State of Minnesota

HOUSE OF REPRESENTATIVES

NINETY-THIRD SESSION

H. F. No. 2050

02/20/2023 Authored by Liebling
The bill was read for the first time and referred to the Committee on Health Finance and Policy
03/16/2023 Adoption of Report: Placed on the General Register as Amended
Read for the Second Time
05/01/2023 Referred to the Chief Clerk for Comparison with S. F. No. 2212
05/02/2023 Postponed Indefinitely

A bill for an act

relating to state government; changing provision for retrospective review of health provider spending; increasing the Rural Health Advisory Committee membership; changing provisions in vital records for fetal death; adding definitions to Safe Drinking Water Act; requiring classification of service lines; modifying hospital waiver request; modifying provisions of cancer reporting system; changing lead hazard provisions; modifying moratorium on certification of nursing home beds; modifying survey and investigations of home care providers; modifying provisions for hearing aid dispensing and speech language pathologists and audiologists licensing; modifying provision for opiate antagonist for overdose; changing provisions for mental health services; establishing cultural and ethnic minority infrastructure grant program; establishing transition from homelessness program; changing certain medial assistance payment rates, general assistance provisions, supportive housing provisions, diversionary work program, and community living resources; amending Minnesota Statutes 2022, sections 62J.17, subdivision 5a; 144.1481, subdivision 1; 144.2151; 144.222; 144.382, by adding subdivisions; 144.55, subdivision 3; 144.6535, subdivisions 1, 2, 4; 144.69; 144.9501, subdivisions 17, 26a, 26b, by adding subdivisions; 144.9505, subdivisions 1, 1g, 1h; 144.9508, subdivision 2; 144A.06, subdivision 2; 144A.071, subdivision 2; 144A.073, subdivision 3b; 144A.474, subdivisions 3, 9, 12; 144A.4791, subdivision 10; 148.512, subdivisions 10a, 10b, by adding subdivisions; 148.513, by adding a subdivision; 148.515, subdivision 6; 148.5175; 148.5195, subdivision 3; 148.5196, subdivision 1; 148.5197; 148.5198; 151.37, subdivision 12; 153A.13, subdivisions 3, 4, 5, 6, 7, 9, 10, 11, by adding subdivisions; 153A.14, subdivisions 1, 2, 2h, 2i, 2j, 4, 4a, 4b, 4c, 4e, 6, 9, 11, by adding a subdivision; 153A.15, subdivisions 1, 2, 4; 153A.17; 153A.175; 153A.18; 153A.20; 245.4661, subdivision 9; 245.469, subdivision 3; 256.478, by adding subdivisions; 256B.056, by adding a subdivision; 256B.0622, subdivision 8; 256B.0946, subdivision 6; 256B.0947, subdivision 7a; 256B.434, subdivision 4f; 256D.02, by adding a subdivision; 256D.07; 256I.03, subdivision 15, by adding a subdivision; 256I.04, subdivision 2; 256I.06, subdivision 3; 256I.09; 256J.08, subdivision 21; 256J.09, subdivision 3; 256J.95, subdivision 5; 256P.01, by adding a subdivision; 256P.04, by adding a subdivision; proposing coding for new law in Minnesota Statutes, chapters 144; 245; repealing Minnesota Statutes 2022, sections 144.9505, subdivision 3; 153A.14, subdivision 5; 256I.03, subdivision 6; Minnesota Rules, parts 4640.1500; 4640.1600; 4640.1700; 4640.1800; 4640.1900; 4640.2000; 4640.2100; 4640.2200; 4640.2300; 4640.2400; 4640.2500; 4640.2600; 4640.2700; 4640.2800; 4640.2900; 4640.3000; 4640.3100; 4640.3200; 4640.3300; 4640.3400; 4640.3500; 4640.3600; 4640.3700;

4640.3800; 4640.3900; 4640.4000; 4640.4100; 4640.4200; 4640.4300; 4640.6100; 4640.6200; 4640.6300; 4640.6400; 4645.0300; 4645.0400; 4645.0500; 4645.0600; 4645.0700; 4645.0800; 4645.0900; 4645.1000; 4645.1100; 4645.1200; 4645.1300; 4645.1400; 4645.1500; 4645.1600; 4645.1700; 4645.1800; 4645.1900; 4645.2000; 4645.2100; 4645.2200; 4645.2300; 4645.2400; 4645.2500; 4645.2600; 4645.2700; 4645.2800; 4645.2900; 4645.3000; 4645.3100; 4645.3200; 4645.3300; 4645.3400; 4645.3500; 4645.3600; 4645.3700; 4645.3800; 4645.3805; 4645.3900; 4645.4000; 4645.4100; 4645.4200; 4645.4300; 4645.4400; 4645.4500; 4645.4600; 4645.4700; 4645.4800; 4645.4900; 4645.5100; 4645.5200.

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

ARTICLE 1

DEPARTMENT OF HEALTH POLICY

Section 1. Minnesota Statutes 2022, section 62J.17, subdivision 5a, is amended to read:

Subd. 5a. **Retrospective review.** (a) The commissioner shall retrospectively review each major spending commitment and ~~notify the provider of the results of the review. The commissioner shall~~ determine whether the major spending commitment was appropriate. In making the determination, the commissioner may consider the following criteria: the major spending commitment's impact on the cost, access, and quality of health care; the clinical effectiveness and cost-effectiveness of the major spending commitment; and the alternatives available to the provider. If the major expenditure is determined not to be appropriate, the commissioner shall notify the provider.

(b) The commissioner may not prevent or prohibit a major spending commitment subject to retrospective review. However, if the provider fails the retrospective review, any major spending commitments by that provider for the five-year period following the commissioner's decision are subject to prospective review under subdivision 6a.

Sec. 2. Minnesota Statutes 2022, section 144.1481, subdivision 1, is amended to read:

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

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

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

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

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

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

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

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

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

(9) a registered nurse or licensed practical nurse;

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

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

(12) a member of a Tribal nation;

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

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

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

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

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

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

Sec. 3. Minnesota Statutes 2022, section 144.2151, is amended to read:

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

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

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

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

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

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

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

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

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

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

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

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

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

The state registrar shall:

(1) prescribe the process to:

(i) register a fetal death;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Sec. 4. Minnesota Statutes 2022, section 144.222, is amended to read:

144.222 FETAL DEATH REPORTS ~~OF FETAL OR INFANT DEATH~~ AND REGISTRATION.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Sec. 12. Minnesota Statutes 2022, section 144.382, is amended by adding a subdivision to read:

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

Sec. 13. **[144.3853] CLASSIFICATION OF SERVICE LINES.**

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

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

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

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

Sec. 14. Minnesota Statutes 2022, section 144.55, subdivision 3, is amended to read:

Subd. 3. **Standards for licensure.** (a) Notwithstanding the provisions of section 144.56, for the purpose of hospital licensure, the commissioner of health shall use as minimum

standards the hospital certification regulations promulgated pursuant to title XVIII of the Social Security Act, United States Code, title 42, section 1395, et seq. The commissioner may use as minimum standards changes in the federal hospital certification regulations promulgated after May 7, 1981, if the commissioner finds that such changes are reasonably necessary to protect public health and safety. ~~The commissioner shall also promulgate in rules additional minimum standards for new construction.~~

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

(c) If the commissioner decides to update the edition of the guidelines specified in paragraph (b) for purposes of this subdivision, the commissioner must notify the chairs and ranking minority members of the legislative committees with jurisdiction over health care and public safety of the planned update by January 15 of the year in which the new edition will become effective. Following notice from the commissioner, the new edition shall become effective for hospitals beginning August 1 of that year, unless otherwise provided in law. The commissioner shall, by publication in the State Register, specify a date by which hospitals must comply with the updated edition. The date by which hospitals must comply shall not be sooner than 12 months after publication of the commissioner's notice in the State Register and shall apply only to plan review packages received on or after that date.

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

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

~~(c)~~ (f) An outpatient surgical center must establish and maintain a comprehensive tuberculosis infection control program according to the most current tuberculosis infection control guidelines issued by the United States Centers for Disease Control and Prevention (CDC), Division of Tuberculosis Elimination, as published in CDC's Morbidity and Mortality

Weekly Report (MMWR). This program must include a tuberculosis infection control plan that covers all paid and unpaid employees, contractors, students, and volunteers. The Department of Health shall provide technical assistance regarding implementation of the guidelines.

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

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

Sec. 15. Minnesota Statutes 2022, section 144.6535, subdivision 1, is amended to read:

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

(1) the specific ~~rule or rules~~ requirement for which the variance or waiver is requested;

(2) the reasons for the request;

(3) the alternative measures that will be taken if a variance or waiver is granted;

(4) the length of time for which the variance or waiver is requested; and

(5) other relevant information deemed necessary by the commissioner to properly evaluate the request for the variance or waiver.

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

Sec. 16. Minnesota Statutes 2022, section 144.6535, subdivision 2, is amended to read:

Subd. 2. **Criteria for evaluation.** The decision to grant or deny a variance or waiver must be based on the commissioner's evaluation of the following criteria:

(1) whether the variance or waiver will adversely affect the health, treatment, comfort, safety, or well-being of a patient;

(2) whether the alternative measures to be taken, if any, are equivalent to or superior to those prescribed in ~~Minnesota Rules, chapter 4640 or 4645~~ section 144.55, subdivision 3, paragraph (b); and

(3) whether compliance with the ~~rule or rules~~ requirements would impose an undue burden upon the applicant.

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

Sec. 17. Minnesota Statutes 2022, section 144.6535, subdivision 4, is amended to read:

Subd. 4. **Effect of alternative measures or conditions.** (a) Alternative measures or conditions attached to a variance or waiver have the same force and effect as the ~~rules~~ requirement under ~~Minnesota Rules, chapter 4640 or 4645~~ section 144.55, subdivision 3, paragraph (b), and are subject to the issuance of correction orders and penalty assessments in accordance with section 144.55.

(b) Fines for a violation of this section shall be in the same amount as that specified for the particular ~~rule~~ requirement for which the variance or waiver was requested.

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

Sec. 18. Minnesota Statutes 2022, section 144.69, is amended to read:

144.69 CLASSIFICATION OF DATA ON INDIVIDUALS.

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

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

(b) Information, excluding direct identifiers such as name, Social Security number, telephone number, and street address, collected by the cancer reporting system may be provided to the Centers for Disease Control and Prevention's National Program of Cancer

Registries and the National Cancer Institute's Surveillance, Epidemiology, and End Results Program registry.

Sec. 19. Minnesota Statutes 2022, section 144.9501, subdivision 17, is amended to read:

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

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

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

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

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

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

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

(1) abatement;

(2) interim controls;

(3) a clearance inspection;

(4) a lead hazard screen;

(5) a lead inspection;

(6) a lead risk assessment;

(7) lead project designer services;

(8) lead sampling technician services;

(9) swab team services;

(10) renovation activities; ~~or~~

(11) lead hazard reduction; or

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

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

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

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

Sec. 21. Minnesota Statutes 2022, section 144.9501, subdivision 26b, is amended to read:

Subd. 26b. **Renovation.** (a) "Renovation" means the modification of any pre-1978 affected property for compensation that results in the disturbance of known or presumed lead-containing painted surfaces defined under section 144.9508, unless that activity is performed as lead hazard reduction. A renovation performed for the purpose of converting a building or part of a building into an affected property is a renovation under this subdivision.

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

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

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

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

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

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

Sec. 23. Minnesota Statutes 2022, section 144.9501, is amended by adding a subdivision to read:

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

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

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

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

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

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

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

~~lead work outside of the person's property, or the individual is employed by an assessing agency.~~

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

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

Sec. 26. Minnesota Statutes 2022, section 144.9505, subdivision 1h, is amended to read:

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

Sec. 27. Minnesota Statutes 2022, section 144.9508, subdivision 2, is amended to read:

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

(b) In the rules required by this section, the commissioner shall require lead hazard reduction of intact paint only if the commissioner finds that the intact paint is on a chewable or lead-dust producing surface that is a known source of actual lead exposure to a specific individual. The commissioner shall prohibit methods that disperse lead dust into the air that

could accumulate to a level that would exceed the lead dust standard specified under this section. The commissioner shall work cooperatively with the commissioner of administration to determine which lead hazard reduction methods adopted under this section may be used for lead-safe practices including prohibited practices, preparation, disposal, and cleanup. The commissioner shall work cooperatively with the commissioner of the Pollution Control Agency to develop disposal procedures. In adopting rules under this section, the commissioner shall require the best available technology for regulated lead work methods, paint stabilization, and repainting.

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

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

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

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

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

(h) No unit of local government shall have an ordinance or regulation governing regulated lead work standards or methods for lead in paint, dust, drinking water, or soil that require

a different regulated lead work standard or method than the standards or methods established under this section.

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

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

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

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

Sec. 28. Minnesota Statutes 2022, section 144A.06, subdivision 2, is amended to read:

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

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

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

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

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

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

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

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

Sec. 29. Minnesota Statutes 2022, section 144A.071, subdivision 2, is amended to read:

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

(b) The commissioner of human services, in coordination with the commissioner of health, shall deny any request to issue a license under section 252.28 and chapter 245A to a nursing home or boarding care home, if that license would result in an increase in the medical assistance reimbursement amount.

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

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

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

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

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

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

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

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

(d) Prior to the final plan approval of any construction project, the commissioners of health and human services shall be provided with an itemized cost estimate for the project

construction costs. If a construction project is anticipated to be completed in phases, the total estimated cost of all phases of the project shall be submitted to the commissioners and shall be considered as one construction project. Once the construction project is completed and prior to the final clearance by the commissioners, the total project construction costs for the construction project shall be submitted to the commissioners. If the final project construction cost exceeds the dollar threshold in this subdivision, the commissioner of human services shall not recognize any of the project construction costs or the related financing costs in excess of this threshold in establishing the facility's property-related payment rate.

(e) The dollar thresholds for construction projects are as follows: for construction projects other than those authorized in ~~clauses (1) to (6)~~ paragraph (c), clause (2), items (i) to (v), the dollar threshold is $1,000,000. For projects authorized after July 1, 1993, under ~~clause (1)~~ paragraph (c), clause (2), item (i), the dollar threshold is the cost estimate submitted with a proposal for an exception under section 144A.073, plus inflation as calculated according to section 256B.431, subdivision 3f, paragraph (a). For projects authorized under ~~clauses (2) to (4)~~ paragraph (c), clause (2), items (ii) to (iv), the dollar threshold is the itemized estimate project construction costs submitted to the commissioner of health at the time of final plan approval, plus inflation as calculated according to section 256B.431, subdivision 3f, paragraph (a).

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

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

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

Sec. 30. Minnesota Statutes 2022, section 144A.073, subdivision 3b, is amended to read:

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

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

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

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

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

(4) total costs ~~up to ten percent greater than the cost identified in clause (3) may be recognized for reimbursement if~~ of the amendment are no greater than ten percent of the cost estimate associated with the project as initially approved if the proposer can document that one of the following circumstances is true:

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

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

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

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

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

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

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

Sec. 31. Minnesota Statutes 2022, section 144A.474, subdivision 3, is amended to read:

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

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

(2) an entrance conference with available staff;

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

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

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

(6) a sample selection of home care clients;

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

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

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

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

Sec. 32. Minnesota Statutes 2022, section 144A.474, subdivision 9, is amended to read:

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

Sec. 33. Minnesota Statutes 2022, section 144A.474, subdivision 12, is amended to read:

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

(b) A licensed home care provider may request from the commissioner, in writing, a correction order reconsideration regarding any correction order issued to the provider. The written request for reconsideration must be received by the commissioner within 15 ~~calendar~~ business days of the correction order receipt date. The correction order reconsideration shall not be reviewed by any surveyor, investigator, or supervisor that participated in the writing or reviewing of the correction order being disputed. The correction order reconsiderations may be conducted in person, by telephone, by another electronic form, or in writing, as determined by the commissioner. The commissioner shall respond in writing to the request from a home care provider for a correction order reconsideration within 60 days of the date the provider requests a reconsideration. The commissioner's response shall identify the commissioner's decision regarding each citation challenged by the home care provider.

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

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

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

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

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

(5) the correction order is rescinded;

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

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

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

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

Sec. 34. Minnesota Statutes 2022, section 144A.4791, subdivision 10, is amended to read:

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

(1) the effective date of termination;

(2) the reason for termination;

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

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

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

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

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

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

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

Subd. 10a. **Hearing aid.** "Hearing aid" means ~~an instrument~~ a prescribed aid, or any of its parts, worn in the ear canal and designed to or represented as being able to aid ~~or enhance~~ human hearing. "Hearing aid" includes the aid's parts, attachments, or accessories, including, but not limited to, ear molds and behind the ear (BTE) devices with or without an ear mold.

Batteries and cords are not parts, attachments, or accessories of a hearing aid. Surgically implanted hearing aids, and assistive listening devices not worn within the ear canal, are not hearing aids.

