

**SENATE  
STATE OF MINNESOTA  
NINETY-THIRD SESSION**

**S.F. No. 2**

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DATE	D-PG	OFFICIAL STATUS
01/04/2023	70	Introduction and first reading Referred to Jobs and Economic Development
01/19/2023	237a	Comm report: To pass as amended and re-refer to Labor
01/23/2023	322a	Comm report: To pass as amended and re-refer to Health and Human Services
	323	Rule 12.10: report of votes in committee
01/25/2023	357	Comm report: To pass and re-referred to State and Local Government and Veterans
	357	Rule 12.10: report of votes in committee
01/30/2023	522a	Comm report: To pass as amended and re-refer to Commerce and Consumer Protection
02/02/2023	582a	Comm report: To pass as amended and re-refer to Judiciary and Public Safety
02/08/2023	694a	Comm report: To pass as amended and re-refer to Human Services
02/21/2023	998a	Comm report: To pass as amended and re-refer to Jobs and Economic Development
03/27/2023	2644a	Comm report: To pass as amended and re-refer to Finance
	2654	Rule 12.10: report of votes in committee
04/28/2023		Comm report: To pass as amended Rule 12.10: report of votes in committee Second reading

1.1 A bill for an act

1.2 relating to employment; providing for paid family, bonding, and applicant's serious

1.3 medical condition benefits; regulating and requiring certain employment leaves;

1.4 classifying certain data; authorizing rulemaking; requiring an actuarial report;

1.5 increasing direct care provider rates; appropriating money; amending Minnesota

1.6 Statutes 2022, sections 13.719, by adding a subdivision; 177.27, subdivision 4;

1.7 181.032; 256B.057, subdivision 9; 256J.561, by adding a subdivision; 256J.95,

1.8 subdivisions 3, 11; 256P.01, subdivision 3; 268.19, subdivision 1; proposing coding

1.9 for new law as Minnesota Statutes, chapter 268B.

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

1.11 style="text-align:center">**ARTICLE 1**

1.12 style="text-align:center">**FAMILY AND MEDICAL BENEFITS**

1.13 Section 1. Minnesota Statutes 2022, section 13.719, is amended by adding a subdivision

1.14 to read:

1.15 Subd. 7. **Family and medical insurance data.** (a) For the purposes of this subdivision,

1.16 the terms used have the meanings given them in section 268B.01.

1.17 (b) Data on applicants, family members, incapacitated persons, or employers under

1.18 chapter 268B are private or nonpublic data, provided that the department may share data

1.19 collected from applicants with employers or health care providers to the extent necessary

1.20 to meet the requirements of chapter 268B or other applicable law.

1.21 (c) The data classified under paragraph (b) may be exchanged between the department

1.22 and the Department of Labor and Industry and the Department of Commerce to the extent

1.23 necessary to meet the requirements of chapter 268B or the Department of Labor and

1.24 Industry's enforcement authority over chapter 268B, as provided in section 177.27, or to

2.1 the extent necessary for the Department of Commerce to review or verify compliance for  
 2.2 a private plan under section 268A.10.

2.3 **EFFECTIVE DATE.** This section is effective July 1, 2023.

2.4 Sec. 2. Minnesota Statutes 2022, section 177.27, subdivision 4, is amended to read:

2.5 Subd. 4. **Compliance orders.** The commissioner may issue an order requiring an  
 2.6 employer to comply with sections 177.21 to 177.435, 181.02, 181.03, 181.031, 181.032,  
 2.7 181.101, 181.11, 181.13, 181.14, 181.145, 181.15, 181.172, paragraph (a) or (d), 181.275,  
 2.8 subdivision 2a, 181.722, 181.79, ~~and~~ 181.939 to 181.943, 268B.09, subdivisions 1 to 6, and  
 2.9 268B.14, subdivisions 3 and 3a, or with any rule promulgated under section 177.28. The  
 2.10 commissioner shall issue an order requiring an employer to comply with sections 177.41  
 2.11 to 177.435 if the violation is repeated. For purposes of this subdivision only, a violation is  
 2.12 repeated if at any time during the two years that preceded the date of violation, the  
 2.13 commissioner issued an order to the employer for violation of sections 177.41 to 177.435  
 2.14 and the order is final or the commissioner and the employer have entered into a settlement  
 2.15 agreement that required the employer to pay back wages that were required by sections  
 2.16 177.41 to 177.435. The department shall serve the order upon the employer or the employer's  
 2.17 authorized representative in person or by certified mail at the employer's place of business.  
 2.18 An employer who wishes to contest the order must file written notice of objection to the  
 2.19 order with the commissioner within 15 calendar days after being served with the order. A  
 2.20 contested case proceeding must then be held in accordance with sections 14.57 to 14.69.  
 2.21 If, within 15 calendar days after being served with the order, the employer fails to file a  
 2.22 written notice of objection with the commissioner, the order becomes a final order of the  
 2.23 commissioner.

2.24 **EFFECTIVE DATE.** This section is effective July 1, 2023.

2.25 Sec. 3. Minnesota Statutes 2022, section 181.032, is amended to read:

2.26 **181.032 REQUIRED STATEMENT OF EARNINGS BY EMPLOYER; NOTICE**  
 2.27 **TO EMPLOYEE.**

2.28 (a) At the end of each pay period, the employer shall provide each employee an earnings  
 2.29 statement, either in writing or by electronic means, covering that pay period. An employer  
 2.30 who chooses to provide an earnings statement by electronic means must provide employee  
 2.31 access to an employer-owned computer during an employee's regular working hours to  
 2.32 review and print earnings statements, and must make statements available for review or  
 2.33 printing for a period of three years.

3.1 (b) The earnings statement may be in any form determined by the employer but must  
3.2 include:

3.3 (1) the name of the employee;

3.4 (2) the rate or rates of pay and basis thereof, including whether the employee is paid by  
3.5 hour, shift, day, week, salary, piece, commission, or other method;

3.6 (3) allowances, if any, claimed pursuant to permitted meals and lodging;

3.7 (4) the total number of hours worked by the employee unless exempt from chapter 177;

3.8 (5) the total amount of gross pay earned by the employee during that period;

3.9 (6) a list of deductions made from the employee's pay;

3.10 (7) any amount deducted by the employer under section 268B.14, subdivision 3, and  
3.11 the amount paid by the employer based on the employee's wages under section 268B.14,  
3.12 subdivision 1;

3.13 ~~(7)~~ (8) the net amount of pay after all deductions are made;

3.14 ~~(8)~~ (9) the date on which the pay period ends;

3.15 ~~(9)~~ (10) the legal name of the employer and the operating name of the employer if  
3.16 different from the legal name;

3.17 ~~(10)~~ (11) the physical address of the employer's main office or principal place of business,  
3.18 and a mailing address if different; and

3.19 ~~(11)~~ (12) the telephone number of the employer.

3.20 (c) An employer must provide earnings statements to an employee in writing, rather  
3.21 than by electronic means, if the employer has received at least 24 hours notice from an  
3.22 employee that the employee would like to receive earnings statements in written form. Once  
3.23 an employer has received notice from an employee that the employee would like to receive  
3.24 earnings statements in written form, the employer must comply with that request on an  
3.25 ongoing basis.

3.26 (d) At the start of employment, an employer shall provide each employee a written notice  
3.27 containing the following information:

3.28 (1) the rate or rates of pay and basis thereof, including whether the employee is paid by  
3.29 the hour, shift, day, week, salary, piece, commission, or other method, and the specific  
3.30 application of any additional rates;

3.31 (2) allowances, if any, claimed pursuant to permitted meals and lodging;

4.1 (3) paid vacation, sick time, or other paid time-off accruals and terms of use;

4.2 (4) the employee's employment status and whether the employee is exempt from minimum  
4.3 wage, overtime, and other provisions of chapter 177, and on what basis;

4.4 (5) a list of deductions that may be made from the employee's pay;

4.5 (6) the number of days in the pay period, the regularly scheduled pay day, and the pay  
4.6 day on which the employee will receive the first payment of wages earned;

4.7 (7) the legal name of the employer and the operating name of the employer if different  
4.8 from the legal name;

4.9 (8) the physical address of the employer's main office or principal place of business, and  
4.10 a mailing address if different; and

4.11 (9) the telephone number of the employer.

4.12 (e) The employer must keep a copy of the notice under paragraph (d) signed by each  
4.13 employee acknowledging receipt of the notice. The notice must be provided to each employee  
4.14 in English. The English version of the notice must include text provided by the commissioner  
4.15 that informs employees that they may request, by indicating on the form, the notice be  
4.16 provided in a particular language. If requested, the employer shall provide the notice in the  
4.17 language requested by the employee. The commissioner shall make available to employers  
4.18 the text to be included in the English version of the notice required by this section and assist  
4.19 employers with translation of the notice in the languages requested by their employees.

4.20 (f) An employer must provide the employee any written changes to the information  
4.21 contained in the notice under paragraph (d) prior to the date the changes take effect.

4.22 **EFFECTIVE DATE.** Except as provided in section 40, this section is effective July 1,  
4.23 2025.

4.24 Sec. 4. Minnesota Statutes 2022, section 268.19, subdivision 1, is amended to read:

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

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

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

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

5.7 (4) the public authority responsible for child support in Minnesota or any other state in  
5.8 accordance with section 256.978;

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

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

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

5.14 (8) the Department of Labor and Industry and the Commerce Fraud Bureau in the  
5.15 Department of Commerce for uses consistent with the administration of their duties under  
5.16 Minnesota law;

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

5.21 (10) local and state welfare agencies for monitoring the eligibility of the data subject  
5.22 for assistance programs, or for any employment or training program administered by those  
5.23 agencies, whether alone, in combination with another welfare agency, or in conjunction  
5.24 with the department or to monitor and evaluate the statewide Minnesota family investment  
5.25 program and other cash assistance programs, the Supplemental Nutrition Assistance Program,  
5.26 and the Supplemental Nutrition Assistance Program Employment and Training program by  
5.27 providing data on recipients and former recipients of Supplemental Nutrition Assistance  
5.28 Program (SNAP) benefits, cash assistance under chapter 256, 256D, 256J, or 256K, child  
5.29 care assistance under chapter 119B, or medical programs under chapter 256B or 256L or  
5.30 formerly codified under chapter 256D;

5.31 (11) local and state welfare agencies for the purpose of identifying employment, wages,  
5.32 and other information to assist in the collection of an overpayment debt in an assistance  
5.33 program;

6.1 (12) local, state, and federal law enforcement agencies for the purpose of ascertaining  
 6.2 the last known address and employment location of an individual who is the subject of a  
 6.3 criminal investigation;

6.4 (13) the United States Immigration and Customs Enforcement has access to data on  
 6.5 specific individuals and specific employers provided the specific individual or specific  
 6.6 employer is the subject of an investigation by that agency;

6.7 (14) the Department of Health for the purposes of epidemiologic investigations;

6.8 (15) the Department of Corrections for the purposes of case planning and internal research  
 6.9 for preprobation, probation, and postprobation employment tracking of offenders sentenced  
 6.10 to probation and preconfinement and postconfinement employment tracking of committed  
 6.11 offenders;

6.12 (16) the state auditor to the extent necessary to conduct audits of job opportunity building  
 6.13 zones as required under section 469.3201; ~~and~~

6.14 (17) the Office of Higher Education for purposes of supporting program improvement,  
 6.15 system evaluation, and research initiatives including the Statewide Longitudinal Education  
 6.16 Data System; and

6.17 (18) the Family and Medical Benefits Division of the Department of Employment and  
 6.18 Economic Development to be used as necessary to administer chapter 268B.

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

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

6.27 **EFFECTIVE DATE.** This section is effective July 1, 2023.

6.28 Sec. 5. **[268B.01] DEFINITIONS.**

6.29 Subdivision 1. **Scope.** For the purposes of this chapter, the terms defined in this section  
 6.30 have the meanings given.

6.31 Subd. 2. **Applicant.** "Applicant" means an individual applying for leave with benefits  
 6.32 under this chapter.

7.1 Subd. 3. **Applicant's average weekly wage.** "Applicant's average weekly wage" means  
 7.2 an amount equal to the applicant's high quarter wage credits divided by 13.

7.3 Subd. 4. **Base period.** (a) "Base period," unless otherwise provided in this subdivision,  
 7.4 means the most recent four completed calendar quarters before the effective date of an  
 7.5 applicant's application for family or medical leave benefits if the application has an effective  
 7.6 date occurring after the month following the most recent completed calendar quarter. The  
 7.7 base period under this paragraph is as follows:

7.8 <u>If the application for family or medical leave</u>	
7.9 <u>benefits is effective on or between these</u>	
7.10 <u>dates:</u>	<u>The base period is the prior:</u>
7.11 <u>February 1 to March 31</u>	<u>January 1 to December 31</u>
7.12 <u>May 1 to June 30</u>	<u>April 1 to March 31</u>
7.13 <u>August 1 to September 30</u>	<u>July 1 to June 30</u>
7.14 <u>November 1 to December 31</u>	<u>October 1 to September 30</u>

7.15 (b) If an application for family or medical leave benefits has an effective date that is  
 7.16 during the month following the most recent completed calendar quarter, then the base period  
 7.17 is the first four of the most recent five completed calendar quarters before the effective date  
 7.18 of an applicant's application for family or medical leave benefits. The base period under  
 7.19 this paragraph is as follows:

7.20 <u>If the application for family or medical leave</u>	
7.21 <u>benefits is effective on or between these</u>	
7.22 <u>dates:</u>	<u>The base period is the prior:</u>
7.23 <u>January 1 to January 31</u>	<u>October 1 to September 30</u>
7.24 <u>April 1 to April 30</u>	<u>January 1 to December 31</u>
7.25 <u>July 1 to July 31</u>	<u>April 1 to March 31</u>
7.26 <u>October 1 to October 31</u>	<u>July 1 to June 30</u>

7.27 (c) Regardless of paragraph (a), a base period of the first four of the most recent five  
 7.28 completed calendar quarters must be used if the applicant would have more wage credits  
 7.29 under that base period than under a base period of the four most recent completed calendar  
 7.30 quarters.

7.31 (d) If the applicant has insufficient wage credits to establish a benefit account under a  
 7.32 base period of the four most recent completed calendar quarters, or a base period of the first  
 7.33 four of the most recent five completed calendar quarters, but during either base period the  
 7.34 applicant received workers' compensation for temporary disability under chapter 176 or a  
 7.35 similar federal law or similar law of another state, or if the applicant whose own serious

8.1 illness caused a loss of work for which the applicant received compensation for loss of  
8.2 wages from some other source, the applicant may request a base period as follows:

8.3 (1) if an applicant was compensated for a loss of work of seven to 13 weeks during a  
8.4 base period referred to in paragraph (a) or (b), then the base period is the first four of the  
8.5 most recent six completed calendar quarters before the effective date of the application for  
8.6 family or medical leave benefits;

8.7 (2) if an applicant was compensated for a loss of work of 14 to 26 weeks during a base  
8.8 period referred to in paragraph (a) or (b), then the base period is the first four of the most  
8.9 recent seven completed calendar quarters before the effective date of the application for  
8.10 family or medical leave benefits;

8.11 (3) if an applicant was compensated for a loss of work of 27 to 39 weeks during a base  
8.12 period referred to in paragraph (a) or (b), then the base period is the first four of the most  
8.13 recent eight completed calendar quarters before the effective date of the application for  
8.14 family or medical leave benefits; and

8.15 (4) if an applicant was compensated for a loss of work of 40 to 52 weeks during a base  
8.16 period referred to in paragraph (a) or (b), then the base period is the first four of the most  
8.17 recent nine completed calendar quarters before the effective date of the application for  
8.18 family or medical leave benefits.

8.19 (e) For an applicant under a private plan as provided in section 268B.10, the base period  
8.20 shall be those most recent four quarters or fewer, as applicable, in which wage credits were  
8.21 earned with the current employer as provided by the current employer. If an employer does  
8.22 not have complete base period wage detail information, the employer may accept an  
8.23 employee's certification of wage credits, based on the employee's records.

8.24 Subd. 5. **Benefit.** "Benefit" or "benefits" means monetary payments under this chapter  
8.25 associated with qualifying bonding, family care, serious health condition, qualifying exigency,  
8.26 or safety leave events, unless otherwise indicated by context.

8.27 Subd. 6. **Benefit account.** "Benefit account" means a benefit account established under  
8.28 section 268B.04.

8.29 Subd. 7. **Benefit year.** "Benefit year" means the period of 52 calendar weeks beginning  
8.30 the date a benefit account under section 268B.04 is effective. For a benefit account established  
8.31 effective any January 1, April 1, July 1, or October 1, the benefit year will be a period of  
8.32 53 calendar weeks.



9.1 Subd. 8. **Bonding.** "Bonding" means time spent by an applicant who is a biological,  
9.2 adoptive, or foster parent with a biological, adopted, or foster child in conjunction with the  
9.3 child's birth, adoption, or placement.

9.4 Subd. 9. **Calendar day.** "Calendar day" or "day" means a fixed 24-hour period  
9.5 corresponding to a single calendar date.

9.6 Subd. 10. **Calendar quarter.** "Calendar quarter" means the period of three consecutive  
9.7 calendar months ending on March 31, June 30, September 30, or December 31.

9.8 Subd. 11. **Calendar week.** "Calendar week" has the same meaning as "week" under  
9.9 subdivision 47.

9.10 Subd. 12. **Construction industry.** "Construction industry" means any construction,  
9.11 reconstruction, building erection, alteration, remodeling, repairing, renovation, rehabilitation,  
9.12 excavation, or demolition of any building, structure, facility utility, power plant, sewer,  
9.13 dam, highway, road, street, airport, bridge, or other improvement.

9.14 Subd. 13. **Commissioner.** "Commissioner" means the commissioner of employment  
9.15 and economic development, unless otherwise indicated by context.

9.16 Subd. 14. **Covered employment.** (a) "Covered employment" means performing services  
9.17 of whatever nature, unlimited by the relationship of master and servant as known to the  
9.18 common law, or any other legal relationship performed for wages or under any contract  
9.19 calling for the performance of services, written or oral, express or implied.

9.20 (b) "Covered employment" includes an individual's entire service performed within or  
9.21 without or both within and without this state, if:

9.22 (1) the service is localized in this state; or

9.23 (2) the service is not localized in any state, but some of the service is performed in this  
9.24 state and:

9.25 (i) the base of operations of the employee is in the state, or if there is no base of  
9.26 operations, then the place from which such service is directed or controlled is in this state;  
9.27 or

9.28 (ii) the base of operations or place from which such service is directed or controlled is  
9.29 not in any state in which some part of the service is performed, but the individual's residence  
9.30 is in this state.

9.31 (c) "Covered employment" does not include:

9.32 (1) a self-employed individual; or

10.1 (2) an independent contractor.

10.2 Subd. 15. **Department.** "Department" means the Department of Employment and  
 10.3 Economic Development, unless otherwise indicated by context.

10.4 Subd. 16. **Employee.** (a) "Employee" means an individual who performs services of  
 10.5 whatever nature for an employer.

10.6 (b) Employee does not include employees of the United States of America, self-employed  
 10.7 individuals, or independent contractors.

