

Senate Language S3656-2	Health Department	May 03, 2018	House Language H3138-3
388.27	ARTICLE 23	3.10	ARTICLE 1
388.28	HEALTH DEPARTMENT	3.11	DEPARTMENT OF HEALTH AND PUBLIC HEALTH
		3.12	Section 1. Minnesota Statutes 2017 Supplement, section 62D.02, subdivision 4, is amended
		3.13	to read:
		3.14	Subd. 4. Health maintenance organization. "Health maintenance organization" means
		3.15	a foreign or domestic nonprofit corporation organized under chapter 317A, or a local
		3.16	governmental unit as defined in subdivision 11, controlled and operated as provided in
		3.17	sections 62D.01 to 62D.30, which provides, either directly or through arrangements with
		3.18	providers or other persons, comprehensive health maintenance services, or arranges for the
		3.19	provision of these services, to enrollees on the basis of a fixed prepaid sum without regard
		3.20	to the frequency or extent of services furnished to any particular enrollee.
		3.21	EFFECTIVE DATE. This section is effective contingent upon certification by the
		3.22	legislative auditor under section 99, that the criteria in clause (2) of that section are satisfied,
		3.23	but no earlier than January 1, 2019.
		3.24	Sec. 2. Minnesota Statutes 2017 Supplement, section 62D.03, subdivision 1, is amended
		3.25	to read:
		3.26	Subdivision 1. Certificate of authority required. Notwithstanding any law of this state
		3.27	to the contrary, any foreign or domestic nonprofit corporation organized to do so or a local
		3.28	governmental unit may apply to the commissioner of health for a certificate of authority to
		3.29	establish and operate a health maintenance organization in compliance with sections 62D.01
		3.30	to 62D.30. No person shall establish or operate a health maintenance organization in this
		3.31	state, nor sell or offer to sell, or solicit offers to purchase or receive advance or periodic
		3.32	consideration in conjunction with a health maintenance organization or health maintenance
		3.33	contract unless the organization has a certificate of authority under sections 62D.01 to
		3.34	62D.30.
		4.1	EFFECTIVE DATE. This section is effective contingent upon certification by the
		4.2	legislative auditor under section 99, that the criteria in clause (2) of that section are satisfied,
		4.3	but no earlier than January 1, 2019.
		4.4	Sec. 3. Minnesota Statutes 2017 Supplement, section 62D.05, subdivision 1, is amended
		4.5	to read:
		4.6	Subdivision 1. Authority granted. Any nonprofit corporation or local governmental
		4.7	unit may, upon obtaining a certificate of authority as required in sections 62D.01 to 62D.30,
		4.8	operate as a health maintenance organization.

4.9 **EFFECTIVE DATE.** This section is effective contingent upon certification by the
4.10 legislative auditor under section 99, that the criteria in clause (2) of that section are satisfied,
4.11 but no earlier than January 1, 2019.

4.12 Sec. 4. Minnesota Statutes 2017 Supplement, section 62D.06, subdivision 1, is amended
4.13 to read:

4.14 Subdivision 1. **Governing body composition; enrollee advisory body.** The governing
4.15 body of any health maintenance organization which is a nonprofit corporation may include
4.16 enrollees, providers, or other individuals; provided, however, that after a health maintenance
4.17 organization which is a nonprofit corporation has been authorized under sections 62D.01
4.18 to 62D.30 for one year, at least 40 percent of the governing body shall be composed of
4.19 enrollees and members elected by the enrollees and members from among the enrollees and
4.20 members. For purposes of this section, "member" means a consumer who receives health
4.21 care services through a self-insured contract that is administered by the health maintenance
4.22 organization or its related third-party administrator. The number of members elected to the
4.23 governing body shall not exceed the number of enrollees elected to the governing body. An
4.24 enrollee or member elected to the governing board may not be a person:

4.25 (1) whose occupation involves, or before retirement involved, the administration of
4.26 health activities or the provision of health services;

4.27 (2) who is or was employed by a health care facility as a licensed health professional;
4.28 or

4.29 (3) who has or had a direct substantial financial or managerial interest in the rendering
4.30 of a health service, other than the payment of a reasonable expense reimbursement or
4.31 compensation as a member of the board of a health maintenance organization.

5.1 After a health maintenance organization which is a local governmental unit has been
5.2 authorized under sections 62D.01 to 62D.30 for one year, an enrollee advisory body shall
5.3 be established. The enrollees who make up this advisory body shall be elected by the enrollees
5.4 from among the enrollees.

5.5 **EFFECTIVE DATE.** This section is effective contingent upon certification by the
5.6 legislative auditor under section 99, that the criteria in clause (2) of that section are satisfied,
5.7 but no earlier than January 1, 2019.

388.29 Section 1. Minnesota Statutes 2016, section 62D.115, subdivision 4, is amended to read:

388.30 Subd. 4. **Records.** (a) Each health maintenance organization shall maintain records of
388.31 all quality of care complaints and their resolution and retain those records for five years.
388.32 Notwithstanding section 145.64, upon written request of the enrollee or individual who

389.1 made the complaint, the commissioner shall require the health maintenance organization
389.2 to provide a record of the resolution of the complaint to the commissioner. The record must
389.3 be provided within 45 days of receipt of the request from the enrollee or individual making
389.4 the complaint. For purposes of this subdivision, the record provided to the commissioner
389.5 is limited to information on the resolution of the complaint, the conclusion of the
389.6 investigation, and any corrective action plan.

389.7 (b) Information provided to the commissioner according to this subdivision is classified
389.8 as confidential data on individuals or protected nonpublic data as defined in section 13.02,
389.9 subdivision 3 or 13, provided that information that does not identify individuals, including
389.10 individuals participating in or the subject of peer review, is accessible to the enrollee or
389.11 individual who made the complaint. To the extent records provided to the commissioner or
389.12 an enrollee or complainant under this subdivision are subject to peer protection confidentiality
389.13 under state or federal law, those records are not subject to discovery or subpoena and may
389.14 not be included or referenced in a court file, introduced into evidence, or used to obtain an
389.15 affidavit of expert review under section 145.682. This subdivision does not prohibit the use
389.16 in a civil action of information, documents, or records subject to discovery or otherwise
389.17 available from original sources.

5.8 Sec. 5. Minnesota Statutes 2016, section 62D.12, is amended by adding a subdivision to
5.9 read:

5.10 Subd. 8a. **Net earnings.** All net earnings of the nonprofit health maintenance organization
5.11 shall be devoted to the nonprofit purposes of the health maintenance organization in providing
5.12 comprehensive health care. No health maintenance organization shall provide for the
5.13 payment, whether directly or indirectly, of any part of its net earnings, to any person as a
5.14 dividend or rebate; provided, however, that the health maintenance organizations may make
5.15 payments to providers or other persons based upon the efficient provision of services or as
5.16 incentives to provide quality care. The commissioner of health shall, pursuant to sections
5.17 62D.01 to 62D.30, revoke the certificate of authority of any health maintenance organization
5.18 in violation of this subdivision.

5.19 **EFFECTIVE DATE.** This section is effective contingent upon certification by the
5.20 legislative auditor under section 99, that the criteria in clause (2) of that section are satisfied,
5.21 and shall become effective the day following that certification by the legislative auditor.

5.22 Sec. 6. Minnesota Statutes 2017 Supplement, section 62D.19, is amended to read:

5.23 **62D.19 UNREASONABLE EXPENSES.**

5.24 No health maintenance organization shall incur or pay for any expense of any nature
5.25 which is unreasonably high in relation to the value of the service or goods provided. The

389.18 Sec. 2. Minnesota Statutes 2017 Supplement, section 103I.005, subdivision 2, is amended
389.19 to read:

389.20 Subd. 2. **Boring.** "Boring" means a hole or excavation that ~~is not used to extract water~~
389.21 ~~and~~ includes exploratory borings, bored geothermal heat exchangers, temporary borings,
389.22 and elevator borings.

389.23 Sec. 3. Minnesota Statutes 2017 Supplement, section 103I.005, subdivision 8a, is amended
389.24 to read:

5.26 commissioner of health shall implement and enforce this section by rules adopted under
5.27 this section.

5.28 In an effort to achieve the stated purposes of sections 62D.01 to 62D.30; in order to
5.29 safeguard the underlying nonprofit status of health maintenance organizations; and to ensure
5.30 that the payment of health maintenance organization money to major participating entities
5.31 results in a corresponding benefit to the health maintenance organization and its enrollees,
5.32 when determining whether an organization has incurred an unreasonable expense in relation
6.1 to a major participating entity, due consideration shall be given to, in addition to any other
6.2 appropriate factors, whether the officers and trustees of the health maintenance organization
6.3 have acted with good faith and in the best interests of the health maintenance organization
6.4 in entering into, and performing under, a contract under which the health maintenance
6.5 organization has incurred an expense. The commissioner has standing to sue, on behalf of
6.6 a health maintenance organization, officers or trustees of the health maintenance organization
6.7 who have breached their fiduciary duty in entering into and performing such contracts.

6.8 **EFFECTIVE DATE.** This section is effective contingent upon certification by the
6.9 legislative auditor under section 99, that the criteria in clause (2) of that section are satisfied,
6.10 but no earlier than January 1, 2019.

6.11 Sec. 7. Minnesota Statutes 2017 Supplement, section 62E.02, subdivision 3, is amended
6.12 to read:

6.13 Subd. 3. **Health maintenance organization.** "Health maintenance organization" means
6.14 a nonprofit corporation licensed and operated as provided in chapter 62D.

6.15 **EFFECTIVE DATE.** This section is effective contingent upon certification by the
6.16 legislative auditor under section 99, that the criteria in clause (2) of that section are satisfied,
6.17 but no earlier than January 1, 2019.

6.18 Sec. 8. Minnesota Statutes 2017 Supplement, section 103I.005, subdivision 2, is amended
6.19 to read:

6.20 Subd. 2. **Boring.** "Boring" means a hole or excavation that ~~is not used to extract water~~
6.21 ~~and~~ includes exploratory borings, bored geothermal heat exchangers, temporary borings,
6.22 and elevator borings.

6.23 Sec. 9. Minnesota Statutes 2017 Supplement, section 103I.005, subdivision 8a, is amended
6.24 to read:

389.25 Subd. 8a. **Environmental well.** "Environmental well" means an excavation 15 or more
389.26 feet in depth that is drilled, cored, bored, washed, driven, dug, jetted, or otherwise constructed
389.27 to:

389.28 (1) conduct physical, chemical, or biological testing of groundwater, and includes a
389.29 groundwater quality monitoring or sampling well;

389.30 (2) lower a groundwater level to control or remove contamination in groundwater, and
389.31 includes a remedial well and excludes horizontal trenches; or

390.1 (3) monitor or measure physical, chemical, radiological, or biological parameters of the
390.2 earth and earth fluids, or for vapor recovery or venting systems. An environmental well
390.3 includes an excavation used to:

390.4 (i) measure groundwater levels, including a piezometer;

390.5 (ii) determine groundwater flow direction or velocity;

390.6 (iii) measure earth properties such as hydraulic conductivity, bearing capacity, or
390.7 resistance;

390.8 (iv) obtain samples of geologic materials for testing or classification; or

390.9 (v) remove or remediate pollution or contamination from groundwater or soil through
390.10 the use of a vent, vapor recovery system, or sparge point.

390.11 An environmental well does not include an exploratory boring.

390.12 Sec. 4. Minnesota Statutes 2017 Supplement, section 103I.005, subdivision 17a, is amended
390.13 to read:

390.14 Subd. 17a. **Temporary environmental well boring.** ~~"Temporary environmental well"~~
390.15 ~~means an environmental well as defined in section 103I.005, subdivision 8a, that is sealed~~
390.16 ~~within 72 hours of the time construction on the well begins. "Temporary boring" means an~~
390.17 ~~excavation that is 15 feet or more in depth that is sealed within 72 hours of the start of~~
390.18 ~~construction and is drilled, cored, washed, driven, dug, jetted, or otherwise constructed to:~~

390.19 (1) conduct physical, chemical, or biological testing of groundwater, including
390.20 groundwater quality monitoring;

6.25 Subd. 8a. **Environmental well.** "Environmental well" means an excavation 15 or more
6.26 feet in depth that is drilled, cored, bored, washed, driven, dug, jetted, or otherwise constructed
6.27 to:

6.28 (1) conduct physical, chemical, or biological testing of groundwater, and includes a
6.29 groundwater quality monitoring or sampling well;

6.30 (2) lower a groundwater level to control or remove contamination in groundwater, and
6.31 includes a remedial well and excludes horizontal trenches; or

7.1 (3) monitor or measure physical, chemical, radiological, or biological parameters of the
7.2 earth and earth fluids, or for vapor recovery or venting systems. An environmental well
7.3 includes an excavation used to:

7.4 (i) measure groundwater levels, including a piezometer;

7.5 (ii) determine groundwater flow direction or velocity;

7.6 (iii) measure earth properties such as hydraulic conductivity, bearing capacity, or
7.7 resistance;

7.8 (iv) obtain samples of geologic materials for testing or classification; or

7.9 (v) remove or remediate pollution or contamination from groundwater or soil through
7.10 the use of a vent, vapor recovery system, or sparge point.

7.11 An environmental well does not include an exploratory boring.

7.12 Sec. 10. Minnesota Statutes 2017 Supplement, section 103I.005, subdivision 17a, is
7.13 amended to read:

7.14 Subd. 17a. **Temporary environmental well boring.** ~~"Temporary environmental well"~~
7.15 ~~means an environmental well as defined in section 103I.005, subdivision 8a, that is sealed~~
7.16 ~~within 72 hours of the time construction on the well begins. "Temporary boring" means an~~
7.17 ~~excavation that is 15 feet or more in depth that is sealed within 72 hours of the start of~~
7.18 ~~construction and is drilled, cored, washed, driven, dug, jetted, or otherwise constructed to:~~

7.19 (1) conduct physical, chemical, or biological testing of groundwater, including
7.20 groundwater quality monitoring;

390.21 (2) monitor or measure physical, chemical, radiological, or biological parameters of
390.22 earth materials or earth fluids, including hydraulic conductivity, bearing capacity, or
390.23 resistance;

390.24 (3) measure groundwater levels, including use of a piezometer;

390.25 (4) determine groundwater flow direction or velocity; or

390.26 (5) collect samples of geologic materials for testing or classification, or soil vapors for
390.27 testing or extraction.

391.1 Sec. 5. Minnesota Statutes 2017 Supplement, section 103I.205, subdivision 1, is amended
391.2 to read:

391.3 Subdivision 1. **Notification required.** (a) Except as provided in paragraph (d), a person
391.4 may not construct a water-supply, dewatering, or environmental well until a notification of
391.5 the proposed well on a form prescribed by the commissioner is filed with the commissioner
391.6 with the filing fee in section 103I.208, and, when applicable, the person has met the
391.7 requirements of paragraph (e). If after filing the well notification an attempt to construct a
391.8 well is unsuccessful, a new notification is not required unless the information relating to
391.9 the successful well has substantially changed. A notification is not required prior to
391.10 construction of a temporary ~~environmental well~~ boring.

391.11 (b) The property owner, the property owner's agent, or the licensed contractor where a
391.12 well is to be located must file the well notification with the commissioner.

391.13 (c) The well notification under this subdivision preempts local permits and notifications,
391.14 and counties or home rule charter or statutory cities may not require a permit or notification
391.15 for wells unless the commissioner has delegated the permitting or notification authority
391.16 under section 103I.111.

391.17 (d) A person who is an individual that constructs a drive point water-supply well on
391.18 property owned or leased by the individual for farming or agricultural purposes or as the
391.19 individual's place of abode must notify the commissioner of the installation and location of
391.20 the well. The person must complete the notification form prescribed by the commissioner
391.21 and mail it to the commissioner by ten days after the well is completed. A fee may not be
391.22 charged for the notification. A person who sells drive point wells at retail must provide
391.23 buyers with notification forms and informational materials including requirements regarding
391.24 wells, their location, construction, and disclosure. The commissioner must provide the
391.25 notification forms and informational materials to the sellers.

7.21 (2) monitor or measure physical, chemical, radiological, or biological parameters of
7.22 earth materials or earth fluids, including hydraulic conductivity, bearing capacity, or
7.23 resistance;

7.24 (3) measure groundwater levels, including use of a piezometer;

7.25 (4) determine groundwater flow direction or velocity; or

7.26 (5) collect samples of geologic materials for testing or classification, or soil vapors for
7.27 testing or extraction.

8.1 Sec. 11. Minnesota Statutes 2017 Supplement, section 103I.205, subdivision 1, is amended
8.2 to read:

8.3 Subdivision 1. **Notification required.** (a) Except as provided in paragraph (d), a person
8.4 may not construct a water-supply, dewatering, or environmental well until a notification of
8.5 the proposed well on a form prescribed by the commissioner is filed with the commissioner
8.6 with the filing fee in section 103I.208, and, when applicable, the person has met the
8.7 requirements of paragraph (e). If after filing the well notification an attempt to construct a
8.8 well is unsuccessful, a new notification is not required unless the information relating to
8.9 the successful well has substantially changed. A notification is not required prior to
8.10 construction of a temporary ~~environmental well~~ boring.

8.11 (b) The property owner, the property owner's agent, or the licensed contractor where a
8.12 well is to be located must file the well notification with the commissioner.

8.13 (c) The well notification under this subdivision preempts local permits and notifications,
8.14 and counties or home rule charter or statutory cities may not require a permit or notification
8.15 for wells unless the commissioner has delegated the permitting or notification authority
8.16 under section 103I.111.

8.17 (d) A person who is an individual that constructs a drive point water-supply well on
8.18 property owned or leased by the individual for farming or agricultural purposes or as the
8.19 individual's place of abode must notify the commissioner of the installation and location of
8.20 the well. The person must complete the notification form prescribed by the commissioner
8.21 and mail it to the commissioner by ten days after the well is completed. A fee may not be
8.22 charged for the notification. A person who sells drive point wells at retail must provide
8.23 buyers with notification forms and informational materials including requirements regarding
8.24 wells, their location, construction, and disclosure. The commissioner must provide the
8.25 notification forms and informational materials to the sellers.

391.26 (e) When the operation of a well will require an appropriation permit from the
391.27 commissioner of natural resources, a person may not begin construction of the well until
391.28 the person submits the following information to the commissioner of natural resources:

391.29 (1) the location of the well;

391.30 (2) the formation or aquifer that will serve as the water source;

391.31 (3) the maximum daily, seasonal, and annual pumpage rates and volumes that will be
391.32 requested in the appropriation permit; and

392.1 (4) other information requested by the commissioner of natural resources that is necessary
392.2 to conduct the preliminary assessment required under section 103G.287, subdivision 1,
392.3 paragraph (c).