Sec. 36. Minnesota Statutes 2022, section 148.512, subdivision 10b, is amended to read:

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

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

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

Sec. 38. Minnesota Statutes 2022, section 148.512, is amended by adding a subdivision to read:

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

Sec. 39. Minnesota Statutes 2022, section 148.513, is amended by adding a subdivision to read:

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

Sec. 40. Minnesota Statutes 2022, section 148.515, subdivision 6, is amended to read:

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

(b) After July 31, 2005, all applicants for audiologist licensure under sections 148.512 to 148.5198 must achieve a passing score on the practical tests of proficiency described in

section 153A.14, subdivision 2h, paragraph (a), clause (2), within the time period described in section 153A.14, subdivision 2h, paragraph (c).

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

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

Sec. 41. Minnesota Statutes 2022, section 148.5175, is amended to read:

148.5175 TEMPORARY LICENSURE.

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

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

(2) either:

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

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

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

(c) Upon application, a temporary license shall be renewed twice to a person who is able to demonstrate good cause for failure to meet the requirements for licensure within the initial temporary licensure period and who is not the subject of a disciplinary action or

disqualified on the basis of section 148.5195, subdivision 3. Good cause includes but is not limited to inability to take and complete the required practical exam for dispensing prescription hearing ~~instruments~~ aids.

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

Sec. 42. Minnesota Statutes 2022, section 148.5195, subdivision 3, is amended to read:

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

(1) intentionally submitted false or misleading information to the commissioner or the advisory council;

(2) failed, within 30 days, to provide information in response to a written request by the commissioner or advisory council;

(3) performed services of a speech-language pathologist or audiologist in an incompetent or negligent manner;

(4) violated sections 148.511 to 148.5198;

(5) failed to perform services with reasonable judgment, skill, or safety due to the use of alcohol or drugs, or other physical or mental impairment;

(6) violated any state or federal law, rule, or regulation, and the violation is a felony or misdemeanor, an essential element of which is dishonesty, or which relates directly or indirectly to the practice of speech-language pathology or audiology. Conviction for violating any state or federal law which relates to speech-language pathology or audiology is necessarily considered to constitute a violation, except as provided in chapter 364;

(7) aided or abetted another person in violating any provision of sections 148.511 to 148.5198;

(8) been or is being disciplined by another jurisdiction, if any of the grounds for the discipline is the same or substantially equivalent to those under sections 148.511 to 148.5198;

(9) not cooperated with the commissioner or advisory council in an investigation conducted according to subdivision 1;

(10) advertised in a manner that is false or misleading;

(11) engaged in conduct likely to deceive, defraud, or harm the public; or demonstrated a willful or careless disregard for the health, welfare, or safety of a client;

(12) failed to disclose to the consumer any fee splitting or any promise to pay a portion of a fee to any other professional other than a fee for services rendered by the other professional to the client;

(13) engaged in abusive or fraudulent billing practices, including violations of federal Medicare and Medicaid laws, Food and Drug Administration regulations, or state medical assistance laws;

(14) obtained money, property, or services from a consumer through the use of undue influence, high pressure sales tactics, harassment, duress, deception, or fraud;

(15) performed services for a client who had no possibility of benefiting from the services;

(16) failed to refer a client for medical evaluation or to other health care professionals when appropriate or when a client indicated symptoms associated with diseases that could be medically or surgically treated;

(17) had the certification required by chapter 153A denied, suspended, or revoked according to chapter 153A;

(18) used the term doctor of audiology, doctor of speech-language pathology, AuD, or SLPD without having obtained the degree from an institution accredited by the North Central Association of Colleges and Secondary Schools, the Council on Academic Accreditation in Audiology and Speech-Language Pathology, the United States Department of Education, or an equivalent;

(19) failed to comply with the requirements of section 148.5192 regarding supervision of speech-language pathology assistants; or

(20) if the individual is an audiologist or certified hearing ~~instrument~~ aid dispenser:

(i) prescribed ~~or otherwise recommended~~ to a consumer or potential consumer the use of a prescription hearing ~~instrument~~ aid, unless the prescription from a physician ~~or recommendation from~~, an audiologist, or a certified dispenser is in writing, is based on an audiogram that is delivered to the consumer or potential consumer when the prescription ~~or recommendation~~ is made, and bears the following information in all capital letters of 12-point or larger boldface type: "THIS PRESCRIPTION ~~OR RECOMMENDATION~~ MAY BE FILLED BY, AND PRESCRIPTION HEARING ~~INSTRUMENTS~~ AIDS MAY BE PURCHASED FROM, THE LICENSED AUDIOLOGIST OR CERTIFIED DISPENSER OF YOUR CHOICE";

(ii) failed to give a copy of the audiogram, upon which the prescription ~~or recommendation~~ is based, to the consumer when the consumer requests a copy;

(iii) failed to provide the consumer rights brochure required by section 148.5197, subdivision 3;

(iv) failed to comply with restrictions on sales of prescription hearing ~~instruments~~ aids in sections 148.5197, subdivision 3, and 148.5198;

(v) failed to return a consumer's prescription hearing ~~instrument~~ aid used as a trade-in or for a discount in the price of a new prescription hearing ~~instrument~~ aid when requested by the consumer upon cancellation of the purchase agreement;

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

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

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

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

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

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

Sec. 43. Minnesota Statutes 2022, section 148.5196, subdivision 1, is amended to read:

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

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

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

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

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

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

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

Sec. 44. Minnesota Statutes 2022, section 148.5197, is amended to read:

148.5197 HEARING AID DISPENSING.

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

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

Subd. 3. **Consumer rights information.** An audiologist or certified dispenser shall, at the time of the ~~recommendation or~~ prescription, give a consumer rights brochure, prepared by the commissioner and containing information about legal requirements pertaining to

dispensing of prescription hearing aids, to each potential consumer of a prescription hearing aid. The brochure must contain information about the consumer information center described in section 153A.18. A contract for a prescription hearing aid must note the receipt of the brochure by the consumer, along with the consumer's signature or initials.

Subd. 4. **Liability for contracts.** Owners of entities in the business of dispensing prescription hearing aids, employers of audiologists or persons who dispense prescription hearing aids, supervisors of trainees or audiology students, and hearing aid dispensers conducting the transaction at issue are liable for satisfying all terms of contracts, written or oral, made by their agents, employees, assignees, affiliates, or trainees, including terms relating to products, repairs, warranties, service, and refunds. The commissioner may enforce the terms of prescription hearing aid contracts against the principal, employer, supervisor, or dispenser who conducted the transaction and may impose any remedy provided for in this chapter.

Sec. 45. Minnesota Statutes 2022, section 148.5198, is amended to read:

148.5198 RESTRICTION ON SALE OF PRESCRIPTION HEARING AIDS.

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

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

(c) The audiologist or certified dispenser shall provide the buyer with a contract written in plain English, that contains uniform language and provisions that meet the requirements under the Plain Language Contract Act, sections 325G.29 to 325G.36. The contract must include, but is not limited to, the following: in immediate proximity to the space reserved for the signature of the buyer, or on the first page if there is no space reserved for the signature of the buyer, a clear and conspicuous disclosure of the following specific statement in all capital letters of no less than 12-point boldface type: "MINNESOTA STATE LAW GIVES THE BUYER THE RIGHT TO CANCEL THIS PURCHASE FOR ANY REASON AT ANY TIME PRIOR TO MIDNIGHT OF THE 45TH CALENDAR DAY AFTER RECEIPT OF THE PRESCRIPTION HEARING AID(S). THIS CANCELLATION MUST BE IN WRITING AND MUST BE GIVEN OR MAILED TO THE AUDIOLOGIST OR CERTIFIED DISPENSER. IF THE BUYER DECIDES TO RETURN THE PRESCRIPTION HEARING AID(S) WITHIN THIS 45-CALENDAR-DAY PERIOD, THE BUYER WILL RECEIVE A REFUND OF THE TOTAL PURCHASE PRICE OF THE AID(S) FROM WHICH THE AUDIOLOGIST OR CERTIFIED DISPENSER MAY RETAIN AS A CANCELLATION FEE NO MORE THAN $250."

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

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

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

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

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

Subd. 6. **Estimates.** Upon the request of the owner of a prescription hearing aid or the owner's representative for a written estimate and prior to the commencement of repairs, a repairing audiologist, certified dispenser, or company shall provide the customer with a written estimate of the price of repairs. If a repairing audiologist, certified dispenser, or company provides a written estimate of the price of repairs, it must not charge more than the total price stated in the estimate for the repairs. If the repairing audiologist, certified dispenser, or company after commencing repairs determines that additional work is necessary to accomplish repairs that are the subject of a written estimate and if the repairing audiologist, certified dispenser, or company did not unreasonably fail to disclose the possible need for the additional work when the estimate was made, the repairing audiologist, certified dispenser, or company may charge more than the estimate for the repairs if the repairing audiologist, certified dispenser, or company immediately provides the owner or owner's representative a revised written estimate pursuant to this section and receives authorization to continue with the repairs. If continuation of the repairs is not authorized, the repairing audiologist, certified dispenser, or company shall return the prescription hearing aid as close as possible to its former condition and shall release the prescription hearing aid to the owner or owner's representative upon payment of charges for repairs actually performed and not in excess of the original estimate.

Sec. 46. Minnesota Statutes 2022, section 151.37, subdivision 12, is amended to read:

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

(1) an emergency medical responder registered pursuant to section 144E.27;

(2) a peace officer as defined in section 626.84, subdivision 1, paragraphs (c) and (d);

(3) correctional employees of a state or local political subdivision;

(4) staff of community-based health disease prevention or social service programs;

(5) a volunteer firefighter; and

(6) a ~~licensed school~~ nurse or ~~certified public health nurse~~ any other personnel employed by, or under contract with, a ~~school board under section 121A.21~~ charter, public, or private school.

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

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

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

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

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

Sec. 47. Minnesota Statutes 2022, section 153A.13, subdivision 3, is amended to read:

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

Sec. 48. Minnesota Statutes 2022, section 153A.13, subdivision 4, is amended to read:

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

Sec. 49. Minnesota Statutes 2022, section 153A.13, subdivision 5, is amended to read:

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

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

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

A person who offers to dispense a prescription hearing ~~instrument~~ aid, or a person who advertises, holds out to the public, or otherwise represents that the person is authorized to dispense prescription hearing ~~instruments~~ aids, must be certified by the commissioner except when the person is an audiologist as defined in section 148.512.

Sec. 50. Minnesota Statutes 2022, section 153A.13, subdivision 6, is amended to read:

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

Sec. 51. Minnesota Statutes 2022, section 153A.13, subdivision 7, is amended to read:

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

Sec. 52. Minnesota Statutes 2022, section 153A.13, subdivision 9, is amended to read:

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

Sec. 53. Minnesota Statutes 2022, section 153A.13, subdivision 10, is amended to read:

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

Sec. 54. Minnesota Statutes 2022, section 153A.13, subdivision 11, is amended to read:

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

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

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

Sec. 56. Minnesota Statutes 2022, section 153A.13, is amended by adding a subdivision to read:

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

Sec. 57. Minnesota Statutes 2022, section 153A.14, subdivision 1, is amended to read:

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

(1) be 21 years of age or older;

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

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

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

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

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

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

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

(9) consent to a fingerprint-based criminal history records check required under section 144.0572, pay all required fees, and cooperate with all requests for information. An applicant must complete a new criminal background check if more than one year has elapsed since the applicant last applied for a license.

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

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

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

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

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

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

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

(i) basic physics of sound;

(ii) the anatomy and physiology of the ear;

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

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

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

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

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

(iii) masking when indicated;

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

(v) taking ear mold impressions;

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

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

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

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

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

Subd. 2i. **Continuing education requirement.** On forms provided by the commissioner, each certified dispenser must submit with the application for renewal of certification evidence of completion of ten course hours of continuing education earned within the 12-month period of November 1 to October 31, between the effective and expiration dates of

certification. Continuing education courses must be directly related to prescription hearing ~~instrument~~ aid dispensing and approved by the International Hearing Society, the American Speech-Language-Hearing Association, or the American Academy of Audiology. Evidence of completion of the ten course hours of continuing education must be submitted by December 1 of each year. This requirement does not apply to dispensers certified for less than one year.

Sec. 61. Minnesota Statutes 2022, section 153A.14, subdivision 2j, is amended to read:

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

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

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

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

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

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

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

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

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

(b) A certified hearing ~~instrument~~ aid dispenser may not supervise more than two trainees at the same time and may not directly supervise more than one trainee at a time. The certified dispenser is responsible for all actions or omissions of a trainee in connection with the dispensing of prescription hearing ~~instruments~~ aids. A certified dispenser may not supervise

a trainee if there are any commissioner, court, or other orders, currently in effect or issued within the last five years, that were issued with respect to an action or omission of a certified dispenser or a trainee under the certified dispenser's supervision.

Until taking and passing the practical examination testing the techniques described in subdivision 2h, paragraph (a), clause (2), trainees must be directly supervised in all areas described in subdivision 4b, and the activities tested by the practical examination. Thereafter, trainees may dispense prescription hearing ~~instruments~~ aids under indirect supervision until expiration of the trainee period. Under indirect supervision, the trainee must complete two monitored activities a week. Monitored activities may be executed by correspondence, telephone, or other telephonic devices, and include, but are not limited to, evaluation of audiograms, written reports, and contracts. The time spent in supervision must be recorded and the record retained by the supervisor.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Sec. 66. Minnesota Statutes 2022, section 153A.14, subdivision 4e, is amended to read:

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

Sec. 67. Minnesota Statutes 2022, section 153A.14, subdivision 6, is amended to read:

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

Sec. 68. Minnesota Statutes 2022, section 153A.14, subdivision 9, is amended to read:

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

Sec. 69. Minnesota Statutes 2022, section 153A.14, subdivision 11, is amended to read:

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

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

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

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

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

Sec. 70. Minnesota Statutes 2022, section 153A.14, is amended by adding a subdivision to read:

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

Sec. 71. Minnesota Statutes 2022, section 153A.15, subdivision 1, is amended to read:

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

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

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

(3) presenting advertising that is false or misleading;

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

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

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

(7) engaging in abusive or fraudulent billing practices, including violations of federal Medicare and Medicaid laws, Food and Drug Administration regulations, or state medical assistance laws;

(8) obtaining money, property, or services from a consumer through the use of undue influence, high pressure sales tactics, harassment, duress, deception, or fraud;

(9) performing the services of a certified hearing ~~instrument~~ aid dispenser in an incompetent or negligent manner;

(10) failing to comply with the requirements of this chapter as an employer, supervisor, or trainee;

(11) failing to provide information in a timely manner in response to a request by the commissioner, commissioner's designee, or the advisory council;

(12) being convicted within the past five years of violating any laws of the United States, or any state or territory of the United States, and the violation is a felony, gross misdemeanor, or misdemeanor, an essential element of which relates to prescription hearing ~~instrument~~ aid dispensing, except as provided in chapter 364;

(13) failing to cooperate with the commissioner, the commissioner's designee, or the advisory council in any investigation;

(14) failing to perform prescription hearing ~~instrument~~ aid dispensing with reasonable judgment, skill, or safety due to the use of alcohol or drugs, or other physical or mental impairment;

(15) failing to fully disclose actions taken against the applicant or the applicant's legal authorization to dispense prescription hearing ~~instruments~~ aids in this or another state;

(16) violating a state or federal court order or judgment, including a conciliation court judgment, relating to the activities of the applicant in prescription hearing ~~instrument~~ aid dispensing;

(17) having been or being disciplined by the commissioner of the Department of Health, or other authority, in this or another jurisdiction, if any of the grounds for the discipline are the same or substantially equivalent to those in sections 153A.13 to 153A.18;

(18) misrepresenting the purpose of hearing tests, or in any way communicating that the hearing test or hearing test protocol required by section 153A.14, subdivision 4b, is a medical evaluation, a diagnostic hearing evaluation conducted by an audiologist, or is other than a test to select a prescription hearing ~~instrument~~ aid, except that the hearing ~~instrument~~ aid dispenser can determine the need for or recommend the consumer obtain a medical evaluation consistent with requirements of the United States Food and Drug Administration;

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

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

Sec. 72. Minnesota Statutes 2022, section 153A.15, subdivision 2, is amended to read:

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

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

(2) revoke the certificate;

(3) suspend the certificate;

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

(5) censure or reprimand the dispenser;

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

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

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

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

Sec. 73. Minnesota Statutes 2022, section 153A.15, subdivision 4, is amended to read:

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

Sec. 74. Minnesota Statutes 2022, section 153A.17, is amended to read:

153A.17 EXPENSES; FEES.

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

(b) The fees are as follows:

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

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

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

(4) the trainee application fee is $230;

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

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

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

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

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

Sec. 75. Minnesota Statutes 2022, section 153A.175, is amended to read:

153A.175 PENALTY FEES.