10.8 (c) Employee does not include seasonal employees who are employed for no more than  
 10.9 150 days during any consecutive 52-week period. A seasonal employee whose employment  
 10.10 extends beyond 150 days during any consecutive 52-week period shall be considered an  
 10.11 employee for the purposes of this chapter retroactively to the first day of employment.

10.12 Subd. 17. **Employer.** (a) "Employer" means:

10.13 (1) any person, type of organization, or entity, including any partnership, association,  
 10.14 trust, estate, joint stock company, insurance company, limited liability company, or  
 10.15 corporation, whether domestic or foreign, or the receiver, trustee in bankruptcy, trustee, or  
 10.16 the legal representative of a deceased person, having any individual in covered employment;

10.17 (2) the state, state agencies, Minnesota State Colleges and Universities, University of  
 10.18 Minnesota, and other statewide public systems;

10.19 (3) any municipality or local government entity, including but not limited to a county,  
 10.20 city, town, school district, Metropolitan Council, Metropolitan Airports Commission, housing  
 10.21 and redevelopment authority, port authority, economic development authority, sports facilities  
 10.22 authority, board or commission, joint powers board or organization created under section  
 10.23 471.59, destination medical center corporation, municipal corporation, quasimunicipal  
 10.24 corporation, or other political subdivision. An employer also includes charter schools; and

10.25 (4) the taxpaying employer as described in section 268.046, subdivision 1.

10.26 (b) Employer does not include:

10.27 (1) the United States of America; or

10.28 (2) a self-employed individual who has elected and been approved for coverage under  
 10.29 section 268B.11 with regard to the self-employed individual's own coverage and benefits.

10.30 Subd. 18. **Estimated self-employment income.** "Estimated self-employment income"  
 10.31 means a self-employed individual's net earnings from self-employment in the most recent  
 10.32 taxable year.

11.1 Subd. 19. **Family and medical benefit insurance account.** "Family and medical benefit  
11.2 insurance account" means the family and medical benefit insurance account in the special  
11.3 revenue fund in the state treasury under section 268B.02.

11.4 Subd. 20. **Family benefit program.** "Family benefit program" means the program  
11.5 administered under this chapter for the collection of premiums and payment of benefits  
11.6 related to family care, bonding, safety leave, and leave related to a qualifying exigency.

11.7 Subd. 21. **Family care.** "Family care" means an applicant caring for a family member  
11.8 with a serious health condition, caring for a family member who is a covered service member,  
11.9 or caring for a family member who is taking safety leave.

11.10 Subd. 22. **Family member.** (a) "Family member" means, with respect to an applicant:

11.11 (1) a spouse, including a domestic partner in a civil union or other registered domestic  
11.12 partnership recognized by the state, and a spouse's parent;

11.13 (2) a child and a child's spouse;

11.14 (3) a parent and a parent's spouse;

11.15 (4) a sibling and a sibling's spouse;

11.16 (5) a grandparent, a grandchild, or a spouse of a grandparent or grandchild; and

11.17 (6) an individual selected by the incapacitated person.

11.18 (b) For the purposes of this chapter, a child includes a stepchild; biological, adopted, or  
11.19 foster child of the applicant; or a child for whom the applicant is standing or stood in loco  
11.20 parentis.

11.21 (c) For the purposes of this chapter, a grandchild includes a stepgrandchild or biological,  
11.22 adopted, or foster grandchild of the applicant.

11.23 (d) For purposes of this chapter, a parent includes a stepparent; biological, adoptive, or  
11.24 foster parent of the applicant; a legal guardian; or an individual who stood in loco parentis  
11.25 to the applicant.

11.26 (e) For purposes of this chapter, a grandparent includes a stepgrandparent or biological,  
11.27 adoptive, or foster grandparent of the applicant.

11.28 Subd. 23. **Health care provider.** "Health care provider" means:

11.29 (1) an individual who is licensed, certified, or otherwise authorized under law to practice  
11.30 in the individual's scope of practice as a physician; physician assistant; podiatrist; osteopath;  
11.31 surgeon; advanced practice registered nurse; an alcohol and drug counselor as defined in

12.1 section 148F.01, subdivision 5; or a mental health professional as defined in section 245I.02,  
12.2 subdivision 27; or

12.3 (2) any other individual determined by the commissioner by rule, in accordance with  
12.4 the rulemaking procedures in the Administrative Procedure Act, to be capable of providing  
12.5 health care services.

12.6 Subd. 24. **High quarter.** "High quarter" means the calendar quarter in an applicant's  
12.7 base period with the highest amount of wage credits.

12.8 Subd. 25. **Incapacity.** "Incapacity" means inability to perform regular work due to a  
12.9 serious health condition, treatment therefore, or recovery therefrom.

12.10 Subd. 26. **Incapacitated person.** "Incapacitated person" means the individual who needs  
12.11 leave or is the reason for another individual to need leave due to their incapacity, domestic  
12.12 abuse, sexual assault, stalking, or qualifying exigency.

12.13 Subd. 27. **Independent contractor.** If there is an existing specific test or definition for  
12.14 independent contractor in Minnesota statute or rule applicable to an occupation or sector  
12.15 as of the date of enactment of this chapter, that test or definition shall apply to that occupation  
12.16 or sector for purposes of this chapter. If there is not an existing test or definition as described,  
12.17 the definition for independent contractor shall be as provided in Minnesota Rules, part  
12.18 5200.0221.

12.19 Subd. 28. **Inpatient care.** "Inpatient care" means an overnight stay in a hospital, hospice,  
12.20 or residential medical care facility, including any period of incapacity, or any subsequent  
12.21 treatment in connection with such inpatient care.

12.22 Subd. 29. **Maximum weekly benefit amount.** "Maximum weekly benefit amount"  
12.23 means the state's average weekly wage as calculated under section 268.035, subdivision 23.

12.24 Subd. 30. **Medical benefit program.** "Medical benefit program" means the program  
12.25 administered under this chapter for the collection of premiums and payment of benefits  
12.26 related to an applicant's serious health condition.

12.27 Subd. 31. **Net earnings from self-employment.** "Net earnings from self-employment"  
12.28 has the meaning given in section 1402 of the Internal Revenue Code, as defined in section  
12.29 290.01, subdivision 31.

12.30 Subd. 32. **Pregnancy.** "Pregnancy" includes prenatal care or incapacity due to pregnancy  
12.31 or recovery from childbirth, still birth, miscarriage, or related health conditions.

13.1 Subd. 33. **Qualifying exigency.** (a) "Qualifying exigency" means a need arising out of  
 13.2 a military member's active duty service or notice of an impending call or order to active  
 13.3 duty in the United States armed forces, including providing for the care or other needs of  
 13.4 the family member's child or other dependent, making financial or legal arrangements for  
 13.5 the family member, attending counseling, attending military events or ceremonies, spending  
 13.6 time with the family member during a rest and recuperation leave or following return from  
 13.7 deployment, or making arrangements following the death of the military member.

13.8 (b) For the purposes of this chapter, a "military member" means a current or former  
 13.9 member of the United States armed forces, including a member of the National Guard or  
 13.10 reserves, who, except for a deceased military member, is a resident of the state and is a  
 13.11 family member of the applicant taking leave related to the qualifying exigency.

13.12 Subd. 34. **Safety leave.** "Safety leave" means leave from work because of domestic  
 13.13 abuse, sexual assault, or stalking of the applicant or applicant's family member, provided  
 13.14 the leave is to:

13.15 (1) seek medical attention related to the physical or psychological injury or disability  
 13.16 caused by domestic abuse, sexual assault, or stalking;

13.17 (2) obtain services from a victim services organization;

13.18 (3) obtain psychological or other counseling;

13.19 (4) seek relocation due to the domestic abuse, sexual assault, or stalking; or

13.20 (5) seek legal advice or take legal action, including preparing for or participating in any  
 13.21 civil or criminal legal proceeding related to, or resulting from, the domestic abuse, sexual  
 13.22 assault, or stalking.

13.23 Subd. 35. **Self-employed individual.** "Self-employed individual" means a resident of  
 13.24 the state who, in one of the two taxable years preceding the current calendar year, derived  
 13.25 at least 5.3 percent of the state's average annual wage in net earnings from self-employment.

13.26 Subd. 36. **Self-employment premium base.** "Self-employment premium base" means  
 13.27 the lesser of:

13.28 (1) a self-employed individual's estimated self-employment income for the calendar year  
 13.29 plus the individual's self-employment wages in the calendar year; or

13.30 (2) the maximum earnings subject to the FICA Old-Age, Survivors, and Disability  
 13.31 Insurance tax in the taxable year.

14.1 Subd. 37. **Self-employment wages.** "Self-employment wages" means the amount of  
14.2 wages that a self-employed individual earned in the calendar year from an entity from which  
14.3 the individual also received net earnings from self-employment.

14.4 Subd. 38. **Serious health condition.** (a) "Serious health condition" means a physical or  
14.5 mental illness, injury, impairment, condition, or substance use disorder that involves:

14.6 (1) inpatient care in a hospital, hospice, or residential medical care facility, including  
14.7 any period of incapacity; or

14.8 (2) continuing treatment or supervision by a health care provider which includes any  
14.9 one or more of the following:

14.10 (i) a period of incapacity of more than three consecutive, full calendar days, and any  
14.11 subsequent treatment or period of incapacity relating to the same condition, that also involves:

14.12 (A) treatment two or more times, within 30 days of the first day of incapacity, unless  
14.13 extenuating circumstances beyond the employee's control prevent a follow-up visit from  
14.14 occurring as planned, by a health care provider or by a provider of health care services under  
14.15 orders of, or on referral by, a health care provider; or

14.16 (B) treatment by a health care provider on at least one occasion that results in a regimen  
14.17 of continuing treatment under the supervision of the health care provider;

14.18 (ii) a period of incapacity due to pregnancy;

14.19 (iii) a period of incapacity or treatment for a chronic health condition that:

14.20 (A) requires periodic visits, defined as at least twice a year, for treatment by a health  
14.21 care provider or under orders of, or on referral by, a health care provider;

14.22 (B) continues over an extended period of time, including recurring episodes of a single  
14.23 underlying condition; and

14.24 (C) may cause episodic rather than continuing periods of incapacity;

14.25 (iv) a period of incapacity which is permanent or long term due to a condition for which  
14.26 treatment may not be effective. The applicant or family member must be under the continuing  
14.27 supervision of, but need not be receiving active treatment by, a health care provider; or

14.28 (v) a period of absence to receive multiple treatments, including any period of recovery  
14.29 from the treatments, by a health care provider or by a provider of health care services under  
14.30 orders of, or on referral by, a health care provider, for:

14.31 (A) restorative surgery after an accident or other injury; or

15.1 (B) a condition that would likely result in a period of incapacity of more than three  
15.2 consecutive, full calendar days in the absence of medical intervention or treatment.

15.3 (b) For the purposes of paragraph (a), clauses (1) and (2), treatment by a health care  
15.4 provider means an in-person visit or telemedicine visit with a health care provider, or by a  
15.5 provider of health care services under orders of, or on referral by, a health care provider.

15.6 (c) For the purposes of paragraph (a), treatment includes but is not limited to examinations  
15.7 to determine if a serious health condition exists and evaluations of the condition.

15.8 (d) Absences attributable to incapacity under paragraph (a), clause (2), item (ii) or (iii),  
15.9 qualify for leave under this chapter even if the applicant or the family member does not  
15.10 receive treatment from a health care provider during the absence, and even if the absence  
15.11 does not last more than three consecutive, full calendar days.

15.12 Subd. 39. **State's average weekly wage.** "State's average weekly wage" means the  
15.13 weekly wage calculated under section 268.035, subdivision 23.

15.14 Subd. 40. **Supplemental benefit payment.** (a) "Supplemental benefit payment" means:

15.15 (1) a payment made by an employer to an employee as salary continuation or as paid  
15.16 time off. Such a payment must be in addition to any family or medical leave benefits the  
15.17 employee is receiving under this chapter; and

15.18 (2) a payment offered by an employer to an employee who is taking leave under this  
15.19 chapter to supplement the family or medical leave benefits the employee is receiving.

15.20 (b) Employers may, but are not required to, designate certain benefits including but not  
15.21 limited to salary continuation, vacation leave, sick leave, or other paid time off as a  
15.22 supplemental benefit payment.

15.23 (c) Nothing in this chapter requires an employee to receive supplemental benefit  
15.24 payments.

15.25 (d) At no time shall a supplemental benefit payment combined with any leave benefit  
15.26 received under this chapter exceed the regular wage or salary of the applicant.

15.27 Subd. 41. **Taxable year.** "Taxable year" has the meaning given in section 290.01,  
15.28 subdivision 9.

15.29 Subd. 42. **Taxable wages.** "Taxable wages" means those wages paid to an employee in  
15.30 covered employment each calendar year up to an amount equal to the maximum wages  
15.31 subject to premium in a calendar year, which is equal to the maximum earnings in that year

16.1 subject to the FICA Old-Age, Survivors, and Disability Insurance tax rounded to the nearest  
16.2 \$1,000.

16.3 Subd. 43. **Typical workweek.** "Typical workweek" means:

16.4 (1) for an hourly employee, the average number of hours worked per week by an  
16.5 employee within the high quarter during the base year; or

16.6 (2) 40 hours for a salaried employee, regardless of the number of hours the salaried  
16.7 employee typically works.

16.8 Subd. 44. **Wage credits.** "Wage credits" means the amount of wages paid within an  
16.9 applicant's base period for covered employment, as defined in subdivision 14.

16.10 Subd. 45. **Wage detail report.** "Wage detail report" means the report on each employee  
16.11 in covered employment required from an employer on a calendar quarter basis under section  
16.12 268B.12.

16.13 Subd. 46. **Wages.** "Wages" has the meaning given in section 268.035, subdivision 29.

16.14 Subd. 47. **Wages paid.** (a) "Wages paid" means the amount of wages:

16.15 (1) that have been actually paid; or

16.16 (2) that have been credited to or set apart so that payment and disposition is under the  
16.17 control of the employee.

16.18 (b) Wage payments delayed beyond the regularly scheduled pay date are wages paid on  
16.19 the missed pay date. Back pay is wages paid on the date of actual payment. Any wages  
16.20 earned but not paid with no scheduled date of payment are wages paid on the last day of  
16.21 employment.

16.22 (c) Wages paid does not include wages earned but not paid except as provided for in  
16.23 this subdivision.

16.24 Subd. 48. **Week.** "Week" means calendar week ending at midnight Saturday.

16.25 Subd. 49. **Weekly benefit amount.** "Weekly benefit amount" means the amount of  
16.26 family and medical leave benefits computed under section 268B.04.

16.27 **EFFECTIVE DATE.** This section is effective July 1, 2023.



17.1      Sec. 6. **[268B.02] FAMILY AND MEDICAL BENEFIT INSURANCE PROGRAM**  
 17.2      **CREATION.**

17.3      Subdivision 1. **Creation.** A family and medical benefit insurance program is created to  
 17.4      be administered by the commissioner according to the terms of this chapter.

17.5      Subd. 2. **Creation of division.** A Family and Medical Benefit Insurance Division is  
 17.6      created within the department under the authority of the commissioner. The commissioner  
 17.7      shall appoint a director of the division. Employees of the division shall serve in the classified  
 17.8      civil service of the state. The division shall administer and operate the benefit program  
 17.9      under this chapter.

17.10     Subd. 3. **Rulemaking.** The commissioner shall adopt rules to implement the provisions  
 17.11     of this chapter. For the purposes of this chapter, the commissioner may use the expedited  
 17.12     rulemaking process under section 14.389.

17.13     Subd. 4. **Account creation; appropriation.** The family and medical benefit insurance  
 17.14     account is created in the special revenue fund in the state treasury. Money in this account  
 17.15     is appropriated to the commissioner to pay benefits under and to administer this chapter,  
 17.16     including outreach required under section 268B.18.

17.17     Subd. 5. **Information technology services and equipment.** The department is exempt  
 17.18     from the provisions of section 16E.016 for the purposes of this chapter.

17.19     Subd. 6. **Procurement.** For purposes of administering this chapter, until July 1, 2025,  
 17.20     the department is exempt from the requirements of sections 16A.15, subdivision 3; 16B.97;  
 17.21     and 16B.98, subdivisions 5, 7, and 8; chapter 16C; and any other state procurement laws  
 17.22     and procedures.

17.23     **EFFECTIVE DATE.** This section is effective July 1, 2023.

17.24     Sec. 7. **[268B.03] PAYMENT OF BENEFITS.**

17.25     The commissioner must pay benefits from the family and medical benefit insurance  
 17.26     account as provided under this chapter to an applicant who has met each of the following  
 17.27     requirements:

17.28     (1) the applicant has filed an application for benefits and established a benefit account  
 17.29     in accordance with section 268B.04;

17.30     (2) the applicant has met all of the ongoing eligibility requirements under section  
 17.31     268B.06;

18.1 (3) the applicant does not have an outstanding overpayment of family or medical leave  
18.2 benefits, including any penalties or interest;

18.3 (4) the applicant has not been held ineligible for benefits under section 268B.07,  
18.4 subdivision 2; and

18.5 (5) the applicant is not employed exclusively by a private plan employer and has wage  
18.6 credits during the base year attributable to employers covered under the state family and  
18.7 medical leave program.

18.8 **EFFECTIVE DATE.** Except as provided in section 40, this section is effective July 1,  
18.9 2025.

18.10 Sec. 8. **[268B.04] BENEFIT ACCOUNT; BENEFITS.**

18.11 Subdivision 1. **Application for benefits; determination of benefit account.** (a) An  
18.12 application for benefits may be filed up to 60 days before leave taken under section 268B.085  
18.13 in person, by mail, or by electronic transmission as the commissioner may require. The  
18.14 applicant must include certification supporting a request for leave under this chapter. The  
18.15 applicant must meet eligibility requirements and must provide all requested information in  
18.16 the manner required. If the applicant fails to provide all requested information, the  
18.17 communication is not an application for family and medical leave benefits.

18.18 (b) The commissioner must examine each application for benefits to determine the base  
18.19 period and the benefit year, and based upon all the covered employment in the base period  
18.20 the commissioner must determine the weekly benefit amount available, if any, and the  
18.21 maximum amount of benefits available, if any. The determination, which is a document  
18.22 separate and distinct from a document titled a determination of eligibility or determination  
18.23 of ineligibility, must be titled determination of benefit account. A determination of benefit  
18.24 account must be sent to the applicant and all base period employers, by mail or electronic  
18.25 transmission.

18.26 (c) If a base period employer did not provide wage detail information for the applicant  
18.27 as required under section 268B.12, the commissioner may accept an applicant certification  
18.28 of wage credits, based upon the applicant's records, and issue a determination of benefit  
18.29 account.

18.30 (d) The commissioner may, at any time within 12 months from the establishment of a  
18.31 benefit account, reconsider any determination of benefit account and make an amended  
18.32 determination if the commissioner finds that the wage credits listed in the determination  
18.33 were incorrect for any reason. An amended determination of benefit account must be

19.1 promptly sent to the applicant and all base period employers, by mail or electronic  
19.2 transmission. This paragraph does not apply to documents titled determinations of eligibility  
19.3 or determinations of ineligibility issued.