392.4 The person may begin construction after receiving preliminary approval from the
392.5 commissioner of natural resources.

392.6 Sec. 6. Minnesota Statutes 2017 Supplement, section 103I.205, subdivision 4, is amended
392.7 to read:

392.8 Subd. 4. **License required.** (a) Except as provided in paragraph (b), (c), (d), or (e),
392.9 section 103I.401, subdivision 2, or 103I.601, subdivision 2, a person may not drill, construct,
392.10 repair, or seal a well or boring unless the person has a well contractor's license in possession.

392.11 (b) A person may construct, repair, and seal an environmental well or temporary boring
392.12 if the person:

392.13 (1) is a professional engineer licensed under sections 326.02 to 326.15 in the branches
392.14 of civil or geological engineering;

392.15 (2) is a hydrologist or hydrogeologist certified by the American Institute of Hydrology;

392.16 (3) is a professional geoscientist licensed under sections 326.02 to 326.15;

392.17 (4) is a geologist certified by the American Institute of Professional Geologists; or

392.18 (5) meets the qualifications established by the commissioner in rule.

392.19 A person must be licensed by the commissioner as an environmental well contractor on
392.20 forms provided by the commissioner.

8.26 (e) When the operation of a well will require an appropriation permit from the
8.27 commissioner of natural resources, a person may not begin construction of the well until
8.28 the person submits the following information to the commissioner of natural resources:

8.29 (1) the location of the well;

8.30 (2) the formation or aquifer that will serve as the water source;

8.31 (3) the maximum daily, seasonal, and annual pumpage rates and volumes that will be
8.32 requested in the appropriation permit; and

9.1 (4) other information requested by the commissioner of natural resources that is necessary
9.2 to conduct the preliminary assessment required under section 103G.287, subdivision 1,
9.3 paragraph (c).

9.4 The person may begin construction after receiving preliminary approval from the
9.5 commissioner of natural resources.

9.6 Sec. 12. Minnesota Statutes 2017 Supplement, section 103I.205, subdivision 4, is amended
9.7 to read:

9.8 Subd. 4. **License required.** (a) Except as provided in paragraph (b), (c), (d), or (e),
9.9 section 103I.401, subdivision 2, or 103I.601, subdivision 2, a person may not drill, construct,
9.10 repair, or seal a well or boring unless the person has a well contractor's license in possession.

9.11 (b) A person may construct, repair, and seal an environmental well or temporary boring
9.12 if the person:

9.13 (1) is a professional engineer licensed under sections 326.02 to 326.15 in the branches
9.14 of civil or geological engineering;

9.15 (2) is a hydrologist or hydrogeologist certified by the American Institute of Hydrology;

9.16 (3) is a professional geoscientist licensed under sections 326.02 to 326.15;

9.17 (4) is a geologist certified by the American Institute of Professional Geologists; or

9.18 (5) meets the qualifications established by the commissioner in rule.

9.19 A person must be licensed by the commissioner as an environmental well contractor on
9.20 forms provided by the commissioner.

392.21 (c) A person may do the following work with a limited well/boring contractor's license
392.22 in possession. A separate license is required for each of the four activities:

392.23 (1) installing, repairing, and modifying well screens, pitless units and pitless adaptors,
392.24 well pumps and pumping equipment, and well casings from the pitless adaptor or pitless
392.25 unit to the upper termination of the well casing;

392.26 (2) sealing wells and borings;

392.27 (3) constructing, repairing, and sealing dewatering wells; or

392.28 (4) constructing, repairing, and sealing bored geothermal heat exchangers.

392.29 (d) A person may construct, repair, and seal an elevator boring with an elevator boring
392.30 contractor's license.

393.1 (e) Notwithstanding other provisions of this chapter requiring a license, a license is not
393.2 required for a person who complies with the other provisions of this chapter if the person
393.3 is:

393.4 (1) an individual who constructs a water-supply well on land that is owned or leased by
393.5 the individual and is used by the individual for farming or agricultural purposes or as the
393.6 individual's place of abode; or

393.7 (2) an individual who performs labor or services for a contractor licensed under the
393.8 provisions of this chapter in connection with the construction, sealing, or repair of a well
393.9 or boring at the direction and under the personal supervision of a contractor licensed under
393.10 the provisions of this chapter; ~~or.~~

393.11 ~~(3) a licensed plumber who is repairing submersible pumps or water pipes associated~~
393.12 ~~with well water systems if: (i) the repair location is within an area where there is no licensed~~
393.13 ~~well contractor within 50 miles, and (ii) the licensed plumber complies with all relevant~~
393.14 ~~sections of the plumbing code.~~

393.15 Sec. 7. Minnesota Statutes 2016, section 103I.205, subdivision 9, is amended to read:

393.16 Subd. 9. **Report of work.** Within ~~30~~ 60 days after completion or sealing of a well or
393.17 boring, the person doing the work must submit a verified report to the commissioner
393.18 containing the information specified by rules adopted under this chapter.

393.19 Within 30 days after receiving the report, the commissioner shall send or otherwise
393.20 provide access to a copy of the report to the commissioner of natural resources, to the local

9.21 (c) A person may do the following work with a limited well/boring contractor's license
9.22 in possession. A separate license is required for each of the four activities:

9.23 (1) installing, repairing, and modifying well screens, pitless units and pitless adaptors,
9.24 well pumps and pumping equipment, and well casings from the pitless adaptor or pitless
9.25 unit to the upper termination of the well casing;

9.26 (2) sealing wells and borings;

9.27 (3) constructing, repairing, and sealing dewatering wells; or

9.28 (4) constructing, repairing, and sealing bored geothermal heat exchangers.

9.29 (d) A person may construct, repair, and seal an elevator boring with an elevator boring
9.30 contractor's license.

10.1 (e) Notwithstanding other provisions of this chapter requiring a license, a license is not
10.2 required for a person who complies with the other provisions of this chapter if the person
10.3 is:

10.4 (1) an individual who constructs a water-supply well on land that is owned or leased by
10.5 the individual and is used by the individual for farming or agricultural purposes or as the
10.6 individual's place of abode; or

10.7 (2) an individual who performs labor or services for a contractor licensed under the
10.8 provisions of this chapter in connection with the construction, sealing, or repair of a well
10.9 or boring at the direction and under the personal supervision of a contractor licensed under
10.10 the provisions of this chapter; ~~or.~~

10.11 ~~(3) a licensed plumber who is repairing submersible pumps or water pipes associated~~
10.12 ~~with well water systems if: (i) the repair location is within an area where there is no licensed~~
10.13 ~~well contractor within 50 miles, and (ii) the licensed plumber complies with all relevant~~
10.14 ~~sections of the plumbing code.~~

10.15 Sec. 13. Minnesota Statutes 2016, section 103I.205, subdivision 9, is amended to read:

10.16 Subd. 9. **Report of work.** Within ~~30~~ 60 days after completion or sealing of a well or
10.17 boring, the person doing the work must submit a verified report to the commissioner
10.18 containing the information specified by rules adopted under this chapter.

10.19 Within 30 days after receiving the report, the commissioner shall send or otherwise
10.20 provide access to a copy of the report to the commissioner of natural resources, to the local

393.21 soil and water conservation district where the well is located, and to the director of the
393.22 Minnesota Geological Survey.

393.23 Sec. 8. Minnesota Statutes 2017 Supplement, section 103I.208, subdivision 1, is amended
393.24 to read:

393.25 Subdivision 1. **Well notification fee.** The well notification fee to be paid by a property
393.26 owner is:

393.27 (1) for construction of a water supply well, \$275, which includes the state core function
393.28 fee;

393.29 (2) for a well sealing, \$75 for each well or boring, which includes the state core function
393.30 fee, except that a single fee of \$75 is required for all temporary environmental wells borings
393.31 recorded on the sealing notification for a single property, ~~having depths within a 25-foot~~
393.32 ~~range, and~~ sealed within 72 hours of start of construction, except that temporary borings
394.1 less than 25 feet in depth are exempt from the notification and fee requirements in this
394.2 chapter;

394.3 (3) for construction of a dewatering well, \$275, which includes the state core function
394.4 fee, for each dewatering well except a dewatering project comprising five or more dewatering
394.5 wells shall be assessed a single fee of \$1,375 for the dewatering wells recorded on the
394.6 notification; and

394.7 (4) for construction of an environmental well, \$275, which includes the state core function
394.8 fee, except that a single fee of \$275 is required for all environmental wells recorded on the
394.9 notification that are located on a single property, and except that no fee is required for
394.10 construction of a temporary environmental well boring.

394.11 Sec. 9. Minnesota Statutes 2017 Supplement, section 103I.235, subdivision 3, is amended
394.12 to read:

394.13 Subd. 3. **Temporary environmental well boring and unsuccessful well exemption.**
394.14 This section does not apply to temporary environmental wells borings or unsuccessful wells
394.15 that have been sealed by a licensed contractor in compliance with this chapter.

394.16 Sec. 10. Minnesota Statutes 2016, section 103I.301, subdivision 6, is amended to read:

394.17 Subd. 6. **Notification required.** A person may not seal a well or boring until a notification
394.18 of the proposed sealing is filed as prescribed by the commissioner. Temporary borings less
394.19 than 25 feet in depth are exempt from the notification requirements in this chapter.

10.21 soil and water conservation district where the well is located, and to the director of the
10.22 Minnesota Geological Survey.

10.23 Sec. 14. Minnesota Statutes 2017 Supplement, section 103I.208, subdivision 1, is amended
10.24 to read:

10.25 Subdivision 1. **Well notification fee.** The well notification fee to be paid by a property
10.26 owner is:

10.27 (1) for construction of a water supply well, \$275, which includes the state core function
10.28 fee;

10.29 (2) for a well sealing, \$75 for each well or boring, which includes the state core function
10.30 fee, except that a single fee of \$75 is required for all temporary environmental wells borings
10.31 recorded on the sealing notification for a single property, ~~having depths within a 25-foot~~
10.32 ~~range, and~~ sealed within 72 hours of start of construction, except that temporary borings
11.1 less than 25 feet in depth are exempt from the notification and fee requirements in this
11.2 chapter;

11.3 (3) for construction of a dewatering well, \$275, which includes the state core function
11.4 fee, for each dewatering well except a dewatering project comprising five or more dewatering
11.5 wells shall be assessed a single fee of \$1,375 for the dewatering wells recorded on the
11.6 notification; and

11.7 (4) for construction of an environmental well, \$275, which includes the state core function
11.8 fee, except that a single fee of \$275 is required for all environmental wells recorded on the
11.9 notification that are located on a single property, and except that no fee is required for
11.10 construction of a temporary environmental well boring.

11.11 Sec. 15. Minnesota Statutes 2017 Supplement, section 103I.235, subdivision 3, is amended
11.12 to read:

11.13 Subd. 3. **Temporary environmental well boring and unsuccessful well exemption.**
11.14 This section does not apply to temporary environmental wells borings or unsuccessful wells
11.15 that have been sealed by a licensed contractor in compliance with this chapter.

11.16 Sec. 16. Minnesota Statutes 2016, section 103I.301, subdivision 6, is amended to read:

11.17 Subd. 6. **Notification required.** A person may not seal a well or boring until a notification
11.18 of the proposed sealing is filed as prescribed by the commissioner. Temporary borings less
11.19 than 25 feet in depth are exempt from the notification requirements in this chapter.

394.20 Sec. 11. Minnesota Statutes 2017 Supplement, section 103I.601, subdivision 4, is amended
394.21 to read:

394.22 Subd. 4. **Notification and map of borings.** (a) By ten days before beginning exploratory
394.23 boring, an explorer must submit to the commissioner of health a notification of the proposed
394.24 boring ~~on a form prescribed by the commissioner, map~~ and a fee of \$275 ~~for each exploratory~~
394.25 ~~boring.~~

394.26 (b) By ten days before beginning exploratory boring, an explorer must submit to the
394.27 commissioners of health and natural resources a county road map on a single sheet of paper
394.28 that is 8-1/2 inches by 11 inches in size and having a scale of one-half inch equal to one
394.29 mile, as prepared by the Department of Transportation, or a 7.5 minute series topographic
394.30 map (1:24,000 scale), as prepared by the United States Geological Survey, showing the
394.31 location of each proposed exploratory boring to the nearest estimated 40 acre parcel.
395.1 Exploratory boring that is proposed on the map may not be commenced later than 180 days
395.2 after submission of the map, unless a new map is submitted.

11.20 Sec. 17. Minnesota Statutes 2017 Supplement, section 103I.601, subdivision 4, is amended
11.21 to read:

11.22 Subd. 4. **Notification and map of borings.** (a) By ten days before beginning exploratory
11.23 boring, an explorer must submit to the commissioner of health a notification of the proposed
11.24 boring ~~on a form prescribed by the commissioner, map~~ and a fee of \$275 ~~for each exploratory~~
11.25 ~~boring.~~

11.26 (b) By ten days before beginning exploratory boring, an explorer must submit to the
11.27 commissioners of health and natural resources a county road map on a single sheet of paper
11.28 that is eight and one-half by 11 inches in size and having a scale of one-half inch equal to
11.29 one mile, as prepared by the Department of Transportation, or a 7.5 minute series topographic
11.30 map (1:24,000 scale), as prepared by the United States Geological Survey, showing the
11.31 location of each proposed exploratory boring to the nearest estimated 40 acre parcel.
12.1 Exploratory boring that is proposed on the map may not be commenced later than 180 days
12.2 after submission of the map, unless a new map is submitted.

12.3 Sec. 18. [137.68] ADVISORY COUNCIL ON RARE DISEASES.

12.4 Subdivision 1. **Establishment.** The Board of Regents of the University of Minnesota is
12.5 requested to establish an advisory council on rare diseases to provide advice on research,
12.6 diagnosis, treatment, and education related to rare diseases. For purposes of this section,
12.7 "rare disease" has the meaning given in United States Code, title 21, section 360bb. The
12.8 council shall be called the Chloe Barnes Advisory Council on Rare Diseases.

12.9 Subd. 2. **Membership.** (a) The advisory council may consist of public members appointed
12.10 by the Board of Regents or a designee according to paragraph (b) and four members of the
12.11 legislature appointed according to paragraph (c).

12.12 (b) The Board of Regents or a designee is requested to appoint the following public
12.13 members:

12.14 (1) three physicians licensed and practicing in the state with experience researching,
12.15 diagnosing, or treating rare diseases;

12.16 (2) one registered nurse or advanced practice registered nurse licensed and practicing
12.17 in the state with experience treating rare diseases;

12.18 (3) at least two hospital administrators, or their designees, from hospitals in the state
12.19 that provide care to persons diagnosed with a rare disease. One administrator or designee

- 12.20 appointed under this clause must represent a hospital in which the scope of service focuses
12.21 on rare diseases of pediatric patients;
- 12.22 (4) three persons age 18 or older who either have a rare disease or are a caregiver of a
12.23 person with a rare disease;
- 12.24 (5) a representative of a rare disease patient organization that operates in the state;
- 12.25 (6) a social worker with experience providing services to persons diagnosed with a rare
12.26 disease;
- 12.27 (7) a pharmacist with experience with drugs used to treat rare diseases;
- 12.28 (8) a dentist licensed and practicing in the state with experience treating rare diseases;
- 12.29 (9) a representative of the biotechnology industry;
- 12.30 (10) a representative of health plan companies;
- 12.31 (11) a medical researcher with experience conducting research on rare diseases;
- 13.1 (12) a genetic counselor with experience providing services to persons diagnosed with
13.2 a rare disease or caregivers of those persons; and
- 13.3 (13) other public members, who may serve on an ad hoc basis.
- 13.4 (c) The advisory council shall include two members of the senate, one appointed by the
13.5 majority leader and one appointed by the minority leader; and two members of the house
13.6 of representatives, one appointed by the speaker of the house and one appointed by the
13.7 minority leader.
- 13.8 (d) The commissioner of health or a designee, a representative of Mayo Medical School,
13.9 and a representative of the University of Minnesota Medical School, shall serve as ex officio,
13.10 nonvoting members of the advisory council.
- 13.11 (e) Initial appointments to the advisory council shall be made no later than July 1, 2018.
13.12 Members appointed according to paragraph (b) shall serve for a term of three years, except
13.13 that the initial members appointed according to paragraph (b) shall have an initial term of
13.14 two, three, or four years determined by lot by the chairperson. Members appointed according
13.15 to paragraph (b) shall serve until their successors have been appointed.

- 13.16 Subd. 3. **Meetings.** The Board of Regents or a designee is requested to convene the first
13.17 meeting of the advisory council no later than September 1, 2018. The advisory council shall
13.18 meet at the call of the chairperson or at the request of a majority of advisory council members.
- 13.19 Subd. 4. **Duties.** The advisory council's duties may include, but are not limited to:
- 13.20 (1) in conjunction with the state's medical schools, the state's schools of public health,
13.21 and hospitals in the state that provide care to persons diagnosed with a rare disease,
13.22 developing resources or recommendations relating to quality of and access to treatment and
13.23 services in the state for persons with a rare disease, including but not limited to:
- 13.24 (i) a list of existing, publicly accessible resources on research, diagnosis, treatment, and
13.25 education relating to rare diseases;
- 13.26 (ii) identifying best practices for rare disease care implemented in other states, at the
13.27 national level, and at the international level, that will improve rare disease care in the state
13.28 and seeking opportunities to partner with similar organizations in other states and countries;
- 13.29 (iii) identifying problems faced by patients with a rare disease when changing health
13.30 plans, including recommendations on how to remove obstacles faced by these patients to
13.31 finding a new health plan and how to improve the ease and speed of finding a new health
13.32 plan that meets the needs of patients with a rare disease; and
- 14.1 (iv) identifying best practices to ensure health care providers are adequately informed
14.2 of the most effective strategies for recognizing and treating rare diseases; and
- 14.3 (2) advising, consulting, and cooperating with the Department of Health, the Advisory
14.4 Committee on Heritable and Congenital Disorders, and other agencies of state government
14.5 in developing information and programs for the public and the health care community
14.6 relating to diagnosis, treatment, and awareness of rare diseases.
- 14.7 Subd. 5. **Conflict of interest.** Advisory council members are subject to the Board of
14.8 Regents policy on conflicts of interest.
- 14.9 Subd. 6. **Annual report.** By January 1 of each year, beginning January 1, 2019, the
14.10 advisory council shall report to the chairs and ranking minority members of the legislative
14.11 committees with jurisdiction over higher education and health care policy on the advisory
14.12 council's activities under subdivision 4 and other issues on which the advisory council may
14.13 choose to report.
- 14.14 **EFFECTIVE DATE.** This section is effective the day following final enactment.

