs for which eligibility is terminated.

45.28 (f) Effective January 1, 2027, an individual who is subject to a redetermination of
45.29 eligibility every six months under section 256B.056, subdivision 7a, paragraph (e), is exempt
45.30 from periodic data matching under this subdivision.

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

46.1 Sec. 10. [256B.0562] WORK OR COMMUNITY ENGAGEMENT REQUIREMENTS.

46.2 Subdivision 1. Demonstrating work or community engagement. (a) To be eligible
46.3 for medical assistance, an applicable individual must either demonstrate compliance with
46.4 the work or community engagement requirements or qualify for an exemption from the
46.5 requirements under this section. For purposes of this section, "applicable individual" means
46.6 an individual eligible for medical assistance under section 256B.055, subdivision 15.

46.7 (b) An applicant must meet the requirements of this section for the 45 days immediately
46.8 preceding the month during which the applicant submits an application for medical assistance.

46.9 (c) To renew eligibility under section 256B.056, subdivision 7a, an enrollee must meet
46.10 the requirements of this section for at least 45 days during the enrollee's six-month period
46.11 of eligibility.

46.12 (d) To comply with the work or community engagement requirements in a given month,
46.13 an applicable individual must do one or more of the following:

46.14 (1) work at least 80 hours;

46.15 (2) complete at least 80 hours of community service;

46.16 (3) participate in a work program, as defined in United States Code, title 7, section
46.17 2015(o)(1), for at least 80 hours;

46.18 (4) be enrolled at least half-time in an educational program, including but not limited to
46.19 an institution of higher education and a program of career and technical education;

46.20 (5) engage in any combination of the activities described in clauses (1) to (4) for a total
46.21 of at least 80 hours;

46.22 (6) have a monthly income that is equal to or greater than the federal minimum wage
46.23 multiplied by 80 hours; or

46.24 (7) have had an average monthly income over the preceding six months that is equal to
46.25 or greater than the federal minimum wage multiplied by 80 hours, and be a seasonal worker,
46.26 as defined under United States Code, title 26, section 45R(d)(5)(B).

46.27 Subd. 2. Exemptions. (a) An applicable individual is not subject to the work or
46.28 community engagement requirements for part or all of a month in which the applicable
46.29 individual is:

46.30 (1) an American Indian or Alaska Native;

47.1 (2) a parent, guardian, caretaker relative, or family caregiver, as defined in section 2 of
47.2 the RAISE Family Caregivers Act, Public Law 115-119, as amended, of an individual with
47.3 a disability;

47.4 (3) a veteran with a disability rated as total under United States Code, title 38, section
47.5 1155;

47.6 (4) receiving benefits under the Minnesota family investment program under chapter
47.7 142G and meeting the work activity and participation requirements under chapter 142G;

47.8 (5) a member of a household that receives Supplemental Nutrition Assistance Program
47.9 (SNAP) benefits under the federal Food and Nutrition Act of 2008, Public Law 88-525, as
47.10 amended, and is not exempt from a work requirement under the act;

47.11 (6) a participant in a drug addiction or alcohol treatment and rehabilitation program, as
47.12 defined under United States Code, title 7, section 2012;

47.13 (7) incarcerated;

47.14 (8) pregnant or entitled to postpartum medical assistance; or

47.15 (9) is medically frail or otherwise has special medical needs, in accordance with guidance
47.16 issued by the United States Department of Health and Human Services. This includes but
47.17 is not limited to an individual who: is blind or has a disability; has a substance use disorder;
47.18 has a disabling mental disorder; has a physical, intellectual, or developmental disability that
47.19 significantly impairs the individual's ability to perform one or more activities of daily living;
47.20 or has a serious or complex medical condition.

47.21 (b) The commissioner must develop standard processes for an individual to request and
47.22 verify that they meet an exemption from the work or community engagement requirements
47.23 on the basis of being medically frail or otherwise having special medical needs.

47.24 (c) Enrollees who are exempt from the work or community engagement requirements
47.25 under this subdivision must report any changes related to the enrollee's exemption status
47.26 within ten days of the change to the county agency. The agency must redetermine eligibility
47.27 for the exemption when a change in exemption status is reported and at the time of the
47.28 enrollee's renewal.

47.29 Subd. 3. **Short-term hardship exemption.** (a) The commissioner must deem an
47.30 applicable individual as meeting the work or community engagement requirements for a
47.31 given month if for part or all of the month the applicable individual:

48.1 (1) requests an exemption on the basis of receiving inpatient hospital services, nursing
48.2 facility services, services in an intermediate care facility for persons with developmental
48.3 disabilities, inpatient psychiatric hospital services, or such other services of similar acuity,
48.4 including but not limited to outpatient care relating to the above-listed services, in accordance
48.5 with guidance issued by the United States Department of Health and Human Services;

48.6 (2) requests an exemption on the basis of having to travel outside of the individual's
48.7 community for an extended period of time to receive medical services necessary to treat a
48.8 serious or complex medical condition, either for the individual or the individual's dependent,
48.9 when the services are not available in the individual's community of residence;

48.10 (3) resides in a county or equivalent unit of local government in which an emergency
48.11 or disaster has been declared under the National Emergencies Act, Public Law 94-412, as
48.12 amended, or the Robert T. Stafford Disaster Relief and Emergency Assistance Act, Public
48.13 Law 93-288, as amended; or

48.14 (4) resides in a county or equivalent unit of local government that has an unemployment
48.15 rate that is at or above the lesser of eight percent or 1.5 times the national unemployment
48.16 rate, and for which the United States Department of Health and Human Services has granted
48.17 an exception based on a request from the commissioner.

48.18 (b) The commissioner must grant short-term hardship exemptions required under this
48.19 subdivision in accordance with standards specified by the United States Department of
48.20 Health and Human Services.

48.21 Subd. 4. **Determining and verifying compliance.** (a) The commissioner must determine
48.22 whether an individual is subject to, compliant with, or exempt from the work or community
48.23 engagement requirements using processes established by the commissioner that rely on
48.24 information available to the commissioner through electronic data sources. The commissioner
48.25 must not request additional information or documentation from an applicable individual
48.26 unless the commissioner is unable to make a determination using the information available
48.27 to the commissioner.

48.28 (b) The commissioner is prohibited from relying on managed care plans, county-based
48.29 purchasing plans, or contractors with direct or indirect financial relationships with managed
48.30 care or county-based purchasing plans to make determinations about whether an individual
48.31 is subject to, compliant with, or exempt from the work or community engagement
48.32 requirements.

48.33 Subd. 5. **Failure to satisfy work or community engagement requirements.** (a) If the
48.34 commissioner cannot establish an applicable individual's compliance with or exemption

49.1 from the work or community engagement requirements, the commissioner must provide
49.2 notice of noncompliance and allow the applicant or beneficiary 30 calendar days from the
49.3 date the notice is received to demonstrate compliance with or exemption from the
49.4 requirements. The notice must include:

49.5 (1) information about how to demonstrate compliance with or exemption from the
49.6 requirements; and

49.7 (2) information about how to reapply for medical assistance if the individual's application
49.8 is denied or if the beneficiary is disenrolled.

49.9 (b) An enrolled beneficiary continues to be eligible for medical assistance during the
49.10 30-day period under paragraph (a).

49.11 (c) If the commissioner determines that an individual is subject to but not compliant
49.12 with the work or community engagement requirements after the 30-day period, the
49.13 commissioner must:

49.14 (1) determine whether the individual has any other basis for eligibility for medical
49.15 assistance or another insurance affordability program;

49.16 (2) provide written notice and fair hearing rights in accordance with Code of Federal
49.17 Regulations, title 42, part 431, subpart E; and

49.18 (3) if there is no other basis for medical assistance eligibility, deny the application or
49.19 terminate eligibility by the end of the month that follows the 30-day period.

49.20 Subd. 6. **Outreach to applicable individuals.** (a) By August 1, 2026, the commissioner
49.21 must notify medical assistance enrollees who may be applicable individuals about the work
49.22 or community engagement requirements.

49.23 (b) Beginning January 1, 2027, the commissioner must semiannually notify medical
49.24 assistance enrollees who may be applicable individuals about the work or community
49.25 engagement requirements.

49.26 (c) The notifications required under this subdivision must include, at a minimum:

49.27 (1) information about how to comply with the requirements;

49.28 (2) an explanation of who is considered an applicable individual;

49.29 (3) the list of exemptions from the requirements and how to obtain an exemption from
49.30 the requirements;

50.1 (4) information about how to report a change in status that could result in the individual
50.2 qualifying for an exemption, meeting an exemption, or being subject to the requirements
50.3 after an exemption ends; and

50.4 (5) information about the consequences of not complying with the requirements.

50.5 (d) The commissioner must provide the notices required under this subdivision by mail
50.6 or an electronic format, if elected by the individual, and one or more additional formats
50.7 deemed appropriate by the United States Department of Health and Human Services.

50.8 Subd. 7. **Additional requirements for the commissioner.** The commissioner, in
50.9 collaboration with county agencies, must implement strategies to assist applicable individuals
50.10 in meeting the work or community engagement requirements and link applicable individuals
50.11 to additional resources for job training or other employment services, child care assistance,
50.12 transportation, or other supports to help applicable individuals prepare for work, maintain
50.13 employment, or increase earnings.

50.14 Sec. 11. **[256B.0563] REVIEW OF DEATH MASTER FILE.**

50.15 Subdivision 1. **Definition.** For purposes of this section, "death master file" means
50.16 information about deceased individuals maintained by the Social Security Administration
50.17 under United States Code, title 42, section 1306c(d), or any successor system.

50.18 Subd. 2. **Review of the death master file.** (a) Beginning January 1, 2027, the
50.19 commissioner must review the death master file at least quarterly to identify any medical
50.20 assistance recipients who are deceased.

50.21 (b) If review of the death master file or any other source indicates that a recipient is
50.22 deceased, the commissioner must:

50.23 (1) terminate the recipient's eligibility for medical assistance in the manner provided for
50.24 by the laws and regulations governing medical assistance;

50.25 (2) notify the recipient and the recipient's representative no later than the date of the
50.26 termination; and

50.27 (3) discontinue any payments to providers under this chapter made on behalf of the
50.28 recipient as of the date of the termination.

50.29 (c) If the commissioner determines that a recipient was misidentified as deceased and
50.30 erroneously disenrolled from medical assistance based on information obtained from the
50.31 death master file or any other source, the commissioner must immediately re-enroll the
50.32 individual in medical assistance retroactive to the date of termination under paragraph (b).

51.1 Subd. 3. **Review of other sources.** Nothing in this section prevents the commissioner
51.2 from reviewing other sources to identify recipients of medical assistance who are deceased,
51.3 provided the commissioner is in compliance with this section and all other requirements
51.4 under this chapter related to medical assistance eligibility determination and redetermination.