19.4 (e) If an amended determination of benefit account reduces the weekly benefit amount  
19.5 or maximum amount of benefits available, any benefits that have been paid greater than the  
19.6 applicant was entitled is an overpayment of benefits. A determination or amended  
19.7 determination issued under this section that results in an overpayment of benefits must set  
19.8 out the amount of the overpayment and the requirement that the overpaid benefits must be  
19.9 repaid according to section 268B.185.

19.10 Subd. 2. **Benefit account requirements.** To establish a benefit account, an applicant  
19.11 must have wage credits of at least 5.3 percent of the state's average annual wage rounded  
19.12 down to the next lower \$100.

19.13 Subd. 3. **Weekly benefit amount; maximum amount of benefits available; prorated**  
19.14 **amount.** (a) Subject to the maximum weekly benefit amount, an applicant's weekly benefit  
19.15 is calculated by adding the amounts obtained by applying the following percentage to an  
19.16 applicant's average typical workweek and weekly wage during the high quarter of the base  
19.17 period:

19.18 (1) 90 percent of wages that do not exceed 50 percent of the state's average weekly wage;  
19.19 plus

19.20 (2) 66 percent of wages that exceed 50 percent of the state's average weekly wage but  
19.21 not 100 percent; plus

19.22 (3) 55 percent of wages that exceed 100 percent of the state's average weekly wage.

19.23 (b) The state's average weekly wage is the average wage as calculated under section  
19.24 268.035, subdivision 23, at the time a benefit amount is first determined.

19.25 (c) The maximum weekly benefit amount is the state's average weekly wage as calculated  
19.26 under section 268.035, subdivision 23.

19.27 (d) The state's maximum weekly benefit amount, computed in accordance with section  
19.28 268.035, subdivision 23, applies to a benefit account established effective on or after the  
19.29 last Sunday in October. Once established, an applicant's weekly benefit amount is not  
19.30 affected by the last Sunday in October change in the state's maximum weekly benefit amount.

19.31 (e) For an employee receiving family or medical leave, a weekly benefit amount is  
19.32 prorated when:

20.1 (1) the employee works hours for wages; or

20.2 (2) the employee uses paid sick leave, paid vacation leave, or other paid time off that is  
20.3 not considered a supplemental benefit payment as defined in section 268B.01, subdivision  
20.4 40.

20.5 Subd. 4. **Timing of payment.** Except as otherwise provided for in this chapter, benefits  
20.6 must be paid weekly.

20.7 Subd. 5. **Maximum length of benefits.** (a) The total number of weeks that an applicant  
20.8 may take benefits in a single benefit year for a serious health condition is the lesser of 12  
20.9 weeks, or 12 weeks minus the number of weeks within the same benefit year that the  
20.10 applicant received benefits for bonding, safety leave, or family care plus eight weeks.

20.11 (b) The total number of weeks that an applicant may take benefits in a single benefit  
20.12 year for bonding, safety leave, or family care is the lesser of 12 weeks, or 12 weeks minus  
20.13 the number of weeks within the same benefit year that the applicant received benefits for a  
20.14 serious health condition plus eight weeks.

20.15 Subd. 6. **Minimum period for which benefits payable.** Except for a claim for benefits  
20.16 for bonding leave, any claim for benefits must be based on a single qualifying event of at  
20.17 least seven calendar days. The minimum duration to receive benefits under this chapter is  
20.18 one work day in a work week.

20.19 Subd. 7. **Right of appeal.** (a) A determination or amended determination of benefit  
20.20 account is final unless an appeal is filed by the applicant within 60 calendar days after the  
20.21 sending of the determination or amended determination.

20.22 (b) Any applicant may appeal from a determination or amended determination of benefit  
20.23 account on the issue of whether services performed constitute employment, whether the  
20.24 employment is covered employment, and whether money paid constitutes wages.

20.25 Subd. 8. **Limitations on applications and benefit accounts.** (a) An application for  
20.26 family or medical leave benefits is effective the Sunday of the calendar week that the  
20.27 application was filed. An application for benefits may be backdated one calendar week  
20.28 before the Sunday of the week the application was actually filed if the applicant requests  
20.29 the backdating within seven calendar days of the date the application is filed. An application  
20.30 may be backdated only if the applicant was eligible for the benefit during the period of the  
20.31 backdating. If an individual attempted to file an application for benefits, but was prevented  
20.32 from filing an application by the department, the application is effective the Sunday of the  
20.33 calendar week the individual first attempted to file an application.

21.1 (b) A benefit account established under subdivision 2 is effective the date the application  
 21.2 for benefits was effective.

21.3 (c) A benefit account, once established, may later be withdrawn if:

21.4 (1) the applicant has not been paid any benefits on that benefit account; and

21.5 (2) a new application for benefits is filed and a new benefit account is established at the  
 21.6 time of the withdrawal.

21.7 (d) A benefit account may be withdrawn after the expiration of the benefit year if the  
 21.8 applicant was not paid any benefits on the benefit account that is being withdrawn.

21.9 (e) A determination or amended determination of eligibility or ineligibility issued under  
 21.10 section 268B.07 that was sent before the withdrawal of the benefit account, remains in effect  
 21.11 and is not voided by the withdrawal of the benefit account.

21.12 **EFFECTIVE DATE.** Except as provided in section 40, this section is effective July 1,  
 21.13 2025.

21.14 Sec. 9. **[268B.05] NOTIFICATION OF CHANGED CIRCUMSTANCES.**

21.15 An applicant shall promptly notify the department of changes that may affect eligibility  
 21.16 under section 268B.06.

21.17 **EFFECTIVE DATE.** Except as provided in section 40, this section is effective July 1,  
 21.18 2025.

21.19 Sec. 10. **[268B.06] ELIGIBILITY REQUIREMENTS; PAYMENTS THAT AFFECT**  
 21.20 **BENEFITS.**

21.21 Subdivision 1. **Eligibility conditions.** (a) An applicant may be eligible to receive family  
 21.22 or medical leave benefits for any week if:

21.23 (1) the week for which benefits are requested is in the applicant's benefit year;

21.24 (2) the applicant was unable to perform regular work due to a serious health condition,  
 21.25 a qualifying exigency, safety leave, family care, or bonding. For bonding leave, eligibility  
 21.26 ends 12 months after birth or placement;

21.27 (3) the applicant has sufficient wage credits from an employer or employers as defined  
 21.28 in section 268B.01, subdivision 42, to establish a benefit account under section 268B.04;  
 21.29 and

22.1 (4) an applicant requesting benefits under this chapter must fulfill certification  
22.2 requirements under subdivision 3.

22.3 (b) A self-employed individual or independent contractor who has elected and been  
22.4 approved for coverage under section 268B.11 need not fulfill the requirement of paragraph  
22.5 (a), clause (3).

22.6 Subd. 2. **Seven-day qualifying event.** (a) The period for which an applicant is seeking  
22.7 benefits must be or have been based on a single event of at least seven calendar days' duration  
22.8 related to family care, a qualifying exigency, safety leave, or the applicant's serious health  
22.9 condition. The days need to be consecutive unless the leave is intermittent.

22.10 (b) Benefits related to bonding need not meet the seven-day qualifying event requirement.

22.11 (c) The commissioner shall use the rulemaking authority under section 268B.02,  
22.12 subdivision 3, to adopt rules regarding what serious health conditions and other events are  
22.13 prospectively presumed to constitute seven-day qualifying events under this chapter.

22.14 Subd. 3. **Certification.** (a) Certification for an applicant taking leave related to the  
22.15 applicant's serious health condition shall be sufficient if the certification states the date on  
22.16 which the serious health condition began, the probable duration of the condition, and the  
22.17 appropriate medical facts within the knowledge of the health care provider as required by  
22.18 the commissioner. The health care provider must also certify that the applicant is  
22.19 incapacitated as defined in section 268B.01, subdivision 25, due to their serious health  
22.20 condition. If the applicant requests intermittent leave, the certification must include the  
22.21 health care provider's reasonable estimate of the frequency and duration and estimated  
22.22 treatment schedule, if applicable.

22.23 (b) Certification for an applicant taking leave to care for a family member with a serious  
22.24 health condition shall be sufficient if the certification states the date on which the serious  
22.25 health condition commenced, the probable duration of the condition, the appropriate medical  
22.26 facts within the knowledge of the health care provider as required by the commissioner, a  
22.27 statement that the family member requires care, and an estimate of the amount of time that  
22.28 the family member will require care.

22.29 (c) Certification for an applicant taking bonding leave because of the birth of the  
22.30 applicant's child shall be sufficient if the certification includes either the child's birth  
22.31 certificate or a document issued by the health care provider of the child or the health care  
22.32 provider of the person who gave birth, stating the child's birth date or estimated due date.

23.1 (d) Certification for an applicant taking bonding leave because of the placement of a  
23.2 child with the applicant for adoption or foster care shall be sufficient if the applicant provides  
23.3 a document issued by the health care provider of the child, an adoption or foster care agency  
23.4 involved in the placement, or by other individuals as determined by the commissioner that  
23.5 confirms the placement and the date of placement. To the extent that the status of an applicant  
23.6 as an adoptive or foster parent changes while an application for benefits is pending, or while  
23.7 the covered individual is receiving benefits, the applicant must notify the department of  
23.8 such change in status in writing.

23.9 (e) Certification for an applicant taking leave because of a qualifying exigency shall be  
23.10 sufficient if the certification includes:

23.11 (1) a copy of the family member's active-duty orders;

23.12 (2) other documentation issued by the United States armed forces; or

23.13 (3) other documentation permitted by the commissioner.

23.14 (f) Certification for an applicant taking safety leave is sufficient if the certification  
23.15 includes a court record or documentation signed by an employee of a victim's services  
23.16 organization, an attorney, a police officer, or an antiviolence counselor. The commissioner  
23.17 must not require disclosure of details relating to an applicant's or applicant's family member's  
23.18 domestic abuse, sexual assault, or stalking.

23.19 (g) For a leave taken on an intermittent basis, based on a serious health condition of an  
23.20 applicant or applicant's family member, the certification under this subdivision must include  
23.21 an explanation of how such leave would be medically beneficial to the individual with the  
23.22 serious health condition.

23.23 Subd. 4. **Not eligible.** An applicant is ineligible for family or medical leave benefits for  
23.24 any portion of a typical workweek:

23.25 (1) that occurs before the effective date of a benefit account;

23.26 (2) that the applicant fails or refuses to provide information on an issue of ineligibility  
23.27 required under section 268B.07, subdivision 2; or

23.28 (3) for which the applicant worked for pay.

23.29 Subd. 5. **Vacation, sick leave, and disability insurance benefits.** An employee may  
23.30 use vacation pay, sick pay, paid time off pay, or disability insurance payments, in lieu of  
23.31 family or medical leave program benefits under this chapter, provided the employee is  
23.32 concurrently eligible. Subject to the limitations of section 268B.09, subdivision 1, an

24.1 employee is entitled to the employment protections under section 268B.09 for those workdays  
24.2 during which this option is exercised. This subdivision applies to private plans under section  
24.3 268B.10.

24.4 Subd. 6. **Workers' compensation offset.** (a) An applicant is not eligible to receive  
24.5 benefits for any portion of a week in which the applicant is receiving or has received  
24.6 compensation for loss of wages equal to or in excess of the applicant's weekly family or  
24.7 medical leave benefit amount under:

24.8 (1) the workers' compensation law of this state; or

24.9 (2) the workers' compensation law of any other state or similar federal law.

24.10 (b) This subdivision does not apply to an applicant who has a claim pending for loss of  
24.11 wages under paragraph (a). If the applicant later receives compensation as a result of the  
24.12 pending claim, the applicant is subject to paragraph (a) and the family or medical leave  
24.13 benefits paid are overpaid benefits under section 268B.185.

24.14 (c) If the amount of compensation described under paragraph (a) for any week is less  
24.15 than the applicant's weekly family or medical leave benefit amount, benefits requested for  
24.16 that week are reduced by the amount of that compensation payment.

24.17 Subd. 7. **Separation, severance, or bonus payments.** (a) An applicant is not eligible  
24.18 to receive benefits for any week the applicant is receiving, has received, or will receive  
24.19 separation pay, severance pay, bonus pay, or any other payments paid by an employer  
24.20 because of, upon, or after separation from employment. This subdivision applies if the  
24.21 payment is:

24.22 (1) considered wages under section 268B.01, subdivision 46; or

24.23 (2) subject to the Federal Insurance Contributions Act (FICA) tax imposed to fund Social  
24.24 Security and Medicare.

24.25 (b) Payments under this subdivision are applied to the period immediately following the  
24.26 later of the date of separation from employment or the date the applicant first becomes  
24.27 aware that the employer will be making a payment. The date the payment is actually made  
24.28 or received, or that an applicant must agree to a release of claims, does not affect the  
24.29 application of this paragraph.

24.30 (c) This subdivision does not apply to vacation pay, sick pay, personal time off pay, or  
24.31 supplemental benefit payment under subdivision 4.

24.32 (d) This subdivision applies to all the weeks of payment.



25.1 (e) Under this subdivision, if the payment with respect to a week is equal to or more  
25.2 than the applicant's weekly benefit amount, the applicant is ineligible for benefits for that  
25.3 week. If the payment with respect to a week is less than the applicant's weekly benefit  
25.4 amount, benefits are reduced by the amount of the payment.

25.5 Subd. 8. **Social Security disability benefits.** (a) An applicant who is receiving, has  
25.6 received, or has filed for primary Social Security disability benefits for any week is ineligible  
25.7 for benefits for that week, unless:

25.8 (1) the Social Security Administration approved the collecting of primary Social Security  
25.9 disability benefits each month the applicant was employed during the base period; or

25.10 (2) the applicant provides a statement from an appropriate health care professional who  
25.11 is aware of the applicant's Social Security disability claim and the basis for that claim,  
25.12 certifying that the applicant is able to perform the essential functions of their employment  
25.13 with or without a reasonable accommodation.

25.14 (b) If an applicant meets the requirements of paragraph (a), clause (1), there is no  
25.15 deduction from the applicant's weekly benefit amount for any Social Security disability  
25.16 benefits.

25.17 (c) Information from the Social Security Administration is conclusive, absent specific  
25.18 evidence showing that the information was erroneous.

25.19 **EFFECTIVE DATE.** Except as provided in section 40, this section is effective July 1,  
25.20 2025.

25.21 Sec. 11. **[268B.07] DETERMINATION ON ISSUES OF ELIGIBILITY.**

25.22 Subdivision 1. **Employer notification.** (a) Upon a determination that an applicant is  
25.23 entitled to benefits, the commissioner must promptly send a notification to each current  
25.24 employer of the applicant, if any, in accordance with paragraph (b).

25.25 (b) The notification under paragraph (a) must include, at a minimum:

25.26 (1) the name of the applicant;

25.27 (2) that the applicant has applied for and received benefits;

25.28 (3) the week the benefits commence;

25.29 (4) the weekly benefit amount payable; and

25.30 (5) the maximum duration of benefits.

26.1 Subd. 2. **Determination.** (a) The commissioner must determine any issue of ineligibility  
26.2 raised by information required from an applicant and send to the applicant and any current  
26.3 base period employer, by mail or electronic transmission, a document titled a determination  
26.4 of eligibility or a determination of ineligibility, as is appropriate, within two weeks, unless  
26.5 the application is incomplete due to outstanding requests for information including clerical  
26.6 or other errors. Nothing shall prohibit the commissioner from requesting additional  
26.7 information or the applicant from supplementing their initial application before a  
26.8 determination of eligibility. The commissioner may extend the deadline for a determination  
26.9 under this subdivision due to extenuating circumstances.

26.10 (b) If an applicant obtained benefits through misrepresentation, the department is  
26.11 authorized to issue a determination of ineligibility within 12 months of the establishment  
26.12 of the benefit account.

26.13 (c) If the department has filed an intervention in a worker's compensation matter under  
26.14 section 176.361, the department is authorized to issue a determination of ineligibility within  
26.15 48 months of the establishment of the benefit account.

26.16 (d) The commissioner must provide an opportunity for the employer to submit relevant  
26.17 information.

26.18 (e) A determination of eligibility or determination of ineligibility is final unless an appeal  
26.19 is filed by the applicant or employer within 60 calendar days after sending. The determination  
26.20 must contain a prominent statement indicating the consequences of not appealing.  
26.21 Proceedings on the appeal are conducted in accordance with section 268B.08.

26.22 (f) An issue of ineligibility required to be determined under this section includes any  
26.23 question regarding the denial or allowing of benefits under this chapter.

26.24 (g) The commissioner must ensure a limit of one family member taking leave under this  
26.25 chapter for an incapacitated person at a time, except when family care is taken by parents  
26.26 for an incapacitated person under the age of 18.

26.27 Subd. 3. **Amended determination.** Unless an appeal has been filed, the commissioner,  
26.28 on the commissioner's own motion, may reconsider a determination of eligibility or  
26.29 determination of ineligibility that has not become final and issue an amended determination.  
26.30 Any amended determination must be sent to the applicant and any employer in the current  
26.31 base period by mail or electronic transmission. Any amended determination is final unless  
26.32 an appeal is filed by the applicant or employer within 60 calendar days after sending.

27.1 Subd. 4. **Benefit payment.** If a determination or amended determination allows benefits  
27.2 to an applicant, the family or medical leave benefits must be paid regardless of any appeal  
27.3 period or any appeal having been filed.

27.4 Subd. 5. **Overpayment.** A determination or amended determination that holds an  
27.5 applicant ineligible for benefits for periods an applicant has been paid benefits is an  
27.6 overpayment of those family or medical leave benefits. A determination or amended  
27.7 determination issued under this section that results in an overpayment of benefits must set  
27.8 out the amount of the overpayment and the requirement that the overpaid benefits must be  
27.9 repaid according to section 268B.185.

27.10 **EFFECTIVE DATE.** Except as provided in section 40, this section is effective July 1,  
27.11 2025.

27.12 **Sec. 12. [268B.08] APPEAL PROCESS.**

27.13 Subdivision 1. **Hearing.** (a) The commissioner shall designate a chief benefit judge.

27.14 (b) Upon a timely appeal to a determination having been filed or upon a referral for  
27.15 direct hearing, the chief benefit judge must set a time and date for a de novo due-process  
27.16 hearing and send notice to an applicant and an employer, by mail or electronic transmission,  
27.17 not less than ten calendar days before the date of the hearing.

27.18 (c) The commissioner may adopt rules on procedures for hearings. The rules need not  
27.19 conform to common law or statutory rules of evidence and other technical rules of procedure.

27.20 (d) The chief benefit judge has discretion regarding the method by which the hearing is  
27.21 conducted.

27.22 Subd. 2. **Decision.** (a) After the conclusion of the hearing, upon the evidence obtained,  
27.23 the benefit judge must serve by mail or electronic transmission to all parties the decision,  
27.24 reasons for the decision, and written findings of fact.

27.25 (b) Decisions of a benefit judge are not precedential.

27.26 Subd. 3. **Request for reconsideration.** Any party, or the commissioner, may, within  
27.27 30 calendar days after service of the benefit judge's decision, file a request for reconsideration  
27.28 asking the judge to reconsider that decision.

27.29 Subd. 4. **Appeal to court of appeals.** Any final determination on a request for  
27.30 reconsideration may be appealed by any party directly to the Minnesota Court of Appeals.

28.1 Subd. 5. **Benefit judges.** (a) Only employees of the department who are attorneys licensed  
28.2 to practice law in Minnesota may serve as a chief benefit judge, senior benefit judges who  
28.3 are supervisors, or benefit judges.