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

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

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

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

Sec. 76. Minnesota Statutes 2022, section 153A.18, is amended to read:

153A.18 CONSUMER INFORMATION CENTER.

The commissioner shall establish a Consumer Information Center to assist actual and potential purchasers of prescription hearing aids by providing them with information

regarding prescription hearing ~~instrument~~ aid sales. The Consumer Information Center shall disseminate information about consumers' legal rights related to prescription hearing ~~instrument~~ aid sales, provide information relating to complaints about dispensers of prescription hearing ~~instruments~~ aids, and provide information about outreach and advocacy services for consumers of prescription hearing ~~instruments~~ aids. In establishing the center and developing the information, the commissioner shall consult with representatives of hearing ~~instrument~~ aid dispensers, audiologists, physicians, and consumers.

Sec. 77. Minnesota Statutes 2022, section 153A.20, is amended to read:

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

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

(b) The seven persons must include:

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

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

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

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

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

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

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

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

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

(3) review investigation summaries of competency violations and make recommendations to the commissioner as to whether the allegations of incompetency are substantiated; and

(4) perform other duties as directed by the commissioner.

Sec. 78. Minnesota Statutes 2022, section 256B.434, subdivision 4f, is amended to read:

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

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

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

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

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

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

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

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

(iii) The maximum amount of assets to be recognized in computing a facility's rate adjustment after a project is completed is the lesser of the aggregate replacement-cost-new limit computed in (i) minus the assets recognized in (ii) or the actual allowable costs of the construction project.

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

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

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

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

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

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

(i) The equity portion of the construction project shall be computed as the allowable assets in paragraph (e), less the average debt in paragraph (f). The equity portion must be

multiplied by 5.66 percent and the allowable interest expense in paragraph (f) must be added. This sum must be divided by 95 percent of capacity days to compute the construction project rate adjustment.

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

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

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

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

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

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

Sec. 79. **REVISOR INSTRUCTION.**

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

Sec. 80. **REPEALER.**

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

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

ARTICLE 2
DEPARTMENT OF HUMAN SERVICES POLICY

Section 1. Minnesota Statutes 2022, section 245.4661, subdivision 9, is amended to read:

Subd. 9. **Services and programs.** (a) The following three distinct grant programs are funded under this section:

(1) mental health crisis services;

(2) housing with supports for adults with serious mental illness; and

(3) projects for assistance in transitioning from homelessness (PATH program).

(b) In addition, the following are eligible for grant funds:

(1) community education and prevention;

(2) client outreach;

(3) early identification and intervention;

(4) adult outpatient diagnostic assessment and psychological testing;

(5) peer support services;

(6) community support program services (CSP);

(7) adult residential crisis stabilization;

(8) supported employment;

(9) assertive community treatment (ACT);

(10) housing subsidies;

(11) basic living, social skills, and community intervention;

(12) emergency response services;

(13) adult outpatient psychotherapy;

(14) adult outpatient medication management;

(15) adult mobile crisis services;

(16) adult day treatment;

(17) partial hospitalization;

(18) adult residential treatment;

(19) adult mental health targeted case management; and

~~(20) intensive community rehabilitative services (ICRS); and~~

~~(21)~~ (20) transportation.

Sec. 2. Minnesota Statutes 2022, section 245.469, subdivision 3, is amended to read:

Subd. 3. **Mental health crisis services.** The commissioner of human services shall increase access to mental health crisis services for children and adults. In order to increase access, the commissioner must:

(1) develop a central phone number where calls can be routed to the appropriate crisis services;

(2) provide telephone consultation 24 hours a day to mobile crisis teams who are serving people with traumatic brain injury or intellectual disabilities who are experiencing a mental health crisis;

(3) expand crisis services across the state, including rural areas of the state and examining access per population;

(4) establish and implement state standards and requirements for crisis services as outlined in section 256B.0624; and

(5) provide grants to adult mental health initiatives, counties, tribes, or community mental health providers to establish new mental health crisis residential service capacity.

Priority will be given to regions that do not have a mental health crisis residential services program, do not have an inpatient psychiatric unit within the region, do not have an inpatient psychiatric unit within 90 miles, or have a demonstrated need based on the number of crisis residential or intensive residential treatment beds available to meet the needs of the residents in the region. At least 50 percent of the funds must be distributed to programs in rural Minnesota. Grant funds may be used for start-up costs, including but not limited to renovations, furnishings, and staff training. Grant applications shall provide details on how the intended service will address identified needs and shall demonstrate collaboration with crisis teams, other mental health providers, hospitals, and police.

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

Sec. 3. **[245.4903] CULTURAL AND ETHNIC MINORITY INFRASTRUCTURE GRANT PROGRAM.**

Subdivision 1. **Establishment.** The commissioner of human services shall establish a cultural and ethnic minority infrastructure grant program to ensure that mental health and substance use disorder treatment supports and services are culturally specific and culturally responsive to meet the cultural needs of the communities served.

Subd. 2. **Eligible applicants.** An eligible applicant is a licensed entity or provider from a cultural or ethnic minority population who:

(1) provides mental health or substance use disorder treatment services and supports to individuals from cultural and ethnic minority populations, including individuals who are lesbian, gay, bisexual, transgender, or queer and from cultural and ethnic minority populations;

(2) provides or is qualified and has the capacity to provide clinical supervision and support to members of culturally diverse and ethnic minority communities to qualify as mental health and substance use disorder treatment providers; or

(3) has the capacity and experience to provide training for mental health and substance use disorder treatment providers on cultural competency and cultural humility.

Subd. 2. **Allowable grant activities.** (a) The cultural and ethnic minority infrastructure grant program grantees must engage in activities and provide supportive services to ensure and increase equitable access to culturally specific and responsive care and to build

organizational and professional capacity for licensure and certification for the communities served. Allowable grant activities include but are not limited to:

(1) workforce development activities focused on recruiting, supporting, training, and supervision activities for mental health and substance use disorder practitioners and professionals from diverse racial, cultural, and ethnic communities;

(2) supporting members of culturally diverse and ethnic minority communities to qualify as mental health and substance use disorder professionals, practitioners, clinical supervisors, recovery peer specialists, mental health certified peer specialists, and mental health certified family peer specialists;

(3) culturally specific outreach, early intervention, trauma-informed services, and recovery support in mental health and substance use disorder services;

(4) provision of trauma-informed, culturally responsive mental health and substance use disorder supports and services for children and families, youth, or adults who are from cultural and ethnic minority backgrounds and are uninsured or underinsured;

(5) mental health and substance use disorder service expansion and infrastructure improvement activities, particularly in greater Minnesota;

(6) training for mental health and substance use disorder treatment providers on cultural competency and cultural humility; and

(7) activities to increase the availability of culturally responsive mental health and substance use disorder services for children and families, youth, or adults or to increase the availability of substance use disorder services for individuals from cultural and ethnic minorities in the state.

(b) The commissioner must assist grantees with meeting third-party credentialing requirements, and grantees must obtain all available third-party reimbursement sources as a condition of receiving grant funds. Grantees must serve individuals from cultural and ethnic minority communities regardless of health coverage status or ability to pay.

Subd. 3. **Data collection and outcomes.** Grantees must provide regular data summaries to the commissioner for purposes of evaluating the effectiveness of the cultural and ethnic minority infrastructure grant program. The commissioner must use identified culturally appropriate outcome measures instruments to evaluate outcomes and must evaluate program activities by analyzing whether the program:

(1) increased access to culturally specific services for individuals from cultural and ethnic minority communities across the state;

(2) increased the number of individuals from cultural and ethnic minority communities served by grantees;

(3) increased cultural responsiveness and cultural competency of mental health and substance use disorder treatment providers;

(4) increased the number of mental health and substance use disorder treatment providers and clinical supervisors from cultural and ethnic minority communities;

(5) increased the number of mental health and substance use disorder treatment organizations owned, managed, or led by individuals who are Black, Indigenous, or people of color;

(6) reduced health disparities through improved clinical and functional outcomes for those accessing services; and

(7) led to an overall increase in culturally specific mental health and substance use disorder service availability.

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

Sec. 4. **[245.4906] MENTAL HEALTH CERTIFIED PEER SPECIALIST GRANT PROGRAM.**

Subdivision 1. **Establishment.** The mental health certified peer specialist grant program is established in the Department of Human Services to provide funding for training for mental health certified peer specialists who provide services to support individuals with lived experience of mental illness under section 256B.0615. Certified peer specialists provide services to individuals who are receiving assertive community treatment or intensive residential treatment services under section 256B.0622, adult rehabilitative mental health services under section 256B.0623, or crisis response services under section 256B.0624. Mental health certified peer specialist qualifications are defined in section 245I.04, subdivision 10, and mental health certified peer specialists' scope of practice is defined in section 245I.04, subdivision 11.

Subd. 2. **Activities.** Grant funding may be used to provide training for mental health certified peer specialists as specified in section 256B.0615, subdivision 5.

Subd. 3. **Outcomes.** Evaluation includes the extent to which individuals receiving peer services:

(1) experience progress on achieving treatment goals; and

(2) experience a reduction in hospital admissions.

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

Sec. 5. **[245.4907] MENTAL HEALTH CERTIFIED FAMILY PEER SPECIALIST GRANT PROGRAM.**

Subdivision 1. **Establishment.** The mental health certified peer family specialist grant program is established in the Department of Human Services to provide funding for training for mental health certified peer family specialists who provide services to support individuals with lived experience of mental illness under section 256B.0616. Certified family peer specialists provide services to families who have a child with an emotional disturbance or severe emotional disturbance under chapter 245. Certified family peer specialists provide services to families whose children are receiving inpatient hospitalization under section 256B.0625, subdivision 1; partial hospitalization under Minnesota Rules, parts 9505.0370, subpart 24, and 9505.0372, subpart 9; residential treatment under section 245.4882; children's intensive behavioral health services under section 256B.0946; and day treatment, children's therapeutic services and supports, or crisis response services under section 256B.0624. Mental health certified family peer specialist qualifications are defined in section 245I.04, subdivision 12, and mental health certified family peer specialists' scope of practice is defined in section 245I.04, subdivision 13.

Subd. 2. **Activities.** Grant funding may be used to provide training for mental health certified family peer specialists as specified in section 256B.0616, subdivision 5.

Subd. 3. **Outcomes.** Evaluation includes the extent to which individuals receiving family peer services:

(1) progress on achieving treatment goals; and

(2) experience a reduction in hospital admissions.

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

Sec. 6. **[245.991] PROJECTS FOR ASSISTANCE IN TRANSITION FROM HOMELESSNESS PROGRAM.**

Subdivision 1. **Establishment.** The projects for assistance in transition from homelessness program is established in the Department of Human Services to prevent or end homelessness for people with serious mental illness or co-occurring substance use disorder and ensure the commissioner may achieve the goals of the housing mission statement in section 245.461, subdivision 4.

Subd. 2. **Activities.** All projects for assistance in transition from homelessness must provide homeless outreach and case management services. Projects may provide clinical assessment, habilitation and rehabilitation services, community mental health services, substance use disorder treatment, housing transition and sustaining services, direct assistance funding, and other activities as determined by the commissioner.

Subd. 3. **Eligibility.** Program activities must be provided to people with serious mental illness, or with co-occurring substance use disorder, who meet homeless criteria determined by the commissioner. People receiving homeless outreach may be presumed eligible until serious mental illness can be verified.

Subd. 4. **Outcomes.** Evaluation of each project includes the extent to which:

(1) grantees contact individuals through homeless outreach services;

(2) grantees enroll individuals in case management services;

(3) individuals access behavioral health services; and

(4) individuals transition from homelessness to housing.

Subd. 5. **Federal aid or grants.** The commissioner of human services must comply with all conditions and requirements necessary to receive federal aid or grants with respect to homeless services or programs as specified in section 245.70.

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

Sec. 7. **[245.992] HOUSING WITH SUPPORT FOR ADULTS WITH SERIOUS MENTAL ILLNESS PROGRAM.**

Subdivision 1. **Creation.** The housing with support for adults with serious mental illness program is established in the Department of Human Services to prevent or end homelessness for people with serious mental illness, increase the availability of housing with support, and ensure the commissioner may achieve the goals of the housing mission statement in section 245.461, subdivision 4.

Subd. 2. **Activities.** The housing with support for adults with serious mental illness program may provide a range of activities and supportive services to assure that people obtain and retain permanent supportive housing. Program activities may include case management, site-based housing services, housing transition and sustaining services, outreach services, community support services, direct assistance funding, and other activities as determined by the commissioner.

Subd. 3. **Eligibility.** Program activities must be provided to people with serious mental illness, or with co-occurring substance use disorder, who meet homeless criteria determined by the commissioner.

Subd. 4. **Outcomes.** Evaluation of program activities must utilize evidence-based practices and must include the extent to which:

(1) grantees' housing and activities utilize evidence-based practices;

(2) individuals transition from homelessness to housing;

(3) individuals retain housing; and

(4) individuals are satisfied with their housing.

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

Sec. 8. Minnesota Statutes 2022, section 256.478, is amended by adding a subdivision to read:

Subd. 3. **Authorized uses of grant funds.** Grant funds may be used for but are not limited to the following:

(1) increasing access to home and community-based services for an individual;

(2) improving caregiver-child relationships and aiding progress toward treatment goals; and

(3) reducing emergency department visits.

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

Sec. 9. Minnesota Statutes 2022, section 256.478, is amended by adding a subdivision to read:

Subd. 4. **Outcomes.** Program evaluation is based on but not limited to the following criteria:

(1) expediting discharges for individuals who no longer need hospital level of care;

(2) individuals obtaining and retaining housing;

(3) individuals maintaining community living by diverting admission to Anoka Metro Regional Treatment Center and Forensic Mental Health Program;

(4) reducing recidivism rates of individuals returning to state institutions; and

(5) individuals' ability to live in the least restrictive community setting.

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

Sec. 10. Minnesota Statutes 2022, section 256B.056, is amended by adding a subdivision to read:

Subd. 5d. **Medical assistance room and board rate.** "Medical assistance room and board rate" means an amount equal to 81 percent of the federal poverty guideline for a single individual living alone in the community less the medical assistance personal needs allowance under section 256B.35. The amount of the room and board rate, as defined in section 256I.03, subdivision 2, that exceeds the medical assistance room and board rate is considered a remedial care cost. A remedial care cost may be used to meet a spenddown obligation under this section. The medical assistance room and board rate is to be adjusted on January 1 of each year.

Sec. 11. Minnesota Statutes 2022, section 256B.0622, subdivision 8, is amended to read:

Subd. 8. **Medical assistance payment for assertive community treatment and intensive residential treatment services.** (a) Payment for intensive residential treatment services and assertive community treatment in this section shall be based on one daily rate per provider inclusive of the following services received by an eligible client in a given calendar day: all rehabilitative services under this section, staff travel time to provide rehabilitative services under this section, and nonresidential crisis stabilization services under section 256B.0624.

(b) Except as indicated in paragraph (c), payment will not be made to more than one entity for each client for services provided under this section on a given day. If services under this section are provided by a team that includes staff from more than one entity, the team must determine how to distribute the payment among the members.

(c) The commissioner shall determine one rate for each provider that will bill medical assistance for residential services under this section and one rate for each assertive community treatment provider. If a single entity provides both services, one rate is established for the entity's residential services and another rate for the entity's nonresidential services under this section. A provider is not eligible for payment under this section without authorization from the commissioner. The commissioner shall develop rates using the following criteria:

(1) the provider's cost for services shall include direct services costs, other program costs, and other costs determined as follows:

(i) the direct services costs must be determined using actual costs of salaries, benefits, payroll taxes, and training of direct service staff and service-related transportation;

(ii) other program costs not included in item (i) must be determined as a specified percentage of the direct services costs as determined by item (i). The percentage used shall be determined by the commissioner based upon the average of percentages that represent the relationship of other program costs to direct services costs among the entities that provide similar services;

(iii) physical plant costs calculated based on the percentage of space within the program that is entirely devoted to treatment and programming. This does not include administrative or residential space;

(iv) assertive community treatment physical plant costs must be reimbursed as part of the costs described in item (ii); and

(v) subject to federal approval, up to an additional five percent of the total rate may be added to the program rate as a quality incentive based upon the entity meeting performance criteria specified by the commissioner;

(2) actual cost is defined as costs which are allowable, allocable, and reasonable, and consistent with federal reimbursement requirements under Code of Federal Regulations, title 48, chapter 1, part 31, relating to for-profit entities, and Office of Management and Budget Circular Number A-122, relating to nonprofit entities;

(3) the number of service units;

(4) the degree to which clients will receive services other than services under this section; and

(5) the costs of other services that will be separately reimbursed.

(d) The rate for intensive residential treatment services and assertive community treatment must exclude the medical assistance room and board rate, as defined in section ~~256I.03, subdivision 6~~ 256B.056, subdivision 5d, and services not covered under this section, such as partial hospitalization, home care, and inpatient services.