51.5 Sec. 12. Minnesota Statutes 2024, section 256B.06, subdivision 4, is amended to read:

51.6 Subd. 4. **Citizenship requirements.** (a) Eligibility for medical assistance is limited to
51.7 citizens of the United States, qualified noncitizens as defined in this subdivision, and other
51.8 persons residing lawfully in the United States as described in this subdivision. Citizens or
51.9 nationals of the United States must cooperate in obtaining satisfactory documentary evidence
51.10 of citizenship or nationality according to the requirements of the federal Deficit Reduction
51.11 Act of 2005, Public Law 109-171.

51.12 (b) "Qualified noncitizen" means a person who meets one of the following immigration
51.13 criteria:

51.14 (1) admitted for lawful permanent residence according to United States Code, title 8;

51.15 ~~(2) admitted to the United States as a refugee according to United States Code, title 8,~~
51.16 ~~section 1157;~~

51.17 ~~(3) granted asylum according to United States Code, title 8, section 1158;~~

51.18 ~~(4) granted withholding of deportation according to United States Code, title 8, section~~
51.19 ~~1253(h);~~

51.20 ~~(5) paroled for a period of at least one year according to United States Code, title 8,~~
51.21 ~~section 1182(d)(5);~~

51.22 ~~(6) granted conditional entrant status according to United States Code, title 8, section~~
51.23 ~~1153(a)(7);~~

51.24 ~~(7) determined to be a battered noncitizen by the United States Attorney General~~
51.25 ~~according to the Illegal Immigration Reform and Immigrant Responsibility Act of 1996,~~
51.26 ~~title V of the Omnibus Consolidated Appropriations Bill, Public Law 104-200;~~

51.27 ~~(8) is a child of a noncitizen determined to be a battered noncitizen by the United States~~
51.28 ~~Attorney General according to the Illegal Immigration Reform and Immigrant Responsibility~~
51.29 ~~Act of 1996, title V, of the Omnibus Consolidated Appropriations Bill, Public Law 104-200;~~
51.30 ~~or~~

51.31 ~~(9)~~ (2) determined to be a Cuban or Haitian entrant as defined in section 501(e) of Public
51.32 Law 96-422, the Refugee Education Assistance Act of 1980; or

52.1 (3) lawfully resides in the United States in accordance with a Compact of Free Association
52.2 under United States Code, title 8, section 1612(b)(2)(G).

52.3 (c) All qualified noncitizens who were residing in the United States before August 22,
52.4 1996, who otherwise meet the eligibility requirements of this chapter, are eligible for medical
52.5 assistance with federal financial participation.

52.6 ~~(d) Beginning December 1, 1996, qualified noncitizens who entered the United States~~
52.7 ~~on or after August 22, 1996, and who otherwise meet the eligibility requirements of this~~
52.8 ~~chapter are eligible for medical assistance with federal participation for five years if they~~
52.9 ~~meet one of the following criteria:~~

52.10 ~~(1) refugees admitted to the United States according to United States Code, title 8, section~~
52.11 ~~1157;~~

52.12 ~~(2) persons granted asylum according to United States Code, title 8, section 1158;~~

52.13 ~~(3) persons granted withholding of deportation according to United States Code, title 8,~~
52.14 ~~section 1253(h);~~

52.15 ~~(4) veterans of the United States armed forces with an honorable discharge for a reason~~
52.16 ~~other than noncitizen status, their spouses and unmarried minor dependent children; or~~

52.17 ~~(5) persons on active duty in the United States armed forces, other than for training,~~
52.18 ~~their spouses and unmarried minor dependent children.~~

52.19 (d) Beginning July 1, 2010, children and pregnant women who are noncitizens described
52.20 in paragraph (b) or who are lawfully present in the United States as defined in Code of
52.21 Federal Regulations, title 8, section 103.12, and who otherwise meet eligibility requirements
52.22 of this chapter, are eligible for medical assistance with federal financial participation as
52.23 provided by the federal Children's Health Insurance Program Reauthorization Act of 2009,
52.24 Public Law 111-3.

52.25 (e) Nonimmigrants who otherwise meet the eligibility requirements of this chapter are
52.26 eligible for the benefits as provided in paragraphs (f) to (h). For purposes of this subdivision,
52.27 a "nonimmigrant" is a person in one of the classes listed in United States Code, title 8,
52.28 section 1101(a)(15).

52.29 (f) Payment shall also be made for care and services that are furnished to noncitizens,
52.30 regardless of immigration status, who otherwise meet the eligibility requirements of this
52.31 chapter, if such care and services are necessary for the treatment of an emergency medical
52.32 condition.

53.1 (g) For purposes of this subdivision, the term "emergency medical condition" means a
53.2 medical condition that meets the requirements of United States Code, title 42, section
53.3 1396b(v).

53.4 (h)(1) Notwithstanding paragraph (g), services that are necessary for the treatment of
53.5 an emergency medical condition are limited to the following:

53.6 (i) services delivered in an emergency room or by an ambulance service licensed under
53.7 chapter 144E that are directly related to the treatment of an emergency medical condition;

53.8 (ii) services delivered in an inpatient hospital setting following admission from an
53.9 emergency room or clinic for an acute emergency condition; and

53.10 (iii) follow-up services that are directly related to the original service provided to treat
53.11 the emergency medical condition and are covered by the global payment made to the
53.12 provider.

53.13 (2) Services for the treatment of emergency medical conditions do not include:

53.14 (i) services delivered in an emergency room or inpatient setting to treat a nonemergency
53.15 condition;

53.16 (ii) organ transplants, stem cell transplants, and related care;

53.17 (iii) services for routine prenatal care;

53.18 (iv) continuing care, including long-term care, nursing facility services, home health
53.19 care, adult day care, day training, or supportive living services;

53.20 (v) elective surgery;

53.21 (vi) outpatient prescription drugs, unless the drugs are administered or dispensed as part
53.22 of an emergency room visit;

53.23 (vii) preventative health care and family planning services;

53.24 (viii) rehabilitation services;

53.25 (ix) physical, occupational, or speech therapy;

53.26 (x) transportation services;

53.27 (xi) case management;

53.28 (xii) prosthetics, orthotics, durable medical equipment, or medical supplies;

53.29 (xiii) dental services;

53.30 (xiv) hospice care;

- 54.1 (xv) audiology services and hearing aids;
- 54.2 (xvi) podiatry services;
- 54.3 (xvii) chiropractic services;
- 54.4 (xviii) immunizations;
- 54.5 (xix) vision services and eyeglasses;
- 54.6 (xx) waiver services;
- 54.7 (xxi) individualized education programs; or
- 54.8 (xxii) substance use disorder treatment.

54.9 (i) Pregnant noncitizens who are ineligible for federally funded medical assistance
54.10 because of immigration status, are not covered by a group health plan or health insurance
54.11 coverage according to Code of Federal Regulations, title 42, section 457.310, and who
54.12 otherwise meet the eligibility requirements of this chapter, are eligible for medical assistance
54.13 through the period of pregnancy, including labor and delivery, and 12 months postpartum.

54.14 (j) Beginning October 1, 2003, persons who are receiving care and rehabilitation services
54.15 from a nonprofit center established to serve victims of torture and are otherwise ineligible
54.16 for medical assistance under this chapter are eligible for medical assistance without federal
54.17 financial participation. These individuals are eligible only for the period during which they
54.18 are receiving services from the center. Individuals eligible under this paragraph shall not
54.19 be required to participate in prepaid medical assistance. The nonprofit center referenced
54.20 under this paragraph may establish itself as a provider of mental health targeted case
54.21 management services through a county contract under section 256.0112, subdivision 6. If
54.22 the nonprofit center is unable to secure a contract with a lead county in its service area, then,
54.23 notwithstanding the requirements of section 256B.0625, subdivision 20, the commissioner
54.24 may negotiate a contract with the nonprofit center for provision of mental health targeted
54.25 case management services. When serving clients who are not the financial responsibility
54.26 of their contracted lead county, the nonprofit center must gain the concurrence of the county
54.27 of financial responsibility prior to providing mental health targeted case management services
54.28 for those clients.

54.29 (k) Notwithstanding paragraph (h), clause (2), the following services are covered as
54.30 emergency medical conditions under paragraph (f) except where coverage is prohibited
54.31 under federal law for services under clauses (1) and (2):

- 54.32 (1) dialysis services provided in a hospital or freestanding dialysis facility;

55.1 (2) surgery and the administration of chemotherapy, radiation, and related services
55.2 necessary to treat cancer if the recipient has a cancer diagnosis that is not in remission and
55.3 requires surgery, chemotherapy, or radiation treatment; and

55.4 (3) kidney transplant if the person has been diagnosed with end stage renal disease, is
55.5 currently receiving dialysis services, and is a potential candidate for a kidney transplant.

55.6 (l) Effective July 1, 2013, recipients of emergency medical assistance under this
55.7 subdivision are eligible for coverage of the elderly waiver services provided under chapter
55.8 256S, and coverage of rehabilitative services provided in a nursing facility. The age limit
55.9 for elderly waiver services does not apply. In order to qualify for coverage, a recipient of
55.10 emergency medical assistance is subject to the assessment and reassessment requirements
55.11 of section 256B.0911. Initial and continued enrollment under this paragraph is subject to
55.12 the limits of available funding.

55.13 **EFFECTIVE DATE.** This section is effective October 1, 2026.

55.14 Sec. 13. Minnesota Statutes 2024, section 256B.061, is amended to read:

55.15 **256B.061 ELIGIBILITY; RETROACTIVE EFFECT; RESTRICTIONS.**

55.16 (a) If any individual has been determined to be eligible for medical assistance under
55.17 section 256B.055, subdivision 15, it will be made available for care and services included
55.18 under the plan and furnished in or after the ~~third~~ first month before the month in which the
55.19 individual made application for such assistance; if such individual was, or upon application
55.20 would have been, eligible for medical assistance at the time the care and services were
55.21 furnished. If any individual has been determined to be eligible for medical assistance under
55.22 any other section, it will be made available for care and services included under the plan
55.23 and furnished in or after the second month before the month in which the individual made
55.24 application for such assistance if such individual was, or upon application would have been,
55.25 eligible for medical assistance at the time the care and services were furnished.

55.26 (b) The commissioner may limit, restrict, or suspend the eligibility of an individual for
55.27 up to one year upon that individual's conviction of a criminal offense related to application
55.28 for or receipt of medical assistance benefits.

55.29 **EFFECTIVE DATE.** This section is effective January 1, 2027.

55.30 Sec. 14. Minnesota Statutes 2024, section 256B.0631, subdivision 1a, is amended to read:

55.31 Subd. 1a. **Prohibition on cost-sharing and deductibles.** ~~Effective January 1, 2024~~
55.32 Except for recipients eligible under section 256B.055, subdivision 15, the medical assistance

56.1 benefit plan must not include cost-sharing or deductibles for any medical assistance recipient
56.2 or benefit.