28.4 (b) The chief benefit judge must assign a benefit judge to conduct a hearing and may  
28.5 transfer to another benefit judge any proceedings pending before another benefit judge.

28.6 **EFFECTIVE DATE.** Except as provided in section 40, this section is effective July 1,  
28.7 2025.

28.8 **Sec. 13. [268B.085] NOTICE TO EMPLOYER; SCHEDULES.**

28.9 Subdivision 1. **Notice to employer.** (a) If the need for leave is foreseeable, an employee  
28.10 must provide the employer at least 30 days' advance notice before leave under this chapter  
28.11 is to begin. If 30 days' notice is not practicable because of a lack of knowledge of  
28.12 approximately when leave will be required to begin, a change in circumstances, or a medical  
28.13 emergency, notice must be given as soon as practicable. Whether leave is to be continuous  
28.14 or is to be taken intermittently, notice need only be given one time, but the employee must  
28.15 advise the employer as soon as practicable if dates of scheduled leave change or are extended,  
28.16 or were initially unknown. In those cases where the employee is required to provide at least  
28.17 30 days' notice of foreseeable leave and does not do so, the employee must explain the  
28.18 reasons why notice was not practicable upon request from the employer.

28.19 (b) "As soon as practicable" means as soon as both possible and practical, taking into  
28.20 account all of the facts and circumstances in the individual case. When an employee becomes  
28.21 aware of a need for leave under this chapter less than 30 days in advance, it should be  
28.22 practicable for the employee to provide notice of the need for leave either the same day or  
28.23 the next day, unless the need for leave is based on a medical emergency. In all cases,  
28.24 however, the determination of when an employee could practicably provide notice must  
28.25 take into account the individual facts and circumstances.

28.26 (c) An employer may require that an employee taking leave under this chapter provide  
28.27 a copy of the certification under section 268B.06, subdivision 3. Upon written request from  
28.28 the employer, the employee shall provide a copy of the certification as soon as practicable  
28.29 and possible given all of the facts and circumstances in the individual case. Providing  
28.30 certification at or around the time the employee provides a certification to the department  
28.31 shall be considered practicable.

29.1 (d) In addition to any other prohibition imposed under this chapter, an employer must  
29.2 not discharge, discipline, penalize, interfere with, threaten, restrain, coerce, or otherwise  
29.3 retaliate or discriminate against an employee for providing this certification.

29.4 (e) An employer may require an employee to comply with the employer's usual and  
29.5 customary notice and procedural requirements for requesting leave, absent unusual  
29.6 circumstances or other circumstances caused by the reason for the employee's need for  
29.7 leave. Leave under this chapter must not be delayed or denied where an employer's usual  
29.8 and customary notice or procedural requirements require notice to be given sooner than set  
29.9 forth in this subdivision.

29.10 (f) If an employer has failed to provide notice to the employee as required under section  
29.11 268B.26, paragraph (a), (b), or (c), the employee is not required to comply with the notice  
29.12 requirements of this subdivision.

29.13 Subd. 2. **Bonding leave.** Bonding leave taken under this chapter begins at a time requested  
29.14 by the employee. Bonding leave must end within 12 months of the birth, adoption, or  
29.15 placement of a foster child, except that, in the case where the child must remain in the  
29.16 hospital longer than the mother, the leave must end within 12 months after the child leaves  
29.17 the hospital. Employees may also use bonding leave before the actual placement or adoption  
29.18 of a child in situations that include but are not limited to where the employee may be required  
29.19 to:

29.20 (1) attend counseling sessions;

29.21 (2) appear in court;

29.22 (3) consult with the attorney or doctors representing the birth parent;

29.23 (4) submit to a physical examination; or

29.24 (5) travel to another country to complete an adoption.

29.25 Subd. 3. **Intermittent schedule.** (a) Leave under this chapter, based on a serious health  
29.26 condition, may be taken intermittently if such leave is reasonable and appropriate to the  
29.27 needs of the individual with the serious health condition. For all other leaves under this  
29.28 chapter, leave may be taken intermittently. Intermittent leave is leave taken in separate  
29.29 blocks of time due to a single, seven-day qualifying event.

29.30 (b) For an applicant who takes leave on an intermittent schedule, the weekly benefit  
29.31 amount shall be prorated.

30.1 (c) An employee requesting leave taken intermittently shall provide the employer with  
30.2 a schedule of needed workdays off as soon as practicable.

30.3 (d) Leave taken intermittently counts toward the maximums described in section 268B.04,  
30.4 subdivision 5.

30.5 **EFFECTIVE DATE.** Except as provided in section 40, this section is effective July 1,  
30.6 2025.

30.7 Sec. 14. **[268B.09] EMPLOYMENT PROTECTIONS.**

30.8 Subdivision 1. **Retaliation prohibited.** An employer must not discharge, discipline,  
30.9 penalize, interfere with, threaten, restrain, coerce, or otherwise retaliate or discriminate  
30.10 against an employee for requesting or obtaining benefits or leave, or for exercising any  
30.11 other right under this chapter. In addition to the remedies provided in subdivision 8, the  
30.12 commissioner of labor and industry may also issue a penalty to the employer of not less  
30.13 than \$1,000 nor more than \$10,000 per violation, payable to the employee aggrieved. In  
30.14 determining the amount of the penalty under this subdivision, the appropriateness of such  
30.15 penalty to the size of the employer's business and the gravity of the violation shall be  
30.16 considered.

30.17 Subd. 2. **Interference prohibited.** An employer must not obstruct or impede an  
30.18 application for leave or benefits or the exercise of any other right under this chapter. In  
30.19 addition to the remedies provided in subdivision 8, the commissioner of labor and industry  
30.20 may also issue a penalty to the employer of not less than \$1,000 nor more than \$10,000 per  
30.21 violation, payable to the employee aggrieved. In determining the amount of a civil penalty  
30.22 under this subdivision, the appropriateness of such penalty to the size of the employer's  
30.23 business and the gravity of the violation shall be considered.

30.24 Subd. 3. **Waiver of rights as condition of employment prohibited.** No employer may  
30.25 require any employee or applicant to waive or limit any right or benefit under this chapter  
30.26 as a condition of employment.

30.27 Subd. 4. **No assignment of benefits.** Any assignment, pledge, or encumbrance of benefits  
30.28 is void, except as provided in section 268B.10 for payment of an employee. Benefits are  
30.29 exempt from levy, execution, attachment, or any other remedy provided for the collection  
30.30 of debt. Any waiver of this subdivision is void.

30.31 Subd. 5. **Continued insurance.** (a) During any leave for which an employee is entitled  
30.32 to benefits or leave under this chapter, the employer must maintain coverage under any  
30.33 group insurance policy, group subscriber contract, or health care plan for the employee and

31.1 any dependents as if the employee was not on leave, provided, however, that the employee  
 31.2 must continue to pay any employee share of the cost of such benefits.

31.3 (b) This subdivision may be waived for employees who are working in the construction  
 31.4 industry under a bona fide collective bargaining agreement that requires employer  
 31.5 contributions to a multi-employer health plan pursuant to United States Code, title 29,  
 31.6 section 186C5, but only if the waiver is set forth in clear and unambiguous terms in the  
 31.7 collective bargaining agreement and explicitly cites this subdivision.

31.8 Subd. 6. **Employee right to reinstatement.** (a) On return from leave under this chapter,  
 31.9 an employee is entitled to be returned to the same position the employee held when leave  
 31.10 commenced or to an equivalent position with equivalent benefits, pay, and other terms and  
 31.11 conditions of employment. An employee is entitled to reinstatement even if the employee  
 31.12 has been replaced or the employee's position has been restructured to accommodate the  
 31.13 employee's absence.

31.14 (b)(1) An equivalent position is one that is virtually identical to the employee's former  
 31.15 position in terms of pay, benefits, and working conditions, including privileges, prerequisites,  
 31.16 and status. It must involve the same or substantially similar duties and responsibilities,  
 31.17 which must entail substantially equivalent skill, effort, responsibility, and authority.

31.18 (2) If an employee is no longer qualified for the position because of the employee's  
 31.19 inability to attend a necessary course, renew a license, fly a minimum number of hours, or  
 31.20 similar condition, as a result of the leave, the employee must be given a reasonable  
 31.21 opportunity to fulfill those conditions upon return from leave.

31.22 (c)(1) An employee is entitled to any unconditional pay increases which may have  
 31.23 occurred during the leave period, such as cost of living increases. Pay increases conditioned  
 31.24 upon seniority, length of service, or work performed must be granted in accordance with  
 31.25 the employer's policy or practice with respect to other employees on an equivalent leave  
 31.26 status for a reason that does not qualify for leave under this chapter. An employee is entitled  
 31.27 to be restored to a position with the same or equivalent pay premiums, such as a shift  
 31.28 differential. If an employee departed from a position averaging ten hours of overtime, and  
 31.29 corresponding overtime pay, each week an employee is ordinarily entitled to such a position  
 31.30 on return from leave under this chapter.

31.31 (2) Equivalent pay includes any bonus or payment, whether it is discretionary or  
 31.32 nondiscretionary, made to employees consistent with clause (1). If a bonus or other payment  
 31.33 is based on the achievement of a specified goal such as hours worked, products sold, or  
 31.34 perfect attendance, and the employee has not met the goal due to leave under this chapter,

32.1 the payment may be denied, unless otherwise paid to employees on an equivalent leave  
32.2 status for a reason that does not qualify for leave under this chapter.

32.3 (d) Benefits under this section include all benefits provided or made available to  
32.4 employees by an employer, including group life insurance, health insurance, disability  
32.5 insurance, sick leave, annual leave, educational benefits, and pensions, regardless of whether  
32.6 benefits are provided by a practice or written policy of an employer through an employee  
32.7 benefit plan as defined in section 3(3) of United States Code, title 29, section 1002(3).

32.8 (1) At the end of an employee's leave under this chapter, benefits must be resumed in  
32.9 the same manner and at the same levels as provided when the leave began, and subject to  
32.10 any changes in benefit levels that may have taken place during the period of leave affecting  
32.11 the entire workforce, unless otherwise elected by the employee. Upon return from a leave  
32.12 under this chapter, an employee must not be required to requalify for any benefits the  
32.13 employee enjoyed before leave began, including family or dependent coverages.

32.14 (2) An employee may, but is not entitled to, accrue any additional benefits or seniority  
32.15 during a leave under this chapter. Benefits accrued at the time leave began must be available  
32.16 to an employee upon return from leave.

32.17 (3) With respect to pension and other retirement plans, leave under this chapter must  
32.18 not be treated as or counted toward a break in service for purposes of vesting and eligibility  
32.19 to participate. If the plan requires an employee to be employed on a specific date in order  
32.20 to be credited with a year of service for vesting, contributions, or participation purposes,  
32.21 an employee on leave under this chapter must be treated as employed on that date. Periods  
32.22 of leave under this chapter need not be treated as credited service for purposes of benefit  
32.23 accrual, vesting, and eligibility to participate.

32.24 (4) Employees on leave under this chapter must be treated as if they continued to work  
32.25 for purposes of changes to benefit plans. Employees on leave under this chapter are entitled  
32.26 to changes in benefit plans, except those which may be dependent upon seniority or accrual  
32.27 during the leave period, immediately upon return from leave or to the same extent they  
32.28 would have qualified if no leave had been taken.

32.29 (e) An equivalent position must have substantially similar duties, conditions,  
32.30 responsibilities, privileges, and status as the employee's original position.

32.31 (1) The employee must be reinstated to the same or a geographically proximate worksite  
32.32 from where the employee had previously been employed. If the employee's original worksite  
32.33 has been closed, the employee is entitled to the same rights as if the employee had not been  
32.34 on leave when the worksite closed.



33.1 (2) The employee is ordinarily entitled to return to the same shift or the same or an  
 33.2 equivalent work schedule.

33.3 (3) The employee must have the same or an equivalent opportunity for bonuses,  
 33.4 profit-sharing, and other similar discretionary and nondiscretionary payments, excluding  
 33.5 any bonus paid to another employee or employees for covering the work of the employee  
 33.6 while the employee was on leave.

33.7 (4) This chapter does not prohibit an employer from accommodating an employee's  
 33.8 request to be restored to a different shift, schedule, or position which better suits the  
 33.9 employee's personal needs on return from leave, or to offer a promotion to a better position.  
 33.10 However, an employee must not be induced by the employer to accept a different position  
 33.11 against the employee's wishes.

33.12 (f) The requirement that an employee be restored to the same or equivalent job with the  
 33.13 same or equivalent pay, benefits, and terms and conditions of employment does not extend  
 33.14 to de minimis, intangible, or unmeasurable aspects of the job.

33.15 (g) Ninety calendar days from the date of hire, an employee has a right and is entitled  
 33.16 to reinstatement as provided under this subdivision for any day for which the employee has  
 33.17 been deemed eligible for benefits under this chapter.

33.18 (h) This subdivision and subdivision 7 may be waived for employees who are working  
 33.19 in the construction industry under a bona fide collective bargaining agreement with a  
 33.20 construction trade union that maintains a referral-to-work procedure for employees to obtain  
 33.21 employment with multiple signatory employers, but only if the waiver is set forth in clear  
 33.22 and unambiguous terms in the collective bargaining agreement and explicitly cites this  
 33.23 subdivision and subdivision 7.

33.24 (i) Nothing in this section shall be deemed to affect the Americans with Disabilities Act,  
 33.25 United States Code, title 42, chapter 126.

33.26 Subd. 7. **Limitations on an employee's right to reinstatement.** An employee has no  
 33.27 greater right to reinstatement or to other benefits and conditions of employment than if the  
 33.28 employee had been continuously employed during the period of leave under this chapter.  
 33.29 An employer must be able to show that an employee would not otherwise have been  
 33.30 employed at the time reinstatement is requested in order to deny restoration to employment.

33.31 (1) If an employee is laid off during the course of taking a leave under this chapter and  
 33.32 employment is terminated, the employer's responsibility to continue the leave, maintain  
 33.33 group health plan benefits, and restore the employee cease at the time the employee is laid

34.1 off, provided the employer has no continuing obligations under a collective bargaining  
34.2 agreement or otherwise. An employer has the burden of proving that an employee would  
34.3 have been laid off during the period of leave under this chapter and, therefore, would not  
34.4 be entitled to restoration to a job slated for layoff when the employee's original position  
34.5 would not meet the requirements of an equivalent position.

34.6 (2) If a shift has been eliminated or overtime has been decreased, an employee would  
34.7 not be entitled to return to work that shift or the original overtime hours upon restoration.  
34.8 However, if a position on, for example, a night shift has been filled by another employee,  
34.9 the employee is entitled to return to the same shift on which employed before taking leave  
34.10 under this chapter.

34.11 (3) If an employee was hired for a specific term or only to perform work on a discrete  
34.12 project, the employer has no obligation to restore the employee if the employment term or  
34.13 project is over and the employer would not otherwise have continued to employ the employee.

34.14 Subd. 8. Remedies. (a) In addition to any other remedies available to an employee in  
34.15 law or equity, an employee injured by a violation of this section may bring a civil action to  
34.16 recover:

34.17 (1) any and all damages recoverable at law;

34.18 (2) reasonable interest on the amount of damages awarded;

34.19 (3) an additional amount as liquidated damages equal to the sum of the amount described  
34.20 in clause (1), except that if an employer who has violated the provisions of this section  
34.21 proves by a preponderance of the evidence that the act or omission which violated the  
34.22 provisions of this section was in good faith or that the employer had reasonable grounds  
34.23 for believing that the act or omission was not a violation of the provisions of this section,  
34.24 the court may, in the discretion of the court, reduce the amount of the liability to the amount  
34.25 determined under clause (1); and

34.26 (4) such injunctive and other equitable relief as determined by a court or jury, including  
34.27 employment, reinstatement, and promotion.

34.28 (b) An action to recover damages or equitable relief prescribed in paragraph (a) may be  
34.29 maintained against any employer in any federal or state court of competent jurisdiction by  
34.30 any one or more employees. Rule 23 of the Rules of Civil Procedure applies to this section.

34.31 (c) The court in an action under this section may, in addition to any judgment awarded  
34.32 to the plaintiff or plaintiffs, allow a prevailing plaintiff reasonable attorney fees, reasonable

35.1 expert witness fees, and other costs of the action incurred by the plaintiff to be paid by the  
35.2 defendant.

35.3 (d) Nothing in this section shall be construed to allow an employee to recover damages  
35.4 from an employer for the denial of benefits under this chapter by the department, unless the  
35.5 employer unlawfully interfered with the application for benefits under subdivision 2.

35.6 (e) An employee bringing a civil action under this section is entitled to a jury trial. An  
35.7 employee cannot waive their right to a jury trial under this section including, but not limited  
35.8 to, by signing an agreement to submit claims to arbitration.

35.9 **EFFECTIVE DATE.** Except as provided in section 40, this section is effective July 1,  
35.10 2025.

35.11 Sec. 15. **[268B.10] SUBSTITUTION OF A PRIVATE PLAN.**

35.12 Subdivision 1. **Application for substitution.** Employers may apply to the commissioner  
35.13 for approval to meet their obligations under this chapter through the substitution of a private  
35.14 plan that provides paid family, paid medical, or paid family and medical benefits. In order  
35.15 to be approved as meeting an employer's obligations under this chapter, a private plan must  
35.16 confer all of the same rights, protections, and benefits provided to employees under this  
35.17 chapter, including but not limited to benefits under section 268B.04 and employment  
35.18 protections under section 268B.09. Employers may apply for approval of private plans that  
35.19 exceed the benefits provided to employees under this chapter. An employee covered by a  
35.20 private plan under this section retains all applicable rights and remedies under section  
35.21 268B.09.

35.22 Subd. 2. **Private plan requirements; weekly benefit determination.** For purposes of  
35.23 determining the family and medical benefit amount and duration under a private plan, the  
35.24 weekly benefit amount and duration shall be based on the employee's typical work week  
35.25 and wages earned with the employer at the time of an application for benefits. If an employer  
35.26 does not have complete base period wage detail information, the employer may accept an  
35.27 employee's certification of wage credits, based on the employee's records.

35.28 Subd. 3. **Private plan requirements; timing of payment.** Private plan benefits may be  
35.29 paid to align with the employer's payroll cycle or according to the terms of the approved  
35.30 private plan.

35.31 Subd. 4. **Surety bond requirement.** If the private plan is in the form of self-insurance,  
35.32 the employer shall file with its application for private provision of the medical benefit or  
35.33 family benefit program a surety bond in an amount equal to the employer's annual premium

36.1 that it would otherwise be required to pay to the family and medical benefit insurance  
36.2 account. The surety bond shall be in a form approved by the commissioner and issued by  
36.3 a surety company authorized to transact business in Minnesota.