14.15 Sec. 19. Minnesota Statutes 2016, section 144.057, subdivision 1, is amended to read:

14.16 Subdivision 1. **Background studies required.** The commissioner of health shall contract
14.17 with the commissioner of human services to conduct background studies of:

14.18 (1) individuals providing services which have direct contact, as defined under section
14.19 245C.02, subdivision 11, with patients and residents in hospitals, boarding care homes,
14.20 outpatient surgical centers licensed under sections 144.50 to 144.58; nursing homes and
14.21 home care agencies licensed under chapter 144A; ~~residential care homes licensed under~~
14.22 ~~chapter 144B~~, and board and lodging establishments that are registered to provide supportive
14.23 or health supervision services under section 157.17;

14.24 (2) individuals specified in section 245C.03, subdivision 1, who perform direct contact
14.25 services in a nursing home or a home care agency licensed under chapter 144A or a boarding
14.26 care home licensed under sections 144.50 to 144.58. If the individual under study resides
14.27 outside Minnesota, the study must include a check for substantiated findings of maltreatment
14.28 of adults and children in the individual's state of residence when the information is made
14.29 available by that state, and must include a check of the National Crime Information Center
14.30 database;

14.31 (3) beginning July 1, 1999, all other employees in nursing homes licensed under chapter
14.32 144A, and boarding care homes licensed under sections 144.50 to 144.58. A disqualification
14.33 of an individual in this section shall disqualify the individual from positions allowing direct
15.1 contact or access to patients or residents receiving services. "Access" means physical access
15.2 to a client or the client's personal property without continuous, direct supervision as defined
15.3 in section 245C.02, subdivision 8, when the employee's employment responsibilities do not
15.4 include providing direct contact services;

15.5 (4) individuals employed by a supplemental nursing services agency, as defined under
15.6 section 144A.70, who are providing services in health care facilities; ~~and~~

15.7 (5) controlling persons of a supplemental nursing services agency, as defined under
15.8 section 144A.70; and

15.9 (6) individuals providing services who have direct contact, as defined under section
15.10 245C.02, subdivision 11, with medically complex or technologically dependent children at
15.11 a prescribed pediatric extended care center licensed under chapter 144H.

15.12 If a facility or program is licensed by the Department of Human Services and subject to
15.13 the background study provisions of chapter 245C and is also licensed by the Department
15.14 of Health, the Department of Human Services is solely responsible for the background
15.15 studies of individuals in the jointly licensed programs.

15.16 Sec. 20. [144.064] THE VIVIAN ACT.

15.17 Subdivision 1. **Short title.** This section shall be known and may be cited as the "Vivian
15.18 Act."

15.19 Subd. 2. **Definitions.** For purposes of this section, the following terms have the meanings
15.20 given them:

15.21 (1) "commissioner" means the commissioner of health;

15.22 (2) "health care practitioner" means a medical professional that provides prenatal or
15.23 postnatal care;

15.24 (3) "CMV" means the human herpesvirus cytomegalovirus, also called HCMV, human
15.25 herpesvirus 5, and HHV-5; and

15.26 (4) "congenital CMV" means the transmission of a CMV infection from a pregnant
15.27 mother to her fetus.

15.28 Subd. 3. **Commissioner duties.** (a) The commissioner shall make available to health
15.29 care practitioners and women who may become pregnant, expectant parents, and parents
15.30 of infants up-to-date and evidence-based information about congenital CMV that has been
15.31 reviewed by experts with knowledge of the disease. The information shall include the
15.32 following:

16.1 (1) the recommendation to consider testing for congenital CMV in babies who did not
16.2 pass their newborn hearing screen or in which a pregnancy history suggests increased risk
16.3 for congenital CMV infection;

16.4 (2) the incidence of CMV;

16.5 (3) the transmission of CMV to pregnant women and women who may become pregnant;

16.6 (4) birth defects caused by congenital CMV;

16.7 (5) available preventative measures to avoid the infection of women who are pregnant
16.8 or may become pregnant; and

16.9 (6) resources available for families of children born with congenital CMV.

Senate Language S3656-2

Health Department

May 03, 2018

House Language H3138-3

16.10 (b) The commissioner shall follow existing department practice, inclusive of community

16.11 engagement, to ensure that the information in paragraph (a) is culturally and linguistically

16.12 appropriate for all recipients.

16.13 (c) The department shall establish an outreach program to:

16.14 (1) educate women who may become pregnant, expectant parents, and parents of infants

16.15 about CMV; and

16.16 (2) raise awareness for CMV among health care providers who provide care to expectant

16.17 mothers or infants.

16.18 Sec. 21. Minnesota Statutes 2016, section 144.121, subdivision 1a, is amended to read:

16.19 Subd. 1a. **Fees for ionizing radiation-producing equipment.** (a) A facility with ionizing

16.20 radiation-producing equipment must pay an annual initial or annual renewal registration

16.21 fee consisting of a base facility fee of \$100 and an additional fee for each radiation source,

16.22 as follows:

16.23 (1) medical or veterinary equipment \$ 100

16.24 (2) dental x-ray equipment \$ 40

16.25 (3) x-ray equipment not used on \$ 100

16.26 humans or animals

16.27 (4) devices with sources of ionizing \$ 100

16.28 radiation not used on humans or

16.29 animals

16.30 (5) security screening system \$ 100

16.31 (b) A facility with radiation therapy and accelerator equipment must pay an annual

16.32 registration fee of \$500. A facility with an industrial accelerator must pay an annual

16.33 registration fee of \$150.

17.1 (c) Electron microscopy equipment is exempt from the registration fee requirements of

17.2 this section.

17.3 (d) For purposes of this section, a security screening system means radiation-producing

17.4 equipment designed and used for security screening of humans who are in custody of a

17.5 correctional or detention facility, and is used by the facility to image and identify contraband

121, subdivision 1a, is amended to read:

producing equipment. (a) A facility with ionizing

annual initial or annual renewal registration

an additional fee for each radiation source,

\$ 100

\$ 40

\$ 100

\$ 100

\$ 100

accelerator equipment must pay an annual

ustrial accelerator must pay an annual

empt from the registration fee requirements of

screening system means radiation-producing

ening of humans who are in custody of a

y the facility to image and identify contraband

395.24 items concealed within or on all sides of a human body. For purposes of this section, a
395.25 correctional or detention facility is a facility licensed by the commissioner of corrections
395.26 under section 241.021, and operated by a state agency or political subdivision charged with
395.27 detection, enforcement, or incarceration in respect to state criminal and traffic laws.

395.28 Sec. 13. Minnesota Statutes 2016, section 144.121, is amended by adding a subdivision
395.29 to read:

395.30 Subd. 9. **Exemption from examination requirements; operators of security screening**
395.31 **systems.** (a) An employee of a correctional or detention facility who operates a security
395.32 screening system and the facility in which the system is being operated are exempt from
395.33 the requirements of subdivisions 5 and 6.

396.1 (b) An employee of a correctional or detention facility who operates a security screening
396.2 system and the facility in which the system is being operated must meet the requirements
396.3 of a variance to Minnesota Rules, parts 4732.0305 and 4732.0565, issued under Minnesota
396.4 Rules, parts 4717.7000 to 4717.7050. This paragraph expires on December 31 of the year
396.5 that the permanent rules adopted by the commissioner governing security screening systems
396.6 are published in the State Register.

396.7 **EFFECTIVE DATE.** This section is effective 30 days following final enactment.

17.6 items concealed within or on all sides of a human body. For purposes of this section, a
17.7 correctional or detention facility is a facility licensed by the commissioner of corrections
17.8 under section 241.021, and operated by a state agency or political subdivision charged with
17.9 detection, enforcement, or incarceration in respect to state criminal and traffic laws.

17.10 Sec. 22. Minnesota Statutes 2016, section 144.121, is amended by adding a subdivision
17.11 to read:

17.12 Subd. 9. **Exemption from examination requirements; operators of security screening**
17.13 **systems.** (a) An employee of a correctional or detention facility who operates a security
17.14 screening system and the facility in which the system is being operated are exempt from
17.15 the requirements of subdivisions 5 and 6.

17.16 (b) An employee of a correctional or detention facility who operates a security screening
17.17 system and the facility in which the system is being operated must meet the requirements
17.18 of a variance to Minnesota Rules, parts 4732.0305 and 4732.0565, issued under Minnesota
17.19 Rules, parts 4717.7000 to 4717.7050. This paragraph expires on December 31 of the year
17.20 that the permanent rules adopted by the commissioner governing security screening systems
17.21 are published in the State Register.

17.22 **EFFECTIVE DATE.** This section is effective 30 days following final enactment.

17.23 Sec. 23. **[144.131] ADVISORY COUNCIL ON PANDAS AND PANS.**

17.24 Subdivision 1. **Advisory council established.** The commissioner of health shall establish
17.25 an advisory council on pediatric autoimmune neuropsychiatric disorders associated with
17.26 streptococcal infections (PANDAS) and pediatric acute-onset neuropsychiatric syndrome
17.27 (PANS) to advise the commissioner regarding research, diagnosis, treatment, and education
17.28 relating to PANDAS and PANS.

17.29 Subd. 2. **Membership.** (a) The advisory council shall consist of 14 public members
17.30 appointed according to paragraph (b) and two members of the legislature appointed according
17.31 to paragraph (c).

18.1 (b) The commissioner shall appoint the following public members to the advisory council
18.2 in the manner provided in section 15.0597:

18.3 (1) an immunologist who is licensed by the Board of Medical Practice and who has
18.4 experience treating PANS with the use of intravenous immunoglobulin;

- 18.5 (2) a health care provider who is licensed and practicing in Minnesota and who has
18.6 experience treating persons with PANS and autism spectrum disorder;
- 18.7 (3) a representative of a nonprofit PANS advocacy organization;
- 18.8 (4) a family practice physician who is licensed by the Board of Medical Practice and
18.9 practicing in Minnesota and who has experience treating persons with PANS;
- 18.10 (5) a medical researcher with experience conducting research on PANDAS, PANS,
18.11 obsessive-compulsive disorder, and other neurological disorders;
- 18.12 (6) a health care provider who is licensed and practicing in Minnesota and who has
18.13 expertise in treating patients with eating disorders;
- 18.14 (7) a representative of a professional organization in Minnesota for school psychologists
18.15 or school social workers;
- 18.16 (8) a child psychiatrist who is licensed by the Board of Medical Practice and practicing
18.17 in Minnesota and who has experience treating persons with PANS;
- 18.18 (9) a pediatrician who is licensed by the Board of Medical Practice and practicing in
18.19 Minnesota and who has experience treating persons with PANS;
- 18.20 (10) a representative of an organization focused on autism spectrum disorder;
- 18.21 (11) a parent of a child who has been diagnosed with PANS and autism spectrum disorder;
- 18.22 (12) a social worker licensed by the Board of Social Work and practicing in Minnesota;
- 18.23 (13) a designee of the commissioner of education with expertise in special education;
18.24 and
- 18.25 (14) a representative of health plan companies that offer health plans in the individual
18.26 or group markets.
- 18.27 (c) Legislative members shall be appointed to the advisory council as follows:
- 18.28 (1) the Subcommittee on Committees of the Committee on Rules and Administration
18.29 in the senate shall appoint one member from the senate; and

- 18.30 (2) the speaker of the house shall appoint one member from the house of representatives.
- 19.1 (d) The commissioner of health or a designee shall serve as a nonvoting member of the
19.2 advisory council.
- 19.3 Subd. 3. **Terms.** Members of the advisory council shall serve for a term of three years
19.4 and may be reappointed. Members shall serve until their successors have been appointed.
- 19.5 Subd. 4. **Administration.** The commissioner of health or the commissioner's designee
19.6 shall provide meeting space and administrative services for the advisory council.
- 19.7 Subd. 5. **Compensation and expenses.** Public members of the advisory council shall
19.8 not receive compensation but may be reimbursed for allowed actual and necessary expenses
19.9 incurred in the performance of the member's duties for the advisory council, in the same
19.10 manner and amount as authorized by the commissioner's plan adopted under section 43A.18,
19.11 subdivision 2.
- 19.12 Subd. 6. **Chair; meetings.** (a) At the advisory council's first meeting, and every two
19.13 years thereafter, the members of the advisory council shall elect from among their
19.14 membership a chair and a vice-chair, whose duties shall be established by the advisory
19.15 council.
- 19.16 (b) The chair of the advisory council shall fix a time and place for regular meetings. The
19.17 advisory council shall meet at least four times each year at the call of the chair or at the
19.18 request of a majority of the advisory council's members.
- 19.19 Subd. 7. **Duties.** The advisory council shall:
- 19.20 (1) advise the commissioner regarding research, diagnosis, treatment, and education
19.21 relating to PANDAS and PANS;
- 19.22 (2) annually develop recommendations on the following issues related to PANDAS and
19.23 PANS:
- 19.24 (i) practice guidelines for diagnosis and treatment;
- 19.25 (ii) ways to increase clinical awareness and education of PANDAS and PANS among
19.26 pediatricians, other physicians, school-based health centers, and providers of mental health
19.27 services;

- 19.28 (iii) outreach to educators and parents to increase awareness of PANDAS and PANS;
 19.29 and
- 19.30 (iv) development of a network of volunteer experts on the diagnosis and treatment of
 19.31 PANDAS and PANS to assist in education and research; and
- 20.1 (3) by October 1, 2019, and each October 1 thereafter, complete an annual report with
 20.2 the advisory council's recommendations on the issues listed in clause (2), and submit the
 20.3 report to the chairs and ranking minority members of the legislative committees with
 20.4 jurisdiction over health care and education. The commissioner shall also post a copy of each
 20.5 annual report on the Department of Health Web site.
- 20.6 Subd. 8. **Expiration.** The advisory council expires October 1, 2024.
- 20.7 Sec. 24. Minnesota Statutes 2016, section 144.1501, subdivision 1, is amended to read:
- 20.8 Subdivision 1. **Definitions.** (a) For purposes of this section, the following definitions
 20.9 apply.
- 20.10 (b) "Advanced dental therapist" means an individual who is licensed as a dental therapist
 20.11 under section 150A.06, and who is certified as an advanced dental therapist under section
 20.12 150A.106.
- 20.13 (c) "Alcohol and drug counselor" means an individual who is licensed as an alcohol and
 20.14 drug counselor under chapter 148F.
- 20.15 ~~(d)~~ (d) "Dental therapist" means an individual who is licensed as a dental therapist under
 20.16 section 150A.06.
- 20.17 ~~(e)~~ (e) "Dentist" means an individual who is licensed to practice dentistry.
- 20.18 ~~(f)~~ (f) "Designated rural area" means a statutory and home rule charter city or township
 20.19 that is outside the seven-county metropolitan area as defined in section 473.121, subdivision
 20.20 2, excluding the cities of Duluth, Mankato, Moorhead, Rochester, and St. Cloud.
- 20.21 ~~(g)~~ (g) "Emergency circumstances" means those conditions that make it impossible for
 20.22 the participant to fulfill the service commitment, including death, total and permanent
 20.23 disability, or temporary disability lasting more than two years.
- 20.24 ~~(h)~~ (h) "Mental health professional" means an individual providing clinical services in
 20.25 the treatment of mental illness who is qualified in at least one of the ways specified in section
 20.26 245.462, subdivision 18.

- 20.27 ~~(H)~~ (i) "Medical resident" means an individual participating in a medical residency in
20.28 family practice, internal medicine, obstetrics and gynecology, pediatrics, or psychiatry.
- 20.29 ~~(H)~~ (j) "Midlevel practitioner" means a nurse practitioner, nurse-midwife, nurse anesthetist,
20.30 advanced clinical nurse specialist, or physician assistant.
- 21.1 ~~(H)~~ (k) "Nurse" means an individual who has completed training and received all licensing
21.2 or certification necessary to perform duties as a licensed practical nurse or registered nurse.
- 21.3 ~~(H)~~ (l) "Nurse-midwife" means a registered nurse who has graduated from a program of
21.4 study designed to prepare registered nurses for advanced practice as nurse-midwives.
- 21.5 ~~(H)~~ (m) "Nurse practitioner" means a registered nurse who has graduated from a program
21.6 of study designed to prepare registered nurses for advanced practice as nurse practitioners.
- 21.7 ~~(H)~~ (n) "Pharmacist" means an individual with a valid license issued under chapter 151.
- 21.8 ~~(H)~~ (o) "Physician" means an individual who is licensed to practice medicine in the areas
21.9 of family practice, internal medicine, obstetrics and gynecology, pediatrics, or psychiatry.
- 21.10 ~~(H)~~ (p) "Physician assistant" means a person licensed under chapter 147A.
- 21.11 ~~(H)~~ (q) "Public health nurse" means a registered nurse licensed in Minnesota who has
21.12 obtained a registration certificate as a public health nurse from the Board of Nursing in
21.13 accordance with Minnesota Rules, chapter 6316.
- 21.14 ~~(H)~~ (r) "Qualified educational loan" means a government, commercial, or foundation
21.15 loan for actual costs paid for tuition, reasonable education expenses, and reasonable living
21.16 expenses related to the graduate or undergraduate education of a health care professional.
- 21.17 ~~(H)~~ (s) "Underserved urban community" means a Minnesota urban area or population
21.18 included in the list of designated primary medical care health professional shortage areas
21.19 (HPSAs), medically underserved areas (MUAs), or medically underserved populations
21.20 (MUPs) maintained and updated by the United States Department of Health and Human
21.21 Services.
- 21.22 Sec. 25. Minnesota Statutes 2017 Supplement, section 144.1501, subdivision 2, is amended
21.23 to read:
- 21.24 Subd. 2. **Creation of account.** (a) A health professional education loan forgiveness
21.25 program account is established. The commissioner of health shall use money from the
21.26 account to establish a loan forgiveness program:

21.27 (1) for medical residents and mental health professionals agreeing to practice in designated
21.28 rural areas or underserved urban communities or specializing in the area of pediatric
21.29 psychiatry;

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

22.1 (3) for nurses who agree to practice in a Minnesota nursing home; an intermediate care
22.2 facility for persons with developmental disability; a hospital if the hospital owns and operates
22.3 a Minnesota nursing home and a minimum of 50 percent of the hours worked by the nurse
22.4 is in the nursing home; a housing with services establishment as defined in section 144D.01,
22.5 subdivision 4; or for a home care provider as defined in section 144A.43, subdivision 4; or
22.6 agree to teach at least 12 credit hours, or 720 hours per year in the nursing field in a
22.7 postsecondary program at the undergraduate level or the equivalent at the graduate level;

22.8 (4) for other health care technicians agreeing to teach at least 12 credit hours, or 720
22.9 hours per year in their designated field in a postsecondary program at the undergraduate
22.10 level or the equivalent at the graduate level. The commissioner, in consultation with the
22.11 Healthcare Education-Industry Partnership, shall determine the health care fields where the
22.12 need is the greatest, including, but not limited to, respiratory therapy, clinical laboratory
22.13 technology, radiologic technology, and surgical technology;

22.14 (5) for pharmacists, advanced dental therapists, dental therapists, ~~and~~ public health
22.15 nurses, and alcohol and drug counselors who agree to practice in designated rural areas;
22.16 ~~and~~

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

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

22.26 Sec. 26. Minnesota Statutes 2016, section 144.1501, subdivision 3, is amended to read:

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

22.29 (1) be a medical or dental resident; a licensed pharmacist; or be enrolled in a training or
22.30 education program to become a dentist, dental therapist, advanced dental therapist, mental
22.31 health professional, pharmacist, public health nurse, midlevel practitioner, registered nurse,
22.32 ~~or a licensed practical nurse, or alcohol and drug counselor.~~ The commissioner may also
23.1 consider applications submitted by graduates in eligible professions who are licensed and
23.2 in practice; and

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

23.4 (b) An applicant selected to participate must sign a contract to agree to serve a minimum
23.5 three-year full-time service obligation according to subdivision 2, which shall begin no later
23.6 than March 31 following completion of required training, with the exception of a nurse,
23.7 who must agree to serve a minimum two-year full-time service obligation according to
23.8 subdivision 2, which shall begin no later than March 31 following completion of required
23.9 training.