56.3 Sec. 15. Minnesota Statutes 2024, section 256B.0631, is amended by adding a subdivision
56.4 to read:

56.5 Subd. 5. **Cost sharing.** (a) Effective for services provided on or after October 1, 2028,
56.6 except as provided in subdivision 6, the medical assistance benefit plan includes the following
56.7 cost sharing for recipients eligible under section 256B.055, subdivision 15, with income
56.8 above 100 percent of the federal poverty level:

56.9 (1) \$3 per nonpreventive visit, except as provided in paragraph (c). For purposes of this
56.10 subdivision, a visit means an episode of service that is required because of a recipient's
56.11 symptoms, diagnosis, or established illness, and that is delivered in an ambulatory setting
56.12 by a physician or physician assistant, chiropractor, podiatrist, nurse midwife, advanced
56.13 practice nurse, audiologist, optician, or optometrist;

56.14 (2) \$3.50 for nonemergency visits to a hospital-based emergency room; and

56.15 (3) \$3 per brand-name drug prescription, \$1 per generic drug prescription, and \$1 per
56.16 prescription for a brand-name multisource drug listed in preferred status on the preferred
56.17 drug list, subject to a \$12 maximum per month for prescription drug co-payments. No
56.18 co-payments shall apply to antipsychotic drugs when used for the treatment of mental illness.

56.19 (b) Cost sharing for prescription drugs and related medical supplies to treat chronic
56.20 disease must comply with the requirements of section 62Q.481.

56.21 (c) A person eligible for medical assistance under section 256B.055, subdivision 15, is
56.22 responsible for all co-payments and deductibles in this subdivision.

56.23 **EFFECTIVE DATE.** This section is effective January 1, 2027.

56.24 Sec. 16. Minnesota Statutes 2024, section 256B.0631, is amended by adding a subdivision
56.25 to read:

56.26 Subd. 6. **Exceptions.** Co-payments and deductibles are subject to the exceptions and
56.27 limits required by section 71120 of the One Big Beautiful Bill Act, Public Law 119-21.

56.28 **EFFECTIVE DATE.** This section is effective January 1, 2027.

57.1 Sec. 17. Minnesota Statutes 2024, section 256B.0631, is amended by adding a subdivision
57.2 to read:

57.3 Subd. 7. **Collection.** (a) The medical assistance reimbursement to the provider must be
57.4 reduced by the amount of the co-payment or deductible, except that reimbursements must
57.5 not be reduced:

57.6 (1) once a recipient has reached the \$12 maximum per month for prescription drug
57.7 co-payments; or

57.8 (2) for a recipient who has met the recipient's monthly five percent cost-sharing limit.

57.9 (b) The provider collects the co-payment or deductible from the recipient. Providers
57.10 must not deny services to recipients who are unable to pay the co-payment or deductible.

57.11 **EFFECTIVE DATE.** This section is effective January 1, 2027.

57.12 Sec. 18. Minnesota Statutes 2025 Supplement, section 256B.1973, subdivision 9, is
57.13 amended to read:

57.14 **Subd. 9. **Interaction with other directed payments.** (a)** An eligible provider under
57.15 subdivision 3 may participate in the hospital directed payment program under section
57.16 256B.1974 for inpatient hospital services, outpatient hospital services, or both. A provider
57.17 participating in the hospital directed payment program must not receive a directed payment
57.18 under this section for any provider classes paid via the hospital directed payment program.
57.19 A hospital subject to this section must notify the commissioner in writing no later than 30
57.20 days after enactment of this subdivision of the hospital's intention to participate in the
57.21 hospital directed payment program under section 256B.1974 for inpatient hospital services,
57.22 outpatient hospital services, or both.

57.23 (b) The election under this subdivision is a onetime election, except that if an eligible
57.24 provider elects to participate in the hospital directed payment program, and the hospital
57.25 directed payment program expires or is not federally approved, the eligible provider may
57.26 subsequently elect to participate in the directed payment under this section.

57.27 (c) If an eligible provider elects not to participate in the hospital directed payment
57.28 program under section 256B.1974 and the federal statutes or regulations related to hospital
57.29 directed payment programs are subsequently substantially changed, the eligible provider
57.30 may elect to participate in the hospital directed payment program under section 256B.1974.

57.31 (d) The effective date of the election to participate in the hospital directed payment
57.32 program under this section must align with the beginning of the calendar year in which

58.1 payment rates under this section are updated. The eligible provider must notify the
58.2 commissioner of the eligible provider's intention to make the election ten months before
58.3 the effective date of the election.

58.4 Sec. 19. Minnesota Statutes 2025 Supplement, section 256B.695, subdivision 5, is amended
58.5 to read:

58.6 Subd. 5. **CARMA enrollment.** (a) Subject to ~~paragraphs~~ paragraph (d) and (e), eligible
58.7 individuals must be automatically enrolled in CARMA, but may decline enrollment. Eligible
58.8 individuals may enroll in fee-for-service medical assistance. Eligible individuals may change
58.9 their CARMA elections on an annual basis.

58.10 (b) Eligible individuals must be able to enroll in CARMA through the selection process
58.11 in accordance with the election period established in section 256B.69, subdivision 4,
58.12 paragraph (e).

58.13 (c) Enrollees who were not previously enrolled in the medical assistance program or
58.14 MinnesotaCare can change their selection once within the first year after enrollment in
58.15 CARMA. Enrollees who were not previously enrolled in CARMA have 90 days to make a
58.16 change and changes are allowed for additional special circumstances.

58.17 (d) The commissioner may not offer a second health plan to eligible individuals other
58.18 than, ~~and~~ or in addition to, CARMA except that the commissioner may offer a second health
58.19 plan to eligible individuals when another health plan is enrolling in MinnesotaCare, if
58.20 required by federal law or rule. Eligible individuals who do not select a health plan at the
58.21 time of enrollment must automatically be enrolled in CARMA.

58.22 (e) The commissioner may offer a replacement plan to eligible individuals, as determined
58.23 by the commissioner, when counties administering CARMA have their contract terminated
58.24 for cause.

58.25 ~~(e)~~ (f) The commissioner may, on a county-by-county basis, offer a health plan other
58.26 than, ~~and in addition to~~, CARMA to individuals who are eligible for both Medicare and
58.27 medical assistance due to age, income, or disability if ~~the commissioner deems it necessary~~
58.28 ~~for enrollees to have another choice of health plan. Factors the commissioner must consider~~
58.29 ~~when determining if the other health plan is necessary include the number of available~~
58.30 ~~Medicare Advantage Plan options that are not special needs plans in the county, the size of~~
58.31 ~~the enrolling population, the additional administrative burden placed on providers and~~
58.32 ~~counties by multiple health plan options in a county, the need to ensure the viability and~~

59.1 ~~success of the CARMA program, and the impact to the medical assistance program there~~
59.2 is not already a health plan available under CARMA.

59.3 ~~(f) In counties where the commissioner is required by federal law or elects to offer a~~
59.4 ~~second health plan other than CARMA pursuant to paragraphs (d) and (e), eligible enrollees~~
59.5 ~~who do not select a health plan at the time of enrollment must automatically be enrolled in~~
59.6 ~~CARMA.~~

59.7 (g) This subdivision supersedes section 256B.694.

59.8 **EFFECTIVE DATE.** This section is effective January 1, 2027.

59.9 Sec. 20. Minnesota Statutes 2024, section 256L.04, subdivision 14, is amended to read:

59.10 Subd. 14. **Coordination with medical assistance.** (a) Individuals eligible for medical
59.11 assistance under chapter 256B are not eligible for MinnesotaCare under this section.

59.12 (b) Individuals denied or disenrolled from medical assistance for failure to comply with
59.13 the eligibility requirements of section 256B.0562 are not eligible for MinnesotaCare under
59.14 this section.

59.15 ~~(b)~~ (c) The commissioner shall coordinate eligibility and coverage to ensure that
59.16 individuals transitioning between medical assistance and MinnesotaCare have seamless
59.17 eligibility and access to health care services.

59.18 **EFFECTIVE DATE.** This section is effective January 1, 2027.

59.19 Sec. 21. Minnesota Statutes 2025 Supplement, section 268.19, subdivision 1, is amended
59.20 to read:

59.21 Subdivision 1. **Use of data.** (a) Except as provided by this section, data gathered from
59.22 any person under the administration of the Minnesota Unemployment Insurance Law are
59.23 private data on individuals or nonpublic data not on individuals as defined in section 13.02,
59.24 subdivisions 9 and 12, and may not be disclosed except according to a district court order
59.25 or section 13.05. A subpoena is not considered a district court order. These data may be
59.26 disseminated to and used by the following agencies without the consent of the subject of
59.27 the data:

59.28 (1) state and federal agencies specifically authorized access to the data by state or federal
59.29 law;

59.30 (2) any agency of any other state or any federal agency charged with the administration
59.31 of an unemployment insurance program;

60.1 (3) any agency responsible for the maintenance of a system of public employment offices
60.2 for the purpose of assisting individuals in obtaining employment;

60.3 (4) the public authority responsible for child support in Minnesota or any other state in
60.4 accordance with section 518A.83;

60.5 (5) human rights agencies within Minnesota that have enforcement powers;

60.6 (6) the Department of Revenue to the extent necessary for its duties under Minnesota
60.7 laws;

60.8 (7) public and private agencies responsible for administering publicly financed assistance
60.9 programs for the purpose of monitoring the eligibility of the program's recipients;

60.10 (8) the Department of Labor and Industry, the Department of Commerce, and the Bureau
60.11 of Criminal Apprehension for uses consistent with the administration of their duties under
60.12 Minnesota law;

60.13 (9) the Department of Human Services and the Office of Inspector General and its agents
60.14 within the Department of Human Services, including county fraud investigators, for
60.15 investigations related to recipient or provider fraud and employees of providers when the
60.16 provider is suspected of committing public assistance fraud;

60.17 (10) the Department of Human Services for the purpose of evaluating medical assistance
60.18 services ~~and~~, supporting program improvement, and administering section 256B.0562;

60.19 (11) local and state welfare agencies for monitoring the eligibility of the data subject
60.20 for assistance programs, or for any employment or training program administered by those
60.21 agencies, whether alone, in combination with another welfare agency, or in conjunction
60.22 with the department or to monitor and evaluate the statewide Minnesota family investment
60.23 program and other cash assistance programs, the Supplemental Nutrition Assistance Program,
60.24 and the Supplemental Nutrition Assistance Program Employment and Training program by
60.25 providing data on recipients and former recipients of Supplemental Nutrition Assistance
60.26 Program (SNAP) benefits, cash assistance under chapter 256, 256D, 256J, or 256K, child
60.27 care assistance under chapter 142E, or medical programs under chapter 256B or 256L or
60.28 formerly codified under chapter 256D;

60.29 (12) local and state welfare agencies for the purpose of identifying employment, wages,
60.30 and other information to assist in the collection of an overpayment debt in an assistance
60.31 program;

61.1 (13) local, state, and federal law enforcement agencies for the purpose of ascertaining
61.2 the last known address and employment location of an individual who is the subject of a
61.3 criminal investigation;

61.4 (14) the United States Immigration and Customs Enforcement has access to data on
61.5 specific individuals and specific employers provided the specific individual or specific
61.6 employer is the subject of an investigation by that agency;

61.7 (15) the Department of Health for the purposes of epidemiologic investigations;

61.8 (16) the Department of Corrections for the purposes of case planning and internal research
61.9 for preprobation, probation, and postprobation employment tracking of offenders sentenced
61.10 to probation and preconfinement and postconfinement employment tracking of committed
61.11 offenders;

61.12 (17) the state auditor to the extent necessary to conduct audits of job opportunity building
61.13 zones as required under section 469.3201;

61.14 (18) the Office of Higher Education for purposes of supporting program improvement,
61.15 system evaluation, and research initiatives including the Statewide Longitudinal Education
61.16 Data System;

61.17 (19) the Family and Medical Benefits Division of the Department of Employment and
61.18 Economic Development to be used as necessary to administer chapter 268B; and

61.19 (20) the executive director or interim executive director of the Minnesota Secure Choice
61.20 Retirement Program established under chapter 187 for the purposes of assisting with
61.21 communication with employers and to verify employer compliance with chapter 187.