36.4 Subd. 5. Private plan requirements; medical benefit program. The commissioner,  
36.5 in consultation with the commissioner of commerce, must approve an application for private  
36.6 provision of the medical benefit program if the commissioner determines:

36.7 (1) all of the employees of the employer are to be covered under the provisions of the  
36.8 employer plan;

36.9 (2) eligibility requirements for benefits and leave are no more restrictive than as provided  
36.10 under this chapter;

36.11 (3) the weekly benefits payable under the private plan for any week are at least equal to  
36.12 the weekly benefit amount payable under this chapter, taking into consideration any coverage  
36.13 with respect to concurrent employment by another employer;

36.14 (4) the total number of weeks for which benefits are payable under the private plan is  
36.15 at least equal to the total number of weeks for which benefits would have been payable  
36.16 under this chapter;

36.17 (5) no greater amount is required to be paid by employees toward the cost of benefits  
36.18 under the employer plan than by this chapter;

36.19 (6) wage replacement benefits are stated in the plan separately and distinctly from other  
36.20 benefits;

36.21 (7) the private plan will provide benefits and leave for any serious health condition or  
36.22 pregnancy for which benefits are payable, and leave provided, under this chapter;

36.23 (8) the private plan will impose no additional condition or restriction on the use of  
36.24 medical benefits beyond those explicitly authorized by this chapter or regulations  
36.25 promulgated pursuant to this chapter;

36.26 (9) the private plan will allow any employee covered under the private plan who is  
36.27 eligible to receive medical benefits under this chapter to receive medical benefits under the  
36.28 employer plan; and

36.29 (10) coverage will continue under the private plan while an employee remains employed  
36.30 by the employer.

37.1 Subd. 6. Private plan requirements; family benefit program. The commissioner, in  
37.2 consultation with the commissioner of commerce, must approve an application for private  
37.3 provision of the family benefit program if the commissioner determines:

37.4 (1) all of the employees of the employer are to be covered under the provisions of the  
37.5 employer plan;

37.6 (2) eligibility requirements for benefits and leave are no more restrictive than as provided  
37.7 under this chapter;

37.8 (3) the weekly benefits payable under the private plan for any week are at least equal to  
37.9 the weekly benefit amount payable under this chapter;

37.10 (4) the total number of weeks for which benefits are payable under the private plan is  
37.11 at least equal to the total number of weeks for which benefits would have been payable  
37.12 under this chapter;

37.13 (5) no greater amount is required to be paid by employees toward the cost of benefits  
37.14 under the employer plan than by this chapter;

37.15 (6) wage replacement benefits are stated in the plan separately and distinctly from other  
37.16 benefits;

37.17 (7) the private plan will provide benefits and leave for any care for a family member  
37.18 with a serious health condition, bonding with a child, qualifying exigency, or safety leave  
37.19 event for which benefits are payable, and leave provided, under this chapter;

37.20 (8) the private plan will impose no additional condition or restriction on the use of family  
37.21 benefits beyond those explicitly authorized by this chapter or regulations promulgated  
37.22 pursuant to this chapter;

37.23 (9) the private plan will allow any employee covered under the private plan who is  
37.24 eligible to receive family benefits under this chapter to receive family benefits under the  
37.25 employer plan; and

37.26 (10) coverage will continue under the private plan while an employee remains employed  
37.27 by the employer.

37.28 Subd. 7. Employer reimbursement. If an employer has made advance payments of  
37.29 benefits due under this chapter or has made payments to an employee in like manner as  
37.30 wages during any period of family or medical leave for which the employee is entitled to  
37.31 the benefits provided by this chapter, the employer shall be entitled to reimbursement by  
37.32 the carrier or third-party administrator out of any benefits due or to become due for the

38.1 family or medical leave, if the claim for reimbursement is filed with the carrier prior to  
38.2 payment of the benefit of the carrier.

38.3 Subd. 8. **Use of private insurance products.** Nothing in this section prohibits an  
38.4 employer from meeting the requirements of a private plan through a private insurance  
38.5 product. If the employer plan involves a private insurance product, that insurance product  
38.6 must be approved by the commissioner of commerce and be issued by an insurance company  
38.7 authorized to transact insurance in this state.

38.8 Subd. 9. **Private plan approval and oversight fee.** An employer with an approved  
38.9 private plan is not required to pay premiums established under section 268B.14. An employer  
38.10 with an approved private plan is responsible for a private plan approval and oversight fee  
38.11 equal to \$250 for employers with fewer than 50 employees, \$500 for employers with 50 to  
38.12 499 employees, and \$1,000 for employers with 500 or more employees. The employer must  
38.13 pay this fee (1) upon initial application for private plan approval, and (2) any time the  
38.14 employer applies to amend the private plan. The commissioner must review and report on  
38.15 the adequacy of this fee to cover private plan administrative costs annually beginning July  
38.16 1, 2025, as part of the annual report established in section 268B.24.

38.17 Subd. 10. **Plan duration.** A private plan under this section must be in effect for a period  
38.18 of at least one year and, thereafter, continuously unless the commissioner finds that the  
38.19 employer has given notice of withdrawal from the plan in a manner specified by the  
38.20 commissioner in this section or rule. The plan may be withdrawn by the employer within  
38.21 30 days of the effective date of any law increasing the benefit amounts or within 30 days  
38.22 of the date of any change in the rate of premiums. If the plan is not withdrawn, it must be  
38.23 administered to provide the increased benefit amount or change in the rate of the employee's  
38.24 premium on the date of the increase or change.

38.25 Subd. 11. **Appeals.** An employer may appeal any adverse action regarding that employer's  
38.26 application for private provision of the medical benefit or family benefit program, in a  
38.27 manner specified by the commissioner. An employee covered under a private plan has the  
38.28 same right to appeal to the state under section 268B.04, subdivision 7, as any other employee.  
38.29 An employee covered under a private plan has the right to request reconsideration of a  
38.30 decision under a private plan made by an insurer, private plan administrator, or employer  
38.31 prior to exercising the appeal rights in section 268B.04.

38.32 Subd. 12. **Employees no longer covered.** (a) An employee is no longer covered by an  
38.33 approved private plan if a leave under this chapter occurs after the employment relationship

39.1 with the private plan employer ends, or if the commissioner revokes the approval of the  
 39.2 private plan.

39.3 (b) An employee no longer covered by an approved private plan is, if otherwise eligible,  
 39.4 immediately entitled to benefits under this chapter to the same extent as though there had  
 39.5 been no approval of the private plan.

39.6 Subd. 13. **Posting of notice regarding private plan.** An employer with a private plan  
 39.7 must provide a notice prepared by or approved by the commissioner regarding the private  
 39.8 plan consistent with section 268B.26.

39.9 Subd. 14. **Amendment.** (a) The commissioner must approve any amendment, other than  
 39.10 those required by this chapter, to a private plan adjusting the provisions thereof, if the  
 39.11 commissioner determines:

39.12 (1) that the plan, as amended, will conform to the standards set forth in this chapter; and

39.13 (2) that notice of the amendment has been delivered to all affected employees at least  
 39.14 ten days before the submission of the amendment.

39.15 (b) Any amendments approved under this subdivision are effective on the date of the  
 39.16 commissioner's approval, unless the commissioner and the employer agree on a later date.

39.17 Subd. 15. **Successor employer.** A private plan in effect at the time a successor acquires  
 39.18 the employer organization, trade, or business, or substantially all the assets thereof, or a  
 39.19 distinct and severable portion of the organization, trade, or business, and continues its  
 39.20 operation without substantial reduction of personnel resulting from the acquisition, must  
 39.21 continue the approved private plan and must not withdraw the plan without a specific request  
 39.22 for withdrawal in a manner and at a time specified by the commissioner. A successor may  
 39.23 terminate a private plan with notice to the commissioner and within 90 days from the date  
 39.24 of the acquisition.

39.25 Subd. 16. **Revocation of approval by commissioner.** (a) The commissioner may  
 39.26 terminate any private plan if the commissioner determines the employer:

39.27 (1) failed to pay benefits;

39.28 (2) failed to pay benefits in a timely manner, consistent with the requirements of this  
 39.29 chapter;

39.30 (3) failed to submit reports as required by this chapter or rule adopted under this chapter;

39.31 or

39.32 (4) otherwise failed to comply with this chapter or rule adopted under this chapter.

40.1 (b) The commissioner must give notice of the intention to terminate a plan to the employer  
40.2 at least ten days before taking any final action. The notice must state the effective date and  
40.3 the reason for the termination.

40.4 (c) The employer may, within ten days from mailing or personal service of the notice,  
40.5 file an appeal to the commissioner in the time, manner, method, and procedure provided by  
40.6 the commissioner under subdivision 11.

40.7 (d) The payment of benefits must not be delayed during an employer's appeal of the  
40.8 revocation of approval of a private plan.

40.9 (e) If the commissioner revokes approval of an employer's private plan, that employer  
40.10 is ineligible to apply for approval of another private plan for a period of three years, beginning  
40.11 on the date of revocation.

40.12 Subd. 17. **Employer penalties.** (a) The commissioner may assess the following monetary  
40.13 penalties against an employer with an approved private plan found to have violated this  
40.14 chapter:

40.15 (1) \$1,000 for the first violation; and

40.16 (2) \$2,000 for the second, and each successive violation.

40.17 (b) The commissioner must waive collection of any penalty if the employer corrects the  
40.18 violation within 30 days of receiving a notice of the violation and the notice is for a first  
40.19 violation.

40.20 (c) The commissioner may waive collection of any penalty if the commissioner determines  
40.21 the violation to be an inadvertent error by the employer.

40.22 (d) Monetary penalties collected under this section shall be deposited in the family and  
40.23 medical benefit insurance account.

40.24 (e) Assessment of penalties under this subdivision may be appealed as provided by the  
40.25 commissioner under subdivision 11.

40.26 Subd. 18. **Reports, information, and records.** Employers with an approved private  
40.27 plan must maintain all reports, information, and records as relating to the private plan and  
40.28 claims for a period of six years from creation and provide to the commissioner upon request.

40.29 Subd. 19. **Audit and investigation.** The commissioner may investigate and audit plans  
40.30 approved under this section both before and after the plans are approved.

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



41.1       Sec. 16. [268B.11] SELF-EMPLOYED AND INDEPENDENT CONTRACTOR  
41.2       ELECTION OF COVERAGE.

41.3       Subdivision 1. Election of coverage. (a) A self-employed individual or independent  
41.4       contractor may file with the commissioner by electronic transmission in a format prescribed  
41.5       by the commissioner an application to be entitled to benefits under this chapter for a period  
41.6       not less than 104 consecutive calendar weeks. Upon the approval of the commissioner, sent  
41.7       by United States mail or electronic transmission, the individual is entitled to benefits under  
41.8       this chapter beginning the calendar quarter after the date of approval or beginning in a later  
41.9       calendar quarter if requested by the self-employed individual or independent contractor.  
41.10      The individual ceases to be entitled to benefits as of the first day of January of any calendar  
41.11      year only if, at least 30 calendar days before the first day of January, the individual has filed  
41.12      with the commissioner by electronic transmission in a format prescribed by the commissioner  
41.13      a notice to that effect.

41.14      (b) The commissioner may terminate any application approved under this section with  
41.15      30 calendar days' notice sent by United States mail or electronic transmission if the  
41.16      self-employed individual is delinquent on any premiums due under this chapter. If an  
41.17      approved application is terminated in this manner during the first 104 consecutive calendar  
41.18      weeks of election, the self-employed individual remains obligated to pay the premium under  
41.19      subdivision 3 for the remainder of that 104-week period.

41.20      Subd. 2. Application. A self-employed individual who applies for coverage under this  
41.21      section must provide the commissioner with (1) the amount of the individual's net earnings  
41.22      from self-employment, if any, from the two most recent taxable years and all tax documents  
41.23      necessary to prove the accuracy of the amounts reported, and (2) any other documentation  
41.24      the commissioner requires. A self-employed individual who is covered under this chapter  
41.25      must annually provide the commissioner with the amount of the individual's net earnings  
41.26      from self-employment within 30 days of filing a federal income tax return.

41.27      Subd. 3. Premium. A self-employed individual who elects to receive coverage under  
41.28      this chapter must annually pay a premium as provided in section 268B.14, subdivision 7,  
41.29      clause (1), times the lesser of:

41.30      (1) the individual's self-employment premium base; or

41.31      (2) the maximum earnings subject to the FICA Old-Age, Survivors, and Disability  
41.32      Insurance tax.

41.33      Subd. 4. Benefits. Notwithstanding anything to the contrary, a self-employed individual  
41.34      who has applied to and been approved for coverage by the commissioner under this section

42.1 is entitled to benefits on the same basis as an employee under this chapter, except that a  
42.2 self-employed individual's weekly benefit amount under section 268B.04, subdivision 1,  
42.3 must be calculated as a percentage of the self-employed individual's self-employment  
42.4 premium base, rather than wages.

42.5 **EFFECTIVE DATE.** Except as provided in section 40, this section is effective July 1,  
42.6 2025.

42.7 **Sec. 17. [268B.12] WAGE REPORTING.**

42.8 Subdivision 1. **Wage detail report.** (a) Each employer must submit, under the employer  
42.9 premium account described in section 268B.13, a quarterly wage detail report by electronic  
42.10 transmission, in a format prescribed by the commissioner. The report must include for each  
42.11 employee in covered employment during the calendar quarter, the employee's name, the  
42.12 total wages paid to the employee, and total number of paid hours worked. For employees  
42.13 exempt from the definition of employee in section 177.23, subdivision 7, clause (6), the  
42.14 employer must report 40 hours worked for each week any duties were performed by a  
42.15 full-time employee and must report a reasonable estimate of the hours worked for each  
42.16 week duties were performed by a part-time employee. In addition, the wage detail report  
42.17 must include the number of employees employed during the payroll period that includes  
42.18 the 12th day of each calendar month and, if required by the commissioner, the report must  
42.19 be broken down by business location and separate business unit. The report is due and must  
42.20 be received by the commissioner on or before the last day of the month following the end  
42.21 of the calendar quarter. The commissioner may delay the due date on a specific calendar  
42.22 quarter in the event the department is unable to accept wage detail reports electronically.

42.23 (b) The employer may report the wages paid to the next lower whole dollar amount.

42.24 (c) An employer need not include the name of the employee or other required information  
42.25 on the wage detail report if disclosure is specifically exempted from being reported by  
42.26 federal law.

42.27 (d) A wage detail report must be submitted for each calendar quarter even though no  
42.28 wages were paid, unless the business has been terminated.

42.29 Subd. 2. **Electronic transmission of report required.** Each employer must submit the  
42.30 quarterly wage detail report by electronic transmission in a format prescribed by the  
42.31 commissioner. The commissioner has the discretion to accept wage detail reports that are  
42.32 submitted by any other means or the commissioner may return the report submitted by other

43.1 than electronic transmission to the employer, and reports returned are considered as not  
43.2 submitted and the late fees under subdivision 3 may be imposed.

43.3 Subd. 3. **Failure to timely file report; late fees.** (a) Any employer that fails to submit  
43.4 the quarterly wage detail report when due must pay a late fee of \$10 per employee, computed  
43.5 based upon the highest of:

43.6 (1) the number of employees reported on the last wage detail report submitted;

43.7 (2) the number of employees reported in the corresponding quarter of the prior calendar  
43.8 year; or

43.9 (3) if no wage detail report has ever been submitted, the number of employees listed at  
43.10 the time of employer registration.

43.11 The late fee is canceled if the wage detail report is received within 30 calendar days after  
43.12 a demand for the report is sent to the employer by mail or electronic transmission. A late  
43.13 fee assessed an employer may not be canceled more than twice each 12 months. The amount  
43.14 of the late fee assessed may not be less than \$250.

43.15 (b) If the wage detail report is not received in a manner and format prescribed by the  
43.16 commissioner within 30 calendar days after demand is sent under paragraph (a), the late  
43.17 fee assessed under paragraph (a) doubles and a renewed demand notice and notice of the  
43.18 increased late fee will be sent to the employer by mail or electronic transmission.

43.19 (c) Late fees due under this subdivision may be canceled, in whole or in part, under  
43.20 section 268B.16.

43.21 Subd. 4. **Missing or erroneous information.** (a) Any employer that submits the wage  
43.22 detail report, but fails to include all required employee information or enters erroneous  
43.23 information, may be subject to an administrative service fee of \$25 for each employee for  
43.24 whom the information is partially missing or erroneous.

43.25 (b) Any employer that submits the wage detail report, but fails to include an employee,  
43.26 may be subject to an administrative service fee equal to two percent of the total wages for  
43.27 each employee for whom the information is completely missing.

43.28 (c) An employer shall not be subject to any penalty under this section upon a reasonable  
43.29 showing that the employer's act or omission which violated the provisions of this chapter  
43.30 was in good faith or that the employer had reasonable grounds for believing that the act or  
43.31 omission was not a violation of the provisions of this section.

44.1 Subd. 5. Fees. The fees provided for in subdivisions 3 and 4 are in addition to interest  
44.2 and other penalties imposed by this chapter and are collected in the same manner as  
44.3 delinquent taxes and credited to the family and medical benefit insurance account.

44.4 EFFECTIVE DATE. Except as provided in section 40, this section is effective July 1,  
44.5 2025.

44.6 Sec. 18. [268B.13] EMPLOYER PREMIUM ACCOUNTS.

44.7 The commissioner must maintain a premium account for each employer. The  
44.8 commissioner must assess the premium account for all the premiums due under section  
44.9 268B.14, and credit the family and medical benefit insurance account with all premiums  
44.10 paid.

44.11 EFFECTIVE DATE. Except as provided in section 40, this section is effective July 1,  
44.12 2025.

44.13 Sec. 19. [268B.14] PREMIUMS.

44.14 Subdivision 1. Payments. (a) Family and medical leave premiums accrue and become  
44.15 payable by each employer for each calendar year on the taxable wages that the employer  
44.16 paid to employees in covered employment.

44.17 Each employer must pay premiums quarterly, at the premium rate defined under this  
44.18 section, on the taxable wages paid to each employee. The commissioner must compute the  
44.19 premium due from the wage detail report required under section 268B.12 and notify the  
44.20 employer of the premium due. The premiums must be paid to the family and medical benefit  
44.21 insurance account and must be received by the department on or before the last day of the  
44.22 month following the end of the calendar quarter.

44.23 (b) If for any reason the wages on the wage detail report under section 268B.12 are  
44.24 adjusted for any quarter, the commissioner must recompute the premiums due for that quarter  
44.25 and assess the employer for any amount due or credit the employer as appropriate.

44.26 Subd. 2. Payments by electronic payment required. (a) Every employer must make  
44.27 any payments due under this chapter by electronic payment.

44.28 (b) All third-party processors, paying on behalf of a client company, must make any  
44.29 payments due under this chapter by electronic payment.

44.30 (c) Regardless of paragraph (a) or (b), the commissioner has the discretion to accept  
44.31 payment by other means.

45.1 Subd. 3. **Employee charge back.** Notwithstanding section 177.24, subdivision 4, or  
45.2 181.06, subdivision 1, employers must pay a minimum of 50 percent of the annual premiums  
45.3 paid under this section. Employees, through a deduction in their wages to the employer,  
45.4 must pay the remaining portion, if any, of the premium not paid by the employer. Such  
45.5 deductions for any given employee must be in equal proportion to the premiums paid based  
45.6 on the wages of that employee, and all employees of an employer must be subject to the  
45.7 same percentage deduction except as provided under subdivision 4. Deductions under this  
45.8 section must not cause an employee's wage, after the deduction, to fall below the rate required  
45.9 to be paid to the worker by law, including any applicable statute, regulation, rule, ordinance,  
45.10 government resolution or policy, or other legal authority, whichever rate of pay is greater.