(e) Physician services that are not separately billed may be included in the rate to the extent that a psychiatrist, or other health care professional providing physician services within their scope of practice, is a member of the intensive residential treatment services treatment team. Physician services, whether billed separately or included in the rate, may be delivered by telehealth. For purposes of this paragraph, "telehealth" has the meaning

given to "mental health telehealth" in section 256B.0625, subdivision 46, when telehealth is used to provide intensive residential treatment services.

(f) When services under this section are provided by an assertive community treatment provider, case management functions must be an integral part of the team.

(g) The rate for a provider must not exceed the rate charged by that provider for the same service to other payors.

(h) The rates for existing programs must be established prospectively based upon the expenditures and utilization over a prior 12-month period using the criteria established in paragraph (c). The rates for new programs must be established based upon estimated expenditures and estimated utilization using the criteria established in paragraph (c).

(i) Entities who discontinue providing services must be subject to a settle-up process whereby actual costs and reimbursement for the previous 12 months are compared. In the event that the entity was paid more than the entity's actual costs plus any applicable performance-related funding due the provider, the excess payment must be reimbursed to the department. If a provider's revenue is less than actual allowed costs due to lower utilization than projected, the commissioner may reimburse the provider to recover its actual allowable costs. The resulting adjustments by the commissioner must be proportional to the percent of total units of service reimbursed by the commissioner and must reflect a difference of greater than five percent.

(j) A provider may request of the commissioner a review of any rate-setting decision made under this subdivision.

Sec. 12. Minnesota Statutes 2022, section 256B.0946, subdivision 6, is amended to read:

Subd. 6. **Excluded services.** (a) Services in clauses (1) to (7) are not covered under this section and are not eligible for medical assistance payment as components of children's intensive behavioral health services, but may be billed separately:

(1) inpatient psychiatric hospital treatment;

(2) mental health targeted case management;

(3) partial hospitalization;

(4) medication management;

(5) children's mental health day treatment services;

(6) crisis response services under section 256B.0624;

(7) transportation; and

(8) mental health certified family peer specialist services under section 256B.0616.

(b) Children receiving intensive behavioral health services are not eligible for medical assistance reimbursement for the following services while receiving children's intensive behavioral health services:

(1) psychotherapy and skills training components of children's therapeutic services and supports under section 256B.0943;

(2) mental health behavioral aide services as defined in section 256B.0943, subdivision 1, paragraph (l);

(3) home and community-based waiver services;

(4) mental health residential treatment; and

(5) medical assistance room and board ~~costs~~ rate, as defined in section ~~256I.03, subdivision 6~~ 256B.056, subdivision 5d.

Sec. 13. Minnesota Statutes 2022, section 256B.0947, subdivision 7a, is amended to read:

Subd. 7a. **Noncovered services.** (a) The rate for intensive rehabilitative mental health services does not include medical assistance payment for services in clauses (1) to (7). Services not covered under this paragraph may be billed separately:

(1) inpatient psychiatric hospital treatment;

(2) partial hospitalization;

(3) children's mental health day treatment services;

(4) physician services outside of care provided by a psychiatrist serving as a member of the treatment team;

(5) medical assistance room and board ~~costs~~ rate, as defined in section ~~256I.03, subdivision 6~~ 256B.056, subdivision 5d;

(6) home and community-based waiver services; and

(7) other mental health services identified in the child's individualized education program.

(b) The following services are not covered under this section and are not eligible for medical assistance payment while youth are receiving intensive rehabilitative mental health services:

(1) mental health residential treatment; and

(2) mental health behavioral aide services, as defined in section 256B.0943, subdivision 1, paragraph (l).

Sec. 14. Minnesota Statutes 2022, section 256D.02, is amended by adding a subdivision to read:

Subd. 20. **Date of application.** "Date of application" has the meaning given in section 256P.01, subdivision 2b.

Sec. 15. Minnesota Statutes 2022, section 256D.07, is amended to read:

256D.07 TIME OF PAYMENT OF ASSISTANCE.

An applicant for general assistance shall be deemed eligible if the application and the verification of the statement on that application demonstrate that the applicant is within the eligibility criteria established by sections 256D.01 to 256D.21 and any applicable rules of the commissioner. Any person requesting general assistance shall be permitted by the county agency to make an application for assistance as soon as administratively possible and in no event later than the fourth day following the date on which assistance is first requested, and no county agency shall require that a person requesting assistance appear at the offices of the county agency more than once prior to the date on which the person is permitted to make the application. ~~The application shall be in writing in the manner and upon the form prescribed by the commissioner and attested to by the oath of the applicant or in lieu thereof shall contain the following declaration which shall be signed by the applicant: "I declare that this application has been examined by me and to the best of my knowledge and belief is a true and correct statement of every material point."~~ Applications must be submitted according to section 256P.04, subdivision 1a. On the date that general assistance is first requested, the county agency shall inquire and determine whether the person requesting assistance is in immediate need of food, shelter, clothing, assistance for necessary transportation, or other emergency assistance pursuant to section 256D.06, subdivision 2. A person in need of emergency assistance shall be granted emergency assistance immediately, and necessary emergency assistance shall continue for up to 30 days following the date of application. A determination of an applicant's eligibility for general assistance shall be made by the county agency as soon as the required verifications are received by the county agency and in no event later than 30 days following the date that the application is made. Any verifications required of the applicant shall be reasonable, and the commissioner shall by rule establish reasonable verifications. General assistance shall be granted to an eligible applicant without the necessity of first securing action by the board of the county agency.

The first month's grant must be computed to cover the time period starting with the date ~~a signed application form is received by the county agency~~ of application, as defined by section 256P.01, subdivision 2b, or from the date that the applicant meets all eligibility factors, whichever occurs later.

If upon verification and due investigation it appears that the applicant provided false information and the false information materially affected the applicant's eligibility for general assistance or the amount of the applicant's general assistance grant, the county agency may refer the matter to the county attorney. The county attorney may commence a criminal prosecution or a civil action for the recovery of any general assistance wrongfully received, or both.

Sec. 16. Minnesota Statutes 2022, section 256I.03, subdivision 15, is amended to read:

Subd. 15. **Supportive housing.** "Supportive housing" means housing that is not time-limited ~~and~~, provides or coordinates services necessary for a resident to maintain housing stability, and is not licensed as an assisted living facility under chapter 144G.

Sec. 17. Minnesota Statutes 2022, section 256I.03, is amended by adding a subdivision to read:

Subd. 16. **Date of application.** "Date of application" has the meaning given in section 256P.01, subdivision 2b.

Sec. 18. Minnesota Statutes 2022, section 256I.04, subdivision 2, is amended to read:

Subd. 2. **Date of eligibility.** An individual who has met the eligibility requirements of subdivision 1, shall have a housing support payment made on the individual's behalf from the first day of the month ~~in which a signed~~ of the date of application ~~form is received by a county agency~~, as defined by section 256P.01, subdivision 2b, or the first day of the month in which all eligibility factors have been met, whichever is later.

Sec. 19. Minnesota Statutes 2022, section 256I.06, subdivision 3, is amended to read:

Subd. 3. **Filing of application.** ~~The county agency must immediately provide an application form to any person requesting housing support. Application for housing support must be in writing on a form prescribed by the commissioner.~~ Applications must be submitted according to section 256P.04, subdivision 1a. The county agency must determine an applicant's eligibility for housing support as soon as the required verifications are received

by the county agency and within 30 days after a signed application is received by the county agency for the aged or blind or within 60 days for people with a disability.

Sec. 20. Minnesota Statutes 2022, section 256I.09, is amended to read:

256I.09 COMMUNITY LIVING INFRASTRUCTURE.

The commissioner shall award grants to agencies and multi-Tribal collaboratives through an annual competitive process. Grants awarded under this section may be used for: (1) outreach to locate and engage people who are homeless or residing in segregated settings to screen for basic needs and assist with referral to community living resources; (2) building capacity to provide technical assistance and consultation on housing and related support service resources for persons with both disabilities and low income; or (3) streamlining the administration and monitoring activities related to housing support funds. Agencies may collaborate and submit a joint application for funding under this section.

Sec. 21. Minnesota Statutes 2022, section 256J.08, subdivision 21, is amended to read:

Subd. 21. **Date of application.** "Date of application" ~~means the date on which the county agency receives an applicant's application as a signed written application, an application submitted by telephone, or an application submitted through Internet telepresence~~ has the meaning given in section 256P.01, subdivision 2b.

Sec. 22. Minnesota Statutes 2022, section 256J.09, subdivision 3, is amended to read:

Subd. 3. **Submitting application form.** (a) A county agency must offer, in person or by mail, the application forms prescribed by the commissioner as soon as a person makes a written or oral inquiry. At that time, the county agency must:

(1) inform the person that assistance begins on the date ~~that the~~ of application ~~is received by the county agency either as a signed written application; an application submitted by telephone; or an application submitted through Internet telepresence;~~, as defined in section 256P.01, subdivision 2b, or on the date that all eligibility criteria are met, whichever is later;

(2) inform a person that the person may submit the application by telephone or through Internet telepresence;

(3) inform a person ~~that when the person submits the application by telephone or through Internet telepresence, the county agency must receive a signed written application within 30 days of the date that the person submitted the application by telephone or through Internet~~

~~telepresence~~ of the application submission requirements in section 256P.04, subdivision 1a;

(4) inform the person that any delay in submitting the application will reduce the amount of assistance paid for the month of application;

(5) inform a person that the person may submit the application before an interview;

(6) explain the information that will be verified during the application process by the county agency as provided in section 256J.32;

(7) inform a person about the county agency's average application processing time and explain how the application will be processed under subdivision 5;

(8) explain how to contact the county agency if a person's application information changes and how to withdraw the application;

(9) inform a person that the next step in the application process is an interview and what a person must do if the application is approved including, but not limited to, attending orientation under section 256J.45 and complying with employment and training services requirements in sections 256J.515 to 256J.57;

(10) inform the person that an interview must be conducted. The interview may be conducted face-to-face in the county office or at a location mutually agreed upon, through Internet telepresence, or by telephone;

(11) explain the child care and transportation services that are available under paragraph (c) to enable caregivers to attend the interview, screening, and orientation; and

(12) identify any language barriers and arrange for translation assistance during appointments, including, but not limited to, screening under subdivision 3a, orientation under section 256J.45, and assessment under section 256J.521.

(b) Upon receipt of a signed application, the county agency must stamp the date of receipt on the face of the application. The county agency must process the application within the time period required under subdivision 5. An applicant may withdraw the application at any time by giving written or oral notice to the county agency. The county agency must issue a written notice confirming the withdrawal. The notice must inform the applicant of the county agency's understanding that the applicant has withdrawn the application and no longer wants to pursue it. When, within ten days of the date of the agency's notice, an applicant informs a county agency, in writing, that the applicant does not wish to withdraw the application, the county agency must reinstate the application and finish processing the application.

(c) Upon a participant's request, the county agency must arrange for transportation and child care or reimburse the participant for transportation and child care expenses necessary to enable participants to attend the screening under subdivision 3a and orientation under section 256J.45.

Sec. 23. Minnesota Statutes 2022, section 256J.95, subdivision 5, is amended to read:

Subd. 5. **Submitting application form.** The eligibility date for the diversionary work program begins on the date ~~that the combined~~ of application ~~form (CAF) is received by the county agency either as a signed written application; an application submitted by telephone; or an application submitted through Internet telepresence;~~, as defined in section 256P.01, subdivision 2b, or on the date that diversionary work program eligibility criteria are met, whichever is later. The county agency must inform an applicant ~~that when the applicant submits the application by telephone or through Internet telepresence, the county agency must receive a signed written application within 30 days of the date that the applicant submitted the application by telephone or through Internet telepresence~~ of the application submission requirements in section 256P.04, subdivision 1a. The county agency must inform the applicant that any delay in submitting the application will reduce the benefits paid for the month of application. The county agency must inform a person that an application may be submitted before the person has an interview appointment. Upon receipt of a signed application, the county agency must stamp the date of receipt on the face of the application. The applicant may withdraw the application at any time prior to approval by giving written or oral notice to the county agency. The county agency must follow the notice requirements in section 256J.09, subdivision 3, when issuing a notice confirming the withdrawal.

Sec. 24. Minnesota Statutes 2022, section 256P.01, is amended by adding a subdivision to read:

Subd. 2b. **Date of application.** "Date of application" means the date on which the agency receives an applicant's application as a signed written application, an application submitted by telephone, or an application submitted through Internet telepresence. The child care assistance program under chapter 119B is exempt from this definition.

Sec. 25. Minnesota Statutes 2022, section 256P.04, is amended by adding a subdivision to read:

Subd. 1a. **Application submission.** An agency must offer, in person or by mail, the application forms prescribed by the commissioner as soon as a person makes a written or oral inquiry about assistance. Applications must be received by the agency as a signed

written application, an application submitted by telephone, or an application submitted through Internet telepresence. When a person submits an application by telephone or through Internet telepresence, the agency must receive a signed written application within 30 days of the date that the person submitted the application by telephone or through Internet telepresence.

Sec. 26. **REVISOR INSTRUCTION.**

The revisor of statutes shall renumber the subdivisions in Minnesota Statutes, sections 256D.02 and 256I.03, in alphabetical order, excluding the first subdivision in each section, and correct any cross-reference changes that result.

Sec. 27. **REPEALER.**

Minnesota Statutes 2022, section 256I.03, subdivision 6, is repealed.

144.9505 CREDENTIALING OF LEAD FIRMS AND PROFESSIONALS.

Subd. 3. **Licensed building contractor; information.** The commissioner shall provide health and safety information on lead abatement and lead hazard reduction to all residential building contractors licensed under section 326B.805. The information must include the lead-safe practices and any other materials describing ways to protect the health and safety of both employees and residents.

153A.14 REGULATION.

Subd. 5. **Rulemaking authority.** The commissioner shall adopt rules under chapter 14 to implement this chapter. The rules may include procedures and standards relating to the certification requirement, the scope of authorized practice, fees, supervision required, continuing education, career progression, disciplinary matters, and examination procedures.

256I.03 DEFINITIONS.

Subd. 6. **Medical assistance room and board rate.** "Medical assistance room and board rate" means an amount equal to 81 percent of the federal poverty guideline for a single individual living alone in the community less the medical assistance personal needs allowance under section 256B.35. For the purposes of this section, the amount of the room and board rate that exceeds the medical assistance room and board rate is considered a remedial care cost. A remedial care cost may be used to meet a spenddown obligation under section 256B.056, subdivision 5. The medical assistance room and board rate is to be adjusted on the first day of January of each year.

4640.1500 LABORATORY SERVICE.

Subpart 1. **Providing of service.** Laboratory service shall be provided in the hospital.

Subp. 2. **Personnel.** A physician shall have responsibility for the supervision of the laboratory. The laboratory personnel shall be qualified by education, training, and experience for the type of service performed.

It is recommended that this physician be a clinical pathologist.

Subp. 3. **Facilities and equipment.** Facilities and equipment for the performance of routine clinical diagnostic procedures and other laboratory techniques shall be adequate for the services provided.

Subp. 4. **Tissue examination.** Tissue removed at operation or autopsy shall be examined by a competent pathologist and the report of this examination shall be made a part of the patient's record.

4640.1600 X-RAY SERVICE.

Subpart 1. **Providing of service.** X-ray service shall be provided in the hospital.

Subp. 2. **Personnel.** A physician shall have responsibility for the supervision of the X-ray service. The X-ray personnel shall be qualified by education, training, and experience for the type of service performed.

It is recommended that this physician be a radiologist.

Subp. 3. **Facilities and equipment.** Diagnostic and therapeutic X-ray facilities shall be adequate for the services provided. Protection against radiation hazards shall be provided for the patients, operators, and other personnel.

4640.1700 PATIENT ROOMS.

Subpart 1. **Bedrooms.** All bedrooms used for patients shall be outside rooms, dry, well ventilated, naturally lighted, and otherwise suitable for occupancy. Each bedroom shall have direct access to a corridor. Rooms extending below ground level shall not be used as bedrooms for patients, except that any patient bedroom in use prior to the effective date of these rules may be continued provided it does not extend more than three feet below ground level.

Subp. 2. **Rooms used for patients.** No patient shall at any time be admitted for regular bed care to any room other than one regularly designed as a patient room or ward, except in case of emergency and then only as a temporary measure.

Subp. 3. **Placement of beds.** Patients' beds shall not be placed in corridors nor shall furniture or equipment be kept in corridors except in the process of moving from one room to another. There shall be a space of at least three feet between beds and sufficient space around the bed to facilitate nursing care and to accommodate the necessary equipment for care. Beds shall be located to avoid drafts or other discomforts to patients.