61.22 (b) Data on individuals and employers that are collected, maintained, or used by the
61.23 department in an investigation under section 268.182 are confidential as to data on individuals
61.24 and protected nonpublic data not on individuals as defined in section 13.02, subdivisions 3
61.25 and 13, and must not be disclosed except under statute or district court order or to a party
61.26 named in a criminal proceeding, administrative or judicial, for preparation of a defense.

61.27 (c) Data gathered by the department in the administration of the Minnesota unemployment
61.28 insurance program must not be made the subject or the basis for any suit in any civil
61.29 proceedings, administrative or judicial, unless the action is initiated by the department.

61.30 Sec. 22. Minnesota Statutes 2024, section 268.19, subdivision 1a, is amended to read:

61.31 Subd. 1a. **Wage detail data.** (a) Wage and employment data gathered under section
61.32 268.044 may be disseminated to and used, without the consent of the subject of the data,

62.1 by an agency of another state that is designated as the performance accountability and
62.2 consumer information agency for that state under Code of Federal Regulations, volume 20,
62.3 part 663.510(c), in order to carry out the requirements of the Workforce Investment Act of
62.4 1998, United States Code, title 29, sections 2842 and 2871.

62.5 (b) The commissioner may enter into a data exchange agreement with an employment
62.6 and training service provider under section 116L.17, or the Workforce Investment Act of
62.7 1998, United States Code, title 29, section 2864, under which the commissioner, with the
62.8 consent of the subject of the data, may furnish data on the quarterly wages paid and number
62.9 of hours worked on those individuals who have received employment and training services
62.10 from the provider. With the initial consent of the subject of the data, this data may be shared
62.11 for up to three years after termination of the employment and training services provided to
62.12 the individual without execution of an additional consent. This data is furnished solely for
62.13 the purpose of evaluating the employment and training services provided. The data subject's
62.14 ability to receive service is not affected by a refusal to give consent under this paragraph.
62.15 The consent form must state this fact.

62.16 (c) Wage and employment data gathered under section 268.044 may be disseminated to
62.17 and used by the commissioner of human services for the purpose of administering section
62.18 256B.0562 without the consent of the subject of the data.

62.19 Sec. 23. Minnesota Statutes 2025 Supplement, section 270B.14, subdivision 1, is amended
62.20 to read:

62.21 Subdivision 1. **Disclosure to commissioner of human services.** (a) The commissioner
62.22 shall provide the records and information necessary to administer the supplemental housing
62.23 allowance to the commissioner of human services.

62.24 (b) At the request of the commissioner of human services, the commissioner of revenue
62.25 shall electronically match the Social Security or individual taxpayer identification numbers
62.26 and names of participants in the telephone assistance plan operated under sections 237.69
62.27 to 237.71, with those of property tax refund filers under chapter 290A or renter's credit filers
62.28 under section 290.0693, and determine whether each participant's household income is
62.29 within the eligibility standards for the telephone assistance plan.

62.30 (c) The commissioner may provide records and information collected under sections
62.31 295.50 to 295.59 to the commissioner of human services for purposes of the Medicaid
62.32 Voluntary Contribution and Provider-Specific Tax Amendments of 1991, Public Law
62.33 102-234. Upon the written agreement by the United States Department of Health and Human
62.34 Services to maintain the confidentiality of the data, the commissioner may provide records

63.1 and information collected under sections 295.50 to 295.59 to the Centers for Medicare and
63.2 Medicaid Services section of the United States Department of Health and Human Services
63.3 for purposes of meeting federal reporting requirements.

63.4 (d) The commissioner may provide records and information to the commissioner of
63.5 human services as necessary to administer the early refund of refundable tax credits.

63.6 (e) The commissioner may disclose information to the commissioner of human services
63.7 as necessary for income verification for eligibility and premium payment under the
63.8 MinnesotaCare program, under section 256L.05, subdivision 2, as well as the medical
63.9 assistance program under chapter 256B.

63.10 (f) The commissioner may disclose information to the commissioner of human services
63.11 necessary to verify whether applicants or recipients for general assistance and the Minnesota
63.12 supplemental aid program have claimed refundable tax credits under chapter 290 and the
63.13 property tax refund under chapter 290A, and the amounts of the credits.

63.14 (g) At the request of the commissioner of human services and when authorized in writing
63.15 by the taxpayer, the commissioner of revenue may match the business legal name or
63.16 individual legal name, and the Minnesota tax identification number, federal Employer
63.17 Identification Number, or Social Security number of the applicant under section 142C.03;
63.18 245A.04, subdivision 1; or 245I.20; or license or certification holder. The commissioner of
63.19 revenue may share the matching with the commissioner of human services. The matching
63.20 may only be used by the commissioner of human services to determine eligibility for provider
63.21 grant programs and to facilitate the regulatory oversight of license and certification holders
63.22 as it relates to ownership and public funds program integrity. This paragraph applies only
63.23 if the commissioner of human services and the commissioner of revenue enter into an
63.24 interagency agreement for the purposes of this paragraph.

63.25 (h) The commissioner may disclose return information to the commissioner of human
63.26 services for the purpose of administering section 256B.0562.

63.27 Sec. 24. Minnesota Statutes 2024, section 295.52, subdivision 8, is amended to read:

63.28 Subd. 8. **Contingent reduction in tax rate.** (a) By December 1 of each year, beginning
63.29 in 2011, the commissioner of management and budget shall determine the projected balance
63.30 in the health care access fund for the biennium.

63.31 (b) If the commissioner of management and budget determines that the projected balance
63.32 in the health care access fund for the biennium reflects a ratio of revenues to expenditures
63.33 and transfers greater than 125 percent, and if the actual cash balance in the fund is adequate,

64.1 as determined by the commissioner of management and budget, the commissioner, in
64.2 consultation with the ~~commissioner~~ commissioners of revenue and human services, shall
64.3 reduce the tax rates levied under subdivisions 1, 1a, 2, 3, and 4, for the subsequent calendar
64.4 year sufficient to reduce the structural balance in the fund. The rate may be reduced to the
64.5 extent that the projected revenues for the biennium do not exceed 125 percent of expenditures
64.6 and transfers. The new rate shall be rounded to the nearest one-tenth of one percent. The
64.7 rate reduction under this paragraph expires at the end of each calendar year and is subject
64.8 to an annual redetermination by the commissioner of management and budget.

64.9 (c) For purposes of the analysis defined in paragraph (b), the commissioner of
64.10 management and budget shall include projected revenues.

64.11 **Sec. 25. DIRECTION TO COMMISSIONER OF HUMAN SERVICES;**
64.12 **NOTIFICATION TO MEDICAL ASSISTANCE RECIPIENTS.**

64.13 By October 1, 2026, the commissioner of human services must notify medical assistance
64.14 recipients who are enrolled under Minnesota Statutes, section 256B.055, subdivision 15,
64.15 that they may be eligible for medical assistance under a disability determination. The
64.16 notification must include information about how the recipient can request a determination
64.17 of disability and an explanation about the changes to medical assistance eligibility that go
64.18 into effect January 1, 2027.

64.19 **ARTICLE 4**

64.20 **PSILOCYBIN THERAPEUTIC USE PROGRAM**

64.21 **Section 1. PURPOSE.**

64.22 The purpose of this article is to establish a legal, regulated framework for the therapeutic
64.23 use of psilocybin by individuals who are 21 years of age or older with a registered facilitator,
64.24 have been diagnosed with a qualifying medical condition, and meet the other requirements
64.25 for enrollment in the program.

64.26 **Sec. 2. [342.85] DEFINITIONS.**

64.27 Subdivision 1. **Application.** For the purposes of sections 342.85 to 342.98, the following
64.28 terms have the meanings given.

64.29 Subd. 2. **Administration session.** "Administration session" means a session supervised
64.30 by a registered facilitator during which a registered patient consumes and experiences the

65.1 effects of psilocybin. Administrative sessions may also be referred to as treatment sessions
65.2 or medicine sessions.

65.3 Subd. 3. **Integration session.** "Integration session" means a meeting between a registered
65.4 patient and a registered facilitator that occurs after the completion of an administration
65.5 session.

65.6 Subd. 4. **Office.** "Office" means the Office of Cannabis Management (OCM).

65.7 Subd. 5. **Physician.** "Physician" means a Minnesota-licensed physician.

65.8 Subd. 6. **Preparation session.** "Preparation session" means a meeting between a
65.9 registered patient and a registered facilitator that occurs before an administration session.
65.10 Preparation session does not mean an initial consultation between a registered patient and
65.11 registered facilitator regarding psilocybin use, an inquiry from a registered patient to a
65.12 registered facilitator regarding psilocybin use, or a registered facilitator's response to a
65.13 registered patient's inquiry regarding psilocybin use.

65.14 Subd. 7. **Program.** "Program" means the psilocybin therapeutic use program established
65.15 under sections 342.85 to 342.98.

65.16 Subd. 8. **Program research institution.** "Program research institution" means a
65.17 Minnesota nonprofit or academic institution that advises and assists with program data
65.18 collection for public health monitoring, training, continuing education, and ethical oversight
65.19 requirements.

65.20 Subd. 9. **Psilocybin.** "Psilocybin" means any mushroom, in raw, dried, or prepared form,
65.21 that contains the psychoactive compound psilocybin or its metabolite psilocin.

65.22 Subd. 10. **Psychedelic Medicine Advisory Committee or advisory**
65.23 **committee.** "Psychedelic Medicine Advisory Committee" or "advisory committee" means
65.24 the advisory committee established under section 342.98.

65.25 Subd. 11. **Qualifying medical condition.** "Qualifying medical condition" means a
65.26 medical condition designated by the office for which psilocybin shows evidence for an
65.27 appropriate therapeutic use, including but not limited to posttraumatic stress disorder,
65.28 depression, substance use disorders, anxiety, and chronic pain.

65.29 Subd. 12. **Registered facilitator.** "Registered facilitator" means an individual registered
65.30 with the office to provide services in preparation sessions and integration sessions and to
65.31 supervise administration sessions.

66.1 Subd. 13. **Registered patient.** "Registered patient" means a Minnesota resident certified
66.2 by a physician as having a qualifying medical condition and enrolled in the psilocybin
66.3 therapeutic use program.