45.11 Subd. 4. **Direct care worker charge back.** (a) For the purposes of this subdivision,  
45.12 "direct care worker" means either (1) an employee of a medical assistance enrolled provider  
45.13 who provides direct nonprofessional long-term care services and supports funded through  
45.14 medical assistance, including through a home and community-based waiver or alternative  
45.15 care, to a person with a disability or an older adult or (2) an individual provider as defined  
45.16 under section 256B.0711.

45.17 (b) Notwithstanding the permissible employee charge back provisions under subdivision  
45.18 3, employers and covered business entities may not deduct any amount of annual premiums  
45.19 paid under this section from the wages of a direct care worker. Employers and covered  
45.20 business entities that employ both direct care workers and nondirect care workers may  
45.21 deduct up to 50 percent of annual premiums paid under this section from nondirect care  
45.22 worker wages. Such deductions for any given nondirect care worker must be in equal  
45.23 proportion to the premiums paid based on the wages of that employee, and all nondirect  
45.24 care workers of an employer must be subject to the same percentage deduction. Deductions  
45.25 under this section must not cause a nondirect care worker's wage, after the deduction, to  
45.26 fall below the rate required to be paid to the worker by law, including any applicable statute,  
45.27 regulation, rule, ordinance, government resolution or policy, contract, or other legal authority,  
45.28 whichever rate of pay is greater.

45.29 Subd. 5. **Wages and payments subject to premium.** The maximum wages subject to  
45.30 premium in a calendar year is equal to the maximum earnings in that year subject to the  
45.31 FICA Old-Age, Survivors, and Disability Insurance tax.

45.32 Subd. 6. **Small business wage exclusion.** (a) For employers with fewer than 30  
45.33 employees, the amount of wages upon which quarterly employer premium is required is  
45.34 reduced by the premium rate to be paid by the employer multiplied by the lesser of:

46.1 (1) \$12,500 multiplied by the number of employees; or

46.2 (2) \$120,000.

46.3 (b) For each employee over 20 employees, the exclusion is reduced by \$12,000.

46.4 (c) The premium paid by the employer as a result of the reduction allowed under this  
46.5 subdivision must not be less than zero.

46.6 (d) The reduction in premiums paid by the employer is for the sole benefit of the employer  
46.7 and does not relieve the employer from deducting the employee portion of the premium.

46.8 Subd. 7. **Annual premium rates.** The employer premium rates beginning July 1, 2025,  
46.9 shall be as follows:

46.10 (1) for employers participating in both family and medical benefit programs, 0.7 percent;

46.11 (2) for an employer participating in only the medical benefit program and with an  
46.12 approved private plan for the family benefit program, 0.57 percent; and

46.13 (3) for an employer participating in only the family benefit program and with an approved  
46.14 private plan for the medical benefit program, 0.13 percent.

46.15 Subd. 8. **Premium rate adjustments.** (a) Beginning July 1, 2026, and by July 31 of  
46.16 each year thereafter, the commissioner must adjust the annual premium rates using the  
46.17 formula in paragraph (b). In no year shall the annual premium rate exceed 1.2 percent of  
46.18 taxable wages paid to each employee.

46.19 (b) To calculate the employer rates for a calendar year, the commissioner must:

46.20 (1) multiply 1.45 times the amount disbursed from the family and medical benefit  
46.21 insurance account for the 52-week period ending September 30 of the prior year;

46.22 (2) subtract the amount in the family and medical benefit insurance account on that  
46.23 September 30 from the resulting figure;

46.24 (3) divide the resulting figure by the total wages in covered employment of employees  
46.25 of employers without approved private plans under section 268B.10 for either the family  
46.26 or medical benefit program. For employers with an approved private plan for either the  
46.27 medical benefit program or the family benefit program, but not both, count only the  
46.28 proportion of wages in covered employment associated with the program for which the  
46.29 employer does not have an approved private plan; and

46.30 (4) round the resulting figure down to the nearest one-hundredth of one percent.

47.1 (c) The commissioner must apportion the premium rate between the family and medical  
47.2 benefit programs based on the relative proportion of expenditures for each program during  
47.3 the preceding year.

47.4 Subd. 9. **Deposit of premiums.** All premiums collected under this section must be  
47.5 deposited into the family and medical benefit insurance account.

47.6 Subd. 10. **Nonpayment of premiums by employer.** The failure of an employer to pay  
47.7 premiums does not impact the right of an employee to benefits, or any other right, under  
47.8 this chapter.

47.9 **EFFECTIVE DATE.** Except as provided in section 40, this section is effective July 1,  
47.10 2025.

47.11 Sec. 20. **[268B.145] INCOME TAX WITHHOLDING.**

47.12 If the Internal Revenue Service determines that benefits are subject to federal income  
47.13 tax, and an applicant elects to have federal income tax deducted and withheld from the  
47.14 applicant's benefits, the commissioner must deduct and withhold the amount specified in  
47.15 the Internal Revenue Code in a manner consistent with state law.

47.16 **EFFECTIVE DATE.** Except as provided in section 40, this section is effective July 1,  
47.17 2025.

47.18 Sec. 21. **[268B.15] COLLECTION OF PREMIUMS.**

47.19 Subdivision 1. **Amount computed presumed correct.** Any amount due from an  
47.20 employer, as computed by the commissioner, is presumed to be correctly determined and  
47.21 assessed, and the burden is upon the employer to show its incorrectness. A statement by the  
47.22 commissioner of the amount due is admissible in evidence in any court or administrative  
47.23 proceeding and is prima facie evidence of the facts in the statement.

47.24 Subd. 2. **Priority of payments.** (a) Any payment received from an employer must be  
47.25 applied in the following order:

47.26 (1) family and medical leave premiums under this chapter; then

47.27 (2) interest on past due premiums; then

47.28 (3) penalties, late fees, administrative service fees, and costs.

47.29 (b) Paragraph (a) is the priority used for all payments received from an employer,  
47.30 regardless of how the employer may designate the payment to be applied, except when:

48.1 (1) there is an outstanding lien and the employer designates that the payment made  
48.2 should be applied to satisfy the lien;

48.3 (2) the payment is specifically designated by the employer to be applied to an outstanding  
48.4 overpayment of benefits of an applicant;

48.5 (3) a court or administrative order directs that the payment be applied to a specific  
48.6 obligation;

48.7 (4) a preexisting payment plan provides for the application of payment; or

48.8 (5) the commissioner, under the compromise authority of section 268B.16, agrees to  
48.9 apply the payment to a different priority.

48.10 Subd. 3. **Estimating the premium due.** Only if an employer fails to make all necessary  
48.11 records available for an audit under section 268B.21 and the commissioner has reason to  
48.12 believe the employer has not reported all the required wages on the quarterly wage detail  
48.13 reports, may the commissioner then estimate the amount of premium due and assess the  
48.14 employer the estimated amount due.

48.15 Subd. 4. **Costs.** (a) Any employer and any applicant subject to section 268B.185,  
48.16 subdivision 2, that fails to pay any amount when due under this chapter is liable for any  
48.17 filing fees, recording fees, sheriff fees, costs incurred by referral to any public or private  
48.18 collection agency, or litigation costs, including attorney fees, incurred in the collection of  
48.19 the amounts due.

48.20 (b) If any tendered payment of any amount due is not honored when presented to a  
48.21 financial institution for payment, any costs assessed the department by the financial institution  
48.22 and a fee of \$25 must be assessed to the person.

48.23 (c) Costs and fees collected under this subdivision are credited to the enforcement account  
48.24 under section 268B.185, subdivision 3.

48.25 Subd. 5. **Interest on amounts past due.** If any amounts due from an employer under  
48.26 this chapter are not received on the date due, the commissioner must assess interest on any  
48.27 amount that remains unpaid. Interest is assessed at the rate of one percent per month or any  
48.28 part of a month. Interest is not assessed on unpaid interest. Interest collected under this  
48.29 subdivision is credited to the account.

48.30 Subd. 6. **Interest on judgments.** Regardless of section 549.09, if a judgment is entered  
48.31 upon any past due amounts from an employer under this chapter, the unpaid judgment bears  
48.32 interest at the rate specified in subdivision 5 until the date of payment.



49.1 Subd. 7. **Credit adjustments; refunds.** (a) If an employer makes an application for a  
49.2 credit adjustment of any amount paid under this chapter within four years of the date that  
49.3 the payment was due, in a manner and format prescribed by the commissioner, and the  
49.4 commissioner determines that the payment or any portion thereof was erroneous, the  
49.5 commissioner must make an adjustment and issue a credit without interest. If a credit cannot  
49.6 be used, the commissioner must refund, without interest, the amount erroneously paid. The  
49.7 commissioner, on the commissioner's own motion, may make a credit adjustment or refund  
49.8 under this subdivision.

49.9 (b) Any refund returned to the commissioner is considered unclaimed property under  
49.10 chapter 345.

49.11 (c) If a credit adjustment or refund is denied in whole or in part, a determination of denial  
49.12 must be sent to the employer by mail or electronic transmission. The determination of denial  
49.13 is final unless an employer files an appeal within 20 calendar days after sending. Proceedings  
49.14 on the appeal are conducted in accordance with section 268B.08.

49.15 (d) If an employer receives a credit adjustment or refund under this section, the employer  
49.16 must determine the amount of any overpayment attributable to a deduction from employee  
49.17 wages under section 268B.14, subdivision 3, and return any amount erroneously deducted  
49.18 to each affected employee.

49.19 Subd. 8. **Priorities under legal dissolutions or distributions.** In the event of any  
49.20 distribution of an employer's assets according to an order of any court, including any  
49.21 receivership, assignment for benefit of creditors, adjudicated insolvency, or similar  
49.22 proceeding, premiums then or thereafter due must be paid in full before all other claims  
49.23 except claims for wages of not more than \$1,000 per former employee, earned within six  
49.24 months of the commencement of the proceedings. In the event of an employer's adjudication  
49.25 in bankruptcy under federal law, premiums then or thereafter due are entitled to the priority  
49.26 provided in that law for taxes due in any state.

49.27 **EFFECTIVE DATE.** Except as provided in section 40, this section is effective July 1,  
49.28 2025.

49.29 Sec. 22. **[268B.155] CHILD SUPPORT DEDUCTION FROM BENEFITS.**

49.30 Subdivision 1. **Definitions.** As used in this section:

49.31 (1) "child support agency" means the public agency responsible for child support  
49.32 enforcement, including federally approved comprehensive Tribal IV-D programs; and

50.1 (2) "child support obligations" means obligations that are being enforced by a child  
 50.2 support agency in accordance with a plan described in United States Code, title 42, sections  
 50.3 454 and 455 of the Social Security Act that has been approved by the secretary of health  
 50.4 and human services under part D of title IV of the Social Security Act. This does not include  
 50.5 any type of spousal maintenance or foster care payments.

50.6 Subd. 2. **Notice upon application.** In an application for family or medical leave benefits,  
 50.7 the applicant must disclose if child support obligations are owed and, if so, in what state  
 50.8 and county. If child support obligations are owed, the commissioner must, if the applicant  
 50.9 establishes a benefit account, notify the child support agency.

50.10 Subd. 3. **Withholding of benefit.** The commissioner must deduct and withhold from  
 50.11 any family or medical leave benefits payable to an applicant who owes child support  
 50.12 obligations:

50.13 (1) the amount required under a proper order of a court or administrative agency; or

50.14 (2) if clause (1) is not applicable, the amount determined under an agreement under  
 50.15 United States Code, title 42, section 454 (20)(B)(i), of the Social Security Act; or

50.16 (3) if clause (1) or (2) is not applicable, the amount specified by the applicant.

50.17 Subd. 4. **Payment.** Any amount deducted and withheld must be paid to the child support  
 50.18 agency, must for all purposes be treated as if it were paid to the applicant as family or  
 50.19 medical leave benefits and paid by the applicant to the child support agency in satisfaction  
 50.20 of the applicant's child support obligations.

50.21 Subd. 5. **Payment of costs.** The child support agency must pay the costs incurred by  
 50.22 the commissioner in the implementation and administration of this section and sections  
 50.23 518A.50 and 518A.53.

50.24 **EFFECTIVE DATE.** Except as provided in section 40, this section is effective July 1,  
 50.25 2025.

50.26 Sec. 23. **[268B.16] COMPROMISE.**

50.27 (a) The commissioner may compromise in whole or in part any action, determination,  
 50.28 or decision that affects only an employer and not an applicant. This paragraph applies if it  
 50.29 is determined by a court of law, or a confession of judgment, that an applicant, while  
 50.30 employed, wrongfully took from the employer \$500 or more in money or property.

50.31 (b) The commissioner may at any time compromise any premium or reimbursement due  
 50.32 from an employer under this chapter.

51.1 (c) Any compromise involving an amount over \$10,000 must be authorized by an attorney  
 51.2 licensed to practice law in Minnesota who is an employee of the department designated by  
 51.3 the commissioner for that purpose.

51.4 (d) Any compromise must be in the best interest of the state of Minnesota.

51.5 **EFFECTIVE DATE.** Except as provided in section 40, this section is effective July 1,  
 51.6 2025.

51.7 Sec. 24. **[268B.17] ADMINISTRATIVE COSTS.**

51.8 From July 1, 2025, through December 31, 2025, the commissioner may spend up to  
 51.9 seven percent of projected benefit payments during the period for the administration of this  
 51.10 chapter. Beginning January 1, 2026, and each calendar year thereafter, the commissioner  
 51.11 may spend up to seven percent of projected benefit payments for that calendar year for the  
 51.12 administration of this chapter. The department may enter into interagency agreements with  
 51.13 the Department of Labor and Industry, including agreements to transfer funds, subject to  
 51.14 the limit in this section, for the Department of Labor and Industry to fulfill its enforcement  
 51.15 authority of this chapter.

51.16 **EFFECTIVE DATE.** Except as provided in section 40, this section is effective July 1,  
 51.17 2025.

51.18 Sec. 25. **[268B.18] PUBLIC OUTREACH.**

51.19 Beginning in fiscal year 2025, the commissioner must use at least 0.5 percent of projected  
 51.20 benefit payments under section 268B.17 for the purpose of outreach, education, and technical  
 51.21 assistance for employees, employers, and self-employed individuals eligible to elect coverage  
 51.22 under section 268B.11. The department may enter into interagency agreements with the  
 51.23 Department of Labor and Industry, including agreements to transfer funds, subject to the  
 51.24 limit in section 268B.17, to accomplish the requirements of this section. At least one-half  
 51.25 of the amount spent under this section must be used for grants to community-based groups.

51.26 **EFFECTIVE DATE.** Except as provided in section 40, this section is effective July 1,  
 51.27 2025.

51.28 Sec. 26. **[268B.185] BENEFIT OVERPAYMENTS.**

51.29 Subdivision 1. **Repaying an overpayment.** (a) Any applicant who (1) because of a  
 51.30 determination or amended determination issued under this chapter, or (2) because of a  
 51.31 benefit law judge's decision under section 268B.08, has received any family or medical

52.1 leave benefits that the applicant was held not entitled to, is overpaid the benefits and must  
 52.2 promptly repay the benefits to the family and medical benefit insurance account.

52.3 (b) If the applicant fails to repay the benefits overpaid, including any penalty and interest  
 52.4 assessed under subdivisions 2 and 4, the total due may be collected by the methods allowed  
 52.5 under state and federal law.

52.6 Subd. 2. **Overpayment because of misrepresentation.** (a) An applicant has committed  
 52.7 misrepresentation if the applicant is overpaid benefits by making an intentional false  
 52.8 statement or representation in an effort to fraudulently collect benefits. Overpayment because  
 52.9 of misrepresentation does not occur where there is an unintentional mistake or a good faith  
 52.10 belief as to the eligibility or correctness of the statement or representation.

52.11 (b) A determination of overpayment penalty must state the methods of collection the  
 52.12 commissioner may use to recover the overpayment, penalty, and interest assessed. Money  
 52.13 received in repayment of overpaid benefits, penalties, and interest is first applied to the  
 52.14 benefits overpaid, second to the penalty amount due, and third to any interest due.

52.15 (c) The department is authorized to issue a determination of overpayment penalty under  
 52.16 this subdivision within 12 months of the establishment of the benefit account upon which  
 52.17 the benefits were obtained through misrepresentation.

52.18 Subd. 3. **Interest.** For any family and medical leave benefits obtained by  
 52.19 misrepresentation, and any penalty amounts assessed under subdivision 2, the commissioner  
 52.20 must assess interest on any amount that remains unpaid beginning 30 calendar days after  
 52.21 the date of a determination of overpayment penalty. Interest is assessed at the rate of six  
 52.22 percent per year. A determination of overpayment penalty must state that interest will be  
 52.23 assessed. Interest is not assessed on unpaid interest. Interest collected under this subdivision  
 52.24 is credited to the family and medical benefit insurance account.

52.25 Subd. 4. **Offset of benefits.** An employee may offset from any future family and medical  
 52.26 leave benefits otherwise payable the amount of an overpayment. No single offset may exceed  
 52.27 20 percent of the amount of the payment from which the offset is made.

52.28 Subd. 5. **Cancellation of overpayments.** (a) If family and medical leave benefits  
 52.29 overpayments are not repaid or offset from subsequent benefits within three years after the  
 52.30 date of the determination or decision holding the applicant overpaid, the commissioner must  
 52.31 cancel the overpayment balance, and no administrative or legal proceedings may be used  
 52.32 to enforce collection of those amounts.

53.1 (b) The commissioner may cancel at any time any overpayment, including penalties and  
 53.2 interest that the commissioner determines is uncollectible because of death or bankruptcy.

53.3 Subd. 6. **Collection of overpayments.** (a) The commissioner has discretion regarding  
 53.4 the recovery of any overpayment for reasons other than misrepresentation. Regardless of  
 53.5 any law to the contrary, the commissioner is not required to refer any overpayment for  
 53.6 reasons other than misrepresentation to a public or private collection agency, including  
 53.7 agencies of this state.

53.8 (b) Amounts overpaid for reasons other than misrepresentation are not considered a  
 53.9 "debt" to the state of Minnesota for purposes of any reporting requirements to the  
 53.10 commissioner of management and budget.

53.11 (c) A pending appeal under section 268B.08 does not suspend the assessment of interest,  
 53.12 penalties, or collection of an overpayment.

53.13 (d) Section 16A.626 applies to the repayment by an applicant of any overpayment,  
 53.14 penalty, or interest.

53.15 Subd. 7. **Termination for misrepresentation.** It is not a violation of this section to  
 53.16 terminate an employee for obtaining benefits through intentional misrepresentation.

53.17 **EFFECTIVE DATE.** Except as provided in section 40, this section is effective July 1,  
 53.18 2025.

53.19 Sec. 27. **[268B.19] EMPLOYER MISCONDUCT; PENALTY.**

53.20 (a) The commissioner must penalize an employer if that employer or any employee,  
 53.21 officer, or agent of that employer is in collusion with any applicant for the purpose of  
 53.22 assisting the applicant in receiving benefits fraudulently. The penalty is \$500 or the amount  
 53.23 of benefits determined to be overpaid, whichever is greater.

53.24 (b) The commissioner must penalize an employer if that employer or any employee,  
 53.25 officer, or agent of that employer:

53.26 (1) made a false statement or representation knowing it to be false;

53.27 (2) made a false statement or representation without a good-faith belief as to the  
 53.28 correctness of the statement or representation; or

53.29 (3) knowingly failed to disclose a material fact.