Subp. 4. **Window area.** The window area of each bedroom shall equal at least one-eighth of the total floor area. The minimum floor area shall be at least 100 square feet in single bedrooms and at least 80 square feet per bed in multibed rooms. All hospitals in operation as of the effective date of these rules shall comply with the requirements of this subpart to the extent possible, but nothing contained herein shall be so construed as to require major alterations by such hospitals nor shall a license be suspended or revoked for an inability to comply fully with this subpart.

4640.1800 EQUIPMENT FOR PATIENT ROOMS.

The following items shall be provided for each patient unless clinically contraindicated:

A. a comfortable, hospital-type bed, a clean mattress, waterproof sheeting or pad, pillows, and necessary covering. Clean bedding, towels, washcloths, bath blankets, and other necessary supplies shall be kept on hand for use at all times;

B. at least one chair;

C. a locker or closet for storage of clothing. Where one closet is used for two or more persons, provisions shall be made for separation of patients' clothing;

D. a bedside table with compartment or drawer to accommodate personal possessions;

E. cubicle curtains or bed screens to afford privacy in all multibed rooms;

F. a device for signaling attendants which shall be kept in working order at all times, except in psychiatric and pediatric units where an emergency call should be available in each patient's room for the use of the nurse;

G. hand-washing facilities located in the room or convenient to the room for the use of patients and personnel. It is recommended that these be equipped with gooseneck spouts and wrist-action controls;

H. a clinical thermometer; and

I. individual bedpans, wash basins, emesis basins, and mouthwash cups shall be provided for each patient confined to bed. Such utensils shall be sterilized before use by any other patient.

4640.1900 NURSES' STATION.

There shall be one nurses' station provided for each nursing unit. Each station shall be conveniently located for patient service and observation of signals. It shall have a locked, well-illuminated medicine cabinet. Where narcotics are kept on the nursing station, a separate, locked, permanently secured cabinet for narcotics shall be provided. Adequate lighting, space for keeping patients' charts, and for personnel to record and chart shall be provided.

4640.2000 UTILITY ROOMS.

There shall be at least one conveniently located, well-illuminated, and ventilated utility room for each nursing unit. Such room shall provide adequate space and facilities for the emptying, cleaning, sterilizing, and storage of equipment. Bathtubs or lavatories or laundry trays shall not be used for these purposes. A segregation of clean and dirty activities shall be maintained.

It is recommended that a separate subutility room be provided for the exclusive use of maternity patients when other patients are housed on the same floor.

4640.2100 LINEN CLOSET.

A linen closet or linen supply cupboard shall be provided convenient to the nurses' station.

4640.2200 SUPPLIES AND EQUIPMENT.

Supplies and equipment for medical and nursing care shall be provided according to the type of patients accepted. Storage areas shall be provided for supplies and equipment. A separate enclosed space shall be provided and identified for the storage of sterile supplies. Sterile supplies and equipment for the administration of blood and intravenous or subcutaneous solutions shall be readily available. Acceptable arrangements shall be made for the provision of whole blood whenever indicated.

4640.2300 ISOLATION FACILITIES.

A room, or rooms, equipped for the isolation of cases or suspected cases of communicable disease shall be provided. Policies and procedures for the care of infectious patients including the handling of linens, utensils, dishes, and other supplies and equipment shall be established.

4640.2400 SURGICAL DEPARTMENT.

Subpart 1. **Areas to be provided.** All hospitals providing for the surgical care of patients shall have an operating room or rooms, scrub-up facilities, it is recommended that these be located just outside the operating room, cleanup facilities, and space for the storage of surgical supplies and instruments. The surgical suite shall be located to prevent routine traffic through it to any other part of the hospital. It is recommended that the surgical and obstetrical suites be entirely separate.

Subp. 2. **Operating room.** The operating room shall be of sufficient size to accommodate the personnel and equipment needed.

Subp. 3. **Illumination.** There shall be satisfactory illumination of the operative field as well as general illumination.

Subp. 4. **Sterilizing facilities.** Adequate work space, sterilizing space, and sterile storage space shall be provided. Sterilizers and autoclaves of the proper type and necessary capacity for the sterilization of utensils, instruments, dressings, water, and other solutions shall be provided and maintained in an operating condition. Special precautions shall be taken so that sterile supplies are readily identifiable as such and are completely separated from unsterile supplies. A central sterilizing and supply room is recommended.

Provision of sterile water in flasks is recommended.

4640.2500 ANESTHESIA.

Subpart 1. **Administration.** Anesthesia shall be administered by a person adequately trained and competent in anesthesia administration, or under the close supervision of a physician.

Subp. 2. **Equipment.** Suitable equipment for the administration of the type of anesthesia used shall be available. Where conductive flooring is installed in anesthetizing areas, all equipment shall have safety features as defined in Part II of Standard No. 56, issued in May 1954, entitled Recommended Safe Practice for Hospital Operating Rooms by the National Fire Protection Association, 60 Batterymarch Street, Boston, Massachusetts, which part of said standard is hereby adopted by the commissioner of health with the same force and effect as if the same were fully set forth in and written as part of this subpart.

Subp. 3. **Oxygen.** Oxygen and equipment for its use shall be available.

Subp. 4. **Storage.** Proper provision shall be made for the safe storage of anesthetic materials.

4640.2600 OBSTETRICAL DEPARTMENT.

Subpart 1. **Areas to be provided.** Hospitals providing for the obstetrical care of maternity patients shall have a delivery room or rooms, in the ratio of one for each 20 maternity beds, scrub-up facilities, cleanup facilities, and space for the storage of obstetrical supplies and instruments. The obstetrical suite shall be located to prevent routine traffic through it to any other part of the hospital.

It is recommended that these be located just outside the delivery room.

An exception is made for those hospitals, which on the effective date of these rules, provide a single room which is used for both surgery and delivery purposes. Scrub-up

facilities, cleanup facilities, and space for the storage of supplies and instruments shall be provided in such hospitals. Precautions shall be taken to avoid cross-infection.

Subp. 2. **Delivery room.** The delivery room shall be of sufficient size to accommodate the personnel and equipment needed.

Subp. 3. **Illumination.** There shall be satisfactory illumination of the delivery field as well as general illumination.

Subp. 4. **Labor beds.** One labor bed for each ten maternity beds or fraction thereof shall be provided in a labor room or rooms adjacent to or in the delivery suite unless the patient's own room is used for labor. It is recommended that the labor room be acoustically treated and provided with a toilet and lavatory.

Subp. 5. **Accommodations.** Maternity patients shall not be placed in rooms with other than maternity patients.

Subp. 6. **Minimum equipment requirements for delivery room.** The following shall be provided in the delivery room:

A. equipment for anesthesia and for the administration of oxygen to the mother;

B. a source of oxygen with a mechanism for controlling the concentration of oxygen and with a suitable device for administering oxygen to the infant;

C. a safe and suitable type of suction device for cleaning the infant's upper respiratory tract of mucus and other fluid;

D. a properly heated bassinet for reception of the newborn infant. This shall include no hazardous electrical equipment;

E. sterile equipment suitable for clamping, cutting, tying, and dressing the umbilical cord;

F. provision for prophylactic treatment of the infant's eyes;

G. a device as well as an established procedure for easy and positive identification of the infant before removal from the delivery room. This shall be of a type which cannot be inadvertently removed during routine care of the infant; and

H. sterile supplies and equipment for the administration of blood and intravenous or subcutaneous solutions shall be readily available. Acceptable arrangements shall be made for the provision of the whole blood whenever indicated.

Subp. 7. **Obstetrical isolation facilities.** Maternity patients with infection, fever, or other conditions or symptoms which may constitute a hazard to other maternity patients shall be isolated immediately in a separate room which is properly equipped for isolation in an area removed from the obstetrical department.

4640.2700 NURSERY DEPARTMENT.

Subpart 1. **Newborn nursery.** Each hospital with a maternity service shall provide at least one newborn nursery for the exclusive use of well infants delivered within the institution. The number of bassinets provided shall be at least equal to the number of maternity beds. Each nursery shall be provided with a lavatory with gooseneck spout and other than hand-operated faucets.

It is recommended that each newborn nursery be limited to 12 bassinets. An exit door from the nursery into the corridor is recommended for emergency use.

Subp. 2. **Nursery space of new hospitals.** In hospitals constructed after the effective date of these rules, the total nursery space, exclusive of the workroom, shall provide a floor area of at least 24 square feet for each bassinet, with a distance of at least two feet between each bassinet and an aisle space of at least three feet.

Subp. 3. **Nursery space of existing hospitals.** Hospitals operating as of the effective date of these rules shall comply with subpart 2, to the extent possible, but no hospital shall have a nursery area which provides less than 18 inches between each bassinet and an aisle space of at least three feet, exclusive of the workroom or work area.

Subp. 4. **Bassinet.** Each bassinet shall be mounted on a single stand and be removable to facilitate cleaning.

Subp. 5. **Observation window.** An observation window shall be installed between the corridor and nursery for the viewing of infants.

Subp. 6. **Incubators.** Each nursery department shall have one or more incubators whereby temperature, humidity, and oxygen can be controlled and measured.

Subp. 7. **Premature nursery.** A separate premature nursery and workroom are recommended for hospitals with 25 or more maternity beds on the basis of 30 square feet per incubator and a maximum of six incubators per nursery.

It is recommended that the oxygen concentration be checked by measurement with an oxygen analyzer at least every eight hours or that an incubator-attached, minus 40 percent oxygen concentration limiting device be used.

Subp. 8. **Examination and workroom.** An adjoining examination and workroom shall be provided for each nursery or between each two nurseries. The workroom shall be of adequate size to provide facilities necessary to prepare personnel for work in the nursery, for the examination and treatment of infants by physicians, for charting, for storage of nursery linen, for disposal of soiled linen, for storage and dispensing of feedings, and for initial rinsing of bottles and nipples. Each workroom shall be provided with a scrub-up sink having foot, knee, or elbow action controls; counter with counter sink having a gooseneck spout and other than hand-operated controls.

Hospitals operating as of the effective date of these rules shall comply with regulation subpart 2, to the extent possible, but if a separate examination and workroom is not provided, there shall be a segregated examination and work area in the nursery. The work area shall be of adequate size and provide the facilities and equipment necessary to prepare personnel for work in the nursery, for the examination and treatment of infants by physicians, for storage of nursery linen, and for the dispensing of feedings.

Subp. 9. **Formula preparation.** Space and equipment for cleanup, preparation, and refrigeration to be used exclusively for infant formulas shall be provided apart from care areas and apart from other food service areas. A registered nurse or a dietitian shall be responsible for the formula preparation. A separate formula room is recommended; terminal sterilization is recommended.

Subp. 10. **Suspect nursery or room.** There shall be a room available for the care of newborn infants suspected of having a communicable disease and for newborn infants admitted from the outside. Where a suspect nursery is available, it shall provide 40 square feet per bassinet with a maximum of six bassinets and have a separate workroom. Isolation technique shall be used in the suspect nursery.

Subp. 11. **Isolation.** Infants found to have an infectious condition shall be transferred promptly to an isolation area elsewhere in the hospital.

4640.2800 PREPARATION AND SERVING OF FOOD.

Subpart 1. **Supervision.** The dietary department shall be under the supervision of a trained dietitian or other person experienced in the handling, preparation, and serving of foods; in the preparation of special diets; and in the supervision and management of food service personnel. This person shall be responsible for compliance with safe practices in food service and sanitation.

Subp. 2. **Kitchen.** There shall be sufficient space and equipment for the proper preparation and serving of food for both patients and personnel. The kitchen shall be used for no other purpose than activities connected with the dietary service and the washing and storage of dishes and utensils. A dining room or rooms shall be provided for personnel.

It is recommended that a separate dishwashing area or room be provided.

Subp. 3. **Food.** Food for patients and employees shall be nutritious, free from contamination, properly prepared, palatable, and easily digestible. A file of the menus served shall be maintained for at least 30 days.

Subp. 4. **The serving and storage of food.** All foods shall be stored and served so as to be protected from dust, flies, rodents, vermin, unnecessary handling, overhead leakage, and other means of contamination. All readily perishable food shall be stored in clean refrigerators at temperatures of 50 degrees Fahrenheit or lower. Each refrigerator shall be equipped with a thermometer.

Subp. 5. **Milk and ice.** All fluid milk shall be procured from suppliers licensed by the commissioner of agriculture or pasteurized in accordance with the requirements prescribed by the commissioner of agriculture. The milk shall be dispensed directly from the container in which it was packaged at the pasteurization plant. Ice used in contact with food or drink shall be obtained from a source acceptable to the commissioner of health, and handled and dispensed in a sanitary manner.

Subp. 6. **Hand-washing facilities.** Hand-washing facilities with hot and cold running water, soap, and individual towels shall be accessible for the use of all food handlers and so located in the kitchen to permit direct observation by the supervisor. No employee shall resume work after using the toilet room without first washing his or her hands.

4640.2900 DISHWASHING FACILITIES AND METHODS.

Subpart 1. **Methods.** Either of the following methods may be employed in dishwashing.

Subp. 2. **Manual.** A three-compartment sink or equivalent of a size adequate to permit the introduction of long-handled wire baskets of dishes shall be provided. There shall be a sufficient number of baskets to hold the dishes used during the peak load for a period sufficient to permit complete air drying. Water-heating equipment capable of maintaining the temperature of the water in the disinfection compartment at 170 degrees Fahrenheit shall be provided. Drain boards shall be part of the three-compartment sink and adequate space shall be available for drainage. The dishes shall be washed in the first compartment of the sink with warm water containing a suitable detergent; rinsed in clear water in the second compartment; and disinfected by complete immersion in the third compartment for at least two minutes in water at a temperature not lower than 170 degrees Fahrenheit. Temperature readings shall be determined by a thermometer. Dishes and utensils shall be air-dried.

Subp. 3. **Mechanical.** Water pressure in the lines supplying the wash and rinse section of the dishwashing machine shall not be less than 15 pounds per square inch nor more than 30 pounds per square inch. The rinse water shall be at a temperature not lower than 180 degrees Fahrenheit at the machine. The machines shall be equipped with thermometers which will indicate accurately the temperature of the wash water and rinse water. Dishes and utensils shall be air-dried. New dishwashing machines shall conform to sections 1, 2, 3, 4, and 6 on pages 7-28 inclusive, of Standard No. 3 issued in May 1953, entitled Spray-Type Dishwashing Machines by the National Sanitation Foundation, Ann Arbor, Michigan, which sections of such standard are hereby adopted by the commissioner of health with the same force and effect as if the same were fully set forth in and written as part of this subpart.

4640.3000 VENTILATION.

All rooms in which food is stored, prepared, or served or in which utensils are washed shall be well ventilated. The cooking area shall be ventilated to control temperatures, smoke, and odors.

4640.3100 GARBAGE DISPOSAL.

Garbage shall be disposed of in a manner acceptable to the commissioner of health. When stored, it shall be retained in watertight metal cans equipped with tightly fitting metal covers. All containers for the collection of garbage and refuse shall be kept in a sanitary condition.

4640.3200 TOILET AND LAVATORY FACILITIES.

Conveniently located toilet and lavatory facilities shall be provided for employees engaged in food handling. Toilet rooms shall not open directly into any room in which food is prepared or utensils are handled or stored.

4640.3300 WATER FACILITIES.

Subpart 1. **Water supply.** The water supply shall be of safe sanitary quality, suitable for use, and shall be obtained from a water supply system, the location, construction, and operation of which are acceptable to the commissioner of health. Hot water of a temperature required for its specific use shall be available as needed. For the protection of patients and personnel, thermostatically controlled valves shall be installed where indicated.

Subp. 2. **Sewage disposal.** Sewage shall be discharged into a municipal sewerage system where such a system is available; otherwise, the sewage shall be collected, treated, and disposed of in a sewage disposal system which is acceptable to the commissioner of health.

Subp. 3. **Plumbing.** The plumbing and drainage, or other arrangements for the disposal of excreta and wastes, shall be in accordance with the rules of the commissioner of health and with the provisions of the Minnesota Plumbing Code, chapter 4714.

Subp. 4. **Toilets.** Toilets shall be conveniently located and provided in number ample for use according to the number of patients and personnel of both sexes. The minimum requirement is one toilet for each eight patients or fraction thereof. It is recommended that separate toilet and bathing facilities be provided for maternity patients.

Subp. 5. **Hand-washing facilities.** Hand-washing facilities of the proper type in each instance shall be readily available for physicians, nurses, and other personnel. Lavatories shall be provided in the ratio of at least one lavatory for each eight patients or fraction thereof. Lavatories shall be readily accessible to all toilets. Individual towels and soap shall be available at all times. The use of the common towel is prohibited. It is recommended that each patient's room be equipped with a lavatory.

Subp. 6. **Bathing facilities.** A bathtub or shower shall be provided in the ratio of at least one tub or shower for each 30 patients or fraction thereof. It is recommended that separate toilet and bathing facilities be provided for maternity patients.