66.4 Subd. 14. **Registered supplier.** "Registered supplier" means an individual or entity
66.5 licensed by the state to cultivate and manufacture psilocybin products with appropriate
66.6 treatment dosing for facilitated use in administration sessions.

66.7 Subd. 15. **Testing facility.** "Testing facility" means the testing and inspection services
66.8 at OCM to test for quality, potency, and microbial contaminants from supply centers through
66.9 product sampling and facility inspections to monitor the supply chain of psilocybin to be
66.10 used for treatment sessions and ensure supply centers are adhering to good manufacturing
66.11 practices.

66.12 Subd. 16. **Treatment facility.** "Treatment facility" means a Minnesota health clinic or
66.13 center that has been licensed by the state with staff trained to respond to medical emergencies
66.14 and safety equipment to monitor vitals for supervised administration sessions. To
66.15 accommodate homebound patients, a treatment facility may be the homebound patient's
66.16 residence with a registered facilitator and safety equipment to monitor vitals provided by
66.17 the registered facilitator.

66.18 Sec. 3. **[342.86] PSILOCYBIN THERAPEUTIC USE PROGRAM.**

66.19 Subdivision 1. **Establishment.** The Office of Cannabis Management must establish and
66.20 administer a psilocybin therapeutic use program according to sections 342.85 to 342.98 in
66.21 which individuals age 21 and older who have a qualifying medical condition and meet the
66.22 other eligibility requirements may enroll in the program and are able to access and use
66.23 psilocybin under the supervision of a registered facilitator at a treatment facility.

66.24 Subd. 2. **Rulemaking.** (a) The office must adopt rules to govern the operation of the
66.25 program. The rules must at least:

66.26 (1) specify the qualifying medical conditions that an individual must be diagnosed with
66.27 in order to enroll in the program, based upon emerging evidence from scientific research
66.28 and clinical trials evaluated in the psychedelic medicine task force legislative report, including
66.29 but not limited to posttraumatic stress disorder, depression, substance use disorders, anxiety,
66.30 chronic pain, and other conditions where scientific evidence shows there may be therapeutic
66.31 benefit;

66.32 (2) specify testing standards in collaboration with the program research institution and
66.33 with guidance from existing rules developed in Oregon and Colorado for psilocybin

67.1 mushroom testing, dosing, and manufacturing standards for psilocybin mushrooms to ensure
67.2 safety, appropriate dosing for treatment sessions, and preventing diversion of all points
67.3 along the psilocybin supply chain where whoever has custody of psilocybin is responsible
67.4 for the security of the supply chain at the registered supply center or in transit between
67.5 licensed premises, including providing adequate safeguards to protect against theft or
67.6 diversion of psilocybin;

67.7 (3) establish a standardized questionnaire in collaboration with the program research
67.8 institution for use by physicians to conduct health screenings of individuals seeking to enroll
67.9 in the program;

67.10 (4) establish a standardized formal risk assessment tool in collaboration with the program
67.11 research institution for use by physicians to evaluate identified contraindications in
67.12 individuals seeking to enroll in the program;

67.13 (5) establish qualifications in collaboration with the program research institution to
67.14 register with the office as a facilitator, following the completion of a certification program
67.15 for psilocybin facilitators that are approved training programs used by Oregon and Colorado
67.16 psilocybin programs that provide competency testing and supervision for facilitators; and

67.17 (6) establish qualifications to register with the office as a supplier in collaboration with
67.18 the program research institution, including any additional subjects on which individuals
67.19 must demonstrate competency in the required subjects and standards for cultivation.
67.20 Registered suppliers must work with testing facilities to ensure appropriate quality and
67.21 dosing of psilocybin prior to releasing to registered patients for treatment.

67.22 (b) The office must consult with the advisory committee and the program research
67.23 institution in adopting rules under this subdivision.

67.24 (c) Rules for which notice is published in the State Register before January 1, 2028, may
67.25 be adopted using the expedited rulemaking process in section 14.389. The notice of the
67.26 proposed rule for the items in paragraph (a) must be published in the State Register no later
67.27 than July 1, 2027.

67.28 Subd. 3. **Evaluation and research.** (a) The office must collect from registered patients
67.29 de-identified data including, but not limited to, the frequency with which registered patients
67.30 use psilocybin in administration sessions, the qualifying medical conditions for which
67.31 psilocybin is used, outcomes from psilocybin use experienced by registered patients, and
67.32 adverse effects of psilocybin use experienced by registered patients, as well as any changes
67.33 to utilization of other health care, social services, or government funded programs. Registered
67.34 patients and registered facilitators must provide data to the office in a form and manner

68.1 specified by the office. The office must use data collected under this paragraph to evaluate
68.2 the program and, in consultation with the advisory committee and in collaboration with the
68.3 program research institution, develop recommendations to improve the program. The program
68.4 may consult and partner with federal health and research institutions, including but not
68.5 limited to efforts that promote confidentiality protections, applications for funding, and
68.6 collaboration on national research efforts related to psilocybin therapy.

68.7 (b) The office may support research that investigates novel therapeutic uses of psilocybin
68.8 and psilocin. In determining whether to support research initiatives, the office must use the
68.9 content from the report and recommendations of the task force authorized under Laws 2023,
68.10 chapter 70, article 4, section 99, so as not to duplicate efforts already covered by the task
68.11 force, as the state has already invested in ways to implement these recommendations and
68.12 can be used as a guide for expanding research and improving the proposed psilocybin pilot
68.13 program.

68.14 Subd. 4. **Funding.** The office must request from the federal government, funding to
68.15 establish and administer the program as part of a state-federal partnership based on the
68.16 executive order signed April 18, 2026, accelerating medical treatments for serious mental
68.17 illness.

68.18 **Sec. 4. [342.87] ELIGIBILITY AND ENROLLMENT IN PROGRAM.**

68.19 Subdivision 1. **Registration system.** The office must administer a secure registration
68.20 system to track patients enrolled in the program while protecting their privacy.

68.21 Subd. 2. **Eligibility for enrollment.** (a) To enroll in the program, an individual must:

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

68.23 (2) submit to the office a written certification from a physician dated within 90 days of
68.24 submission and verifying the individual's diagnosis with a qualifying medical condition;

68.25 (3) submit to the office a written certification or certifications from one or more physicians
68.26 dated within 90 days of submission and verifying either:

68.27 (i) that the detailed health screening conducted according to subdivision 3 did not identify
68.28 contraindications to the individual's use of psilocybin; or

68.29 (ii) that the detailed health screening identified contraindications to the individual's use
68.30 of psilocybin but a physician conducted a further evaluation using a formal risk assessment
68.31 tool and determined the individual's identified contraindications should not preclude the
68.32 individual from using psilocybin; and

69.1 (4) submit an application to the office in a form and manner specified by the office.

69.2 (b) Individuals may apply for enrollment in the program beginning July 1, 2028.

69.3 Subd. 3. **Health screening; evaluation.** An individual who wishes to enroll in the
69.4 program must have a detailed health screening performed by a physician to identify whether
69.5 the individual has a qualifying medical condition and if any significant physical or mental
69.6 health conditions or medications that are contraindications to the use of psilocybin.
69.7 Contraindicated conditions may include but are not limited to cardiovascular disease,
69.8 psychosis, and bipolar disorders. Contraindicated medications include but are not limited
69.9 to lithium, monoamine oxidase inhibitors (MAOIs), tramadol, and amphetamine stimulants.
69.10 If the physician determines in the screening that the individual has one or more
69.11 contraindications to the use of psilocybin, the individual must have the contraindication
69.12 further evaluated by a physician using a formal risk assessment tool. An individual who has
69.13 an additional evaluation performed may proceed with an application under subdivision 2
69.14 only if the physician performing the additional evaluation determines the individual's
69.15 identified contraindications should not preclude the individual from using psilocybin.

69.16 Subd. 4. **Informed consent for program.** Upon receiving the individual's complete
69.17 application and certifications required under subdivision 2, the office must provide the
69.18 individual with information including, but not limited to, the nature of psilocybin use for
69.19 therapeutic purposes, potential adverse effects of psilocybin use, possible interactions
69.20 between psilocybin and other commonly used drugs, and legal risks associated with the
69.21 program, along with a document, to be signed and returned by the individual, that the
69.22 individual has read and understood the information provided and wishes to enroll in the
69.23 program. An individual who wishes to proceed with the individual's application must sign
69.24 and date the informed consent form and return it to the office. This is separate from the
69.25 informed consent signed between a registered facilitator and the patient for consent to
69.26 treatment.

69.27 Subd. 5. **Enrollment.** The office must approve or deny the individual's application within
69.28 60 days after receiving the individual's informed consent form under subdivision 4. Upon
69.29 approval of an individual's application and receipt of the enrollment fee required under
69.30 section 342.97, the office must register the individual in the program and issue the individual
69.31 a card that permits the registered patient to access psilocybin with a registered facilitator at
69.32 a treatment facility.

69.33 Subd. 6. **Renewal.** (a) A registered patient's registration is valid for 12 months from the
69.34 date of issuance. A registered patient who wishes to renew the registration must, at least 60

70.1 days before the registration expires, submit an application for registration renewal; written
70.2 certifications that meet the requirements in subdivision 2, paragraph (a), clauses (2) and
70.3 (3); and the fee required under section 342.97. The office must approve or deny a registered
70.4 patient's renewal application within 60 days after receiving the complete application and
70.5 written certifications.

70.6 (b) A registered patient whose registration expired less than 31 days from the date of
70.7 expiration may renew the registration under paragraph (a). A registered patient whose
70.8 registration expired 31 or more days past the date of expiration must apply for enrollment
70.9 according to subdivision 2.

70.10 (c) A registered patient who has not received treatment during the first 12 months after
70.11 being registered in the program shall be removed from the program due to nonparticipation
70.12 in order to allow for other patients to register for the program, given the cap of patients to
70.13 be treated during the pilot to be limited to 1,000.

70.14 Subd. 7. **Permitted acts.** (a) Subject to section 342.91, a registered patient is permitted
70.15 to:

70.16 (1) designate a registered facilitator; and

70.17 (2) obtain psilocybin from a registered supplier, transport psilocybin to a treatment
70.18 facility, and consume the recommended amount at a treatment facility with a registered
70.19 facilitator according to the recommended dosing limit.

70.20 (b) Subject to section 342.91, a registered supplier and testing facility registered with
70.21 the office is permitted to cultivate and possess psilocybin, provided the cultivation and
70.22 testing is performed according to section 342.88 and the total amount possessed does not
70.23 exceed the limit designed by the program.

70.24 (c) Subject to section 342.91, a registered facilitator is permitted, according to section
70.25 342.89, to provide services to registered patients in preparation sessions and integration
70.26 sessions and supervise administration sessions with psilocybin for registered patients who
70.27 have obtained their treatment dose from a registered supplier.

70.28 (d) No civil or criminal state penalty shall be imposed on:

70.29 (1) a registered patient solely for engaging in an act listed in paragraph (a);

70.30 (2) a registered supplier and testing facility solely for engaging in an act listed in
70.31 paragraph (b); or

70.32 (3) a registered facilitator solely for engaging in an act listed in paragraph (c).