53.30 (c) The penalty is the greater of \$500 or 50 percent of the following resulting from the  
 53.31 employer's action:

54.1 (1) the amount of any overpaid benefits to an applicant;

54.2 (2) the amount of benefits not paid to an applicant that would otherwise have been paid;

54.3 or

54.4 (3) the amount of any payment required from the employer under this chapter that was  
54.5 not paid.

54.6 (d) Penalties must be paid within 30 calendar days of issuance of the determination of  
54.7 penalty and credited to the family and medical benefit insurance account.

54.8 (e) The determination of penalty is final unless the employer files an appeal within 30  
54.9 calendar days after the sending of the determination of penalty to the employer by United  
54.10 States mail or electronic transmission.

54.11 **EFFECTIVE DATE.** Except as provided in section 40, this section is effective July 1,  
54.12 2025.

54.13 **Sec. 28. [268B.21] RECORDS; AUDITS.**

54.14 Subdivision 1. **Employer records; audits.** (a) Each employer must keep true and accurate  
54.15 records on individuals performing services for the employer, containing the information  
54.16 the commissioner may require under this chapter. The records must be kept for a period of  
54.17 not less than four years in addition to the current calendar year.

54.18 (b) For the purpose of administering this chapter, the commissioner has the power to  
54.19 audit, examine, or cause to be supplied or copied, any books, correspondence, papers,  
54.20 records, or memoranda that are the property of, or in the possession of, an employer or any  
54.21 other person at any reasonable time and as often as may be necessary. Subpoenas may be  
54.22 issued under section 268B.22 as necessary, for an audit.

54.23 (c) An employer or other person that refuses to allow an audit of its records by the  
54.24 department or that fails to make all necessary records available for audit in the state upon  
54.25 request of the commissioner may be assessed an administrative penalty of \$500. The penalty  
54.26 collected is credited to the family and medical benefit insurance account.

54.27 (d) An employer, or other person, that fails to provide a weekly breakdown of money  
54.28 earned by an applicant upon request of the commissioner, information necessary for the  
54.29 detection of applicant misrepresentation under section 268B.185, subdivision 2, may be  
54.30 assessed an administrative penalty of \$100. Any notice requesting a weekly breakdown  
54.31 must clearly state that a \$100 penalty may be assessed for failure to provide the information.  
54.32 The penalty collected is credited to the family and medical benefit insurance account.

55.1 Subd. 2. **Department records; destruction.** (a) The commissioner may make summaries,  
55.2 compilations, duplications, or reproductions of any records pertaining to this chapter that  
55.3 the commissioner considers advisable for the preservation of the information.

55.4 (b) Regardless of any law to the contrary, the commissioner may destroy any records  
55.5 that are no longer necessary for the administration of this chapter. In addition, the  
55.6 commissioner may destroy any record from which the information has been electronically  
55.7 captured and stored.

55.8 **EFFECTIVE DATE.** Except as provided in section 40, this section is effective July 1,  
55.9 2025.

55.10 Sec. 29. **[268B.22] SUBPOENAS; OATHS.**

55.11 (a) The commissioner or benefit judge has authority to administer oaths and affirmations,  
55.12 take depositions, certify to official acts, and issue subpoenas to compel the attendance of  
55.13 individuals and the production of documents and other personal property necessary in  
55.14 connection with the administration of this chapter.

55.15 (b) Individuals subpoenaed, other than applicants or officers and employees of an  
55.16 employer that is the subject of the inquiry, are paid witness fees the same as witness fees  
55.17 in civil actions in district court. The fees need not be paid in advance.

55.18 (c) The subpoena is enforceable through the district court in Ramsey County.

55.19 **EFFECTIVE DATE.** Except as provided in section 40, this section is effective July 1,  
55.20 2025.

55.21 Sec. 30. **[268B.23] LIEN; LEVY; SETOFF; AND CIVIL ACTION.**

55.22 Subdivision 1. **Lien.** (a) Any amount due under this chapter, from an applicant or an  
55.23 employer, becomes a lien upon all the property, within this state, both real and personal, of  
55.24 the person liable, from the date of assessment. For the purposes of this section, "date of  
55.25 assessment" means the date the obligation was due.

55.26 (b) The lien is not enforceable against any purchaser, mortgagee, pledgee, holder of a  
55.27 Uniform Commercial Code security interest, mechanic's lien, or judgment lien creditor,  
55.28 until a notice of lien has been filed with the county recorder of the county where the property  
55.29 is situated, or in the case of personal property belonging to a nonresident person in the Office  
55.30 of the Secretary of State. When the notice of lien is filed with the county recorder, the fee  
55.31 for filing and indexing is as provided in sections 272.483 and 272.484.

56.1 (c) Notices of liens, lien renewals, and lien releases, in a form prescribed by the  
56.2 commissioner, may be filed with the county recorder or the secretary of state by mail,  
56.3 personal delivery, or electronic transmission into the computerized filing system of the  
56.4 secretary of state. The secretary of state must, on any notice filed with that office, transmit  
56.5 the notice electronically to the appropriate county recorder. The filing officer, whether the  
56.6 county recorder or the secretary of state, must endorse and index a printout of the notice as  
56.7 if the notice had been mailed or delivered.

56.8 (d) County recorders and the secretary of state must enter information on lien notices,  
56.9 renewals, and releases into the central database of the secretary of state. For notices filed  
56.10 electronically with the county recorders, the date and time of receipt of the notice and county  
56.11 recorder's file number, and for notices filed electronically with the secretary of state, the  
56.12 secretary of state's recording information, must be entered into the central database before  
56.13 the close of the working day following the day of the original data entry by the commissioner.

56.14 (e) The lien imposed on personal property, even though properly filed, is not enforceable  
56.15 against a purchaser of tangible personal property purchased at retail or personal property  
56.16 listed as exempt in sections 550.37, 550.38, and 550.39.

56.17 (f) A notice of lien filed has priority over any security interest arising under chapter 336,  
56.18 article 9, that is perfected prior in time to the lien imposed by this subdivision, but only if:

56.19 (1) the perfected security interest secures property not in existence at the time the notice  
56.20 of lien is filed; and

56.21 (2) the property comes into existence after the 45th calendar day following the day the  
56.22 notice of lien is filed, or after the secured party has actual notice or knowledge of the lien  
56.23 filing, whichever is earlier.

56.24 (g) The lien is enforceable from the time the lien arises and for ten years from the date  
56.25 of filing the notice of lien. A notice of lien may be renewed before expiration for an additional  
56.26 ten years.

56.27 (h) The lien is enforceable by levy under subdivision 2 or by judgment lien foreclosure  
56.28 under chapter 550.

56.29 (i) The lien may be imposed upon property defined as homestead property in chapter  
56.30 510 but may be enforced only upon the sale, transfer, or conveyance of the homestead  
56.31 property.

56.32 (j) The commissioner may sell and assign to a third party the commissioner's right of  
56.33 redemption in specific real property for liens filed under this subdivision. The assignee is



57.1 limited to the same rights of redemption as the commissioner, except that in a bankruptcy  
57.2 proceeding, the assignee does not obtain the commissioner's priority. Any proceeds from  
57.3 the sale of the right of redemption are credited to the family and medical benefit insurance  
57.4 account.

57.5 Subd. 2. Levy. (a) If any amount due under this chapter, from an applicant or an employer,  
57.6 is not paid when due, the amount may be collected by the commissioner by direct levy upon  
57.7 all property and rights of property of the person liable for the amount due except property  
57.8 exempt from execution under section 550.37. For the purposes of this section, "levy" includes  
57.9 the power of distraint and seizure by any means.

57.10 (b) In addition to a direct levy, the commissioner may issue a warrant to the sheriff of  
57.11 any county who must proceed within 60 calendar days to levy upon the property or rights  
57.12 to property of the delinquent person within the county, except property exempt under section  
57.13 550.37. The sheriff must sell that property necessary to satisfy the total amount due, together  
57.14 with the commissioner's and sheriff's costs. The sales are governed by the law applicable  
57.15 to sales of like property on execution of a judgment.

57.16 (c) Notice and demand for payment of the total amount due must be mailed to the  
57.17 delinquent person at least ten calendar days before action being taken under paragraphs (a)  
57.18 and (b).

57.19 (d) If the commissioner has reason to believe that collection of the amount due is in  
57.20 jeopardy, notice and demand for immediate payment may be made. If the total amount due  
57.21 is not paid, the commissioner may proceed to collect by direct levy or issue a warrant without  
57.22 regard to the ten calendar day period.

57.23 (e) In executing the levy, the commissioner must have all of the powers provided in  
57.24 chapter 550 or any other law that provides for execution against property in this state. The  
57.25 sale of property levied upon and the time and manner of redemption is as provided in chapter  
57.26 550. The seal of the court is not required. The levy may be made whether or not the  
57.27 commissioner has commenced a legal action for collection.

57.28 (f) Where any assessment has been made by the commissioner, the property seized for  
57.29 collection of the total amount due must not be sold until any determination of liability has  
57.30 become final. No sale may be made unless a portion of the amount due remains unpaid for  
57.31 a period of more than 30 calendar days after the determination of liability becomes final.  
57.32 Seized property may be sold at any time if:

57.33 (1) the delinquent person consents in writing to the sale; or

58.1 (2) the commissioner determines that the property is perishable or may become greatly  
58.2 reduced in price or value by keeping, or that the property cannot be kept without great  
58.3 expense.

58.4 (g) Where a levy has been made to collect the amount due and the property seized is  
58.5 properly included in a formal proceeding commenced under sections 524.3-401 to 524.3-505  
58.6 and maintained under full supervision of the court, the property may not be sold until the  
58.7 probate proceedings are completed or until the court orders.

58.8 (h) The property seized must be returned if the owner:

58.9 (1) gives a surety bond equal to the appraised value of the owner's interest in the property,  
58.10 as determined by the commissioner; or

58.11 (2) deposits with the commissioner security in a form and amount the commissioner  
58.12 considers necessary to insure payment of the liability.

58.13 (i) If a levy or sale would irreparably injure rights in property that the court determines  
58.14 superior to rights of the state, the court may grant an injunction to prohibit the enforcement  
58.15 of the levy or to prohibit the sale.

58.16 (j) Any person who fails or refuses to surrender without reasonable cause any property  
58.17 or rights to property subject to levy is personally liable in an amount equal to the value of  
58.18 the property or rights not so surrendered, but not exceeding the amount due.

58.19 (k) If the commissioner has seized the property of any individual, that individual may,  
58.20 upon giving 48 hours notice to the commissioner and to the court, bring a claim for equitable  
58.21 relief before the district court for the release of the property upon terms and conditions the  
58.22 court considers equitable.

58.23 (l) Any person in control or possession of property or rights to property upon which a  
58.24 levy has been made who surrenders the property or rights to property, or who pays the  
58.25 amount due is discharged from any obligation or liability to the person liable for the amount  
58.26 due with respect to the property or rights to property.

58.27 (m) The notice of any levy may be served personally or by mail.

58.28 (n) The commissioner may release the levy upon all or part of the property or rights to  
58.29 property levied upon if the commissioner determines that the release will facilitate the  
58.30 collection of the liability, but the release does not prevent any subsequent levy. If the  
58.31 commissioner determines that property has been wrongfully levied upon, the commissioner  
58.32 must return:

59.1 (1) the specific property levied upon, at any time; or

59.2 (2) an amount of money equal to the amount of money levied upon, at any time before  
59.3 the expiration of nine months from the date of levy.

59.4 (o) Regardless of section 52.12, a levy upon a person's funds on deposit in a financial  
59.5 institution located in this state, has priority over any unexercised right of setoff of the  
59.6 financial institution to apply the levied funds toward the balance of an outstanding loan or  
59.7 loans owed by the person to the financial institution. A claim by the financial institution  
59.8 that it exercised its right to setoff before the levy must be substantiated by evidence of the  
59.9 date of the setoff, and verified by an affidavit from a corporate officer of the financial  
59.10 institution. For purposes of determining the priority of any levy under this subdivision, the  
59.11 levy is treated as if it were an execution under chapter 550.

59.12 Subd. 3. **Right of setoff.** (a) Upon certification by the commissioner to the commissioner  
59.13 of management and budget, or to any state agency that disburses its own funds, that a person,  
59.14 applicant, or employer has a liability under this chapter, and that the state has purchased  
59.15 personal services, supplies, contract services, or property from that person, the commissioner  
59.16 of management and budget or the state agency must set off and pay to the commissioner an  
59.17 amount sufficient to satisfy the unpaid liability from funds appropriated for payment of the  
59.18 obligation of the state otherwise due the person. No amount may be set off from any funds  
59.19 exempt under section 550.37 or funds due an individual who receives assistance under  
59.20 chapter 256.

59.21 (b) All funds, whether general or dedicated, are subject to setoff.

59.22 (c) Regardless of any law to the contrary, the commissioner has first priority to setoff  
59.23 from any funds otherwise due from the department to a delinquent person.

59.24 Subd. 4. **Collection by civil action.** (a) Any amount due under this chapter, from an  
59.25 applicant or employer, may be collected by civil action in the name of the state of Minnesota.  
59.26 Civil actions brought under this subdivision must be heard as provided under section 16D.14.  
59.27 In any action, judgment must be entered in default for the relief demanded in the complaint  
59.28 without proof, together with costs and disbursements, upon the filing of an affidavit of  
59.29 default.

59.30 (b) Any person that is not a resident of this state and any resident person removed from  
59.31 this state, is considered to appoint the secretary of state as its agent for the acceptance of  
59.32 process in any civil action. The commissioner must file process with the secretary of state,  
59.33 together with a payment of a fee of \$15 and that service is considered sufficient service and  
59.34 has the same force and validity as if served personally within this state. Notice of the service

60.1 of process, together with a copy of the process, must be sent by certified mail to the person's  
60.2 last known address. An affidavit of compliance with this subdivision, and a copy of the  
60.3 notice of service must be appended to the original of the process and filed in the court.

60.4 (c) No court filing fees, docketing fees, or release of judgment fees may be assessed  
60.5 against the state for actions under this subdivision.

60.6 Subd. 5. **Injunction forbidden.** No injunction or other legal action to prevent the  
60.7 determination, assessment, or collection of any amounts due under this chapter, from an  
60.8 applicant or employer, are allowed.

60.9 **EFFECTIVE DATE.** Except as provided in section 40, this section is effective July 1,  
60.10 2025.

60.11 Sec. 31. **[268B.24] CONCILIATION SERVICES.**

60.12 The Department of Labor and Industry may offer conciliation services to employers and  
60.13 employees to resolve disputes concerning alleged violations of employment protections  
60.14 identified in section 268B.09.

60.15 **EFFECTIVE DATE.** Except as provided in section 40, this section is effective July 1,  
60.16 2025.

60.17 Sec. 32. **[268B.25] ANNUAL REPORTS.**

60.18 (a) Beginning on or before July 1, 2026, the commissioner must annually report to the  
60.19 Department of Management and Budget and the house of representatives and senate  
60.20 committee chairs with jurisdiction over this chapter on program administrative expenditures  
60.21 and revenue collection for the prior fiscal year, including but not limited to:

60.22 (1) total revenue raised through premium collection;

60.23 (2) the number of self-employed individuals or independent contractors electing coverage  
60.24 under section 268B.11 and amount of associated revenue;

60.25 (3) the number of covered business entities paying premiums under this chapter and  
60.26 associated revenue;

60.27 (4) administrative expenditures including transfers to other state agencies expended in  
60.28 the administration of the chapter;

60.29 (5) summary of contracted services expended in the administration of this chapter;

60.30 (6) grant amounts and recipients under sections 268B.18 and 268B.29;

- 61.1 (7) an accounting of required outreach expenditures;
- 61.2 (8) summary of private plan approvals including the number of employers and employees
- 61.3 covered under private plans; and
- 61.4 (9) adequacy and use of the private plan approval and oversight fee.
- 61.5 (b) Beginning on or before July 1, 2026, the commissioner must annually publish a
- 61.6 publicly available report providing the following information for the previous fiscal year:
- 61.7 (1) total eligible claims;
- 61.8 (2) the number and percentage of claims attributable to each category of benefit;
- 61.9 (3) claimant demographics by age, gender, average weekly wage, occupation, and the
- 61.10 type of leave taken;
- 61.11 (4) the percentage of claims denied and the reasons therefor, including but not limited
- 61.12 to insufficient information and ineligibility and the reason therefor;
- 61.13 (5) average weekly benefit amount paid for all claims and by category of benefit;
- 61.14 (6) changes in the benefits paid compared to previous fiscal years;
- 61.15 (7) processing times for initial claims processing, initial determinations, and final
- 61.16 decisions;
- 61.17 (8) average duration for cases completed; and
- 61.18 (9) the number of cases remaining open at the close of such year.

61.19 **EFFECTIVE DATE.** Except as provided in section 40, this section is effective July 1,

61.20 2025.

61.21 **Sec. 33. [268B.26] NOTICE REQUIREMENTS.**

61.22 (a) Each employer must post in a conspicuous place on each of its premises a workplace

61.23 notice prepared or approved by the commissioner providing notice of benefits available

61.24 under this chapter. The required workplace notice must be in English and each language

61.25 other than English which is the primary language of five or more employees or independent

61.26 contractors of that workplace, if such notice is available from the department.

61.27 (b) Each employer must issue to each employee not more than 30 days from the beginning

61.28 date of the employee's employment, or 30 days before premium collection begins, whichever

61.29 is later, the following written information provided or approved by the department in the

61.30 primary language of the employee:

- 62.1 (1) an explanation of the availability of family and medical leave benefits provided under  
 62.2 this chapter, including rights to reinstatement and continuation of health insurance;
- 62.3 (2) the amount of premium deductions made by the employer under this chapter;
- 62.4 (3) the employer's premium amount and obligations under this chapter;
- 62.5 (4) the name and mailing address of the employer;
- 62.6 (5) the identification number assigned to the employer by the department;
- 62.7 (6) instructions on how to file a claim for family and medical leave benefits;
- 62.8 (7) the mailing address, e-mail address, and telephone number of the department; and
- 62.9 (8) any other information required by the department.

62.10 Delivery is made when an employee provides written acknowledgment of receipt of the  
 62.11 information, or signs a statement indicating the employee's refusal to sign such  
 62.12 acknowledgment.

62.13 (c) An employer that fails to comply with this section may be issued, for a first violation,  
 62.14 a civil penalty of \$50 per employee, and for each subsequent violation, a civil penalty of  
 62.15 \$300 per employee. The employer shall have the burden of demonstrating compliance with  
 62.16 this section.

62.17 (d) Employer notice to an employee under this section may be provided in paper or  
 62.18 electronic format. For notice provided in electronic format only, the employer must provide  
 62.19 employee access to an employer-owned computer during an employee's regular working  
 62.20 hours to review and print required notices.

62.21 **EFFECTIVE DATE.** Except as provided in section 40, this section is effective July 1,  
 62.22 2025.

62.23 **Sec. 34. [268B.27] RELATIONSHIP TO OTHER LEAVE; CONSTRUCTION.**

62.24 Subdivision 1. **Concurrent leave.** An employer may require leave taken under this  
 62.25 chapter to run concurrently with leave taken for the same purpose under section 181.941  
 62.26 or the Family and Medical Leave Act, United States Code, title 29, sections 2601 to 2654,  
 62.27 as amended.