23.10 Sec. 27. Minnesota Statutes 2016, section 144.1506, subdivision 2, is amended to read:

23.11 Subd. 2. **Expansion grant program.** (a) The commissioner of health shall award primary
23.12 care residency expansion grants to eligible primary care residency programs to plan and
23.13 implement new residency slots. A planning grant shall not exceed \$75,000, and a training
23.14 grant shall not exceed \$150,000 per new residency slot for the first year, \$100,000 for the
23.15 second year, and \$50,000 for the third year of the new residency slot. For eligible residency
23.16 programs longer than three years, training grants may be awarded for the duration of the
23.17 residency, not exceeding an average of \$100,000 per residency slot per year.

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

23.19 (1) planning related to establishing an accredited primary care residency program;

23.20 (2) obtaining accreditation by the Accreditation Council for Graduate Medical Education
23.21 or another national body that accredits residency programs;

23.22 (3) establishing new residency programs or new resident training slots;

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

23.24 (5) travel and lodging for new residents;

23.25 (6) faculty, new resident, and preceptor salaries related to new residency slots;

396.8 Sec. 14. [144.397] STATEWIDE TOBACCO CESSATION SERVICES.

396.9 (a) The commissioner of health shall administer, or contract for the administration of,
396.10 statewide tobacco cessation services to assist Minnesotans who are seeking advice or services
396.11 to help them quit using tobacco products. The commissioner shall establish statewide public
396.12 awareness activities to inform the public of the availability of the services and encourage
396.13 the public to utilize the services because of the dangers and harm of tobacco use and
396.14 dependence.

396.15 (b) Services to be provided may include, but are not limited to:

396.16 (1) telephone-based coaching and counseling;

396.17 (2) referrals;

396.18 (3) written materials mailed upon request;

396.19 (4) Web-based texting or e-mail services; and

396.20 (5) free Food and Drug Administration-approved tobacco cessation medications.

396.21 (c) Services provided must be consistent with evidence-based best practices in tobacco
396.22 cessation services. Services provided must be coordinated with employer, health plan
396.23 company, and private sector tobacco prevention and cessation services that may be available
396.24 to individuals depending on their employment or health coverage.

23.26 (7) training site improvements, fees, equipment, and supplies required for new primary
23.27 care resident training slots; and

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

24.1 Sec. 28. [144.397] STATEWIDE TOBACCO CESSATION SERVICES.

24.2 (a) The commissioner of health shall administer, or contract for the administration of,
24.3 statewide tobacco cessation services to assist Minnesotans who are seeking advice or services
24.4 to help them quit using tobacco products. The commissioner shall establish statewide public
24.5 awareness activities to inform the public of the availability of the services and encourage
24.6 the public to utilize the services because of the dangers and harm of tobacco use and
24.7 dependence.

24.8 (b) Services to be provided may include, but are not limited to:

24.9 (1) telephone-based coaching and counseling;

24.10 (2) referrals;

24.11 (3) written materials mailed upon request;

24.12 (4) Web-based texting or e-mail services; and

24.13 (5) free Food and Drug Administration-approved tobacco cessation medications.

24.14 (c) Services provided must be consistent with evidence-based best practices in tobacco
24.15 cessation services. Services provided must be coordinated with employer, health plan
24.16 company, and private sector tobacco prevention and cessation services that may be available
24.17 to individuals depending on their employment or health coverage.

24.18 Sec. 29. Minnesota Statutes 2016, section 144.608, subdivision 1, is amended to read:

24.19 Subdivision 1. Trauma Advisory Council established. (a) A Trauma Advisory Council
24.20 is established to advise, consult with, and make recommendations to the commissioner on
24.21 the development, maintenance, and improvement of a statewide trauma system.

24.22 (b) The council shall consist of the following members:

24.23 (1) a trauma surgeon certified by the American Board of Surgery or the American
24.24 Osteopathic Board of Surgery who practices in a level I or II trauma hospital;

- 24.25 (2) a general surgeon certified by the American Board of Surgery or the American
24.26 Osteopathic Board of Surgery whose practice includes trauma and who practices in a
24.27 designated rural area as defined under section 144.1501, subdivision 1, paragraph ~~(e)~~ (f);
- 24.28 (3) a neurosurgeon certified by the American Board of Neurological Surgery who
24.29 practices in a level I or II trauma hospital;
- 24.30 (4) a trauma program nurse manager or coordinator practicing in a level I or II trauma
24.31 hospital;
- 25.1 (5) an emergency physician certified by the American Board of Emergency Medicine
25.2 or the American Osteopathic Board of Emergency Medicine whose practice includes
25.3 emergency room care in a level I, II, III, or IV trauma hospital;
- 25.4 (6) a trauma program manager or coordinator who practices in a level III or IV trauma
25.5 hospital;
- 25.6 (7) a physician certified by the American Board of Family Medicine or the American
25.7 Osteopathic Board of Family Practice whose practice includes emergency department care
25.8 in a level III or IV trauma hospital located in a designated rural area as defined under section
25.9 144.1501, subdivision 1, paragraph ~~(e)~~ (f);
- 25.10 (8) a nurse practitioner, as defined under section 144.1501, subdivision 1, paragraph ~~(h)~~
25.11 (m), or a physician assistant, as defined under section 144.1501, subdivision 1, paragraph
25.12 ~~(e)~~ (p), whose practice includes emergency room care in a level IV trauma hospital located
25.13 in a designated rural area as defined under section 144.1501, subdivision 1, paragraph ~~(e)~~
25.14 (f);
- 25.15 (9) a physician certified in pediatric emergency medicine by the American Board of
25.16 Pediatrics or certified in pediatric emergency medicine by the American Board of Emergency
25.17 Medicine or certified by the American Osteopathic Board of Pediatrics whose practice
25.18 primarily includes emergency department medical care in a level I, II, III, or IV trauma
25.19 hospital, or a surgeon certified in pediatric surgery by the American Board of Surgery whose
25.20 practice involves the care of pediatric trauma patients in a trauma hospital;
- 25.21 (10) an orthopedic surgeon certified by the American Board of Orthopaedic Surgery or
25.22 the American Osteopathic Board of Orthopedic Surgery whose practice includes trauma
25.23 and who practices in a level I, II, or III trauma hospital;
- 25.24 (11) the state emergency medical services medical director appointed by the Emergency
25.25 Medical Services Regulatory Board;

25.26 (12) a hospital administrator of a level III or IV trauma hospital located in a designated
25.27 rural area as defined under section 144.1501, subdivision 1, paragraph ~~(e)~~ (f);

25.28 (13) a rehabilitation specialist whose practice includes rehabilitation of patients with
25.29 major trauma injuries or traumatic brain injuries and spinal cord injuries as defined under
25.30 section 144.661;

25.31 (14) an attendant or ambulance director who is an EMT, EMT-I, or EMT-P within the
25.32 meaning of section 144E.001 and who actively practices with a licensed ambulance service
26.1 in a primary service area located in a designated rural area as defined under section 144.1501,
26.2 subdivision 1, paragraph ~~(e)~~ (f); and

26.3 (15) the commissioner of public safety or the commissioner's designee.

26.4 Sec. 30. Minnesota Statutes 2016, section 144A.43, subdivision 11, is amended to read:

26.5 Subd. 11. **Medication administration.** "Medication administration" means performing
26.6 a set of tasks ~~to ensure a client takes medications, and includes~~ that include the following:

26.7 (1) checking the client's medication record;

26.8 (2) preparing the medication as necessary;

26.9 (3) administering the medication to the client;

26.10 (4) documenting the administration or reason for not administering the medication; and

26.11 (5) reporting to a registered nurse or appropriate licensed health professional any concerns
26.12 about the medication, the client, or the client's refusal to take the medication.

26.13 Sec. 31. Minnesota Statutes 2016, section 144A.43, is amended by adding a subdivision
26.14 to read:

26.15 Subd. 12a. **Medication reconciliation.** "Medication reconciliation" means the process
26.16 of identifying the most accurate list of all medications the client is taking, including the
26.17 name, dosage, frequency, and route by comparing the client record to an external list of
26.18 medications obtained from the client, hospital, prescriber, or other provider.

26.19 Sec. 32. Minnesota Statutes 2016, section 144A.43, subdivision 27, is amended to read:

- 26.20 Subd. 27. **Service plan agreement.** "Service ~~plan~~ agreement" means the written ~~plan~~
 26.21 ~~agreement~~ between the client or client's representative and the temporary licensee or licensee
 26.22 ~~about the services that will be provided to the client.~~
- 26.23 Sec. 33. Minnesota Statutes 2016, section 144A.43, subdivision 30, is amended to read:
- 26.24 Subd. 30. **Standby assistance.** "Standby assistance" means the presence of another
 26.25 ~~person within arm's reach to minimize the risk of injury while performing daily activities~~
 26.26 ~~through physical intervention or cueing~~ to assist a client with an assistive task by providing
 26.27 ~~cues, oversight, and minimal physical assistance.~~
- 27.1 Sec. 34. Minnesota Statutes 2016, section 144A.472, subdivision 5, is amended to read:
- 27.2 Subd. 5. **Transfers prohibited; Changes in ownership.** ~~Any (a) A~~ home care license
 27.3 ~~issued by the commissioner may not be transferred to another party. Before acquiring~~
 27.4 ~~ownership of or a controlling interest in a home care provider business, a prospective~~
 27.5 ~~applicant owner~~ must apply for a new temporary license. A change of ownership is a transfer
 27.6 ~~of operational control to a different business entity~~ of the home care provider business and
 27.7 ~~includes:~~
- 27.8 (1) transfer of the business to a different or new corporation;
- 27.9 (2) in the case of a partnership, the dissolution or termination of the partnership under
 27.10 chapter 323A, with the business continuing by a successor partnership or other entity;
- 27.11 (3) relinquishment of control of the provider to another party, including to a contract
 27.12 management firm that is not under the control of the owner of the business' assets;
- 27.13 (4) transfer of the business by a sole proprietor to another party or entity; or
- 27.14 (5) ~~in the case of a privately held corporation, the change in~~ transfer of ownership or
 27.15 ~~control of 50 percent or more of the outstanding voting stock~~ controlling interest of a home
 27.16 ~~care provider business not covered by clauses (1) to (4).~~
- 27.17 (b) An employee who was employed by the previous owner of the home care provider
 27.18 ~~business prior to the effective date of a change in ownership under paragraph (a), and who~~
 27.19 ~~will be employed by the new owner in the same or a similar capacity, shall be treated as if~~
 27.20 ~~no change in employer occurred, with respect to orientation, training, tuberculosis testing,~~
 27.21 ~~background studies, and competency testing and training on the policies identified in~~
 27.22 ~~subdivision 1, clause (14), and subdivision 2, if applicable.~~

27.23 (c) Notwithstanding paragraph (b), a new owner of a home care provider business must
27.24 ensure that employees of the provider receive and complete training and testing on any
27.25 provisions of policies that differ from those of the previous owner, within 90 days after the
27.26 date of the change in ownership.

27.27 Sec. 35. Minnesota Statutes 2017 Supplement, section 144A.472, subdivision 7, is amended
27.28 to read:

27.29 Subd. 7. **Fees; application, change of ownership, and renewal.** (a) An initial applicant
27.30 seeking temporary home care licensure must submit the following application fee to the
27.31 commissioner along with a completed application:

27.32 (1) for a basic home care provider, \$2,100; or

28.1 (2) for a comprehensive home care provider, \$4,200.

28.2 (b) A home care provider who is filing a change of ownership as required under
28.3 subdivision 5 must submit the following application fee to the commissioner, along with
28.4 the documentation required for the change of ownership:

28.5 (1) for a basic home care provider, \$2,100; or

28.6 (2) for a comprehensive home care provider, \$4,200.

28.7 (c) For the period ending June 30, 2018, a home care provider who is seeking to renew
28.8 the provider's license shall pay a fee to the commissioner based on revenues derived from
28.9 the provision of home care services during the calendar year prior to the year in which the
28.10 application is submitted, according to the following schedule:

28.11 **License Renewal Fee**

28.12	Provider Annual Revenue	Fee
28.13	greater than \$1,500,000	\$6,625
28.14	greater than \$1,275,000 and no more than	
28.15	\$1,500,000	\$5,797
28.16	greater than \$1,100,000 and no more than	
28.17	\$1,275,000	\$4,969

28.18	greater than \$950,000 and no more than	
28.19	\$1,100,000	\$4,141
28.20	greater than \$850,000 and no more than \$950,000	\$3,727
28.21	greater than \$750,000 and no more than \$850,000	\$3,313
28.22	greater than \$650,000 and no more than \$750,000	\$2,898
28.23	greater than \$550,000 and no more than \$650,000	\$2,485
28.24	greater than \$450,000 and no more than \$550,000	\$2,070
28.25	greater than \$350,000 and no more than \$450,000	\$1,656
28.26	greater than \$250,000 and no more than \$350,000	\$1,242
28.27	greater than \$100,000 and no more than \$250,000	\$828
28.28	greater than \$50,000 and no more than \$100,000	\$500
28.29	greater than \$25,000 and no more than \$50,000	\$400
28.30	no more than \$25,000	\$200

28.31 (d) For the period between July 1, 2018, and June 30, 2020, a home care provider who
28.32 is seeking to renew the provider's license shall pay a fee to the commissioner in an amount
28.33 that is ten percent higher than the applicable fee in paragraph (c). A home care provider's
28.34 fee shall be based on revenues derived from the provision of home care services during the
28.35 calendar year prior to the year in which the application is submitted.

29.1 (e) Beginning July 1, 2020, a home care provider who is seeking to renew the provider's
29.2 license shall pay a fee to the commissioner based on revenues derived from the provision
29.3 of home care services during the calendar year prior to the year in which the application is
29.4 submitted, according to the following schedule:

29.5 License Renewal Fee

29.6	Provider Annual Revenue	Fee
29.7	greater than \$1,500,000	\$7,651
29.8	greater than \$1,275,000 and no more than	\$6,695
29.9	\$1,500,000	

29.10	greater than \$1,100,000 and no more than	\$5,739
29.11	\$1,275,000	
29.12	greater than \$950,000 and no more than	\$4,783
29.13	\$1,100,000	
29.14	greater than \$850,000 and no more than \$950,000	\$4,304
29.15	greater than \$750,000 and no more than \$850,000	\$3,826
29.16	greater than \$650,000 and no more than \$750,000	\$3,347
29.17	greater than \$550,000 and no more than \$650,000	\$2,870
29.18	greater than \$450,000 and no more than \$550,000	\$2,391
29.19	greater than \$350,000 and no more than \$450,000	\$1,913
29.20	greater than \$250,000 and no more than \$350,000	\$1,434
29.21	greater than \$100,000 and no more than \$250,000	\$957
29.22	greater than \$50,000 and no more than \$100,000	\$577
29.23	greater than \$25,000 and no more than \$50,000	\$462
29.24	no more than \$25,000	\$231

29.25 (f) If requested, the home care provider shall provide the commissioner information to
29.26 verify the provider's annual revenues or other information as needed, including copies of
29.27 documents submitted to the Department of Revenue.

29.28 (g) At each annual renewal, a home care provider may elect to pay the highest renewal
29.29 fee for its license category, and not provide annual revenue information to the commissioner.

29.30 (h) A temporary license or license applicant, or temporary licensee or licensee that
29.31 knowingly provides the commissioner incorrect revenue amounts for the purpose of paying
29.32 a lower license fee, shall be subject to a civil penalty in the amount of double the fee the
29.33 provider should have paid.

29.34 (i) The fee for failure to comply with the notification requirements of section 144A.473,
29.35 subdivision 2, paragraph (c), is \$1,000.