71.1 This does not preclude any individual from clause (1), (2), or (3) from being held civilly or
71.2 criminally liable for other actions during the course of their participation in the program
71.3 from penalties under either state or federal law.

71.4 Subd. 8. **Program initiation.** The office must approve an initial program structured to
71.5 include:

71.6 (1) between 20 to 50 registered facilitators who are currently licensed according to
71.7 section 342.94, subdivision 2, paragraph (b), from a state health licensing board, who will
71.8 receive additional training as psilocybin facilitators from a certificate training program that
71.9 have been approved by programs for Oregon and Colorado;

71.10 (2) at least three testing facilities;

71.11 (3) no more than 1,000 patients with qualifying medical conditions registered and that
71.12 receive treatment during their first year being registered in the program; and

71.13 (4) that the program shall run for three years once initiated after supply centers are
71.14 established and contain supply that is ready for the program, at least five registered facilitators
71.15 have obtained their facilitator license from an approved program, and at least one patient
71.16 has registered for the program and identified a facilitator to receive treatment from.

71.17 Subd. 9. **Program evaluation.** The office, in consultation with the advisory committee
71.18 and the program research institution, must evaluate the program at the end of the three-year
71.19 period, and provide a report to the legislature with recommendations for program next steps
71.20 no later than December 1, 2031.

71.21 Sec. 5. **[342.88] CULTIVATION.**

71.22 Subdivision 1. **Cultivation authorized.** (a) A registered patient may compensate a
71.23 registered supplier who cultivates psilocybin for the program at a registered facility.
71.24 Compensating a registered supplier for cultivation under this paragraph does not constitute
71.25 the sale or commercial distribution of psilocybin.

71.26 (b) Before cultivating psilocybin for the program, a registered supplier must register
71.27 with the office.

71.28 (c) A registered supplier must:

71.29 (1) cultivate psilocybin only for registered patients in an amount that does not exceed
71.30 the cultivation limit as established by the office; and

71.31 (2) not cultivate psilocybin in an amount that exceeds the cultivation limit provided
71.32 under their license as designated by the office.

72.1 Subd. 2. **Secure location.** Cultivation by a registered supplier must take place at an
72.2 approved location in an enclosed locked space that is not accessible to the public or by
72.3 individuals under age 21 and contains on-site testing facilities for quality and potency testing.

72.4 Sec. 6. **[342.89] LOCATION AND FACILITATOR; ADMINISTRATION SESSIONS.**

72.5 Subdivision 1. **Location.** A registered patient may use psilocybin in an administration
72.6 session only:

72.7 (1) at an approved private residence, including the curtilage or yard of the residence,
72.8 unless the property owner prohibits the use of psilocybin on the property; or

72.9 (2) at a licensed treatment facility, unless the property owner, if the clinic is being rented,
72.10 prohibits the use of psilocybin on the property.

72.11 Subd. 2. **Registered facilitator.** A registered facilitator must be physically present with
72.12 a registered patient during an administration session to supervise the registered patient's use
72.13 of psilocybin and to contact emergency services if necessary during the administration
72.14 session. As a condition of supervising an administration session for a registered patient, a
72.15 registered facilitator may require the registered patient to also participate in a preparation
72.16 session and an integration session with the registered facilitator. A registered facilitator may
72.17 charge a reasonable fee for the registered facilitator's services.

72.18 Subd. 3. **Informed consent for treatment.** (a) Before a registered facilitator supervises
72.19 a registered patient's administration session, the registered facilitator must provide the
72.20 registered patient with information including, but not limited to, the nature of psilocybin
72.21 use for therapeutic purposes, what to expect in an administration session, potential adverse
72.22 effects of psilocybin use, and possible interactions between psilocybin and other commonly
72.23 used drugs. Registered patients must also be allowed to opt in for consent to data collection
72.24 for program monitoring. This is separate from the informed consent for the program.

72.25 (b) A registered patient who wishes to proceed with an administration session must sign
72.26 and date a document stating that the patient has been informed of and understands the
72.27 information provided according to paragraph (a). Registered facilitators must maintain the
72.28 signed informed consent documents for two years after receipt.

72.29 Subd. 4. **Chain of custody for psilocybin and psilocin.** Before a registered patient's
72.30 administration session, a registered patient must procure the recommended dose of psilocybin
72.31 from a registered supplier. The office must establish a track and trace system to scan when
72.32 the dose is picked up from the supplier, and when it is administered to the patient to ensure
72.33 the same product is used for treatment after being picked up from the supplier with

73.1 tamper-proof packaging. At the time of exchange between a registered supplier and a
73.2 registered patient, both the registered supplier and registered patient must attest to the
73.3 exchange in a form and manner specified by the office, and which must include, at minimum,
73.4 the specific amount of psilocybin exchanged and a tracking number for that dose. Prior to
73.5 an administration session, a registered facilitator and registered patient must attest to the
73.6 specific dose amount that will be used in the administration session in a form and manner
73.7 specified by the office by scanning and confirming the tracking number that was picked up
73.8 prior to administration. Psilocybin supply can only be exchanged after a patient and facilitator
73.9 have scheduled an administration session.

73.10 Sec. 7. **[342.90] REGISTERED FACILITATOR.**

73.11 Subdivision 1. **Registration required; qualifications.** An individual must register with
73.12 the office as a facilitator in order to supervise administration sessions for registered patients
73.13 and to provide registered patients with services in preparation sessions and integration
73.14 sessions. In order to register as a facilitator, an individual must:

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

73.16 (2) possess a license as a mental health professional as defined in section 245I.02,
73.17 subdivision 27; and

73.18 (3) demonstrate competency, in a manner determined by the office and in collaboration
73.19 with the program research institution, on facilitator ethics; the safe use of psilocybin; duties
73.20 of a facilitator during preparation sessions, administration sessions, and integration sessions;
73.21 and other topics as determined by the office and the program research institution.

73.22 Subd. 2. **Application for registration; registration renewal.** (a) An individual who
73.23 wishes to register as a facilitator must apply to the office in a form and manner specified
73.24 by the office.

73.25 (b) A registration issued under this section is valid for 12 months from the date of
73.26 issuance. An individual who wishes to renew the individual's registration must apply for
73.27 registration renewal, in a form and manner specified by the office, at least 60 days before
73.28 the individual's registration expires. In evaluating an application for registration renewal,
73.29 the office must consider any complaints reported to the office under subdivision 3 and may
73.30 decline to renew an individual's registration if the office determines, based on complaints
73.31 received or other evidence, that the individual did not perform the duties of a facilitator in
73.32 a safe or ethical manner. The office must approve or deny a registered facilitator's renewal
73.33 application within 60 days after receiving the facilitator's complete application.

74.1 (c) A registered facilitator whose registration expired less than 31 days ago may renew
74.2 the registration under paragraph (b). A registered facilitator whose registration expired 31
74.3 or more days ago must apply for registration according to paragraph (a), except the office
74.4 must consider any complaints reported to the office under subdivision 3 and may decline
74.5 to register the individual if the office determines, based on complaints received or other
74.6 evidence, that the individual did not perform the duties of a facilitator in a safe or ethical
74.7 manner.

74.8 (d) Individuals may apply for registration as a facilitator beginning July 1, 2028.

74.9 Subd. 3. **Complaints.** The office must accept complaints from registered patients and
74.10 other interested individuals regarding a registered facilitator's failure to supervise an
74.11 administration session in a safe or ethical manner or failure to provide services in a
74.12 preparation session or an integration session in a safe or ethical manner. The office must
74.13 forward a complaint received under this subdivision to the appropriate health-related licensing
74.14 board with jurisdiction over the registered facilitator who is the subject of the complaint,
74.15 as provided in section 214.10, subdivision 1. The data shall have the same classification
74.16 under chapter 13 and the same usage restrictions specified in sections 342.85 to 342.98 in
74.17 the hands of the health-related licensing board receiving the data as it had in the hands of
74.18 the office.

74.19 Subd. 4. **List of registered facilitators.** The office must post on its website the names
74.20 of and contact information for registered facilitators.

74.21 Sec. 8. **[342.91] LIMITATIONS.**

74.22 Nothing in sections 342.85 to 342.98 permits an individual to:

74.23 (1) participate in the program if the individual is under 21 years of age;

74.24 (2) sell psilocybin to an individual or engage in the distribution of psilocybin to anyone
74.25 not registered in the program;

74.26 (3) establish a treatment facility on the grounds of a public school, as defined in section
74.27 120A.05, subdivisions 9, 11, and 13, or a charter school governed by chapter 124E, including
74.28 all owned, rented, or leased facilities and all vehicles that a school district owns, leases,
74.29 rents, contracts for, or controls;

74.30 (4) establish a treatment facility in a state correctional facility;

74.31 (5) if the individual is a registered facilitator, supervise the administration session of an
74.32 individual who is not a registered patient; or

75.1 (6) if the individual is a registered supplier, cultivate psilocybin not intended for the
75.2 program for registered patients.

75.3 **Sec. 9. [342.92] CRIMINAL AND CIVIL PROTECTIONS.**

75.4 **Subdivision 1. Forfeiture.** Psilocybin cultivated or obtained under sections 342.85 to
75.5 342.98 and associated property are not subject to forfeiture under sections 609.531 to
75.6 609.5316.

75.7 **Subd. 2. Protections for public employees.** Notwithstanding any law to the contrary,
75.8 the director of the office, the governor of Minnesota, or an employee of any state agency
75.9 may not be held civilly or criminally liable for any injury, loss of property, personal injury,
75.10 or death caused by any act or omission while acting within the scope of their office or
75.11 employment under sections 342.85 to 342.98.

75.12 **Subd. 3. Search warrant.** Federal, state, and local law enforcement authorities are
75.13 prohibited from accessing the patient registry under sections 342.85 to 342.98 except when
75.14 acting pursuant to a valid search warrant.

75.15 **Subd. 4. Evidence in criminal proceeding.** No information contained in a report,
75.16 document, or registry or obtained from a patient or facilitator or physician under sections
75.17 342.85 to 342.98 may be admitted as evidence in a criminal proceeding as evidence of
75.18 criminal activity unless independently obtained or in connection with a proceeding involving
75.19 a violation of sections 342.85 to 342.98. Any person who violates this subdivision is guilty
75.20 of a gross misdemeanor.

75.21 **Subd. 5. Possession of registry card or application.** The possession of a registry card
75.22 or application for enrollment in the program by an individual entitled to possess a registry
75.23 card or apply for enrollment in the program does not constitute probable cause or reasonable
75.24 suspicion, and shall not be used to support a search of the person or property of the individual
75.25 possessing the registry card or application, or otherwise subject the person or property of
75.26 the individual to inspection by any governmental agency.