4640.3400 SCREENS.

Outside openings including doors and windows shall be properly screened or otherwise protected to prevent the entrance of flies, mosquitoes, and other insects.

4640.3500 PHYSICAL PLANT.

Subpart 1. **Safety.** The hospital structure and its equipment shall be kept in good repair and operated at all times with regard for the health, treatment, comfort, safety, and well-being of the patients and personnel. All dangerous areas and equipment shall be provided with

proper guards and appropriate devices to prevent accidents. Elevators, dumbwaiters, and machinery shall be so constructed and maintained as to comply with the rules of the Division of Accident Prevention, Minnesota Department of Labor and Industry. All electrical wiring, appliances, fixtures, and equipment shall be installed to comply with the requirements of the Board of Electricity.

Subp. 2. **Fire protection.** Fire protection for the hospital shall be provided in accordance with the requirements of the state fire marshal. Approval by the state fire marshal of the fire protection of a hospital shall be a prerequisite for licensure.

Subp. 3. **Heating.** The heating system shall be capable of maintaining temperatures adequate for the comfort and protection of all patients at all times.

Subp. 4. **Incinerator.** An incinerator shall be provided for the safe disposal of infected dressings, surgical and obstetrical wastes, and other similar materials.

Subp. 5. **Laundry.** The hospital shall make provision for the proper laundering of linen and washable goods. Where linen is sent to an outside laundry, the hospital shall take reasonable precautions to see that contaminated linen is properly handled.

Subp. 6. **General illumination.** All areas shall be adequately lighted.

Subp. 7. **Lighting in hazardous areas.** All lighting and electrical fixtures including emergency lighting in operating rooms, delivery rooms, and spaces where explosive gases are used or stored shall comply with Part II of Standard No. 56, issued in May 1954, entitled Recommended Safe Practice for Hospital Operating Rooms, by the National Fire Protection Association, 60 Batterymarch Street, Boston, Massachusetts, which part of said standard is hereby adopted by the commissioner of health with the same force and effect as if the same were fully set forth in and written as part of this subpart.

Subp. 8. **Emergency lighting.** Safe emergency lighting equipment shall be provided and distributed so as to be readily available to personnel on duty in the event of a power failure. There shall be at least a battery operated lamp with vaporproof switch, in readiness at all times for use in the delivery and operating rooms.

It is recommended that an independent source of power be available for emergency lighting of surgical and obstetrical suites, exits, stairways, and corridors.

Subp. 9. **Stairways and ramps.** All stairways and ramps shall be provided with handrails on both sides and with nonskid treads.

Subp. 10. **General storage.** Space shall be provided for the storage of supplies and equipment. Corridors shall not be used as storage areas.

Subp. 11. **Telephones.** Adequate telephone service shall be provided in order to assure efficient service and operation of the institution and to summon help promptly in case of emergency.

Subp. 12. **Ventilation.** Kitchens, laundries, toilet rooms, and utility rooms shall be ventilated by windows or mechanical means to control temperatures and offensive odors. If ventilation is used in operating rooms, delivery rooms, or other anesthetizing areas, the system shall conform to the requirements of part 4645.3200.

Subp. 13. **Walls, floors, and ceilings.** Walls, floors, and ceilings shall be kept clean and in good repair at all times. They shall be of a type to permit good maintenance including frequent washings, cleaning, or painting.

4640.3600 STAFF.

Subpart 1. **Medical director or chief of staff.** There shall be a medical director or chief of staff who shall be a licensed physician with training and experience in psychiatry and who shall assume responsibility for the medical care rendered.

Subp. 2. **Medical and nursing staff.** An adequate medical staff shall be provided to assure optimum care of patients at all times. The director of the nursing service shall be a well-qualified, registered nurse with training and experience in psychiatric nursing. There shall be a sufficient number of nurses, psychiatric aides, and attendants under the director's supervision to assure optimum care of patients at all times.

Subp. 3. **Other staff.** The staff shall include a sufficient number of qualified physical and occupational therapists to provide rehabilitation services for the number of patients accommodated. The hospital shall make provisions in its staff organization for consultations in the specialized fields of medicine.

4640.3700 DENTAL SERVICE.

Provisions shall be made for dental service either within or outside the institution.

4640.3800 PROTECTION OF PATIENTS AND PERSONNEL.

Subpart 1. **Security.** Every reasonable precaution shall be taken for the security of patients and personnel. Drugs, narcotics, sharp instruments, and other potentially hazardous articles shall be inaccessible to patients.

Subp. 2. **Segregation of patients.** Patients with tuberculosis or other communicable disease shall be segregated.

Subp. 3. **Seclusion and restraints.** Patients shall not be placed in seclusion or mechanical restraints without the written order of the physician in charge unless, in the judgment of the supervisor in charge of the service, the safety and protection of the patient, hospital employees, or other patients require such immediate seclusion or restraint. Such seclusion or restraint shall not be continued beyond eight hours except by written or telephone order of the attending physician. Emergency orders given by telephone shall be reduced to writing immediately upon receipt and shall be signed by the staff member within 24 hours after the order is given. Such patient shall be under reasonable observation and care of a nurse or attendant at all times.

4640.3900 FLOOR AREA IN PATIENTS' ROOMS.

The following minimum areas shall be provided:

A. psychiatric units and wards of general hospitals, and those units and wards of public and private mental hospitals where diagnosis and intensive treatment are provided, such as receiving, medical and surgical, tuberculosis, intensive treatment and rehabilitation, and units and wards for the acutely disturbed patient: parts 4640.1700 to 4640.2200 shall apply; and

B. continued treatment areas for long-term patients: in hospitals constructed after the effective date of these rules, the minimum floor area shall be at least 80 square feet in single rooms and 60 square feet in multibed rooms; in dormitory areas, this may include the space devoted to aisles. All main traffic aisles shall be five feet in width except in large dormitories where the aisle serves ten or more patients, it shall be six feet in width.

All hospitals in operation as of the effective date of these rules shall comply with the requirements of this part to the extent possible.

Beds shall be placed at least three feet from adjacent beds except where partitions or other barriers separate beds or where two beds are placed foot-to-foot. Beds shall be so located as to avoid drafts and other discomforts to patients.

Whenever the patient's condition permits, each individual patient's area shall be equipped with a chair and a bedside cabinet. Adequate provision shall be made for the storage of patients' clothes and other personal possessions.

4640.4000 DINING ROOM.

A minimum of 12 square feet of dining room space shall be provided for each patient. Arrangements may be made for multiple seatings.

4640.4100 RECREATION AND DAYROOMS.

Space shall be provided for recreation and dayroom areas.

4640.4200 SPECIALIZED TREATMENT FACILITIES.

Space and equipment for physical, occupational, and recreational therapy shall be provided. Storage space for equipment shall be provided.

4640.4300 INSTITUTIONS FOR THE MENTALLY DEFICIENT AND EPILEPTIC.

Hospital sections in institutions for persons with developmental disabilities and eiplepsy shall comply with the applicable portions of the rules for general hospitals contained herein.

Parts 4640.3900, except for item A, 4640.4000, and 4640.4100 shall apply to the sections of these institutions other than the hospital sections. Hospital rules shall not apply to facilities for foster care licensed by the commissioner of human services nor to institutions that do not have hospital units.

4640.6100 STAFF.

Subpart 1. **Licensed physician.** A licensed physician with interest, training, and experience in the medical and physical rehabilitation of the chronically ill shall be responsible for the adequacy of the medical care rendered.

Subp. 2. **Medical and nursing staff.** An adequate medical staff shall be provided to assure optimum care of patients at all times. The director of the nursing service shall be a well-qualified, registered nurse with experience in rehabilitation nursing. There shall be a sufficient number of nurses and attendants under the director's supervision to assure optimum care of patients at all times.

Subp. 3. **Other staff.** The services of at least one qualified physical therapist and one qualified occupational therapist shall be available, preferably on a full-time basis. Additional therapists shall be provided to assure optimum care for the number of patients accommodated. There shall be an adequate number of medical social workers. Educational and vocational educational personnel shall be provided where indicated. The hospital shall make provisions in its staff organization for consultations in the specialized fields of medicine.

4640.6200 DENTAL SERVICE.

Provision shall be made for dental service either within or outside the institution.

4640.6300 DIAGNOSTIC AND TREATMENT FACILITIES AND SERVICES.

Laboratory and X-ray facilities and services as well as basal metabolism and electrocardiograph shall be provided unless available in an adjacent general hospital.

4640.6400 ROOMS IN THE HOSPITAL.

Subpart 1. **Dining room.** Every possible effort shall be made to encourage all patients to eat in a common dining room. A minimum of 15 square feet shall be provided for each ambulatory patient. Arrangements may be made for multiple seatings. Areas in dayrooms and solaria may be utilized for this purpose.

Subp. 2. **Dayroom or solarium.** Every possible effort shall be made to encourage all patients to utilize dayrooms, solaria, recreational and occupational therapy, and similar areas. A minimum of 25 square feet per patient shall be provided.

Subp. 3. **Specialized treatment facilities.** Space and equipment for physical, occupational, and recreational therapy shall be provided. Storage space for equipment shall be provided.

4645.0300 DESIGN AND CONSTRUCTION.

All design and construction shall conform to all applicable portions of parts 4645.0200 to 4645.5200 of these hospital rules.

4645.0400 COMPLIANCE.

All construction including exit lights and fire towers; heating, piping, ventilation, and air-conditioning; plumbing and drainage; electrical installations; elevators and dumbwaiters; refrigeration; kitchen equipment; laundry equipment; and gas piping shall be in strict compliance with all applicable state and local codes, ordinances, and rules not in conflict with the provisions contained in parts 4645.0200 to 4645.5200.

4645.0500 HOSPITALS OF LESS THAN 50 BEDS.

In hospitals of less than 50 beds, the size of the various departments will be generally smaller and will depend upon the requirements of the particular hospital. Some of the functions allotted separate spaces or rooms may be combined in such hospitals provided that the resulting plan will not compromise the best standards of medical and nursing practice. In other respects the rules as set forth herein, including the area requirements, shall apply.

4645.0600 ADMINISTRATION DEPARTMENT.

The administration department shall consist of a business office with information counter, administrator's office, medical record room, staff lounge, lobby, and public toilets for each sex. If over 100 beds, the following additional areas shall be provided: director of nurses' office, admitting office, library, conference, and board room.

It is recommended that the following be provided: a PBX board and night information for all hospitals; director of nurses' office in hospitals under 100 beds; medical social service room, and retiring room in hospitals over 100 beds.

4645.0700 ADJUNCT DIAGNOSTIC AND TREATMENT FACILITIES.

Subpart 1. **Laboratory.** Adequate facilities and equipment for the performance of routine clinical diagnostic procedures and other laboratory techniques in keeping with the services rendered by the hospital shall be provided. Approximately 4-1/2 square feet of floor space per patient bed shall be provided.

Subp. 2. **Basal metabolism and electrocardiography.** One room shall be provided for basal metabolism and electrocardiography in hospitals with 100 beds or more.

Subp. 3. **Recommended facilities.** It is recommended that these facilities, except for morgue and autopsy, be located convenient to both inpatients and outpatients.

It is recommended that space be provided for electrotherapy, hydrotherapy, massage, and exercise in hospitals with 100 beds or more.

Subp. 4. **Radiology.** Radiographic room or rooms with adjoining darkroom, toilet, dressing cubicles, and office shall be provided. Protection against radiation hazards shall be provided for the patients, operators, and other personnel. To assure adequate protection against radiation hazards, X-ray apparatus and protection shall be installed in accordance with the applicable standards prescribed in Handbook 41, issued March 30, 1949, entitled Medical X-ray Protection up to Two Million Volts and Handbook 50, issued May 9, 1952, entitled X-Ray Protection Design by the National Bureau of Standards, U.S. Department of Commerce, Superintendent of Documents, Washington 25, D.C., which standards are hereby adopted by the commissioner of health with the same force and effect as if the same were fully set forth in and written as part of this subpart.

Subp. 5. **Pharmacy.** A drug room shall be provided.

Subp. 6. **Morgue and autopsy room.** A morgue and autopsy room shall be provided in hospitals with 100 beds or more. Where morgue and autopsy rooms are provided, they shall be properly equipped and ventilated and of sufficient size to allow for the performance of satisfactory pathological examinations. Definite arrangements for space and facilities for the performance of autopsies outside the hospital shall be made if the hospital does not have an autopsy room.

4645.0800 NURSING DEPARTMENT.

Subpart 1. **Patients' rooms.** All patients' rooms shall be outside rooms and have direct access to a hall. The window area shall not be less than one-eighth of the total floor area. No bedrooms shall be located below grade. Minimum room areas shall be 80 square feet per bed in rooms having two or more beds and 100 square feet in single rooms. No bedroom shall have more than four beds. Each bedroom or its adjoining toilet or bathroom shall have a lavatory equipped with gooseneck spout and wrist-action controls. A locker shall be provided for each patient.

Subp. 2. **Areas to be provided.** The following areas shall be provided in each nursing unit: nurses' station, utility room divided into dirty and clean areas, bedpan facilities, toilet facilities for each sex in a ratio of one toilet for each eight patients or fraction thereof, bathtubs or showers in a ratio of one tub or shower for each 30 patients or fraction thereof, linen and supply storage, and janitors' closet. Each nursing floor shall have a floor pantry and nurses' toilet room. Separate subutility, toilet, and bathing facilities shall be provided for the maternity section.

It is recommended that a stretcher alcove, treatment room, and solarium be provided.

A psychiatric or quiet room is recommended in general hospitals not providing a psychiatric unit.

Adjustments will be made where patients' rooms are provided with individual toilets.

Subp. 3. **Nurses' station.** Each nurses' station shall be conveniently located for patient service and observation of signals. It shall have a locked, well-illuminated medicine cabinet. Where narcotics are kept on the nursing station, a separate, locked, permanently secured cabinet for narcotics shall be provided. Adequate lighting, hand-washing facilities, space for keeping patients' charts, and for personnel to record and chart shall be provided. Refrigeration storage shall be provided for medications and biologics unless provided elsewhere.

Subp. 4. **Isolation suite.** One isolation suite shall be provided in each hospital unless a contagious disease nursing unit is available in the hospital. The isolation suite shall consist of one or more patients' rooms, each having an adjacent toilet equipped with bedpan lugs and spray attachment. Each suite shall have a subutility room equipped with utensil sterilizer, sink, and storage cabinets.

4645.0900 SURGICAL DEPARTMENT.

Subpart 1. **Location.** The surgical department shall be so located to prevent routine traffic through it to any other part of the hospital and completely separated from the obstetrical department.

Subp. 2. **The operating suite.** The operating suite shall consist of major operating room or rooms, each having an area of not less than 270 square feet with a minimum width of 15 feet; separate scrub-up area adjacent to operating room; cleanup room; storage areas for instruments, sterile supplies, and anesthesia equipment; and a janitors' closet. In hospitals consisting of 50 or more beds, a surgical supervisor's station, doctors' locker room and toilet, and nurses' locker room and toilet shall be provided. In hospitals of less than 50 beds, doctors' and nurses' locker and toilet rooms may be provided in a convenient location outside the operating and delivery suites to serve both units.

A stretcher alcove and a recovery (postanesthesia) room are recommended.

Subp. 3. **Central sterilizing and supply room.** A central sterilizing and supply room shall be provided and divided into work space, sterilizing space, and separate storage areas for sterile and unsterile supplies. Sterilizers and autoclaves for adequate sterilization of supplies and utensils shall be provided.

Provision of sterile water in flasks is recommended.

4645.1000 EMERGENCY ROOM.

An emergency room shall be provided separate from the operating and delivery suites.

4645.1100 OBSTETRICAL DEPARTMENT.

Subpart 1. **Location.** The obstetrical department shall be so located to prevent routine traffic through it to any other part of the hospital and completely separated from the surgical department. A combination classroom-parent teaching room is recommended in the obstetrical departments, outside the delivery suite.

Subp. 2. **The delivery suite.** The delivery suite shall consist of delivery room or rooms, each having an area of not less than 270 square feet with a minimum width of 15 feet; separate scrub-up area adjacent to delivery room; cleanup room; storage areas for instruments and sterile supplies; and a janitors' closet. In hospitals consisting of 50 or more beds, an obstetrical supervisor's station, doctors' locker room and toilet, and nurses' locker room and toilet shall be provided. In hospitals of less than 50 beds, doctors' and nurses' locker and toilet rooms may be provided in a convenient location outside the delivery and operating suites to serve both units. A stretcher alcove is recommended.

Subp. 3. **Delivery room.** One delivery room shall be provided for each 20 maternity beds.

Subp. 4. **Labor room.** A labor room with a lavatory and an adjacent toilet shall be provided in a convenient location with respect to the delivery room. One labor bed shall be provided for each 10 maternity beds. The labor room shall be acoustically treated or so located to minimize the possibility of sounds reaching other patients.