- 30.1 (j) Fees and penalties collected under this section shall be deposited in the state treasury
 30.2 and credited to the state government special revenue fund. All fees are nonrefundable. Fees
 30.3 collected under paragraphs (c), (d), and (e) are nonrefundable even if received before July
 30.4 1, 2017, for temporary licenses or licenses being issued effective July 1, 2017, or later.
- 30.5 Sec. 36. Minnesota Statutes 2016, section 144A.473, is amended to read:
 30.6 **144A.473 ISSUANCE OF TEMPORARY LICENSE AND LICENSE RENEWAL.**
- 30.7 Subdivision 1. **Temporary license and renewal of license.** (a) The department shall
 30.8 review each application to determine the applicant's knowledge of and compliance with
 30.9 Minnesota home care regulations. Before granting a temporary license or renewing a license,
 30.10 the commissioner may further evaluate the applicant or licensee by requesting additional
 30.11 information or documentation or by conducting an on-site survey of the applicant to
 30.12 determine compliance with sections 144A.43 to 144A.482.
- 30.13 (b) Within 14 calendar days after receiving an application for a license, the commissioner
 30.14 shall acknowledge receipt of the application in writing. The acknowledgment must indicate
 30.15 whether the application appears to be complete or whether additional information is required
 30.16 before the application will be considered complete.
- 30.17 (c) Within 90 days after receiving a complete application, the commissioner shall issue
 30.18 a temporary license, renew the license, or deny the license.
- 30.19 (d) The commissioner shall issue a license that contains the home care provider's name,
 30.20 address, license level, expiration date of the license, and unique license number. All licenses,
 30.21 except for temporary licenses issued under subdivision 2, are valid for up to one year from
 30.22 the date of issuance.
- 30.23 Subd. 2. **Temporary license.** (a) For new license applicants, the commissioner shall
 30.24 issue a temporary license for either the basic or comprehensive home care level. A temporary
 30.25 license is effective for up to one year from the date of issuance, except that a temporary
 30.26 license may be extended according to subdivision 3. Temporary licensees must comply with
 30.27 sections 144A.43 to 144A.482.
- 30.28 (b) During the temporary license ~~year~~ period, the commissioner shall survey the temporary
 30.29 licensee within 90 calendar days after the commissioner is notified or has evidence that the
 30.30 temporary licensee is providing home care services.
- 30.31 (c) Within five days of beginning the provision of services, the temporary licensee must
 30.32 notify the commissioner that it is serving clients. The notification to the commissioner may
 30.33 be mailed or e-mailed to the commissioner at the address provided by the commissioner. If
 31.1 the temporary licensee does not provide home care services during the temporary license

31.2 year period, then the temporary license expires at the end of the year period and the applicant
31.3 must reapply for a temporary home care license.

31.4 (d) A temporary licensee may request a change in the level of licensure prior to being
31.5 surveyed and granted a license by notifying the commissioner in writing and providing
31.6 additional documentation or materials required to update or complete the changed temporary
31.7 license application. The applicant must pay the difference between the application fees
31.8 when changing from the basic level to the comprehensive level of licensure. No refund will
31.9 be made if the provider chooses to change the license application to the basic level.

31.10 (e) If the temporary licensee notifies the commissioner that the licensee has clients within
31.11 45 days prior to the temporary license expiration, the commissioner may extend the temporary
31.12 license for up to 60 days in order to allow the commissioner to complete the on-site survey
31.13 required under this section and follow-up survey visits.

31.14 Subd. 3. **Temporary licensee survey.** (a) If the temporary licensee is in substantial
31.15 compliance with the survey, the commissioner shall issue either a basic or comprehensive
31.16 home care license. If the temporary licensee is not in substantial compliance with the survey,
31.17 the commissioner shall either: (1) not issue a basic or comprehensive license and there will
31.18 be no contested hearing right under chapter 14 terminate the temporary license; or (2) extend
31.19 the temporary license for a period not to exceed 90 days and apply conditions, as permitted
31.20 under section 144A.475, subdivision 2, to the extension of a temporary license. If the
31.21 temporary licensee is not in substantial compliance with the survey within the time period
31.22 of the extension, or if the temporary licensee does not satisfy the license conditions, the
31.23 commissioner may deny the license.

31.24 (b) If the temporary licensee whose basic or comprehensive license has been denied or
31.25 extended with conditions disagrees with the conclusions of the commissioner, then the
31.26 temporary licensee may request a reconsideration by the commissioner or commissioner's
31.27 designee. The reconsideration request process must be conducted internally by the
31.28 commissioner or commissioner's designee, and chapter 14 does not apply.

31.29 (c) The temporary licensee requesting reconsideration must make the request in writing
31.30 and must list and describe the reasons why the temporary licensee disagrees with the decision
31.31 to deny the basic or comprehensive home care license or the decision to extend the temporary
31.32 license with conditions.

32.1 (d) The reconsideration request and supporting documentation must be received by the
32.2 commissioner within 15 calendar days after the date the temporary licensee receives the
32.3 correction order.

- 32.4 (e) A temporary licensee whose license is denied, is permitted to continue operating as
 32.5 a home care provider during the period of time when:
- 32.6 (1) a reconsideration request is in process;
- 32.7 (2) an extension of a temporary license is being negotiated;
- 32.8 (3) the placement of conditions on a temporary license is being negotiated; or
- 32.9 (4) a transfer of home care clients from the temporary licensee to a new home care
 32.10 provider is in process.
- 32.11 (f) A temporary licensee whose license is denied must comply with the requirements
 32.12 for notification and transfer of clients in section 144A.475, subdivision 5.
- 32.13 Sec. 37. Minnesota Statutes 2016, section 144A.474, subdivision 2, is amended to read:
- 32.14 Subd. 2. **Types of home care surveys.** (a) "Initial full survey" means the survey of a
 32.15 new temporary licensee conducted after the department is notified or has evidence that the
 32.16 temporary licensee is providing home care services to determine if the provider is in
 32.17 compliance with home care requirements. Initial full surveys must be completed within 14
 32.18 months after the department's issuance of a temporary basic or comprehensive license.
- 32.19 (b) "Change in ownership survey" means a full survey of a new licensee due to a change
 32.20 in ownership. Change in ownership surveys must be completed within six months after the
 32.21 department's issuance of a new license due to a change in ownership.
- 32.22 (c) "Core survey" means periodic inspection of home care providers to determine ongoing
 32.23 compliance with the home care requirements, focusing on the essential health and safety
 32.24 requirements. Core surveys are available to licensed home care providers who have been
 32.25 licensed for three years and surveyed at least once in the past three years with the latest
 32.26 survey having no widespread violations beyond Level 1 as provided in subdivision 11.
 32.27 Providers must also not have had any substantiated licensing complaints, substantiated
 32.28 complaints against the agency under the Vulnerable Adults Act or Maltreatment of Minors
 32.29 Act, or an enforcement action as authorized in section 144A.475 in the past three years.
- 32.30 (1) The core survey for basic home care providers must review compliance in the
 32.31 following areas:
- 32.32 (i) reporting of maltreatment;
- 33.1 (ii) orientation to and implementation of the home care bill of rights;

- 33.2 (iii) statement of home care services;
- 33.3 (iv) initial evaluation of clients and initiation of services;
- 33.4 (v) client review and monitoring;
- 33.5 (vi) service ~~plan~~ agreement implementation and changes to the service ~~plan~~ agreement;
- 33.6 (vii) client complaint and investigative process;
- 33.7 (viii) competency of unlicensed personnel; and
- 33.8 (ix) infection control.
- 33.9 (2) For comprehensive home care providers, the core survey must include everything
- 33.10 in the basic core survey plus these areas:
- 33.11 (i) delegation to unlicensed personnel;
- 33.12 (ii) assessment, monitoring, and reassessment of clients; and
- 33.13 (iii) medication, treatment, and therapy management.
- 33.14 ~~(e)~~ (d) "Full survey" means the periodic inspection of home care providers to determine
- 33.15 ongoing compliance with the home care requirements that cover the core survey areas and
- 33.16 all the legal requirements for home care providers. A full survey is conducted for all
- 33.17 temporary licensees ~~and~~, for licensees that receive licenses due to an approved change in
- 33.18 ownership, for providers who do not meet the requirements needed for a core survey, and
- 33.19 when a surveyor identifies unacceptable client health or safety risks during a core survey.
- 33.20 A full survey must include all the tasks identified as part of the core survey and any additional
- 33.21 review deemed necessary by the department, including additional observation, interviewing,
- 33.22 or records review of additional clients and staff.
- 33.23 ~~(d)~~ (e) "Follow-up surveys" means surveys conducted to determine if a home care
- 33.24 provider has corrected deficient issues and systems identified during a core survey, full
- 33.25 survey, or complaint investigation. Follow-up surveys may be conducted via phone, e-mail,
- 33.26 fax, mail, or on-site reviews. Follow-up surveys, other than complaint surveys, shall be
- 33.27 concluded with an exit conference and written information provided on the process for
- 33.28 requesting a reconsideration of the survey results.

- 33.29 ~~(e)~~ (f) Upon receiving information alleging that a home care provider has violated or is
33.30 currently violating a requirement of sections 144A.43 to 144A.482, the commissioner shall
33.31 investigate the complaint according to sections 144A.51 to 144A.54.
- 34.1 Sec. 38. Minnesota Statutes 2016, section 144A.475, subdivision 1, is amended to read:
- 34.2 Subdivision 1. **Conditions.** (a) The commissioner may refuse to grant a temporary
34.3 license, refuse to grant a license as a result of a change in ownership, refuse to renew a
34.4 license, suspend or revoke a license, or impose a conditional license if the home care provider
34.5 or owner or managerial official of the home care provider:
- 34.6 (1) is in violation of, or during the term of the license has violated, any of the requirements
34.7 in sections 144A.471 to 144A.482;
- 34.8 (2) permits, aids, or abets the commission of any illegal act in the provision of home
34.9 care;
- 34.10 (3) performs any act detrimental to the health, safety, and welfare of a client;
- 34.11 (4) obtains the license by fraud or misrepresentation;
- 34.12 (5) knowingly made or makes a false statement of a material fact in the application for
34.13 a license or in any other record or report required by this chapter;
- 34.14 (6) denies representatives of the department access to any part of the home care provider's
34.15 books, records, files, or employees;
- 34.16 (7) interferes with or impedes a representative of the department in contacting the home
34.17 care provider's clients;
- 34.18 (8) interferes with or impedes a representative of the department in the enforcement of
34.19 this chapter or has failed to fully cooperate with an inspection, survey, or investigation by
34.20 the department;
- 34.21 (9) destroys or makes unavailable any records or other evidence relating to the home
34.22 care provider's compliance with this chapter;
- 34.23 (10) refuses to initiate a background study under section 144.057 or 245A.04;
- 34.24 (11) fails to timely pay any fines assessed by the department;

- 34.25 (12) violates any local, city, or township ordinance relating to home care services;
- 34.26 (13) has repeated incidents of personnel performing services beyond their competency
- 34.27 level; or
- 34.28 (14) has operated beyond the scope of the home care provider's license level.
- 34.29 (b) A violation by a contractor providing the home care services of the home care provider
- 34.30 is a violation by the home care provider.
- 35.1 Sec. 39. Minnesota Statutes 2016, section 144A.475, subdivision 2, is amended to read:
- 35.2 Subd. 2. **Terms to suspension or conditional license.** (a) A suspension or conditional
- 35.3 license designation may include terms that must be completed or met before a suspension
- 35.4 or conditional license designation is lifted. A conditional license designation may include
- 35.5 restrictions or conditions that are imposed on the provider. Terms for a suspension or
- 35.6 conditional license may include one or more of the following and the scope of each will be
- 35.7 determined by the commissioner:
- 35.8 (1) requiring a consultant to review, evaluate, and make recommended changes to the
- 35.9 home care provider's practices and submit reports to the commissioner at the cost of the
- 35.10 home care provider;
- 35.11 (2) requiring supervision of the home care provider or staff practices at the cost of the
- 35.12 home care provider by an unrelated person who has sufficient knowledge and qualifications
- 35.13 to oversee the practices and who will submit reports to the commissioner;
- 35.14 (3) requiring the home care provider or employees to obtain training at the cost of the
- 35.15 home care provider;
- 35.16 (4) requiring the home care provider to submit reports to the commissioner;
- 35.17 (5) prohibiting the home care provider from taking any new clients for a period of time;
- 35.18 or
- 35.19 (6) any other action reasonably required to accomplish the purpose of this subdivision
- 35.20 and section 144A.45, subdivision 2.
- 35.21 (b) A home care provider subject to this subdivision may continue operating during the
- 35.22 period of time home care clients are being transferred to other providers.

35.23 Sec. 40. Minnesota Statutes 2016, section 144A.475, subdivision 5, is amended to read:

35.24 Subd. 5. **Plan required.** (a) The process of suspending or revoking a license must include
35.25 a plan for transferring affected clients to other providers by the home care provider, which
35.26 will be monitored by the commissioner. Within three business days of being notified of the
35.27 final revocation or suspension action, the home care provider shall provide the commissioner,
35.28 the lead agencies as defined in section 256B.0911, and the ombudsman for long-term care
35.29 with the following information:

35.30 (1) a list of all clients, including full names and all contact information on file;

35.31 (2) a list of each client's representative or emergency contact person, including full names
35.32 and all contact information on file;

36.1 (3) the location or current residence of each client;

36.2 (4) the payor sources for each client, including payor source identification numbers; and

36.3 (5) for each client, a copy of the client's service plan, and a list of the types of services
36.4 being provided.

36.5 (b) The revocation or suspension notification requirement is satisfied by mailing the
36.6 notice to the address in the license record. The home care provider shall cooperate with the
36.7 commissioner and the lead agencies during the process of transferring care of clients to
36.8 qualified providers. Within three business days of being notified of the final revocation or
36.9 suspension action, the home care provider must notify and disclose to each of the home
36.10 care provider's clients, or the client's representative or emergency contact persons, that the
36.11 commissioner is taking action against the home care provider's license by providing a copy
36.12 of the revocation or suspension notice issued by the commissioner.

36.13 (c) A home care provider subject to this subdivision may continue operating during the
36.14 period of time home care clients are being transferred to other providers.

36.15 Sec. 41. Minnesota Statutes 2016, section 144A.476, subdivision 1, is amended to read:

36.16 Subdivision 1. **Prior criminal convictions; owner and managerial officials.** (a) Before
36.17 the commissioner issues a temporary license, issues a license as a result of an approved
36.18 change in ownership, or renews a license, an owner or managerial official is required to
36.19 complete a background study under section 144.057. No person may be involved in the
36.20 management, operation, or control of a home care provider if the person has been disqualified
36.21 under chapter 245C. If an individual is disqualified under section 144.057 or chapter 245C,
36.22 the individual may request reconsideration of the disqualification. If the individual requests

36.23 reconsideration and the commissioner sets aside or rescinds the disqualification, the individual
36.24 is eligible to be involved in the management, operation, or control of the provider. If an
36.25 individual has a disqualification under section 245C.15, subdivision 1, and the disqualification
36.26 is affirmed, the individual's disqualification is barred from a set aside, and the individual
36.27 must not be involved in the management, operation, or control of the provider.

36.28 (b) For purposes of this section, owners of a home care provider subject to the background
36.29 check requirement are those individuals whose ownership interest provides sufficient
36.30 authority or control to affect or change decisions related to the operation of the home care
36.31 provider. An owner includes a sole proprietor, a general partner, or any other individual
36.32 whose individual ownership interest can affect the management and direction of the policies
36.33 of the home care provider.

37.1 (c) For the purposes of this section, managerial officials subject to the background check
37.2 requirement are individuals who provide direct contact as defined in section 245C.02,
37.3 subdivision 11, or individuals who have the responsibility for the ongoing management or
37.4 direction of the policies, services, or employees of the home care provider. Data collected
37.5 under this subdivision shall be classified as private data on individuals under section 13.02,
37.6 subdivision 12.

37.7 (d) The department shall not issue any license if the applicant or owner or managerial
37.8 official has been unsuccessful in having a background study disqualification set aside under
37.9 section 144.057 and chapter 245C; if the owner or managerial official, as an owner or
37.10 managerial official of another home care provider, was substantially responsible for the
37.11 other home care provider's failure to substantially comply with sections 144A.43 to
37.12 144A.482; or if an owner that has ceased doing business, either individually or as an owner
37.13 of a home care provider, was issued a correction order for failing to assist clients in violation
37.14 of this chapter.

37.15 Sec. 42. Minnesota Statutes 2016, section 144A.479, subdivision 7, is amended to read:

37.16 Subd. 7. **Employee records.** The home care provider must maintain current records of
37.17 each paid employee, regularly scheduled volunteers providing home care services, and of
37.18 each individual contractor providing home care services. The records must include the
37.19 following information:

37.20 (1) evidence of current professional licensure, registration, or certification, if licensure,
37.21 registration, or certification is required by this statute or other rules;

37.22 (2) records of orientation, required annual training and infection control training, and
37.23 competency evaluations;

37.24 (3) current job description, including qualifications, responsibilities, and identification
37.25 of staff providing supervision;

37.26 (4) documentation of annual performance reviews which identify areas of improvement
37.27 needed and training needs;

37.28 (5) for individuals providing home care services, verification that ~~required any health~~
37.29 screenings required by infection control programs established under section 144A.4798
37.30 have taken place and the dates of those screenings; and

37.31 (6) documentation of the background study as required under section 144.057.

38.1 Each employee record must be retained for at least three years after a paid employee, home
38.2 care volunteer, or contractor ceases to be employed by or under contract with the home care
38.3 provider. If a home care provider ceases operation, employee records must be maintained
38.4 for three years.

38.5 Sec. 43. Minnesota Statutes 2016, section 144A.4791, subdivision 1, is amended to read:

38.6 Subdivision 1. **Home care bill of rights; notification to client.** (a) The home care
38.7 provider shall provide the client or the client's representative a written notice of the rights
38.8 under section 144A.44 before the ~~initiation of~~ date that services are first provided to that
38.9 client. The provider shall make all reasonable efforts to provide notice of the rights to the
38.10 client or the client's representative in a language the client or client's representative can
38.11 understand.

38.12 (b) In addition to the text of the home care bill of rights in section 144A.44, subdivision
38.13 1, the notice shall also contain the following statement describing how to file a complaint
38.14 with these offices.

38.15 "If you have a complaint about the provider or the person providing your home care
38.16 services, you may call, write, or visit the Office of Health Facility Complaints, Minnesota
38.17 Department of Health. You may also contact the Office of Ombudsman for Long-Term
38.18 Care or the Office of Ombudsman for Mental Health and Developmental Disabilities."

38.19 The statement should include the telephone number, Web site address, e-mail address,
38.20 mailing address, and street address of the Office of Health Facility Complaints at the
38.21 Minnesota Department of Health, the Office of the Ombudsman for Long-Term Care, and
38.22 the Office of the Ombudsman for Mental Health and Developmental Disabilities. The
38.23 statement should also include the home care provider's name, address, e-mail, telephone
38.24 number, and name or title of the person at the provider to whom problems or complaints

38.25 may be directed. It must also include a statement that the home care provider will not retaliate
38.26 because of a complaint.

38.27 (c) The home care provider shall obtain written acknowledgment of the client's receipt
38.28 of the home care bill of rights or shall document why an acknowledgment cannot be obtained.
38.29 The acknowledgment may be obtained from the client or the client's representative.
38.30 Acknowledgment of receipt shall be retained in the client's record.