62.28 Subd. 2. **Construction.** Nothing in this chapter shall be construed to:

- 62.29 (1) allow an employer to compel an employee to exhaust accumulated sick, vacation,  
 62.30 or personal time before or while taking leave under this chapter;

63.1 (2) prohibit an employer from providing additional benefits, including but not limited  
 63.2 to covering the portion of earnings not provided during periods of leave covered under this  
 63.3 chapter, including through supplemental payments under section 268B.01, subdivision 40;  
 63.4 or

63.5 (3) limit the parties to a collective bargaining agreement from bargaining and agreeing  
 63.6 with respect to leave benefits and related procedures and employee protections that meet  
 63.7 or exceed, and do not otherwise conflict with, the minimum standards and requirements in  
 63.8 this chapter.

63.9 **EFFECTIVE DATE.** Except as provided in section 40, this section is effective July 1,  
 63.10 2025.

63.11 Sec. 35. **[268B.28] SEVERABLE.**

63.12 If the United States Department of Labor or a court of competent jurisdiction determines  
 63.13 that any provision of the family and medical benefit insurance program under this chapter  
 63.14 is not in conformity with, or is inconsistent with, the requirements of federal law, the  
 63.15 provision has no force or effect. If only a portion of the provision, or the application to any  
 63.16 person or circumstances, is determined not in conformity, or determined inconsistent, the  
 63.17 remainder of the provision and the application of the provision to other persons or  
 63.18 circumstances are not affected.

63.19 **EFFECTIVE DATE.** Except as provided in section 40, this section is effective July 1,  
 63.20 2025.

63.21 Sec. 36. **[268B.29] SMALL BUSINESS ASSISTANCE GRANTS.**

63.22 (a) Employers are eligible for a business assistance grant when more than 15 percent of  
 63.23 their employees are receiving benefits in any given week under this chapter. A grant shall  
 63.24 be equal to the lesser of:

63.25 (1) 25 percent of the wages earned by the employees on leave in the most recent  
 63.26 completed quarter divided by 13; or

63.27 (2) \$300 per week per employee on leave.

63.28 (b) Grants must be used to hire temporary workers or to increase wages for current  
 63.29 employees. The grant shall be paid weekly until the percentage of employees using benefits  
 63.30 under this chapter is 15 percent or less for the applicable employer.

64.1 (c) The grants under this section may be funded from the family and medical benefit  
64.2 insurance account.

64.3 (d) For the purposes of this section, the commissioner shall average the number of  
64.4 employees reported by an employer over the last four completed calendar quarters to  
64.5 determine the size of the employer.

64.6 (e) An employer who has an approved private plan is not eligible to receive a grant under  
64.7 this section.

64.8 (f) The commissioner may award grants under this section only up to a maximum of  
64.9 \$5,000,000 per calendar year.

64.10 **EFFECTIVE DATE.** Except as provided in section 40, this section is effective July 1,  
64.11 2025.

64.12 **Sec. 37. DIRECTION TO COMMISSIONER OF HUMAN SERVICES; RATES**  
64.13 **FOR EMPLOYERS OF DIRECT CARE WORKERS.**

64.14 Subdivision 1. **Definition.** For the purposes of this section, "direct care worker" has the  
64.15 meaning given in Minnesota Statutes, section 268B.14, subdivision 4.

64.16 Subd. 2. **Rate increases for employers of direct care workers.** Beginning July 1, 2025,  
64.17 the commissioner of human services must increase the medical assistance reimbursement  
64.18 rates of any employer that employs a direct care worker by an amount sufficient to cover  
64.19 100 percent of the employer premiums paid under Minnesota Statutes, section 268B.14, on  
64.20 the wages of direct care workers.

64.21 Subd. 3. **Draft legislation required.** By January 1, 2025, for any medical assistance  
64.22 rates established in Minnesota Statutes that reimburse employers of direct care workers, the  
64.23 commissioner must develop draft legislation to incorporate the rate increase described in  
64.24 subdivision 2 into the rate or rate framework and submit the draft legislation to the chairs  
64.25 and ranking minority members of the legislative committees or divisions with jurisdiction  
64.26 over human services finance. The commissioner must not construe failure of the legislature  
64.27 to enact the draft legislation as relieving the commissioner of the commissioner's duty to  
64.28 increase rates as required under subdivision 2. If the legislature enacts the draft legislation,  
64.29 implementation of the statutory rate increases will satisfy the requirements of subdivision  
64.30 2 with respect to employers reimbursed under those rates.



65.1 Sec. 38. ACTUARIAL STUDY.

65.2 (a) The commissioner of employment and economic development must contract with a  
65.3 qualified independent actuarial consultant to conduct an actuarial study of the family and  
65.4 medical leave premium rate, premium rate structure, weekly benefit formula, duration of  
65.5 benefits, fund reserve, and other components as necessary to determine an actuarially sound  
65.6 rate and future rate-setting mechanism of the family and medical benefit insurance program  
65.7 created in this act. A qualified independent actuarial consultant is one who is a Fellow of  
65.8 the Society of Actuaries, Member of the American Academy of Actuaries (FSA MAAA),  
65.9 and who has experience directly relevant to the analysis required under this paragraph. The  
65.10 commissioner must issue a request for proposal to satisfy the requirements of this section  
65.11 no later than 30 days following enactment.

65.12 (b) If the actuarial study indicates that the premium rate in Minnesota Statutes, section  
65.13 268B.14, subdivision 7, is not actuarially sound, the commissioner must present options to  
65.14 the legislature to adjust the program to make the program actuarially sound.

65.15 (c) A copy of the actuarial study and the commissioner's recommendations based on  
65.16 that study must be provided to the majority and minority leaders in the senate and the house  
65.17 of representatives no later than October 31, 2023. The actuarial study and the commissioner's  
65.18 recommendations must also be filed with the Legislative Reference Library in compliance  
65.19 with Minnesota Statutes, section 3.195.

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

65.21 Sec. 39. APPROPRIATIONS.

65.22 (a) \$1,700,000,000 in fiscal year 2024 is appropriated from the general fund to the  
65.23 commissioner of employment and economic development for transfer to the family and  
65.24 medical insurance benefit account for the purposes of Minnesota Statutes, chapter 268B,  
65.25 including:

65.26 (1) payment of family and medical benefits;

65.27 (2) implementation and administration of the family and medical benefit insurance  
65.28 program;

65.29 (3) staffing, outreach, information technology implementation, and related activities;  
65.30 and

65.31 (4) outreach, education, and technical assistance for employees, employers, and  
65.32 self-employed individuals regarding Minnesota Statutes, chapter 268B.

66.1 This is a onetime appropriation.

66.2 (b) \$..... in fiscal year 2027 is appropriated from the family and medical insurance  
 66.3 benefit account to the commissioner of employment and economic development for the  
 66.4 purposes of Minnesota Statutes, chapter 268B, including administration of the family and  
 66.5 medical benefit insurance program, and outreach, education, and technical assistance for  
 66.6 employees, employers, and self-employed individuals. Of the amount used for outreach,  
 66.7 education, and technical assistance, at least half must be used for grants to community-based  
 66.8 groups providing outreach, education, and technical assistance for employees, employers,  
 66.9 and self-employed individuals regarding Minnesota Statutes, chapter 268B. Outreach must  
 66.10 include efforts to notify self-employed individuals of their ability to elect coverage under  
 66.11 Minnesota Statutes, section 268B.11, and providing individuals with technical assistance  
 66.12 to elect coverage. The base for fiscal year 2028 and beyond is \$.....

66.13 Sec. 40. APPLICATION.

66.14 Family and medical benefits under Minnesota Statutes, chapter 268B, may be applied  
 66.15 for and paid starting July 1, 2025.

## 66.16 **ARTICLE 2**

### 66.17 **FAMILY AND MEDICAL LEAVE BENEFIT AS EARNINGS**

66.18 Section 1. Minnesota Statutes 2022, section 256B.057, subdivision 9, is amended to read:

66.19 Subd. 9. **Employed persons with disabilities.** (a) Medical assistance may be paid for  
 66.20 a person who is employed and who:

66.21 (1) but for excess earnings or assets, meets the definition of disabled under the  
 66.22 Supplemental Security Income program;

66.23 (2) meets the asset limits in paragraph (d); and

66.24 (3) pays a premium and other obligations under paragraph (e).

66.25 (b) For purposes of eligibility, there is a \$65 earned income disregard. To be eligible  
 66.26 for medical assistance under this subdivision, a person must have more than \$65 of earned  
 66.27 income, be receiving an unemployment insurance benefit under chapter 268 that the person  
 66.28 began receiving while eligible under this subdivision, or be receiving family and medical  
 66.29 leave benefits under chapter 268B that the person began receiving while eligible under this  
 66.30 subdivision. Earned income must have Medicare, Social Security, and applicable state and  
 66.31 federal taxes withheld. The person must document earned income tax withholding. Any

67.1 spousal income or assets shall be disregarded for purposes of eligibility and premium  
67.2 determinations.

67.3 (c) After the month of enrollment, a person enrolled in medical assistance under this  
67.4 subdivision who would otherwise be ineligible and be disenrolled due to one of the following  
67.5 circumstances may retain eligibility for up to four consecutive months after a month of job  
67.6 loss if the person:

67.7 (1) is temporarily unable to work and without receipt of earned income due to a medical  
67.8 condition, as verified by a physician, advanced practice registered nurse, or physician  
67.9 assistant; or

67.10 (2) loses employment for reasons not attributable to the enrollee, and is without receipt  
67.11 of earned income ~~may retain eligibility for up to four consecutive months after the month~~  
67.12 ~~of job loss.~~

67.13 To receive a four-month extension of continued eligibility under this paragraph, enrollees  
67.14 must verify the medical condition or provide notification of job loss; continue to meet all  
67.15 other eligibility requirements must be met, and ~~the enrollee must~~ continue to pay all  
67.16 calculated premium costs for continued eligibility.

67.17 (d) For purposes of determining eligibility under this subdivision, a person's assets must  
67.18 not exceed \$20,000, excluding:

67.19 (1) all assets excluded under section 256B.056;

67.20 (2) retirement accounts, including individual accounts, 401(k) plans, 403(b) plans, Keogh  
67.21 plans, and pension plans;

67.22 (3) medical expense accounts set up through the person's employer; and

67.23 (4) spousal assets, including spouse's share of jointly held assets.

67.24 (e) All enrollees must pay a premium to be eligible for medical assistance under this  
67.25 subdivision, except as provided under clause (5).

67.26 (1) An enrollee must pay the greater of a \$35 premium or the premium calculated based  
67.27 on the person's gross earned and unearned income and the applicable family size using a  
67.28 sliding fee scale established by the commissioner, which begins at one percent of income  
67.29 at 100 percent of the federal poverty guidelines and increases to 7.5 percent of income for  
67.30 those with incomes at or above 300 percent of the federal poverty guidelines.

67.31 (2) Annual adjustments in the premium schedule based upon changes in the federal  
67.32 poverty guidelines shall be effective for premiums due in July of each year.

68.1 (3) All enrollees who receive unearned income must pay one-half of one percent of  
68.2 unearned income in addition to the premium amount, except as provided under clause (5).

68.3 (4) Increases in benefits under title II of the Social Security Act shall not be counted as  
68.4 income for purposes of this subdivision until July 1 of each year.

68.5 (5) Effective July 1, 2009, American Indians are exempt from paying premiums as  
68.6 required by section 5006 of the American Recovery and Reinvestment Act of 2009, Public  
68.7 Law 111-5. For purposes of this clause, an American Indian is any person who meets the  
68.8 definition of Indian according to Code of Federal Regulations, title 42, section 447.50.

68.9 (f) A person's eligibility and premium shall be determined by the local county agency.  
68.10 Premiums must be paid to the commissioner. All premiums are dedicated to the  
68.11 commissioner.

68.12 (g) Any required premium shall be determined at application and redetermined at the  
68.13 enrollee's six-month income review or when a change in income or household size is reported.  
68.14 Enrollees must report any change in income or household size within ten days of when the  
68.15 change occurs. A decreased premium resulting from a reported change in income or  
68.16 household size shall be effective the first day of the next available billing month after the  
68.17 change is reported. Except for changes occurring from annual cost-of-living increases, a  
68.18 change resulting in an increased premium shall not affect the premium amount until the  
68.19 next six-month review.

68.20 (h) Premium payment is due upon notification from the commissioner of the premium  
68.21 amount required. Premiums may be paid in installments at the discretion of the commissioner.

68.22 (i) Nonpayment of the premium shall result in denial or termination of medical assistance  
68.23 unless the person demonstrates good cause for nonpayment. "Good cause" means an excuse  
68.24 for the enrollee's failure to pay the required premium when due because the circumstances  
68.25 were beyond the enrollee's control or not reasonably foreseeable. The commissioner shall  
68.26 determine whether good cause exists based on the weight of the supporting evidence  
68.27 submitted by the enrollee to demonstrate good cause. Except when an installment agreement  
68.28 is accepted by the commissioner, all persons disenrolled for nonpayment of a premium must  
68.29 pay any past due premiums as well as current premiums due prior to being reenrolled.  
68.30 Nonpayment shall include payment with a returned, refused, or dishonored instrument. The  
68.31 commissioner may require a guaranteed form of payment as the only means to replace a  
68.32 returned, refused, or dishonored instrument.

68.33 (j) For enrollees whose income does not exceed 200 percent of the federal poverty  
68.34 guidelines and who are also enrolled in Medicare, the commissioner shall reimburse the

69.1 enrollee for Medicare part B premiums under section 256B.0625, subdivision 15, paragraph  
69.2 (a).

69.3 Sec. 2. Minnesota Statutes 2022, section 256J.561, is amended by adding a subdivision  
69.4 to read:

69.5 Subd. 4. **Parents receiving family and medical leave benefits.** A parent who meets  
69.6 the criteria under subdivision 2 and who receives benefits under chapter 268B is not required  
69.7 to participate in employment services.

69.8 Sec. 3. Minnesota Statutes 2022, section 256J.95, subdivision 3, is amended to read:

69.9 Subd. 3. **Eligibility for diversionary work program.** (a) Except for the categories of  
69.10 family units listed in clauses (1) to (8), all family units who apply for cash benefits and who  
69.11 meet MFIP eligibility as required in sections 256J.11 to 256J.15 are eligible and must  
69.12 participate in the diversionary work program. Family units or individuals that are not eligible  
69.13 for the diversionary work program include:

69.14 (1) child only cases;

69.15 (2) single-parent family units that include a child under 12 months of age. A parent is  
69.16 eligible for this exception once in a parent's lifetime;

69.17 (3) family units with a minor parent without a high school diploma or its equivalent;

69.18 (4) family units with an 18- or 19-year-old caregiver without a high school diploma or  
69.19 its equivalent who chooses to have an employment plan with an education option;

69.20 (5) family units with a caregiver who received DWP benefits within the 12 months prior  
69.21 to the month the family applied for DWP, except as provided in paragraph (c);

69.22 (6) family units with a caregiver who received MFIP within the 12 months prior to the  
69.23 month the family applied for DWP;

69.24 (7) family units with a caregiver who received 60 or more months of TANF assistance;

69.25 ~~and~~

69.26 (8) family units with a caregiver who is disqualified from the work participation cash  
69.27 benefit program, DWP, or MFIP due to fraud; and

69.28 (9) single-parent family units where a parent is receiving family and medical leave  
69.29 benefits under chapter 268B.

70.1 (b) A two-parent family must participate in DWP unless both caregivers meet the criteria  
 70.2 for an exception under paragraph (a), clauses (1) through (5), or the family unit includes a  
 70.3 parent who meets the criteria in paragraph (a), clause (6), (7), or (8).

70.4 (c) Once DWP eligibility is determined, the four months run consecutively. If a participant  
 70.5 leaves the program for any reason and reapplies during the four-month period, the county  
 70.6 must redetermine eligibility for DWP.

70.7 Sec. 4. Minnesota Statutes 2022, section 256J.95, subdivision 11, is amended to read:

70.8 Subd. 11. **Universal participation required.** (a) All DWP caregivers, except caregivers  
 70.9 who meet the criteria in paragraph (d), are required to participate in DWP employment  
 70.10 services. Except as specified in paragraphs (b) and (c), employment plans under DWP must,  
 70.11 at a minimum, meet the requirements in section 256J.55, subdivision 1.

70.12 (b) A caregiver who is a member of a two-parent family that is required to participate  
 70.13 in DWP who would otherwise be ineligible for DWP under subdivision 3 may be allowed  
 70.14 to develop an employment plan under section 256J.521, subdivision 2, that may contain  
 70.15 alternate activities and reduced hours.

70.16 (c) A participant who is a victim of family violence shall be allowed to develop an  
 70.17 employment plan under section 256J.521, subdivision 3. A claim of family violence must  
 70.18 be documented by the applicant or participant by providing a sworn statement which is  
 70.19 supported by collateral documentation in section 256J.545, paragraph (b).

70.20 (d) One parent in a two-parent family unit ~~that has a natural born child under 12 months~~  
 70.21 ~~of age~~ is not required to have an employment plan ~~until the child reaches 12 months of age~~  
 70.22 ~~unless the family unit has already used the exclusion under section 256J.561, subdivision~~  
 70.23 ~~3, or the previously allowed child under age one exemption under section 256J.56, paragraph~~  
 70.24 ~~(a), clause (5).~~ if that parent:

70.25 (1) receives family and medical leave benefits under chapter 268B; or

70.26 (2) has a natural born child under 12 months of age until the child reaches 12 months  
 70.27 of age unless the family unit has already used the exclusion under section 256J.561,  
 70.28 subdivision 3, or the previously allowed child under age one exemption under section  
 70.29 256J.56, paragraph (a), clause (5).

70.30 (e) The provision in paragraph (d) ends the first full month after the child reaches 12  
 70.31 months of age. This provision is allowable only once in a caregiver's lifetime. In a two-parent  
 70.32 household, only one parent shall be allowed to use this category.

71.1 (f) The participant and job counselor must meet in the month after the month the child  
71.2 reaches 12 months of age to revise the participant's employment plan. The employment plan  
71.3 for a family unit that has a child under 12 months of age that has already used the exclusion  
71.4 in section 256J.561 must be tailored to recognize the caregiving needs of the parent.

71.5 Sec. 5. Minnesota Statutes 2022, section 256P.01, subdivision 3, is amended to read:

71.6 Subd. 3. **Earned income.** "Earned income" means income earned through the receipt  
71.7 of wages, salary, commissions, bonuses, tips, gratuities, profit from employment activities,  
71.8 net profit from self-employment activities, payments made by an employer for regularly  
71.9 accrued vacation or sick leave, severance pay based on accrued leave time, benefits paid  
71.10 under chapter 268B, royalties, honoraria, or other profit from activity that results from the  
71.11 client's work, effort, or labor for purposes other than student financial assistance,  
71.12 rehabilitation programs, student training programs, or service programs such as AmeriCorps.  
71.13 The income must be in return for, or as a result of, legal activity.

71.14 Sec. 6. **EFFECTIVE DATES.**

71.15 Sections 1 to 5 are effective January 1, 2024.