75.27 **Subd. 6. Employment.** An employer must not discriminate against a registered patient,
75.28 registered supplier, or registered facilitator in hiring, termination, or any term or condition
75.29 of employment, or otherwise penalize a registered patient, registered supplier, or registered
75.30 facilitator based on the lawful cultivation, possession, transportation, provision of services
75.31 in preparation sessions or integration sessions, supervision of administration sessions, or
75.32 use of psilocybin under sections 342.85 to 342.98, unless:

76.1 (1) the employer's failure to act would violate federal law or regulations or would cause
76.2 the employer to lose a monetary or licensing-related benefit under federal law or regulations;
76.3 or

76.4 (2) the registered patient's use of psilocybin directly impacts the registered patient's job
76.5 performance or safety requirements of the registered patient's job position.

76.6 Subd. 7. **Housing.** No landlord may refuse to lease to or evict a registered patient,
76.7 registered supplier, or registered facilitator solely for lawfully engaging in the psilocybin
76.8 program under sections 342.85 to 342.98, unless the landlord's failure to do so would violate
76.9 federal law or regulations or would cause the landlord to lose a monetary or licensing-related
76.10 benefit under federal law or regulations.

76.11 Subd. 8. **Education.** No school may refuse to enroll a registered patient or registered
76.12 supplier or registered facilitator solely for lawfully engaging with their respective treatment
76.13 or duties for the psilocybin program under sections 342.85 to 342.98, unless the school's
76.14 failure to do so would violate federal law or regulations or would cause the school to lose
76.15 a monetary or licensing-related benefit under federal law or regulations.

76.16 Subd. 9. **Custody; visitation; parenting time.** A registered patient, registered supplier,
76.17 or registered facilitator must not be denied custody of a minor child or visitation rights or
76.18 parenting time with a minor child based solely on the registered patient's, registered supplier's,
76.19 or registered facilitator's lawful cultivation, possession, transportation, provision of services
76.20 in preparation sessions or integration sessions, supervision of administration sessions, or
76.21 use of psilocybin under sections 342.85 to 342.98, unless the registered patient's, designated
76.22 behavior creates an unreasonable danger to the safety of the minor as demonstrated by clear
76.23 and convincing evidence.

76.24 Subd. 10. **Action for damages.** In addition to any other remedy provided by law, a
76.25 registered patient, registered supplier, or registered facilitator who is injured by a violation
76.26 of subdivision 6, 7, 8, or 9 may bring an action for damages against a person who violates
76.27 subdivision 6, 7, 8, or 9. A person who violates subdivision 6, 7, 8, or 9 is liable to the
76.28 registered patient, registered supplier, or registered facilitator injured by the violation for
76.29 the greater of the registered patient's, registered supplier's, or registered facilitator's actual
76.30 damages or a civil penalty of \$100, plus reasonable attorney fees.

76.31 Sec. 10. **[342.93] VIOLATIONS.**

76.32 In addition to any other applicable penalty in law, a registered patient, registered supplier,
76.33 or registered facilitator who intentionally sells or otherwise transfers psilocybin to a person

77.1 other than a registered patient is guilty of a felony punishable by imprisonment for not more
77.2 than two years or by payment of a fine of not more than \$3,000, or both.

77.3 **Sec. 11. [342.94] PROTECTIONS FOR PHYSICIANS AND REGISTERED**
77.4 **FACILITATORS.**

77.5 Subdivision 1. **Physicians.** The Board of Medical Practice must not impose civil or
77.6 disciplinary penalties on, or limit or condition the practice of, a physician solely for certifying
77.7 that an individual has a diagnosis of a qualifying medical condition according to section
77.8 342.87, subdivision 2, or performing health screenings or additional evaluations according
77.9 to section 342.87, subdivision 3.

77.10 Subd. 2. **Registered facilitators.** (a) A health-related licensing board; the Office of
77.11 Emergency Medical Services; or the commissioner of health must not impose civil or
77.12 disciplinary penalties on, or limit or condition the practice of, a registered facilitator who
77.13 also holds a license, registration, or certification from the health-related licensing board;
77.14 Office of Emergency Medical Services; or commissioner solely for obtaining and transporting
77.15 psilocybin for registered patients, providing services to registered patients in preparation
77.16 sessions and integration sessions, and administering psilocybin and supervising administration
77.17 sessions of registered patients, provided the services are provided or supervision is performed
77.18 according to sections 342.85 to 342.98. No existing disciplinary procedures for complaints
77.19 to the health-related licensing boards will be changed.

77.20 (b) For the purposes of paragraph (a), the health-related licensing boards include the
77.21 Board of Medical Practice, Board of Nursing, Board of Psychology, Board of Social Work,
77.22 Board of Marriage and Family Therapy, and Board of Behavioral Health and Therapy.

77.23 **Sec. 12. [342.95] PUBLIC EDUCATION AND HARM REDUCTION.**

77.24 Subdivision 1. **Public education program.** The office, in collaboration with the program
77.25 research institution, must develop and implement a public education program that makes
77.26 information available to the public on the responsible use of psilocybin, potential risks of
77.27 using psilocybin, harm reduction strategies related to psilocybin use, and mental health
77.28 resources related to psilocybin use. A website must be developed and launched with
77.29 educational content determined by the research program and advisory committee no later
77.30 than January 1, 2028.

77.31 Subd. 2. **Training programs for first responders.** The office, in collaboration with the
77.32 program research institution, must develop and offer training programs for emergency
77.33 medical responders, ambulance service personnel, peace officers, and other first responders

78.1 on best practices for handling situations involving the use of psilocybin. The training
78.2 programs must be developed and offered in coordination with the Office of Emergency
78.3 Medical Services, the Peace Officer Standards and Training Board, the Minnesota State
78.4 Patrol, and local law enforcement agencies. Trainings must be developed and available for
78.5 first responders no later than January 1, 2028.

78.6 **Sec. 13. [342.96] DATA PRACTICES; ACCESS TO AND USE OF DATA.**

78.7 (a) Except for the data specified in section 342.90, subdivision 4, data submitted to the
78.8 office under section 342.87, 342.88, or 342.90:

78.9 (1) is private data on individuals as defined in section 13.02, subdivision 12, or nonpublic
78.10 data as defined in section 13.02, subdivision 9; and

78.11 (2) may only be used to comply with chapter 13, to comply with a request from the
78.12 legislative auditor or state auditors in the performance of official duties, and for purposes
78.13 specified in sections 342.85 to 342.98.

78.14 (b) The data specified in paragraph (a) must not be combined or linked in any manner
78.15 with any other list, data set, or database, and must not be shared with any federal agency,
78.16 federal department, or federal entity unless specifically ordered by a state or federal court,
78.17 or as part of a federally approved research project for monitoring of the program where a
78.18 certificate of confidentiality is obtained by a federal agency to protect the identities of the
78.19 program registrants.

78.20 **Sec. 14. [342.97] FEES.**

78.21 (a) The office may collect an annual fee from each patient whose enrollment application
78.22 or renewal application is approved by the office.

78.23 (b) Notwithstanding paragraph (a), if the patient provides evidence to the office of
78.24 receiving Social Security disability insurance, Supplemental Security Income, or veterans
78.25 disability or railroad disability payments, or of being enrolled in medical assistance or
78.26 MinnesotaCare, the office may collect an annual fee, in an amount that is lower than the
78.27 fee collected under paragraph (a), from the patient after approving the patient's enrollment
78.28 application or renewal application.

78.29 (c) Fees collected under this section must be deposited in the state treasury and credited
78.30 to the state government special revenue fund. The office may request appropriations of fee
78.31 revenue to distribute as grants to fund Minnesota-based research exploring the effectiveness
78.32 of psilocybin for additional conditions, or to provide funding to offset the cost of psilocybin

79.1 therapy for low-income patients registered in the program demonstrated by evidence
79.2 submitted from paragraph (b).

79.3 **Sec. 15. [342.98] PSYCHEDELIC MEDICINE ADVISORY COMMITTEE.**

79.4 **Subdivision 1. Establishment.** The office must establish a Psychedelic Medicine
79.5 Advisory Committee to advise the office on the operation of the psilocybin therapeutic use
79.6 program under sections 342.85 to 342.98.

79.7 **Subd. 2. Membership.** (a) The advisory committee shall consist of:

79.8 (1) ten members with knowledge or expertise regarding the therapeutic use of psilocybin
79.9 and other psychedelic medicines or regarding integration resources associated with the use
79.10 of psilocybin, as well as cultivation and testing of psilocybin. The office must make
79.11 recommendations to the governor for members appointed under this clause, and the governor
79.12 must appoint members under this clause; and

79.13 (2) one member representing Tribal Nations in the state, appointed by the Indian Affairs
79.14 Council.

79.15 (b) Initial appointments must be made to the advisory committee by November 1, 2026.

79.16 **Subd. 3. Chairperson.** Members of the advisory committee must elect a chairperson
79.17 from among the advisory committee's members.

79.18 **Subd. 4. Terms; compensation; removal of members.** The advisory committee is
79.19 governed by section 15.059, except the advisory committee does not expire.

79.20 **Subd. 5. Meetings.** The advisory committee must meet at least four times per year or at
79.21 the call of the chairperson. The initial meeting of the advisory committee must occur by
79.22 December 1, 2026, and must be called by the office.

79.23 **Subd. 6. Staff support; office space; equipment.** The office must provide the advisory
79.24 committee with staff support, office space, and access to office equipment and services.

79.25 **ARTICLE 5**

79.26 **HUMAN SERVICES FORECAST ADJUSTMENTS**

79.27 **Section 1. HUMAN SERVICES FORECAST ADJUSTMENTS.**

79.28 The sums shown in the columns marked "Appropriations" are added to or, if shown in
79.29 parentheses, subtracted from the appropriations in Laws 2025, First Special Session chapter
79.30 3, article 20, and Laws 2025, First Special Session chapter 9, article 12, to the commissioner
79.31 of human services from the general fund or other named fund for the purposes specified in

80.1 section 2 and are available for the fiscal years indicated for each purpose. The figures "2026"
 80.2 and "2027" used in this article mean that the addition to or subtraction from the appropriation
 80.3 listed under them is available for the fiscal year ending June 30, 2026, or June 30, 2027,
 80.4 respectively.