39.1 Sec. 44. Minnesota Statutes 2016, section 144A.4791, subdivision 3, is amended to read:

39.2 Subd. 3. **Statement of home care services.** Prior to the initiation of date that services
39.3 are first provided to the client, a home care provider must provide to the client or the client's
39.4 representative a written statement which identifies if the provider has a basic or
39.5 comprehensive home care license, the services the provider is authorized to provide, and
39.6 which services the provider cannot provide under the scope of the provider's license. The
39.7 home care provider shall obtain written acknowledgment from the clients that the provider
39.8 has provided the statement or must document why the provider could not obtain the
39.9 acknowledgment.

39.10 Sec. 45. Minnesota Statutes 2016, section 144A.4791, subdivision 6, is amended to read:

39.11 Subd. 6. **Initiation of services.** When a provider initiates provides home care services
39.12 and to a client before the individualized review or assessment by a licensed health
39.13 professional or registered nurse as required in subdivisions 7 and 8 has not been is completed,
39.14 the provider licensed health professional or registered nurse must complete a temporary
39.15 plan and agreement with the client for services and orient staff assigned to deliver services
39.16 as identified in the temporary plan.

39.17 Sec. 46. Minnesota Statutes 2016, section 144A.4791, subdivision 7, is amended to read:

39.18 Subd. 7. **Basic individualized client review and monitoring.** (a) When services being
39.19 provided are basic home care services, an individualized initial review of the client's needs
39.20 and preferences must be conducted at the client's residence with the client or client's
39.21 representative. This initial review must be completed within 30 days after the initiation of
39.22 the date that home care services are first provided.

39.23 (b) Client monitoring and review must be conducted as needed based on changes in the
39.24 needs of the client and cannot exceed 90 days from the date of the last review. The monitoring
39.25 and review may be conducted at the client's residence or through the utilization of
39.26 telecommunication methods based on practice standards that meet the individual client's
39.27 needs.

- 39.28 Sec. 47. Minnesota Statutes 2016, section 144A.4791, subdivision 8, is amended to read:
- 39.29 Subd. 8. **Comprehensive assessment, monitoring, and reassessment.** (a) When the
39.30 services being provided are comprehensive home care services, an individualized initial
39.31 assessment must be conducted in person by a registered nurse. When the services are provided
39.32 by other licensed health professionals, the assessment must be conducted by the appropriate
40.1 health professional. This initial assessment must be completed within five days after initiation
40.2 of the date that home care services are first provided.
- 40.3 (b) Client monitoring and reassessment must be conducted in the client's home no more
40.4 than 14 days after initiation of the date that home care services are first provided.
- 40.5 (c) Ongoing client monitoring and reassessment must be conducted as needed based on
40.6 changes in the needs of the client and cannot exceed 90 days from the last date of the
40.7 assessment. The monitoring and reassessment may be conducted at the client's residence
40.8 or through the utilization of telecommunication methods based on practice standards that
40.9 meet the individual client's needs.
- 40.10 Sec. 48. Minnesota Statutes 2016, section 144A.4791, subdivision 9, is amended to read:
- 40.11 Subd. 9. **Service plan agreement, implementation, and revisions to service plan**
40.12 **agreement.** (a) No later than 14 days after the initiation of date that home care services are
40.13 first provided, a home care provider shall finalize a current written service plan agreement.
- 40.14 (b) The service plan agreement and any revisions must include a signature or other
40.15 authentication by the home care provider and by the client or the client's representative
40.16 documenting agreement on the services to be provided. The service plan agreement must
40.17 be revised, if needed, based on client review or reassessment under subdivisions 7 and 8.
40.18 The provider must provide information to the client about changes to the provider's fee for
40.19 services and how to contact the Office of the Ombudsman for Long-Term Care.
- 40.20 (c) The home care provider must implement and provide all services required by the
40.21 current service plan agreement.
- 40.22 (d) The service plan agreement and revised service plan agreement must be entered into
40.23 the client's record, including notice of a change in a client's fees when applicable.
- 40.24 (e) Staff providing home care services must be informed of the current written service
40.25 plan agreement.
- 40.26 (f) The service plan agreement must include:

- 40.27 (1) a description of the home care services to be provided, the fees for services, and the
40.28 frequency of each service, according to the client's current review or assessment and client
40.29 preferences;
- 40.30 (2) the identification of the staff or categories of staff who will provide the services;
- 40.31 (3) the schedule and methods of monitoring reviews or assessments of the client;
- 41.1 (4) the frequency of sessions of supervision of staff and type of personnel who will
41.2 supervise staff; and the schedule and methods of monitoring staff providing home care
41.3 services; and
- 41.4 (5) a contingency plan that includes:
- 41.5 (i) the action to be taken by the home care provider and by the client or client's
41.6 representative if the scheduled service cannot be provided;
- 41.7 (ii) information and a method for a client or client's representative to contact the home
41.8 care provider;
- 41.9 (iii) names and contact information of persons the client wishes to have notified in an
41.10 emergency or if there is a significant adverse change in the client's condition, including
41.11 identification of and information as to who has authority to sign for the client in an
41.12 emergency; and
- 41.13 (iv) the circumstances in which emergency medical services are not to be summoned
41.14 consistent with chapters 145B and 145C, and declarations made by the client under those
41.15 chapters.
- 41.16 Sec. 49. Minnesota Statutes 2016, section 144A.4792, subdivision 1, is amended to read:
- 41.17 Subdivision 1. **Medication management services; comprehensive home care license.**
41.18 (a) This subdivision applies only to home care providers with a comprehensive home care
41.19 license that provide medication management services to clients. Medication management
41.20 services may not be provided by a home care provider who has a basic home care license.
- 41.21 (b) A comprehensive home care provider who provides medication management services
41.22 must develop, implement, and maintain current written medication management policies
41.23 and procedures. The policies and procedures must be developed under the supervision and
41.24 direction of a registered nurse, licensed health professional, or pharmacist consistent with
41.25 current practice standards and guidelines.

41.26 (c) The written policies and procedures must address requesting and receiving
41.27 prescriptions for medications; preparing and giving medications; verifying that prescription
41.28 drugs are administered as prescribed; documenting medication management activities;
41.29 controlling and storing medications; monitoring and evaluating medication use; resolving
41.30 medication errors; communicating with the prescriber, pharmacist, and client and client
41.31 representative, if any; disposing of unused medications; and educating clients and client
41.32 representatives about medications. When controlled substances are being managed, stored,
41.33 and secured by the comprehensive home care provider, the policies and procedures must
42.1 also identify how the provider will ensure security and accountability for the overall
42.2 management, control, and disposition of those substances in compliance with state and
42.3 federal regulations and with subdivision 22.

42.4 Sec. 50. Minnesota Statutes 2016, section 144A.4792, subdivision 2, is amended to read:

42.5 Subd. 2. **Provision of medication management services.** (a) For each client who
42.6 requests medication management services, the comprehensive home care provider shall,
42.7 prior to providing medication management services, have a registered nurse, licensed health
42.8 professional, or authorized prescriber under section 151.37 conduct an assessment to
42.9 determine what medication management services will be provided and how the services
42.10 will be provided. This assessment must be conducted face-to-face with the client. The
42.11 assessment must include an identification and review of all medications the client is known
42.12 to be taking. The review and identification must include indications for medications, side
42.13 effects, contraindications, allergic or adverse reactions, and actions to address these issues.

42.14 (b) The assessment must:

42.15 (1) identify interventions needed in management of medications to prevent diversion of
42.16 medication by the client or others who may have access to the medications; and

42.17 (2) provide instructions to the client or client's representative on interventions to manage
42.18 the client's medications and prevent diversion of medications.

42.19 "Diversion of medications" means the misuse, theft, or illegal or improper disposition of
42.20 medications.

42.21 Sec. 51. Minnesota Statutes 2016, section 144A.4792, subdivision 5, is amended to read:

42.22 Subd. 5. **Individualized medication management plan.** (a) For each client receiving
42.23 medication management services, the comprehensive home care provider must prepare and
42.24 include in the service plan agreement a written statement of the medication management
42.25 services that will be provided to the client. The provider must develop and maintain a current
42.26 individualized medication management record for each client based on the client's assessment
42.27 that must contain the following:

- 42.28 (1) a statement describing the medication management services that will be provided;
- 42.29 (2) a description of storage of medications based on the client's needs and preferences,
- 42.30 risk of diversion, and consistent with the manufacturer's directions;
- 43.1 (3) documentation of specific client instructions relating to the administration of
- 43.2 medications;
- 43.3 (4) identification of persons responsible for monitoring medication supplies and ensuring
- 43.4 that medication refills are ordered on a timely basis;
- 43.5 (5) identification of medication management tasks that may be delegated to unlicensed
- 43.6 personnel;
- 43.7 (6) procedures for staff notifying a registered nurse or appropriate licensed health
- 43.8 professional when a problem arises with medication management services; and
- 43.9 (7) any client-specific requirements relating to documenting medication administration,
- 43.10 verifications that all medications are administered as prescribed, and monitoring of
- 43.11 medication use to prevent possible complications or adverse reactions.
- 43.12 (b) The medication management record must be current and updated when there are any
- 43.13 changes.
- 43.14 (c) Medication reconciliation must be completed when a licensed nurse, licensed health
- 43.15 professional, or authorized prescriber is providing medication management.
- 43.16 Sec. 52. Minnesota Statutes 2016, section 144A.4792, subdivision 10, is amended to read:
- 43.17 Subd. 10. **Medication management for clients who will be away from home.** (a) A
- 43.18 home care provider who is providing medication management services to the client and
- 43.19 controls the client's access to the medications must develop and implement policies and
- 43.20 procedures for giving accurate and current medications to clients for planned or unplanned
- 43.21 times away from home according to the client's individualized medication management
- 43.22 plan. The policy and procedures must state that:
- 43.23 (1) for planned time away, the medications must be obtained from the pharmacy or set
- 43.24 up by ~~the registered~~ a licensed nurse according to appropriate state and federal laws and
- 43.25 nursing standards of practice;
- 43.26 (2) for unplanned time away, when the pharmacy is not able to provide the medications,
- 43.27 a licensed nurse or unlicensed personnel shall give the client or client's representative

- 43.28 medications in amounts and dosages needed for the length of the anticipated absence, not
43.29 to exceed ~~120 hours~~ seven calendar days;
- 43.30 (3) the client or client's representative must be provided written information on
43.31 medications, including any special instructions for administering or handling the medications,
43.32 including controlled substances;
- 44.1 (4) the medications must be placed in a medication container or containers appropriate
44.2 to the provider's medication system and must be labeled with the client's name and the dates
44.3 and times that the medications are scheduled; and
- 44.4 (5) the client or client's representative must be provided in writing the home care
44.5 provider's name and information on how to contact the home care provider.
- 44.6 (b) For unplanned time away when the licensed nurse is not available, the registered
44.7 nurse may delegate this task to unlicensed personnel if:
- 44.8 (1) the registered nurse has trained the unlicensed staff and determined the unlicensed
44.9 staff is competent to follow the procedures for giving medications to clients; and
- 44.10 (2) the registered nurse has developed written procedures for the unlicensed personnel,
44.11 including any special instructions or procedures regarding controlled substances that are
44.12 prescribed for the client. The procedures must address:
- 44.13 (i) the type of container or containers to be used for the medications appropriate to the
44.14 provider's medication system;
- 44.15 (ii) how the container or containers must be labeled;
- 44.16 (iii) the written information about the medications to be given to the client or client's
44.17 representative;
- 44.18 (iv) how the unlicensed staff must document in the client's record that medications have
44.19 been given to the client or the client's representative, including documenting the date the
44.20 medications were given to the client or the client's representative and who received the
44.21 medications, the person who gave the medications to the client, the number of medications
44.22 that were given to the client, and other required information;
- 44.23 (v) how the registered nurse shall be notified that medications have been given to the
44.24 client or client's representative and whether the registered nurse needs to be contacted before
44.25 the medications are given to the client or the client's representative; ~~and~~

- 44.26 (vi) a review by the registered nurse of the completion of this task to verify that this task
44.27 was completed accurately by the unlicensed personnel; and
- 44.28 (vii) how the unlicensed staff must document in the client's record any unused medications
44.29 that are returned to the provider, including the name of each medication and the doses of
44.30 each returned medication.
- 45.1 Sec. 53. Minnesota Statutes 2016, section 144A.4793, subdivision 6, is amended to read:
- 45.2 Subd. 6. **Treatment and therapy orders or prescriptions.** There must be an up-to-date
45.3 written or electronically recorded order or prescription from an authorized prescriber for
45.4 all treatments and therapies. The order must contain the name of the client, a description of
45.5 the treatment or therapy to be provided, and the frequency, duration, and other information
45.6 needed to administer the treatment or therapy. Treatment and therapy orders must be renewed
45.7 at least every 12 months.
- 45.8 Sec. 54. Minnesota Statutes 2017 Supplement, section 144A.4796, subdivision 2, is
45.9 amended to read:
- 45.10 Subd. 2. **Content.** (a) The orientation must contain the following topics:
- 45.11 (1) an overview of sections 144A.43 to 144A.4798;
- 45.12 (2) introduction and review of all the provider's policies and procedures related to the
45.13 provision of home care services by the individual staff person;
- 45.14 (3) handling of emergencies and use of emergency services;
- 45.15 (4) compliance with and reporting of the maltreatment of minors or vulnerable adults
45.16 under sections 626.556 and 626.557;
- 45.17 (5) home care bill of rights under section 144A.44;
- 45.18 (6) handling of clients' complaints, reporting of complaints, and where to report
45.19 complaints including information on the Office of Health Facility Complaints and the
45.20 Common Entry Point;
- 45.21 (7) consumer advocacy services of the Office of Ombudsman for Long-Term Care,
45.22 Office of Ombudsman for Mental Health and Developmental Disabilities, Managed Care
45.23 Ombudsman at the Department of Human Services, county managed care advocates, or
45.24 other relevant advocacy services; and

- 45.25 (8) review of the types of home care services the employee will be providing and the
 45.26 provider's scope of licensure.
- 45.27 (b) In addition to the topics listed in paragraph (a), orientation may also contain training
 45.28 on providing services to clients with hearing loss. Any training on hearing loss provided
 45.29 under this subdivision must be high quality and research-based, may include online training,
 45.30 and must include training on one or more of the following topics:
- 46.1 (1) an explanation of age-related hearing loss and how it manifests itself, its prevalence,
 46.2 and challenges it poses to communication;
- 46.3 (2) health impacts related to untreated age-related hearing loss, such as increased
 46.4 incidence of dementia, falls, hospitalizations, isolation, and depression; or
- 46.5 (3) information about strategies and technology that may enhance communication and
 46.6 involvement, including communication strategies, assistive listening devices, hearing aids,
 46.7 visual and tactile alerting devices, communication access in real time, and closed captions.
- 46.8 Sec. 55. Minnesota Statutes 2016, section 144A.4797, subdivision 3, is amended to read:
- 46.9 Subd. 3. **Supervision of staff providing delegated nursing or therapy home care**
 46.10 **tasks.** (a) Staff who perform delegated nursing or therapy home care tasks must be supervised
 46.11 by an appropriate licensed health professional or a registered nurse periodically where the
 46.12 services are being provided to verify that the work is being performed competently and to
 46.13 identify problems and solutions related to the staff person's ability to perform the tasks.
 46.14 Supervision of staff performing medication or treatment administration shall be provided
 46.15 by a registered nurse or appropriate licensed health professional and must include observation
 46.16 of the staff administering the medication or treatment and the interaction with the client.
- 46.17 (b) The direct supervision of staff performing delegated tasks must be provided within
 46.18 30 days after the date on which the individual begins working for the home care provider
 46.19 and first performs delegated tasks for clients and thereafter as needed based on performance.
 46.20 This requirement also applies to staff who have not performed delegated tasks for one year
 46.21 or longer.
- 46.22 Sec. 56. Minnesota Statutes 2016, section 144A.4798, is amended to read:
- 46.23 **144A.4798 EMPLOYEE HEALTH STATUS DISEASE PREVENTION AND**
 46.24 **INFECTION CONTROL.**
- 46.25 Subdivision 1. **Tuberculosis (TB) prevention and infection control.** (a) A home care
 46.26 provider must establish and maintain a TB prevention and comprehensive tuberculosis
 46.27 infection control program based on according to the most current tuberculosis infection

46.28 control guidelines issued by the United States Centers for Disease Control and Prevention
46.29 (CDC), Division of Tuberculosis Elimination, as published in the CDC's Morbidity and
46.30 Mortality Weekly Report. Components of a TB prevention and control program include
46.31 screening all staff providing home care services, both paid and unpaid, at the time of hire
46.32 for active TB disease and latent TB infection, and developing and implementing a written
47.1 TB infection control plan. The commissioner shall make the most recent CDC standards
47.2 available to home care providers on the department's Web site. This program must include
47.3 a tuberculosis infection control plan that covers all paid and unpaid employees, contractors,
47.4 students, and volunteers. The commissioner shall provide technical assistance regarding
47.5 implementation of the guidelines.

47.6 (b) Written evidence of compliance with this subdivision must be maintained by the
47.7 home care provider.

47.8 Subd. 2. **Communicable diseases.** A home care provider must follow current federal
47.9 or state guidelines state requirements for prevention, control, and reporting of human
47.10 immunodeficiency virus (HIV), hepatitis B virus (HBV), hepatitis C virus, or other
47.11 communicable diseases as defined in Minnesota Rules, part parts 4605.7040, 4605.7044,
47.12 4605.7050, 4605.7075, 4605.7080, and 4605.7090.

47.13 Subd. 3. **Infection control program.** A home care provider must establish and maintain
47.14 an effective infection control program that complies with accepted health care, medical,
47.15 and nursing standards for infection control.

47.16 Sec. 57. Minnesota Statutes 2016, section 144A.4799, subdivision 1, is amended to read:

47.17 Subdivision 1. **Membership.** The commissioner of health shall appoint eight persons
47.18 to a home care and assisted living program advisory council consisting of the following:

47.19 (1) three public members as defined in section 214.02 who shall be either persons who
47.20 are currently receiving home care services or, persons who have received home care services
47.21 within five years of the application date, persons who have family members receiving home
47.22 care services, or persons who have family members who have received home care services
47.23 within five years of the application date;

47.24 (2) three Minnesota home care licensees representing basic and comprehensive levels
47.25 of licensure who may be a managerial official, an administrator, a supervising registered
47.26 nurse, or an unlicensed personnel performing home care tasks;

47.27 (3) one member representing the Minnesota Board of Nursing; and

47.28 (4) one member representing the Office of Ombudsman for Long-Term Care.