4645.1200 NURSERY DEPARTMENT.

Subpart 1. **Size.** Each hospital providing a maternity service shall have a nursery department of sufficient size to accommodate the anticipated load.

Subp. 2. **Newborn nursery.** A minimum floor area of 24 square feet per bassinet shall be provided in each newborn nursery with not more than 12 bassinets in each nursery. A connecting examination and work room shall be provided.

A separate premature nursery and work room are recommended for hospitals with 25 or more maternity beds on the basis of 30 square feet per incubator and a maximum of six incubators per nursery.

Subp. 3. **Suspect nursery.** A suspect nursery with a separate connecting workroom shall be provided in hospitals of 50 beds or more. At least 40 square feet of floor area shall be provided for each bassinet with no more than six bassinets in each suspect nursery.

Subp. 4. **Formula room.** A formula room shall be provided in the nursery area or in the dietary department where adequate supervision can be provided. This room shall be used exclusively for the preparation of infant formulas. The formula room shall contain a lavatory with gooseneck spout and wrist-action controls, a two-compartment sink for washing and rinsing bottles and utensils, and adequate storage and counter space. The work space shall be divided into clean and dirty sections. Equipment shall be provided for sterilization. Refrigerated storage space sufficient for one day's supply of prepared formulas shall be provided in this room or in the nursery workroom. Terminal sterilization is recommended.

4645.1300 SERVICE DEPARTMENT.

Subpart 1. **Dietary facilities.** Dietary facilities shall consist of main kitchen with provision for the protected storage of clean dishes, utensils, and foodstuffs; day storage room; adequate refrigeration; dishwashing facilities; and the necessary space and provisions for the handling and disposal of garbage. A dietitian's office shall be provided in hospitals of 50 or more beds. Hand-washing facilities with hot and cold water, soap, and individual towels shall be accessible for the use of all food-service personnel and so located to permit direct observation by the supervisor. Dining space for personnel, allowing 12 square feet per person, shall be provided. This space may be designed for multiple seatings.

Subp. 2. **Laundry facilities.** Each hospital shall have a laundry of sufficient capacity to process a full seven days' laundry during the work week unless commercial or other laundry facilities are available. It shall include sorting area; processing area; and clean linen and sewing room separate from the laundry. The sewing room may be combined with the clean linen room in hospitals of less than 100 beds. Where no laundry is provided in the hospital, a soiled linen room and a clean linen and sewing room shall be provided.

Subp. 3. **Housekeeper's office.** A housekeeper's office shall be provided. This may be combined with the clean linen room in hospitals of less than 100 beds.

Subp. 4. **Mechanical facilities.** A boiler and pump room with engineers' space and maintenance shop shall be provided. In hospitals of more than 100 beds, separate areas for carpentry, painting, and plumbing shall be provided.

Shower and locker facilities are recommended.

Subp. 5. **Employees facilities.** Locker rooms with lockers, rest rooms, toilets, and showers for nurses and female help; and a locker room with lockers, toilets, and showers for male help shall be provided.

Subp. 6. **Storage.** Inactive record storage shall be provided. General storage of not less than 20 square feet per bed shall be provided. General storage shall be concentrated in one area in so far as possible.

4645.1400 CONTAGIOUS DISEASE NURSING UNIT.

When ten or more beds are provided for contagious disease, they shall be contained in a separate nursing unit. Each patient room shall have a view window from the corridor, a separate toilet, a lavatory in the room, and shall contain no more than two beds. Each nursing unit shall contain a nurses' station, utility room, nurses' work room, treatment room, scrub sinks conveniently located in the corridor, serving pantry with separate dishwashing room adjacent, doctors' locker space and gown room, nurses' locker spare and gown room, janitors' closet, and a storage closet.

Glazed partitions between beds and a stretcher alcove are recommended.

4645.1500 PEDIATRIC NURSING UNIT.

Where there are 16 or more pediatric beds a separate pediatric nursing unit shall be provided. Minimum room areas shall be 100 square feet in single rooms, 80 square feet per bed in rooms having two or more beds, and 40 square feet per bassinet in nurseries. Each nursing unit shall contain a nursery with bassinets in cubicles, isolation suite, treatment room, nurses' station with adjoining toilet room, utility room, floor pantry, play room or solarium, bath and toilet room with raised free-standing tub and 50 percent children's fixtures, bedpan facilities, janitors' closet, and a storage closet.

Glazed cubicles for each bed in multibed rooms, clear glazing between rooms and in corridor partitions, and a wheel chair and stretcher alcove are recommended.

4645.1600 PSYCHIATRIC NURSING UNIT.

Where a psychiatric nursing unit is provided, the principles of psychiatric security and safety shall be followed throughout. Layout and design shall be such that the patient will be under close observation and will not be afforded opportunity for hiding, escape, or suicide. Care shall be taken to avoid sharp projections, exposed pipes, fixtures, or heating elements to prevent injury by accident. Minimum room areas shall be 100 square feet in single rooms, 80 square feet per bed in rooms having two or more beds, and 25 square feet per patient in dayrooms. Each nursing unit shall contain a doctors' office, examination room, nurses' station, dayroom, pantry, dining room, utility room, bedpan facilities, toilet rooms for each sex, shower and bathroom, continuous tub room for disturbed patients, patients' personal laundry for women's wards only, patients' locker room, storage closet for therapy equipment, stretcher closet, linen closet, supply closet, and a janitors' closet.

4645.1700 ADMINISTRATION DEPARTMENT.

Where not available in an adjoining general hospital, the following facilities shall be provided in the administration department: a business office with information counter, telephone switchboard, cashiers' window, administrator's office, medical director's office, medical record room, medical social service office, combination conference room and doctors' lounge, lobby and waiting room, public toilets, and a locker room and toilets for personnel.

For efficiency and economy of operation, a chronic disease hospital is best located as an integral part or unit immediately adjacent to and operated in connection with a large, modern, well-equipped, and completely staffed acute general hospital. Essentially all of the services of the general hospital are necessary for the complete care of the chronic disease patient. The rehabilitation services and facilities of the chronic hospital should be readily available to the acute patient in need of such services and also available on an outpatient basis. The medical and nursing staff of the general hospital can also serve the chronic unit. Some of the basic services (food service, laundry, boiler plant, etc.) can be provided through the general hospital thus making construction and operational costs less expensive.

4645.1800 ADJUNCT DIAGNOSTIC AND TREATMENT FACILITIES.

Where not available in an adjoining general hospital, adjunct diagnostic and treatment facilities shall be provided.

4645.1900 SPECIALIZED TREATMENT FACILITIES.

Subpart 1. **Physical therapy.** Space and equipment shall be provided for electrotherapy, massage, hydrotherapy, and exercise. In the larger unit, an office shall be provided for the physical therapist and a conference room shall be provided near the physical therapy area.

Subp. 2. **Occupational therapy.** Space and equipment shall be provided for diversified occupational therapy work. An exhibit space shall be provided. In the larger unit, an office shall be provided for the occupational therapist.

4645.2000 SPECIAL SERVICE ROOMS.

Where not available in the adjoining general hospital, the following special service rooms shall be provided: eye, ear, nose, and throat room; dental facilities; doctors' office; and a treatment room which may also be used as an emergency operating room. Provision shall also be made for a nurses' office and a patients' waiting room and toilets.

4645.2100 NURSING DEPARTMENT.

A nursing unit shall not exceed 50 beds unless additional services and facilities are provided. No room shall have more than six beds and not more than three beds deep from the outside wall. A quiet room shall be provided. Room locations, areas, and equipment as specified for general hospitals shall apply. In addition to the requirements for the general

hospital, the following shall be provided: bathtubs or showers in the ratio of one tub or shower for each 20 patients or fraction thereof; wheelchair parking area; treatment room, one for each two nursing units on a floor; dayrooms or solariums for each nursing floor providing 25 square feet per patient; a dining room with a minimum of 15 square feet for each ambulatory patient, which may be designed for multiple seatings; assembly room, capable of seating the entire ambulant population with ample space for wheelchairs, adjacent wash rooms and toilets adequate in size to accommodate wheelchairs; and projection facilities. Provision shall be made for beauty parlor and barber shop services.

4645.2200 SERVICE DEPARTMENT.

Subpart 1. **Kitchen area for preparation of special diets.** In addition to the requirements for the general hospital, adequate space in the main kitchen shall be provided for the preparation of special diets.

Subp. 2. **Storage.** In addition to the requirements for the general hospital, a patient's clothes storage room shall be provided. Adequate storage space shall be provided for reserve equipment.

4645.2300 SPACE ALLOWANCES FOR WHEELCHAIRS.

Space allowance shall be more generous than in other types of hospitals to allow for wheelchair traffic in such areas as dining rooms, recreation rooms, and toilets. Corridors shall be not less than eight feet wide with handrails on both sides. Water closet enclosures, urinals, showers, and tubs shall be easily accessible and provided with grab bars. Lavatories shall be of sufficient height to allow for use by wheelchair patients. Doorways shall not have raised thresholds. Ten-foot corridors are recommended. It is recommended that walls of corridors, toilet rooms, etc. be constructed of durable material to the level of the hand rails in order to withstand the impact of wheelchairs and heavy equipment. Adjustable height beds are recommended.

4645.2400 DETAILS AND FINISHES, GENERAL REQUIREMENTS FOR ALL HOSPITALS.

Subpart 1. **Ceilings.** The ceilings of the following areas shall have smooth, waterproof painted, glazed, or similar finishes: operating rooms, delivery rooms, sculleries, and kitchens. The ceilings of the following areas shall be acoustically treated: corridors in patient areas, nurses' stations, floor pantries, quiet rooms, and pediatric rooms. The ceiling of the labor room shall be acoustically treated unless it is located apart from the patient areas.

Ceiling heights shall be at least eight feet clear except for storage closets and other minor auxiliary rooms where they may be lower. Ceiling heights for laundry and kitchen shall be at least nine feet clear. Special equipment such as X-ray and surgical lights may require greater ceiling heights. Ceilings of boiler rooms located below occupied spaces shall be insulated or the temperatures otherwise controlled to permit comfortable occupancy of the spaces above.

Subp. 2. **Corridor widths.** Corridor widths shall be not less than seven feet. A greater width shall be provided at elevator entrances and in areas where special equipment is to be used.

Subp. 3. **Door widths.** Door widths shall be not less than three feet eight inches at all bedrooms, treatment rooms, operating rooms, X-ray rooms, delivery rooms, labor rooms, solariums, and physical therapy rooms. No doors shall swing into the corridor except closet doors and exit and stairway doors required to swing in the lane of egress travel. The door-swing requirement does not apply to psychiatric units or mental hospitals.

Subp. 4. **Floors.** The floors of the following areas shall have smooth, water-resistant surfaces: toilets, baths, bedpan rooms, utility rooms, janitors' closets, floor pantries, pharmacies, laboratories, and patients' rooms. The floors of the food preparation and formula rooms shall be water-resistant, grease-resistant, smooth, and resistant to heavy wear. The

floors of the operating rooms, delivery rooms, and rooms or spaces where explosive gases are used or stored shall have conductive flooring as defined in Part II of Standard No. 56, issued in May, 1954, entitled Recommended Safe Practice for Hospital Operating Rooms by the National Fire Protection Association, 60 Batterymarch Street, Boston, Massachusetts which part of said standard is hereby adopted by the commissioner of health with the same force and effect as if the same were fully set forth in and written as part of this subpart.

Subp. 5. **Laundry chutes.** Where laundry chutes are used, they shall be not less than two feet in diameter.

Subp. 6. **Stair widths.** Stair widths shall be not less than three feet eight inches. The width shall be measured between handrails where handrails project more than 3-1/2 inches. Platforms and landings shall be large enough to permit stretcher travel in emergencies.

Subp. 7. **Walls.** The walls of the following areas shall have smooth, waterproof painted, glazed, or similar finishes: kitchens, sculleries, utility rooms, baths, showers, dishwashing rooms, janitors' closets, sterilizing room, spaces with sinks or lavatories, operating rooms, and delivery rooms.

4645.2500 DESIGN DATA.

The buildings and all parts thereof shall be of sufficient strength to support all dead, live, and lateral loads without exceeding the working stresses permitted for construction materials in generally accepted good engineering practice. Special provisions shall be made for machines or apparatus loads which would cause a greater load than the specified minimum live load. Consideration shall be given to structural members and connections of structures which may be subject to severe windstorms. Floor areas where partition locations are subject to change shall be designed to support, in addition to all other loads, a uniformly distributed load of 25 pounds per square foot.

4645.2600 LIVE LOADS.

The following unit live loads shall be taken as the minimum distributed live loads for:

A. bedrooms and all adjoining service rooms which comprise a typical nursing unit, except solariums and corridors, 40 pounds per square foot;

B. solariums, corridors in nursing units, operating suites, examination and treatment rooms, laboratories, toilet and locker rooms, 60 pounds per square foot;

C. offices, conference room, library, kitchen, radiographic room, corridors, and other public areas on first floor, 80 pounds per square foot;

D. stairways, laundry, large rooms used for dining, recreation, or assembly purposes, workshops, 100 pounds per square foot;

E. records file room, storage and supply rooms, 125 pounds per square foot;

F. mechanical equipment room, 150 pounds per square foot;

G. roofs, 40 pounds per square foot; and

H. wind loads, as required by design conditions, but not less than 15 pounds per square foot for buildings less than 60 feet above ground.

4645.2700 CONSTRUCTION.

Foundations shall rest on natural solid ground and shall be carried to depth of not less than one foot below the estimated frost line or shall rest on leveled rock or load-bearing piles when solid ground is not encountered. Footings, piers, and foundation walls shall be adequately protected against deterioration from the action of groundwater. Reasonable care shall be taken to establish proper soil-bearing values for the soil at the building site. If the bearing capacity of a soil is not definitely known or is in question, a recognized load test shall be used to determine the safe bearing value. Hospitals shall be constructed of

incombustible materials, using a structural framework of reinforced concrete or structural steel except that masonry walls and piers may be utilized for buildings up to three stories in height not accounting for penthouses. The various elements of such buildings shall meet the following fire-resistive requirements:

A. party and firewalls, four hours;

B. exterior bearing walls, three hours;

C. exterior panel and curtain walls, three hours;

D. inner court walls, three hours;

E. bearing partitions, three hours;

F. non-load-bearing partitions, one hour;

G. enclosures for stairs, elevators and other vertical openings, two hours;

H. columns, girders, beams, trusses, three hours;

I. floor panels, including beams and joists in same, two hours; and

J. roof panels, including beams and joists in same, two hours.

Stairs and platforms shall be reinforced concrete or structural steel with hard incombustible materials for the finish of risers and treads. Rooms housing furnaces, boilers, combustible storage or other facilities which may provide fire hazards shall be of three-hour fire-resistive construction.

4645.2800 HEATING, PIPING, VENTILATION, AND AIR-CONDITIONING.

The heating system, piping, boilers, ventilation, and air-conditioning shall be furnished and installed to meet the requirements as set forth herein and the requirements of Part II of Standard No. 56, issued in May, 1954, entitled Recommended Safe Practice for Hospital Operating Rooms by the National Fire Protection Association, 60 Batterymarch Street, Boston, Massachusetts, which part of said standard is hereby adopted by the commissioner of health with the same force and effect as if the same were fully set forth in and written as part of this part. It is recommended that ventilating systems be designed for air cooling or for the future addition of air cooling.

4645.2900 BOILERS.

Boilers shall have the necessary capacity to supply the heating, ventilating, and air-conditioning systems and hot water and steam operated equipment, such as sterilizers and laundry and kitchen equipment. Spare boiler capacity shall be provided in a separate unit to replace any boiler which might break down. Standby boiler feed pumps, return pumps, and circulating pumps shall be provided.

4645.3000 HEATING.

Subpart 1. **Heating system.** The building shall be heated by a hot water, steam, or equal type heating system. Each radiator shall be provided with a hand control or automatic temperature control valve. The heating system shall be designed to maintain a minimum temperature of 75 degrees Fahrenheit in nurseries, delivery rooms, operating and recovery rooms, and similar spaces and a minimum temperature of 70 degrees Fahrenheit in all other rooms and occupied spaces. The outside design temperature for the locality shall be based on the information contained in that portion of chapter 12 of the publication, issued in 1954, entitled Heating Ventilating Air Conditioning Guide by the American Society of Heating and Ventilating Engineers, 51 Madison Avenue, New York, New York, starting with Design Outdoor Weather Conditions on page 240 and ending on page 247 which portion of chapter 12 of said guide is hereby adopted by the commissioner of health with the same force and effect as if the same were fully set forth in and written as part of this subpart.

Subp. 2. **Auxiliary heat.** Auxiliary heat supply shall be provided for heating in operating rooms, delivery rooms, and nurseries to supply heat when the main heating system is not in operation. This may be accomplished by proper separate zoning.