80.5 **APPROPRIATIONS**
 80.6 **Available for the Year**
 80.7 **Ending June 30**
 80.8 **2026** **2027**

80.9 **Sec. 2. COMMISSIONER OF HUMAN**
 80.10 **SERVICES.**

80.11 **Subdivision 1. Total Appropriation** **\$** **739,634,000** **\$** **775,035,000**

80.12 **Appropriations by Fund**

80.13 **General Fund** **652,953,000** **615,407,000**

80.14 **Health Care Access**
 80.15 **Fund** **86,681,000** **159,628,000**

80.16 **Subd. 2. Forecasted Programs**

80.17 **(a) General Assistance** **7,909,000** **9,653,000**

80.18 **(b) Minnesota Supplemental Aid** **2,976,000** **3,233,000**

80.19 **(c) Housing Support** **29,593,000** **44,727,000**

80.20 **(d) MinnesotaCare** **86,681,000** **159,628,000**

80.21 These appropriations are from the health care
 80.22 access fund.

80.23 **(e) Medical Assistance** **589,777,000** **525,140,000**

80.24 **(f) Behavioral Health Fund** **22,698,000** **32,654,000**

80.25 **Sec. 3. EFFECTIVE DATE.**

80.26 This article is effective the day following final enactment.

80.27 **ARTICLE 6**

80.28 **CHILDREN, YOUTH, AND FAMILIES FORECAST ADJUSTMENTS**

80.29 **Section 1. CHILDREN, YOUTH, AND FAMILIES FORECAST ADJUSTMENTS.**

80.30 The sums shown in the columns marked "Appropriations" are added to or, if shown in
 80.31 parentheses, subtracted from the appropriations in Laws 2025, First Special Session chapter
 80.32 3, article 22, to the commissioner of children, youth, and families from the general fund or

82.1 first year" is fiscal year 2026. "The second year" is fiscal year 2027. "The biennium" is
82.2 fiscal years 2026 and 2027.

| | | <u>APPROPRIATIONS</u> | |
|-------|--|--------------------------------------|-----------------------------------|
| | | <u>Available for the Year</u> | |
| | | <u>Ending June 30</u> | |
| | | <u>2026</u> | <u>2027</u> |
| 82.7 | <u>Sec. 2. COMMISSIONER OF HUMAN</u> | | |
| 82.8 | <u>SERVICES</u> | <u>\$</u> | <u>-0- \$ 3,026,000</u> |
| 82.9 | <u>The amounts that may be spent for each</u> | | |
| 82.10 | <u>purpose are specified in this article.</u> | | |
| 82.11 | <u>Sec. 3. CENTRAL OFFICE; OPERATIONS</u> | <u>\$</u> | <u>-0- \$ 1,046,000</u> |
| 82.12 | <u>Base Level Adjustment.</u> <u>The general fund</u> | | |
| 82.13 | <u>base is increased by \$6,257,000 in fiscal year</u> | | |
| 82.14 | <u>2028 and increased by \$7,093,000 in fiscal</u> | | |
| 82.15 | <u>year 2029.</u> | | |
| 82.16 | <u>Sec. 4. CENTRAL OFFICE; HEALTH CARE</u> | <u>\$</u> | <u>-0- \$ 16,403,000</u> |
| 82.17 | <u>Base Level Adjustment.</u> <u>The general fund</u> | | |
| 82.18 | <u>base is increased by \$16,838,000 in fiscal year</u> | | |
| 82.19 | <u>2028 and increased by \$17,350,000 in fiscal</u> | | |
| 82.20 | <u>year 2029.</u> | | |
| 82.21 | <u>Sec. 5. FORECASTED PROGRAMS;</u> | | |
| 82.22 | <u>MEDICAL ASSISTANCE</u> | <u>\$</u> | <u>-0- \$ (15,923,000)</u> |
| 82.23 | <u>Base Level Adjustment.</u> <u>The general fund</u> | | |
| 82.24 | <u>base is decreased by \$65,257,000 in fiscal year</u> | | |
| 82.25 | <u>2028 and decreased by \$70,977,000 in fiscal</u> | | |
| 82.26 | <u>year 2029.</u> | | |
| 82.27 | <u>Sec. 6. GRANT PROGRAMS; HEALTH CARE</u> | | |
| 82.28 | <u>GRANTS</u> | <u>\$</u> | <u>-0- \$ 1,500,000</u> |
| 82.29 | <u>Base Level Adjustment.</u> <u>The general fund</u> | | |
| 82.30 | <u>base is increased by \$1,750,000 in fiscal year</u> | | |
| 82.31 | <u>2028 and increased by \$1,125,000 in fiscal</u> | | |
| 82.32 | <u>year 2029.</u> | | |

83.1 Sec. 7. **EXPIRATION OF UNCODIFIED LANGUAGE.**

83.2 All uncodified language in this article expires June 30, 2027, unless a different expiration
83.3 date is specified.

83.4 Sec. 8. **EFFECTIVE DATE.**

83.5 This article is effective July 1, 2026, unless a different effective date is specified.

83.6 **ARTICLE 8**

83.7 **DEPARTMENT OF HEALTH APPROPRIATIONS**

83.8 Section 1. **HEALTH APPROPRIATIONS.**

83.9 The dollar amounts shown in the columns marked "Appropriations" are added to or, if
83.10 shown in parentheses, subtracted from the appropriations in Laws 2025, First Special Session
83.11 chapter 3, article 21, from the general fund or any named fund and are available for the
83.12 fiscal years indicated for each purpose. The figures "2026" and "2027" used in this article
83.13 mean that the addition to or subtraction from the appropriations listed under them are
83.14 available for the fiscal years ending June 30, 2026, or June 30, 2027, respectively. "The
83.15 first year" is fiscal year 2026. "The second year" is fiscal year 2027.

| | <u>APPROPRIATIONS</u> | |
|--|--------------------------------------|--------------------------|
| | <u>Available for the Year</u> | |
| | <u>Ending June 30</u> | |
| | <u>2026</u> | <u>2027</u> |
| 83.20 Sec. 2. <u>COMMISSIONER OF HEALTH</u> | <u>\$ 440,000</u> | <u>\$ 682,000</u> |

| | <u>Appropriations by Fund</u> | |
|-------------------------------|--------------------------------------|-----------------------|
| | <u>2026</u> | <u>2027</u> |
| 83.21 <u>General</u> | <u>-0-</u> | <u>55,000</u> |
| 83.22 <u>State Government</u> | | |
| 83.23 <u>Special Revenue</u> | <u>440,000</u> | <u>627,000</u> |

83.24 The amounts that may be spent for each
83.25 purpose are specified in this article.

83.26 Sec. 3. **HEALTH IMPROVEMENT**

| | | |
|--|--------------------------|--------------------------|
| 83.27 <u>Subdivision 1. Total Appropriation</u> | <u>\$ 440,000</u> | <u>\$ 682,000</u> |
|--|--------------------------|--------------------------|

| | <u>Appropriations by Fund</u> | |
|-------------------------------|--------------------------------------|-----------------------|
| | <u>2026</u> | <u>2027</u> |
| 83.28 <u>General</u> | <u>-0-</u> | <u>55,000</u> |
| 83.29 <u>State Government</u> | | |
| 83.30 <u>Special Revenue</u> | <u>440,000</u> | <u>627,000</u> |

84.1 **Subd. 2. Licensing and Regulation of Health**
84.2 **Maintenance Organizations**

84.3 \$440,000 in fiscal year 2026 and \$440,000 in
84.4 fiscal year 2027 are from the state government
84.5 special revenue fund for licensing and
84.6 regulation of health maintenance organizations
84.7 under Minnesota Statutes, chapter 62D. These
84.8 appropriations are contingent on the
84.9 commissioner of health retaining authority in
84.10 fiscal year 2027 to license and regulate health
84.11 maintenance organizations.

84.12 **Subd. 3. All-Payer Claims Database;**
84.13 **Administration**

84.14 \$187,000 in fiscal year 2027 is from the state
84.15 government special revenue fund for
84.16 administering the all-payer claims database
84.17 under Minnesota Statutes, section 62U.04. The
84.18 state government special revenue fund base
84.19 for this subdivision is increased by \$234,000
84.20 in fiscal year 2028 and increased by \$292,000
84.21 in fiscal year 2029.

84.22 **Subd. 4. All-Payer Claims Database; Data on**
84.23 **Fully Denied Claims**

84.24 \$55,000 in fiscal year 2027 is from the general
84.25 fund for the collection of data on fully denied
84.26 claims according to Minnesota Statutes,
84.27 section 62U.04, subdivision 4. This is a
84.28 onetime appropriation.

84.29 Sec. 4. Laws 2025, First Special Session chapter 3, article 21, section 3, subdivision 2, is
84.30 amended to read:

84.31 **Subd. 2. Substance Use Treatment, Recovery,**
84.32 **and Prevention Grants**

84.33 \$3,000,000 in fiscal year 2026 and \$3,000,000
84.34 in fiscal year 2027 are from the general fund
84.35 for substance use treatment, recovery, and

85.1 prevention grants under Minnesota Statutes,
85.2 section 342.72. The commissioner may use
85.3 up to \$300,000 of this appropriation for
85.4 administration.

85.5 Sec. 5. **EXPIRATION OF UNCODIFIED LANGUAGE.**

85.6 All uncodified language contained in this article expires June 30, 2027, unless a different
85.7 expiration date is specified.

85.8 Sec. 6. **EFFECTIVE DATE.**

85.9 This article is effective June 30, 2026, unless a different effective date is specified.

APPENDIX
Article locations for UES4612-1

| | | |
|-----------|--|---------------|
| ARTICLE 1 | HEALTH-RELATED LICENSING BOARDS..... | Page.Ln 2.2 |
| ARTICLE 2 | DEPARTMENT OF HEALTH..... | Page.Ln 15.7 |
| ARTICLE 3 | FEDERAL CONFORMITY AND RELATED PROVISIONS..... | Page.Ln 36.22 |
| ARTICLE 4 | PSILOCYBIN THERAPEUTIC USE PROGRAM..... | Page.Ln 64.19 |
| ARTICLE 5 | HUMAN SERVICES FORECAST ADJUSTMENTS..... | Page.Ln 79.25 |
| | CHILDREN, YOUTH, AND FAMILIES FORECAST | |
| ARTICLE 6 | ADJUSTMENTS..... | Page.Ln 80.27 |
| ARTICLE 7 | DEPARTMENT OF HUMAN SERVICES APPROPRIATIONS..... | Page.Ln 81.24 |
| ARTICLE 8 | DEPARTMENT OF HEALTH APPROPRIATIONS..... | Page.Ln 83.6 |

151.74 INSULIN SAFETY NET PROGRAM.

Subd. 15. **Program satisfaction; surveys.** (a) The commissioner of health, in consultation with the Board of Pharmacy and individuals who are insulin-dependent, shall develop and conduct a survey of individuals who have accessed urgent-need insulin through the program and who are accessing or have accessed a manufacturer's patient assistance program since the commencement of the insulin safety net program; and a survey of pharmacies that have dispensed insulin on an urgent-need basis under the program and have participated in the manufacturers' patient assistance programs under this section.

(b) The survey for individuals shall cover overall satisfaction with the program, including but not limited to:

(1) accessibility to urgent-need insulin;

(2) adequacy of the information sheet and list of navigators received from the pharmacy;

(3) whether the individual contacted a trained navigator and, if so, if the navigator was helpful and knowledgeable;

(4) whether the individual accessed the manufacturer's patient assistance program and, if so, how easy it was to access application forms, apply to the manufacturer's programs, and receive the insulin product from the pharmacy; and

(5) whether the individual is still in need of a long-term solution for affordable insulin.

(c) The survey for the pharmacies shall include, but is not limited to:

(1) timeliness of reimbursement from the manufacturers for urgent-need insulin dispensed by the pharmacy;

(2) ease in submitting insulin product orders to the manufacturers; and

(3) timeliness of receiving insulin orders from the manufacturers.

(d) The commissioner may contract with a nonprofit entity to develop and conduct the survey and to evaluate the survey results.

(e) By January 15, 2022, the commissioner shall submit a report to the chairs and ranking minority members of the legislative committees with jurisdiction over health and human services policy and finance containing the results of the surveys.