- 48.1 Sec. 58. Minnesota Statutes 2017 Supplement, section 144A.4799, subdivision 3, is
48.2 amended to read:
- 48.3 Subd. 3. **Duties.** (a) At the commissioner's request, the advisory council shall provide
48.4 advice regarding regulations of Department of Health licensed home care providers in this
48.5 chapter, including advice on the following:
- 48.6 (1) community standards for home care practices;
- 48.7 (2) enforcement of licensing standards and whether certain disciplinary actions are
48.8 appropriate;
- 48.9 (3) ways of distributing information to licensees and consumers of home care;
- 48.10 (4) training standards;
- 48.11 (5) identifying emerging issues and opportunities in the home care field, including and
48.12 assisted living;
- 48.13 (6) identifying the use of technology in home and telehealth capabilities;
- 48.14 ~~(6)~~ (7) allowable home care licensing modifications and exemptions, including a method
48.15 for an integrated license with an existing license for rural licensed nursing homes to provide
48.16 limited home care services in an adjacent independent living apartment building owned by
48.17 the licensed nursing home; and
- 48.18 ~~(7)~~ (8) recommendations for studies using the data in section 62U.04, subdivision 4,
48.19 including but not limited to studies concerning costs related to dementia and chronic disease
48.20 among an elderly population over 60 and additional long-term care costs, as described in
48.21 section 62U.10, subdivision 6.
- 48.22 (b) The advisory council shall perform other duties as directed by the commissioner.
- 48.23 (c) The advisory council shall annually review the balance of the account in the state
48.24 government special revenue fund described in section 144A.474, subdivision 11, paragraph
48.25 (i), and make annual recommendations by January 15 directly to the chairs and ranking
48.26 minority members of the legislative committees with jurisdiction over health and human
48.27 services regarding appropriations to the commissioner for the purposes in section 144A.474,
48.28 subdivision 11, paragraph (i).
- 48.29 Sec. 59. Minnesota Statutes 2016, section 144A.484, subdivision 1, is amended to read:

48.30 Subdivision 1. **Integrated licensing established.** ~~(a) From January 1, 2014, to June 30,~~
48.31 ~~2015, the commissioner of health shall enforce the home and community-based services~~
49.1 ~~standards under chapter 245D for those providers who also have a home care license pursuant~~
49.2 ~~to this chapter as required under Laws 2013, chapter 108, article 8, section 60, and article~~
49.3 ~~11, section 31. During this period, the commissioner shall provide technical assistance to~~
49.4 ~~achieve and maintain compliance with applicable law or rules governing the provision of~~
49.5 ~~home and community-based services, including complying with the service recipient rights~~
49.6 ~~notice in subdivision 4, clause (4). If during the survey, the commissioner finds that the~~
49.7 ~~licensee has failed to achieve compliance with an applicable law or rule under chapter 245D~~
49.8 ~~and this failure does not imminently endanger the health, safety, or rights of the persons~~
49.9 ~~served by the program, the commissioner may issue a licensing survey report with~~
49.10 ~~recommendations for achieving and maintaining compliance.~~

49.11 (b) ~~Beginning July 1, 2015,~~ A home care provider applicant or license holder may apply
49.12 to the commissioner of health for a home and community-based services designation for
49.13 the provision of basic support services identified under section 245D.03, subdivision 1,
49.14 paragraph (b). The designation allows the license holder to provide basic support services
49.15 that would otherwise require licensure under chapter 245D, under the license holder's home
49.16 care license governed by sections 144A.43 to ~~144A.481~~ 144A.4799.

**HOUSE ARTICLE 1, SECTIONS 60 AND 61 ARE LOCATED IN THE
SENATE ARTICLE 25 SIDE BY SIDE**

50.9 Sec. 62. Minnesota Statutes 2017 Supplement, section 144H.01, subdivision 5, is amended
50.10 to read:

50.11 Subd. 5. **Medically complex or technologically dependent child.** "Medically complex
50.12 or technologically dependent child" means a child under 21 years of age who, ~~because of~~
50.13 ~~a medical condition, requires continuous therapeutic interventions or skilled nursing~~
50.14 ~~supervision which must be prescribed by a licensed physician and administered by, or under~~
50.15 ~~the direct supervision of, a licensed registered nurse.;~~

50.16 (1) needs skilled assessment and intervention multiple times during a 24-hour period to
50.17 maintain health and prevent deterioration of health status;

50.18 (2) has both predictable health needs and the potential for changes in condition that
50.19 could lead to rapid deterioration or life-threatening episodes;

50.20 (3) requires a 24-hour plan of care, including a backup plan, to reasonably ensure health
50.21 and safety in the community; and

- 50.22 (4) is expected to require frequent or continuous care in a hospital without the provision
50.23 of services in the child's home or a community setting.
- 50.24 Sec. 63. Minnesota Statutes 2017 Supplement, section 144H.04, subdivision 1, is amended
50.25 to read:
- 50.26 Subdivision 1. **Licenses.** (a) A person seeking licensure for a PPEC center must submit
50.27 a completed application for licensure to the commissioner, in a form and manner determined
50.28 by the commissioner. The applicant must also submit the application fee, in the amount
50.29 specified in section 144H.05, subdivision 1. ~~Effective For the period January 1, 2019,~~
50.30 ~~through December 31, 2020, the commissioner shall issue licenses for no more than two~~
50.31 ~~PPEC centers according to the requirements in the phase-in of licensure of prescribed~~
50.32 ~~pediatric extended care centers in section 92. Beginning January 1, 2018 2021, the~~
51.1 commissioner shall issue a license for a PPEC center if the commissioner determines that
51.2 the applicant and center meet the requirements of this chapter and rules that apply to PPEC
51.3 centers. A license issued under this subdivision is valid for two years.
- 51.4 (b) The commissioner may limit issuance of PPEC center licenses to PPEC centers
51.5 located in areas of the state with a demonstrated home care worker shortage.
- 51.6 **EFFECTIVE DATE.** This section is effective the day following final enactment.
- 51.7 Sec. 64. Minnesota Statutes 2017 Supplement, section 144H.06, is amended to read:
51.8 **144H.06 APPLICATION OF RULES FOR HOSPICE SERVICES AND**
51.9 **RESIDENTIAL HOSPICE FACILITIES.**
- 51.10 Minnesota Rules, chapter 4664, shall apply to PPEC centers licensed under this chapter,
51.11 except that the following parts, subparts, and items, ~~and subitems~~ do not apply:
- 51.12 (1) Minnesota Rules, part 4664.0003, subparts 2, 6, 7, 11, 12, 13, 14, and 38;
- 51.13 (2) Minnesota Rules, part 4664.0008;
- 51.14 (3) Minnesota Rules, part 4664.0010, subparts 3; 4, ~~items A, subitem (6), and item B;~~
51.15 ~~and 8;~~
- 51.16 (4) Minnesota Rules, part 4664.0020, subpart 13;
- 51.17 (5) Minnesota Rules, part 4664.0370, subpart 1;
- 51.18 (6) Minnesota Rules, part 4664.0390, subpart 1, items A, C, and E;

- 51.19 (7) Minnesota Rules, part 4664.0420;
- 51.20 (8) Minnesota Rules, part 4664.0425, subparts 3, item A; 4; and 6;
- 51.21 (9) Minnesota Rules, part 4664.0430, subparts 3, 4, 5, 7, 8, 9, 10, 11, and 12;
- 51.22 (10) Minnesota Rules, part 4664.0490; and
- 51.23 (11) Minnesota Rules, part 4664.0520.
- 51.24 Sec. 65. Minnesota Statutes 2017 Supplement, section 144H.08, is amended to read:
- 51.25 **144H.08 ADMINISTRATION AND MANAGEMENT.**
- 51.26 Subdivision 1. ~~Duties of owner~~ **Owners.** (a) The owner of a PPEC center shall:
- 51.27 (1) have full legal authority and responsibility for the operation of the center. A PPEC
- 51.28 center must be organized according to a written table of organization, describing the lines
- 52.1 of authority and communication to the child care level. The organizational structure must
- 52.2 be designed to ensure an integrated continuum of services for the children served; and
- 52.3 (b) ~~The owner must~~ (2) designate one person as a center administrator, who is responsible
- 52.4 and accountable for overall management of the center.
- 52.5 (b) In order to serve as an owner of a PPEC center, an individual must have at least two
- 52.6 years of experience in the past five years (1) operating a business that provides care to
- 52.7 medically complex or technologically dependent children, or (2) managing the care of
- 52.8 medically complex or technologically dependent children.
- 52.9 Subd. 2. ~~Duties of administrator~~ **Administrators.** (a) The center administrator is
- 52.10 responsible and accountable for overall management of the center. The administrator must:
- 52.11 (1) designate in writing a person to be responsible for the center when the administrator
- 52.12 is absent from the center for more than 24 hours;
- 52.13 (2) maintain the following written records, in a place and form and using a system that
- 52.14 allows for inspection of the records by the commissioner during normal business hours:
- 52.15 (i) a daily census record, which indicates the number of children currently receiving
- 52.16 services at the center;

- 52.17 (ii) a record of all accidents or unusual incidents involving any child or staff member
52.18 that caused, or had the potential to cause, injury or harm to a person at the center or to center
52.19 property;
- 52.20 (iii) copies of all current agreements with providers of supportive services or contracted
52.21 services;
- 52.22 (iv) copies of all current agreements with consultants employed by the center,
52.23 documentation of each consultant's visits, and written, dated reports; and
- 52.24 (v) a personnel record for each employee, which must include an application for
52.25 employment, references, employment history for the preceding five years, and copies of all
52.26 performance evaluations;
- 52.27 (3) develop and maintain a current job description for each employee;
- 52.28 (4) provide necessary qualified personnel and ancillary services to ensure the health,
52.29 safety, and proper care for each child; and
- 52.30 (5) develop and implement infection control policies that comply with rules adopted by
52.31 the commissioner regarding infection control.
- 53.1 (b) In order to serve as an administrator of a PPEC center, an individual must have at
53.2 least two years of experience in the past five years caring for or managing the care of
53.3 medically complex or technologically dependent children.
- 53.4 Sec. 66. Minnesota Statutes 2016, section 145.56, subdivision 2, is amended to read:
- 53.5 Subd. 2. **Community-based programs.** To the extent funds are appropriated for the
53.6 purposes of this subdivision, the commissioner shall establish a grant program to fund:
- 53.7 (1) community-based programs to provide education, outreach, and advocacy services
53.8 to populations who may be at risk for suicide;
- 53.9 (2) community-based programs that educate community helpers and gatekeepers, such
53.10 as family members, spiritual leaders, coaches, and business owners, employers, and
53.11 coworkers on how to prevent suicide by encouraging help-seeking behaviors;
- 53.12 (3) community-based programs that educate populations at risk for suicide and community
53.13 helpers and gatekeepers that must include information on the symptoms of depression and
53.14 other psychiatric illnesses, the warning signs of suicide, skills for preventing suicides, and
53.15 making or seeking effective referrals to intervention and community resources;

- 53.16 (4) community-based programs to provide evidence-based suicide prevention and
53.17 intervention education to school staff, parents, and students in grades kindergarten through
53.18 12, and for students attending Minnesota colleges and universities;
- 53.19 (5) community-based programs to provide evidence-based suicide prevention and
53.20 intervention to public school nurses, teachers, administrators, coaches, school social workers,
53.21 peace officers, firefighters, emergency medical technicians, advanced emergency medical
53.22 technicians, paramedics, primary care providers, and others; ~~and~~
- 53.23 (6) community-based, evidence-based postvention training to mental health professionals
53.24 and practitioners in order to provide technical assistance to communities after a suicide and
53.25 to prevent suicide clusters and contagion; and
- 53.26 (7) a nonprofit organization to provide crisis telephone counseling services across the
53.27 state to people in suicidal crisis or emotional distress, 24 hours a day, seven days a week,
53.28 365 days a year.
- 53.29 Sec. 67. Minnesota Statutes 2016, section 145.928, subdivision 1, is amended to read:
- 53.30 Subdivision 1. **Goal; establishment.** It is the goal of the state, by 2010, to decrease by
53.31 50 percent the disparities in infant mortality rates and adult and child immunization rates
54.1 for American Indians and populations of color, as compared with rates for whites. To do
54.2 so and to achieve other measurable outcomes, the commissioner of health shall establish a
54.3 program to close the gap in the health status of American Indians and populations of color
54.4 as compared with whites in the following priority areas: infant mortality, access to and
54.5 utilization of high-quality prenatal care, breast and cervical cancer screening, HIV/AIDS
54.6 and sexually transmitted infections, adult and child immunizations, cardiovascular disease,
54.7 diabetes, and accidental injuries and violence.
- 54.8 Sec. 68. Minnesota Statutes 2016, section 145.928, subdivision 7, is amended to read:
- 54.9 Subd. 7. **Community grant program; immunization rates, prenatal care access and**
54.10 **utilization, and infant mortality rates.** (a) The commissioner shall award grants to eligible
54.11 applicants for local or regional projects and initiatives directed at reducing health disparities
54.12 in one or ~~both~~ more of the following priority areas:
- 54.13 (1) decreasing racial and ethnic disparities in infant mortality rates; ~~or~~
- 54.14 (2) decreasing racial and ethnic disparities in access to and utilization of high-quality
54.15 prenatal care; or

- 54.16 ~~(2)~~ (3) increasing adult and child immunization rates in nonwhite racial and ethnic
54.17 populations.
- 54.18 (b) The commissioner may award up to 20 percent of the funds available as planning
54.19 grants. Planning grants must be used to address such areas as community assessment,
54.20 coordination activities, and development of community supported strategies.
- 54.21 (c) Eligible applicants may include, but are not limited to, faith-based organizations,
54.22 social service organizations, community nonprofit organizations, community health boards,
54.23 tribal governments, and community clinics. Applicants must submit proposals to the
54.24 commissioner. A proposal must specify the strategies to be implemented to address one or
54.25 both more of the priority areas listed in paragraph (a) and must be targeted to achieve the
54.26 outcomes established according to subdivision 3.
- 54.27 (d) The commissioner shall give priority to applicants who demonstrate that their
54.28 proposed project or initiative:
- 54.29 (1) is supported by the community the applicant will serve;
- 54.30 (2) is research-based or based on promising strategies;
- 54.31 (3) is designed to complement other related community activities;
- 54.32 (4) utilizes strategies that positively impact both two or more priority areas;
- 55.1 (5) reflects racially and ethnically appropriate approaches; and
- 55.2 (6) will be implemented through or with community-based organizations that reflect the
55.3 race or ethnicity of the population to be reached.
- 55.4 Sec. 69. Minnesota Statutes 2016, section 146B.03, is amended by adding a subdivision
55.5 to read:
- 55.6 Subd. 7a. **Supervisors.** (a) A technician must have been licensed in Minnesota or in a
55.7 jurisdiction with which Minnesota has reciprocity for at least:
- 55.8 (1) two years as a tattoo technician in order to supervise a temporary tattoo technician;
55.9 or

- 55.10 (2) one year as a body piercing technician in order to supervise a temporary body piercing
55.11 technician.
- 55.12 (b) Any technician who agrees to supervise more than two temporary tattoo technicians
55.13 during the same time period, or more than four body piercing technicians during the same
55.14 time period, must provide to the commissioner a supervisory plan that describes how the
55.15 technician will provide supervision to each temporary technician in accordance with section
55.16 146B.01, subdivision 28.
- 55.17 (c) The commissioner may refuse to approve as a supervisor a technician who has been
55.18 disciplined in Minnesota or in another jurisdiction after considering the criteria in section
55.19 146B.02, subdivision 10, paragraph (b).
- 55.20 Sec. 70. Minnesota Statutes 2016, section 147A.08, is amended to read:
55.21 **147A.08 EXEMPTIONS.**
- 55.22 (a) This chapter does not apply to, control, prevent, or restrict the practice, service, or
55.23 activities of persons listed in section 147.09, clauses (1) to (6) and (8) to (13), persons
55.24 regulated under section 214.01, subdivision 2, or persons defined in section 144.1501,
55.25 subdivision 1, paragraphs (i), (k), and (j), (l), and (m).
- 55.26 (b) Nothing in this chapter shall be construed to require licensure of:
- 55.27 (1) a physician assistant student enrolled in a physician assistant educational program
55.28 accredited by the Accreditation Review Commission on Education for the Physician Assistant
55.29 or by its successor agency approved by the board;
- 55.30 (2) a physician assistant employed in the service of the federal government while
55.31 performing duties incident to that employment; or
- 55.1 (3) technicians, other assistants, or employees of physicians who perform delegated
55.2 tasks in the office of a physician but who do not identify themselves as a physician assistant.
- 55.3 Sec. 71. Minnesota Statutes 2016, section 148.512, subdivision 17a, is amended to read:
- 55.4 Subd. 17a. **Speech-language pathology assistant.** "Speech-language pathology assistant"
55.5 means a person who provides speech-language pathology services under the supervision of
55.6 a licensed speech-language pathologist in accordance with section 148.5192 practices
55.7 speech-language pathology assisting, meets the requirements under section 148.5185 or
55.8 148.5186, and is licensed by the commissioner.

- 56.9

EFFECTIVE DATE. This section is effective January 1, 2019.
- 56.10

Sec. 72. Minnesota Statutes 2016, section 148.513, subdivision 1, is amended to read:
- 56.11

Subdivision 1. **Unlicensed practice prohibited.** A person must not engage in the practice
- 56.12

of speech-language pathology ~~or~~, audiology, or speech-language pathology assisting unless
- 56.13

the person is licensed as a speech-language pathologist ~~or~~, an audiologist, or a
- 56.14

speech-language pathology assistant under sections 148.511 to 148.5198 ~~or is practicing as~~
- 56.15

~~a speech-language pathology assistant in accordance with section 148.5192. For purposes~~
- 56.16

~~of this subdivision, a speech-language pathology assistant's duties are limited to the duties~~
- 56.17

~~described in accordance with section 148.5192, subdivision 2.~~
- 56.18

EFFECTIVE DATE. This section is effective January 1, 2019.
- 56.19

Sec. 73. Minnesota Statutes 2016, section 148.513, subdivision 2, is amended to read:
- 56.20

Subd. 2. **Protected titles and restrictions on use; speech-language pathologists and**
- 56.21

audiologists. ~~(a) Notwithstanding paragraph (b)~~ Except as provided in subdivision 2b, the
- 56.22

use of the following terms or initials which represent the following terms, alone or in
- 56.23

combination with any word or words, by any person to form an occupational title is prohibited
- 56.24

unless that person is licensed as a speech-language pathologist or audiologist under sections
- 56.25

148.511 to 148.5198:
- 56.26

(1) speech-language;
- 56.27

(2) speech-language pathologist, S, SP, or SLP;
- 56.28

(3) speech pathologist;
- 56.29

(4) language pathologist;
- 56.30

(5) audiologist, A, or AUD;
- 57.1

(6) speech therapist;
- 57.2

(7) speech clinician;
- 57.3

(8) speech correctionist;
- 57.4

(9) language therapist;

- 57.5 (10) voice therapist;
- 57.6 (11) voice pathologist;
- 57.7 (12) logopedist;
- 57.8 (13) communicologist;
- 57.9 (14) aphasiologist;
- 57.10 (15) phoniatrist;
- 57.11 (16) audiometrist;
- 57.12 (17) audioprosthologist;
- 57.13 (18) hearing therapist;
- 57.14 (19) hearing clinician; or
- 57.15 (20) hearing aid audiologist.