4645.3100 PIPING.

Subpart 1. **Pipe used in heating system.** Pipe used in heating and steam systems shall not be smaller in size than that prescribed in that portion of chapter 21 of the publication, issued in 1954, entitled Heating, Ventilating, Air Conditioning Guide, by the American Society of Heating and Ventilating Engineers, 51 Madison Avenue, New York, New York, starting with "Sizing Piping for Steam Heating Systems" on page 491 and continuing through "Sizing Piping for Indirect Heating Units" on page 506, which portion of chapter 21 of said guide is hereby adopted by the commissioner of health with the same force and effect as if the same were fully set forth in and written as part of this subpart. The ends of all steam mains and low points in steam mains shall be dripped.

Subp. 2. **Valves.** Steam return and heating mains shall be controlled separately by a valve at boiler or header. Each steam and return main shall be valved. Each piece of equipment supplied with steam shall be valved on the supply and return ends.

Subp. 3. **Thermostatic control.** The heating system shall be thermostatically controlled using one or more zones.

Subp. 4. **Coverings.** Boilers and smoke breeching shall be insulated with covering having a thermal resistance (1/c) value of not less than 1.96 and one-half inch plastic asbestos finish covered with four ounce canvas. All high-pressure steam and return piping shall be insulated with covering not less than the equivalent of one inch four-ply asbestos covering. Heating supply mains in the boiler room, in unheated spaces, unexcavated spaces, and where concealed, shall be insulated with a covering of asbestos air cell having a thickness of not less than one inch.

4645.3200 VENTILATION.

Sterilizer rooms, sterilizer equipment chambers, bathrooms, hydrotherapy rooms, garbage storage, and can washing rooms shall be provided with forced or suitable exhaust ventilation to change the air at least once every six minutes. A similar ventilating system shall be provided for rooms lacking outside windows such as utility rooms, toilets, and bedpan rooms. Kitchens, morgues, and laundries which are located inside the hospital building shall be ventilated by exhaust systems which will discharge the air above the main roof or at least 50 feet from any window. The ventilation of these spaces shall comply with the state or local codes but if no code governs, the air in the work spaces shall be exhausted at least once every ten minutes with the greater part of the air being taken from the flat work ironer and ranges. All exhaust ducts shall be provided with control dampers. Summertime ventilation rate of laundry, in excess of equipment requirements, may be introduced through doors, windows, or louvers in laundry room walls and be exhausted by exhaust fans located in walls generally opposite from intakes or arranged to provide the best possible circulation within the room. Rooms used for the storage of inflammable material shall be ventilated in accordance with the requirements of the state fire marshal. The operating and delivery rooms shall be provided with a supply ventilating system with heaters and humidifiers which will change the air at least eight times per hour by supplying fresh filtered air humidified to reduce the electrostatic hazard. Humidifiers shall be capable of maintaining a minimum relative humidity of 55 percent at 75 degrees Fahrenheit temperature. No recirculation shall be permitted. The air shall be removed from these rooms by a forced system of exhaust. The sterilizing rooms adjoining these rooms shall be furnished with an exhaust ventilating system. The supply air to operating rooms may be exhausted from operating rooms to adjoining sterilizer or work rooms from where it shall be exhausted. Exhaust systems of ventilation shall be balanced with an approximately equal amount of supply air delivered directly into the rooms or areas being exhausted or to other spaces of the hospital such as

corridors. All outdoor supply air shall be tempered and filtered. All outdoor air intake louvers shall be located in areas relatively free from dust, obnoxious fumes, and odors.

4645.3300 INCINERATOR.

An incinerator shall be provided to burn dressings, infectious materials, and amputations. When garbage is incinerated, the incinerator shall be of a design that will burn 50 percent wet garbage completely without objectionable smoke or odor. The incinerator shall be designed with drying hearth, grates, and combustion chamber lined with fire brick. The gases shall be carried to a point above the roof of the hospital. Provisions for air supply to the incinerator room shall be made. Gas- or oil-fired incinerators are desirable.

4645.3400 WATER SUPPLY.

The water supply shall be of safe sanitary quality, suitable for use, and shall be obtained from a water supply system, the location, construction, and operation of which are acceptable to the commissioner of health.

4645.3500 PLUMBING AND DRAINAGE.

Subpart 1. **Problems.** Problems of a special nature applicable to the hospital plumbing system include the following.

Subp. 2. **Vapor vent systems.** Permanently installed pressure sterilizers, other sterilizers which are provided with vent openings, steam kettles, and other fixtures requiring vapor vents shall be connected with a vapor venting system extending up through the roof independent of the plumbing fixture vent system. The vertical riser pipe shall be provided with a drip line which discharges into the drainage system through an air-gap or open fixture. The connection between the fixture and the vertical vent riser pipe shall be made by means of a horizontal offset.

Subp. 3. **Plumbing fixtures.** Water closets in and adjoining patients' areas shall be of a quiet-operating type. Flush valves in rooms adjoining patients' rooms shall be designed for quiet operation with quiet-acting stops. Gooseneck spouts and wrist-action controls shall be used for patients' lavatories, nursery lavatories, and sinks which may be used for filling pitchers. Foot, knee, or elbow-action faucets shall be used for doctors' scrub-up, including nursery work room; utility and clinic sinks; and in treatment rooms. Elbow or wrist-action spade handle controls shall be provided on other lavatories and sinks used by doctors or nurses.

Subp. 4. **Special precautions for mental patients.** Plumbing fixtures which require hot water and which are accessible to mental patients shall be supplied with water which is thermostatically controlled to provide a maximum water temperature of 110 degrees Fahrenheit at the fixture. Special consideration shall be given to piping, controls, and fittings of plumbing fixtures as required by the types of mental patients. No pipes or traps shall be exposed and fixtures shall be substantially bolted through walls. Generally, for disturbed patients, special-type water closets without seats shall be used and shower and bath controls shall not be accessible to patients.

Subp. 5. **Hot water heaters and tanks.** The hot water heating equipment shall have sufficient capacity to supply at least five gallons of water at 150 degrees Fahrenheit per hour per bed for hospital fixtures, and at least eight gallons at 180 degrees Fahrenheit per hour per bed for the laundry and kitchen. The hot water storage tank or tanks shall have a capacity equal to 80 percent of the heater capacity. Where direct-fired hot water heaters are used, they shall be of the high-pressure cast iron type. Submerged steam heating coils shall be of copper. Storage tanks shall be of corrosion-resistant metal or be lined with corrosion-resistant material. Tanks and heaters shall be fitted with vacuum and relief valves, and where the water is heated by coal or gas, they shall have thermostatic relief valves. Heaters shall be thermostatically controlled.

Subp. 6. **Water supply systems.** Cold water and hot water mains and branches from the cold water service and hot water tanks shall be run to supply all plumbing fixtures and equipment which require cold or hot water or both for their operation. Pressure and pipe size shall be adequate to supply water to all fixtures with a minimum pressure of 15 pounds at the top floor fixtures during maximum demand periods. Where booster systems are necessary, water shall be supplied to the booster pump through a receiving tank in which the water level is automatically controlled. The receiving tank shall have a properly constructed and screened opening to the atmosphere and a watertight, overlapping cover. The receiving tank and booster pump shall be situated entirely above the ground level. If a pressure tank is employed in the booster system, it shall also be situated above ground level. Hot water circulating mains and risers shall be run from the hot water storage tank to a point directly below the highest fixture at the end of each branch main. Where the building is higher than three stories, each riser shall be circulated.

Subp. 7. **Roof and area drainage.** Leaders shall be provided to drain the water from roof areas to a point from which it cannot flow into the basement or areas around the building. Courts, yards, and drives which do not have natural drainage from the building shall have catch basins and drains to low ground, storm water system, or dry wells. Where dry wells are used, they shall be located at least 20 feet from the building.

Subp. 8. **Valves.** Each main, branch main, riser, and branch to a group of fixtures of the water systems shall be valved.

Subp. 9. **Insulation.** Hot water tanks and heaters shall be insulated with covering equal to one inch, four-ply air cell. Hot water and circulating pipes shall be insulated with covering equal to canvas jacketed three-ply asbestos air cell. Cold water mains and exposed rain water leaders in occupied spaces and in store rooms shall be insulated with canvas-jacketed felt covering to prevent condensation. All pipes in outside walls shall be insulated to prevent freezing.

Subp. 10. **Tests.** Water pipe shall be hydraulically tested to a pressure equal to twice the working pressure.

4645.3600 STERILIZERS.

Sterilizers and autoclaves of the required types and necessary capacity shall be provided to sterilize instruments, utensils, dressings, water, and other materials and equipment. The flasking system for sterile water supply is recommended. The sterilizers shall be of recognized hospital types with approved controls and safety features.

4645.3700 SEWAGE AND WASTE DISPOSAL.

All building sewage shall be discharged into a municipal sanitary sewer system, if available, otherwise an independent sewage disposal system shall be provided which is constructed in accordance with the requirements of the commissioner of health.

4645.3800 GAS PIPING.

Gas appliances shall bear the stamp of approval of the American Gas Association. Oxygen piping outlets and manifolds where used shall be installed in accordance with publication No. 565, issued in 1951, entitled Standard for Nonflammable Medical Gas Systems by the National Fire Protection Association, 60 Batterymarch Street, Boston, Massachusetts, which standard is hereby adopted by the commissioner of health with the same force and effect as if the same were fully set forth and written as part of this part.

4645.3805 REFRIGERATION.

Subpart 1. **Extent of coverage.** This part shall include portable refrigerators, built-in refrigerators, garbage refrigerators, ice-making and refrigerator equipment, and morgue boxes.

Subp. 2. **Box construction.** Boxes shall be lined with nonabsorbent sanitary material which will withstand the heavy use to which they will be subjected and shall be constructed so as to be easily cleaned. Refrigerators of adequate capacity shall be provided in all kitchens and other preparation centers where perishable foods will be stored. In the main kitchen, a minimum of two separate sections or boxes shall be provided, one for meats and dairy products, and one for general storage.

Subp. 3. **Refrigerator machines.** Toxic, "irritant," or inflammable refrigerants shall not be used in refrigerator machines located in buildings occupied by patients. The compressors and evaporators shall have sufficient capacity to maintain temperatures of 35 degrees Fahrenheit in the meat and dairy boxes, and 40 degrees Fahrenheit in the general storage boxes when the boxes are being used normally. Compressors shall be automatically controlled.

Subp. 4. **Tests.** Compressors, piping, and evaporators shall be tested for leaks and capacity.

4645.3900 ELECTRICAL SYSTEMS.

Electrical systems shall be furnished and installed to meet the requirements as set forth herein and the requirements of part 2 of the Standard No. 56 issued in May 1954, entitled "Recommended Safe Practice for Hospital Operating Rooms," by the National Fire Protection Association, 60 Batterymarch Street, Boston, Massachusetts, which part of said standard is hereby adopted by the commissioner of health with the same force and effect as if the same were fully set forth and written as part of this part.

4645.4000 FEEDERS AND CIRCUITS.

Separate power and light feeders shall be run from the service to a main switchboard and from there, subfeeders shall be provided to the motors and power and light distributing panels. Where there is only one service feeder, separate power and light feeders from the service entrance to the switchboard will not be required. From the power panels, feeders shall be provided for large motors, and circuits from the light panels shall be run to the lighting outlets. Large heating elements shall be supplied by separate feeders from the local utility and installed as directed. Independent feeders shall be furnished for X-ray equipment.

4645.4100 LIGHT PANELS.

Light panels shall be provided on each floor for the lighting circuits on that floor. Light panels shall be located near the load centers not more than 100 feet from the farthest outlet.

4645.4200 LIGHTING OUTLETS, RECEPTACLES, AND SWITCHES.

All occupied areas shall be adequately lighted as required for the duties performed in the space. Patients' bedrooms shall have as a minimum: general illumination, a bracket or receptacle for each bed, a duplex receptacle for each two beds for doctor's examining light, and a night light. Where ceiling lights are used in patients' rooms, they shall be of a type which does not shine in the patients' eyes. The outlets for night lights shall be independently switched at the door. Receptacles for special equipment shall be of a heavy duty type on separate circuits. Switches in patients' rooms shall be of an approved mercury or equal, quiet-operating type, except for cord operated switches on fixtures. No lighting fixtures, switches, receptacles or electrical equipment shall be accessible to disturbed mental patients. Operating and delivery rooms shall be provided with special lights for the tables, each on an independent circuit, and lights for general illumination. Not less than three explosion-proof receptacles shall be provided in each operating and delivery room except that the explosion-proof type will not be required if the receptacles are above the five-foot level. Each operating room shall have a film-viewing box. All switches, viewing boxes, and equipment controls installed below the five-foot level shall be explosion-proof.

4645.4300 EMERGENCY ELECTRICAL SYSTEM.

Each hospital shall have a source of emergency power which may be an entirely separate outside source from an independent generating plant, a generator operated by a prime mover, or a battery with adequate means for charging. Where the installation consists of a standby generator operated by a prime mover, it shall be of a size sufficient to supply all estimated current demands for required areas. The system shall be so arranged that, in the event of failure of the principal source of current, the emergency system shall be automatically placed in operation. Emergency lighting shall be provided for: stairs; exits; patient corridors; corridors leading to exits; exit signs; operating, delivery, and emergency rooms; telephone switchboard room; nurseries; emergency generator room; boiler room; and all psychiatric patient areas.

It is recommended that emergency power be provided for the operation of at least one boiler.

4645.4400 NURSES' CALL.

Each patient shall be furnished with a nurses' call which will register at the corridor door, at the nurses' station, and in each floor kitchen and utility room of the nursing unit. A duplex unit may be used for two patients. Indicating lights shall be provided at each station where there are more than two beds in a room. Nurses' call stations will not be required for psychiatric occupancies, pediatric rooms, and nurseries where an emergency call shall be available in each room for the use of the nurse. A call station shall be provided in each operating and delivery room.

4645.4500 NUMBER OF CARS.

Any hospital with patients on one or more floors above the first floor or where the operating or delivery rooms are not on the first floor shall have at least one mechanically driven elevator. Hospitals with a bed capacity of from 60 to 200 above the first floor shall have not less than two elevators. Hospitals with a bed capacity of from 200 to 350 above the first floor shall have not less than three elevators, two passenger and one service.

4645.4600 CABS.

Cabs shall be constructed with fireproof material. Passenger cab platforms for the minimum required number of elevators shall be not less than five feet four inches by eight feet with a capacity of at least 3,500 pounds. Cab and shaft doors shall be not less than three feet ten inches clear opening. Service elevators shall be of sufficient size to receive a stretcher with patient.

4645.4700 CONTROLS.

Elevators, for which operators will not be employed, shall have automatic push-button control, signal control, or dual control for use with or without operator. Where two push-button elevators are located together and where one such elevator serves more than three floors and basement, they shall have collective or signal control. Where the car has a speed of more than 100 feet per minute or has a rise of four or more floors, the elevator shall be equipped with automatic self-leveling control which will automatically bring the car platform level with the landing with no load or full load. Multivoltage or variable voltage machines shall be used where speeds are greater than 150 feet per minute. For speeds above 350 feet per minute, the elevators shall be of the gearless type.

4645.4800 DUMBWAITERS.

Dumbwaiter cabs shall be not less than 24 inches by 24 inches by 36 inches of steel with one shelf to operate at a speed of 50 feet to 100 feet per minute when carrying a load of 100 pounds. Dumbwaiters serving basement and four floors shall have a minimum speed of 100 feet per minute.

4645.4900 TESTS.

Elevator machines shall be tested for speed and load with and without loads in both directions and shall be given overspeed tests as required by the Minnesota Department of Labor and Industry.

4645.5100 KITCHEN EQUIPMENT FOR ALL HOSPITALS.

Subpart 1. **Equipment.** The equipment shall be adequate, properly constructed, and so arranged as to enable the storage, preparation, cooking, and serving of food and drink to patients, staff, and employees to be carried out in an efficient and sanitary manner. The equipment shall be selected and arranged in accordance with the types of food service adopted for the hospital. Cabinets or other enclosures shall be provided for the storage or display of food, drink, and utensils and shall be designed as to protect them from contamination by insects, rodents, other vermin, splash, dust, and overhead leakage. All utensils and equipment surfaces with which food or drink comes in contact shall be of smooth, nontoxic, corrosion-resistant material, free of breaks, open seams or cracks, chipped places, and V-type threads. Sufficient separation shall be provided between equipment and the walls or floor to permit easy cleaning or the equipment shall be set tight against the walls or floor and the joint properly sealed.

Subp. 2. **Dishwashing facilities.** The necessary equipment shall be provided to accomplish either of the two methods of dishwashing as described under part 4640.2900.

4645.5200 LAUNDRY FOR ALL HOSPITALS.

Where laundries are provided, they shall be complete with washers, extractors, tumblers, ironers, and presses which shall be provided with all safety appliances and meet all sanitary requirements.