- 57.16 Use of the term "Minnesota licensed" in conjunction with the titles protected under this
- 57.17 ~~paragraph~~ subdivision by any person is prohibited unless that person is licensed as a
- 57.18 speech-language pathologist or audiologist under sections 148.511 to 148.5198.

- 57.19 ~~(b) A speech-language pathology assistant practicing under section 148.5192 must not~~
- 57.20 ~~represent, indicate, or imply to the public that the assistant is a licensed speech-language~~
- 57.21 ~~pathologist and shall only utilize one of the following titles: "speech-language pathology~~
- 57.22 ~~assistant," "SLP assistant," or "SLP asst."~~

- 57.23 **EFFECTIVE DATE.** This section is effective January 1, 2019.

- 57.24 Sec. 74. Minnesota Statutes 2016, section 148.513, is amended by adding a subdivision
- 57.25 to read:

- 57.26 Subd. 2b. **Protected titles and restrictions on use; speech-language pathology**
- 57.27 **assistants.** (a) Use of the following titles is prohibited, unless that person is licensed under
- 57.28 section 148.5185 or 148.5186: "speech-language pathology assistant," "SLP assistant," or
- 57.29 "SLP asst."

58.1 (b) A speech-language pathology assistant licensed under section 148.5185 or 148.5186
58.2 must not represent, indicate, or imply to the public that the assistant is a licensed
58.3 speech-language pathologist and shall only utilize one of the following titles:
58.4 "speech-language pathology assistant," "SLP assistant," or "SLP asst." A speech-language
58.5 pathology assistant licensed under section 148.5185 or 148.5186 may use the term "licensed"
58.6 or "Minnesota licensed" in connection with a title listed in this paragraph. Use of the term
58.7 "Minnesota licensed" in conjunction with any of the titles protected under paragraph (a) by
58.8 any person is prohibited unless that person is licensed under section 148.5185 or 148.5186.

58.9 **EFFECTIVE DATE.** This section is effective January 1, 2019.

58.10 Sec. 75. Minnesota Statutes 2016, section 148.515, subdivision 1, is amended to read:

58.11 Subdivision 1. **Applicability.** Except as provided in section 148.516 or 148.517, an
58.12 applicant for licensure as a speech-language pathologist or audiologist must meet the
58.13 requirements in this section.

58.14 **EFFECTIVE DATE.** This section is effective January 1, 2019.

58.15 Sec. 76. Minnesota Statutes 2016, section 148.516, is amended to read:

58.16 **148.516 LICENSURE BY EQUIVALENCY.**

58.17 An applicant who applies for licensure by equivalency as a speech-language pathologist
58.18 or audiologist must show evidence of possessing a current certificate of clinical competence
58.19 issued by the American Speech-Language-Hearing Association or board certification by
58.20 the American Board of Audiology and must meet the requirements of section 148.514.

58.21 **EFFECTIVE DATE.** This section is effective January 1, 2019.

58.22 Sec. 77. **[148.5185] RESTRICTED LICENSURE; SPEECH-LANGUAGE**
58.23 **PATHOLOGY ASSISTANTS.**

58.24 Subdivision 1. **Qualifications for a restricted license.** To be eligible for restricted
58.25 licensure as a speech-language pathology assistant, an applicant must satisfy the requirements
58.26 in subdivision 2, 3, or 4.

58.27 Subd. 2. **Person practicing as a speech-language pathology assistant before January**
58.28 **1, 2019.** (a) A person who is practicing as a speech-language pathology assistant before
58.29 January 1, 2019, and who does not meet the qualifications for a license under section
58.30 148.5186 may apply for a restricted speech-language pathology assistant license from the
58.31 commissioner. An applicant under this paragraph must submit to the commissioner:

- 59.1 (1) proof of current employment as a speech-language pathology assistant; and
- 59.2 (2) a signed affidavit affirming supervision, from the licensed speech-language pathologist
- 59.3 currently supervising the applicant.
- 59.4 (b) In order to be licensed as a speech-language pathology assistant under section
- 59.5 148.5186, a licensee with a restricted license under this subdivision must obtain an associate
- 59.6 degree from a speech-language pathology assistant program that is accredited by the Higher
- 59.7 Learning Commission of the North Central Association of Colleges or its equivalent, as
- 59.8 approved by the commissioner, and that includes (1) coursework on an introduction to
- 59.9 communication disorders, phonetics, language development, articulation disorders, language
- 59.10 disorders, anatomy of speech/language hearing, stuttering, adult communication disorders,
- 59.11 and clinical documentations and materials management; and (2) at least 100 hours of
- 59.12 supervised field work experience in speech-language pathology assisting. Upon completion
- 59.13 of the requirements in this paragraph prior to January 1, 2025, a licensee with a restricted
- 59.14 license under this subdivision is eligible to apply for licensure under section 148.5186.
- 59.15 **Subd. 3. Person with a bachelor's degree in communication sciences or disorders**
- 59.16 **and practicing as a speech-language pathology assistant before January 1, 2019. (a) A**
- 59.17 **person with a bachelor's degree in the discipline of communication sciences or disorders**
- 59.18 **and who is practicing as a speech-language pathology assistant before January 1, 2019, but**
- 59.19 **who does not meet the qualifications for a license under section 148.5186, may apply for a**
- 59.20 **restricted speech-language pathology assistant license from the commissioner. An applicant**
- 59.21 **under this paragraph must submit to the commissioner:**
- 59.22 (1) a transcript from an educational institution documenting satisfactory completion of
- 59.23 a bachelor's degree in the discipline of communication sciences or disorders;
- 59.24 (2) proof of current employment as a speech-language pathology assistant; and
- 59.25 (3) a signed affidavit affirming supervision, from the licensed speech-language pathologist
- 59.26 currently supervising the applicant.
- 59.27 (b) In order to be licensed as a speech-language pathology assistant under section
- 59.28 148.5186, a licensee with a restricted license under this subdivision must complete (1)
- 59.29 coursework from a speech-language pathology assistant program in articulation disorders,
- 59.30 language disorders, adult communication disorders, and stuttering; and (2) at least 100 hours
- 59.31 of supervised field work experience in speech-language pathology assisting. Upon completion
- 59.32 of the requirements in this paragraph prior to January 1, 2025, a licensee with a restricted
- 59.33 license under this subdivision is eligible to apply for licensure under section 148.5186.

- 60.1 Subd. 4. **Person with an associate degree from a program that does not meet**
60.2 **requirements in section 148.5186.** (a) A person with an associate degree from a
60.3 speech-language pathology assistant program that does not meet the requirements in section
60.4 148.5186, subdivision 1, clause (1), may apply for a restricted speech-language pathology
60.5 assistant license from the commissioner. An applicant under this paragraph must submit to
60.6 the commissioner a transcript from an educational institution documenting satisfactory
60.7 completion of an associate degree from a speech-language pathology assistant program. If
60.8 the commissioner determines that the applicant's speech-language pathology assistant
60.9 program does not include coursework or supervised field work experience that is equivalent
60.10 to a program under section 148.5186, subdivision 1, clause (1), the commissioner may issue
60.11 a restricted license to the applicant.
- 60.12 (b) In order to be licensed as a speech-language pathology assistant under section
60.13 148.5186, a licensee with a restricted license under this subdivision must complete any
60.14 missing coursework or supervised field work experience, as determined by the commissioner,
60.15 in a speech-language pathology assisting program. Upon completion of the requirements
60.16 in this paragraph prior to January 1, 2025, a licensee with a restricted license under this
60.17 subdivision is eligible to apply for licensure under section 148.5186.
- 60.18 Subd. 5. **Additional requirements; restricted license.** (a) A restricted license issued
60.19 under subdivision 2, 3, or 4 may be renewed biennially until January 1, 2025.
- 60.20 (b) A licensee with a restricted license under subdivision 2 or 3 may only practice
60.21 speech-language pathology assisting for the employer with whom the licensee was employed
60.22 when the licensee applied for licensure.
- 60.23 Subd. 6. **Continuing education.** In order to renew a restricted license, a licensee must
60.24 comply with the continuing education requirements in section 148.5193, subdivision 1a.
- 60.25 Subd. 7. **Scope of practice.** Scope of practice for a speech-language pathology assistant
60.26 licensed under this section is governed by section 148.5192, subdivision 2.
- 60.27 **EFFECTIVE DATE.** This section is effective January 1, 2019.
- 60.28 Sec. 78. **[148.5186] LICENSURE; SPEECH-LANGUAGE PATHOLOGY**
60.29 **ASSISTANTS.**
- 60.30 Subdivision 1. **Requirements for licensure.** To be eligible for licensure as a
60.31 speech-language pathology assistant, an applicant must submit to the commissioner a
60.32 transcript from an educational institution documenting satisfactory completion of either:
- 61.1 (1) an associate degree from a speech-language pathology assistant program that is
61.2 accredited by the Higher Learning Commission of the North Central Association of Colleges

- 61.3 or its equivalent as approved by the commissioner, which includes at least 100 hours of
61.4 supervised field work experience in speech-language pathology assisting; or
- 61.5 (2) a bachelor's degree in the discipline of communication sciences or disorders and a
61.6 speech-language pathology assistant certificate program that includes (i) coursework in an
61.7 introduction to speech-language pathology assisting, stuttering, articulation disorders, and
61.8 language disorders; and (ii) at least 100 hours of supervised field work experience in
61.9 speech-language pathology assisting.
- 61.10 Subd. 2. **Licensure by equivalency.** An applicant who applies for licensure by
61.11 equivalency as a speech-language pathology assistant must provide evidence to the
61.12 commissioner of satisfying the requirements in subdivision 1.
- 61.13 Subd. 3. **Scope of practice.** Scope of practice for a speech-language pathology assistant
61.14 licensed under this section is governed by section 148.5192, subdivision 2.
- 61.15 **EFFECTIVE DATE.** This section is effective January 1, 2019.
- 61.16 Sec. 79. Minnesota Statutes 2017 Supplement, section 148.519, subdivision 1, is amended
61.17 to read:
- 61.18 Subdivision 1. **Applications for licensure; speech-language pathologists and**
61.19 **audiologists.** (a) An applicant for licensure as a speech-language pathologist or audiologist
61.20 must:
- 61.21 (1) submit a completed application for licensure on forms provided by the commissioner.
61.22 The application must include the applicant's name, certification number under chapter 153A,
61.23 if applicable, business address and telephone number, or home address and telephone number
61.24 if the applicant practices speech-language pathology or audiology out of the home, and a
61.25 description of the applicant's education, training, and experience, including previous work
61.26 history for the five years immediately preceding the date of application. The commissioner
61.27 may ask the applicant to provide additional information necessary to clarify information
61.28 submitted in the application; and
- 61.29 (2) submit documentation of the certificate of clinical competence issued by the American
61.30 Speech-Language-Hearing Association, board certification by the American Board of
61.31 Audiology, or satisfy the following requirements:
- 61.32 (i) submit a transcript showing the completion of a master's or doctoral degree or its
61.33 equivalent meeting the requirements of section 148.515, subdivision 2;
- 62.1 (ii) submit documentation of the required hours of supervised clinical training;

- 62.2 (iii) submit documentation of the postgraduate clinical or doctoral clinical experience
62.3 meeting the requirements of section 148.515, subdivision 4; and
- 62.4 (iv) submit documentation of receiving a qualifying score on an examination meeting
62.5 the requirements of section 148.515, subdivision 6.
- 62.6 (b) In addition, an applicant must:
- 62.7 (1) sign a statement that the information in the application is true and correct to the best
62.8 of the applicant's knowledge and belief;
- 62.9 (2) submit with the application all fees required by section 148.5194;
- 62.10 (3) sign a waiver authorizing the commissioner to obtain access to the applicant's records
62.11 in this or any other state in which the applicant has engaged in the practice of speech-language
62.12 pathology or audiology; and
- 62.13 (4) consent to a fingerprint-based criminal history background check as required under
62.14 section 144.0572, pay all required fees, and cooperate with all requests for information. An
62.15 applicant must complete a new criminal history background check if more than one year
62.16 has elapsed since the applicant last applied for a license.
- 62.17 **EFFECTIVE DATE.** This section is effective January 1, 2019.
- 62.18 Sec. 80. Minnesota Statutes 2016, section 148.519, is amended by adding a subdivision
62.19 to read:
- 62.20 Subd. 1a. **Applications for licensure; speech-language pathology assistants.** An
62.21 applicant for licensure as a speech-language pathology assistant must submit to the
62.22 commissioner:
- 62.23 (1) a completed application on forms provided by the commissioner. The application
62.24 must include the applicant's name, business address and telephone number, home address
62.25 and telephone number, and a description of the applicant's education, training, and experience,
62.26 including previous work history for the five years immediately preceding the application
62.27 date. The commissioner may ask the applicant to provide additional information needed to
62.28 clarify information submitted in the application;
- 62.29 (2) documentation that the applicant satisfied one of the qualifications listed in section
62.30 148.5185 or 148.5186;

- 63.1 (3) a signed statement that the information in the application is true and correct to the
63.2 best of the applicant's knowledge and belief;
- 63.3 (4) all fees required under section 148.5194; and
- 63.4 (5) a signed waiver authorizing the commissioner to obtain access to the applicant's
63.5 records in this or any other state in which the applicant has worked as a speech-language
63.6 pathology assistant.
- 63.7 **EFFECTIVE DATE.** This section is effective January 1, 2019.
- 63.8 Sec. 81. Minnesota Statutes 2016, section 148.5192, subdivision 1, is amended to read:
- 63.9 Subdivision 1. **Delegation requirements.** A licensed speech-language pathologist may
63.10 delegate duties to a speech-language pathology assistant in accordance with this section.
63.11 Duties may only be delegated to an individual who has documented with a transcript from
63.12 an educational institution satisfactory completion of either:
- 63.13 (1) an associate degree from a speech-language pathology assistant program that is
63.14 accredited by the Higher Learning Commission of the North Central Association of Colleges
63.15 or its equivalent as approved by the commissioner; or
- 63.16 (2) a bachelor's degree in the discipline of communication sciences or disorders with
63.17 additional transcript credit in the area of instruction in assistant-level service delivery
63.18 practices and completion of at least 100 hours of supervised field work experience as a
63.19 speech-language pathology assistant student is licensed under section 148.5185 or 148.5186.
- 63.20 **EFFECTIVE DATE.** This section is effective January 1, 2019.
- 63.21 Sec. 82. Minnesota Statutes 2017 Supplement, section 148.5193, subdivision 1, is amended
63.22 to read:
- 63.23 Subdivision 1. **Number of contact hours required.** (a) An applicant for licensure
63.24 renewal as a speech-language pathologist or audiologist must meet the requirements for
63.25 continuing education stipulated by the American Speech-Language-Hearing Association
63.26 or the American Board of Audiology, or satisfy the requirements described in paragraphs
63.27 (b) to (e).
- 63.28 (b) Within one month following expiration of a license, an applicant for licensure renewal
63.29 as either a speech-language pathologist or an audiologist must provide evidence to the
63.30 commissioner of a minimum of 30 contact hours of continuing education obtained within
63.31 the two years immediately preceding licensure expiration. A minimum of 20 contact hours

- 64.1 of continuing education must be directly related to the licensee's area of licensure. Ten
64.2 contact hours of continuing education may be in areas generally related to the licensee's
64.3 area of licensure. Licensees who are issued licenses for a period of less than two years shall
64.4 prorate the number of contact hours required for licensure renewal based on the number of
64.5 months licensed during the biennial licensure period. Licensees shall receive contact hours
64.6 for continuing education activities only for the biennial licensure period in which the
64.7 continuing education activity was performed.
- 64.8 (c) An applicant for licensure renewal as both a speech-language pathologist and an
64.9 audiologist must attest to and document completion of a minimum of 36 contact hours of
64.10 continuing education offered by a continuing education sponsor within the two years
64.11 immediately preceding licensure renewal. A minimum of 15 contact hours must be received
64.12 in the area of speech-language pathology and a minimum of 15 contact hours must be
64.13 received in the area of audiology. Six contact hours of continuing education may be in areas
64.14 generally related to the licensee's areas of licensure. Licensees who are issued licenses for
64.15 a period of less than two years shall prorate the number of contact hours required for licensure
64.16 renewal based on the number of months licensed during the biennial licensure period.
64.17 Licensees shall receive contact hours for continuing education activities only for the biennial
64.18 licensure period in which the continuing education activity was performed.
- 64.19 (d) If the licensee is licensed by the Professional Educator Licensing and Standards
64.20 Board:
- 64.21 (1) activities that are approved in the categories of Minnesota Rules, part 8710.7200,
64.22 subpart 3, items A and B, and that relate to speech-language pathology, shall be considered:
- 64.23 (i) offered by a sponsor of continuing education; and
- 64.24 (ii) directly related to speech-language pathology;
- 64.25 (2) activities that are approved in the categories of Minnesota Rules, part 8710.7200,
64.26 subpart 3, shall be considered:
- 64.27 (i) offered by a sponsor of continuing education; and
- 64.28 (ii) generally related to speech-language pathology; and
- 64.29 (3) one clock hour as defined in Minnesota Rules, part 8710.7200, subpart 1, is equivalent
64.30 to 1.0 contact hours of continuing education.
- 64.31 (e) Contact hours may not be accumulated in advance and transferred to a future
64.32 continuing education period.

- 65.1 **EFFECTIVE DATE.** This section is effective January 1, 2019.
- 65.2 Sec. 83. Minnesota Statutes 2016, section 148.5193, is amended by adding a subdivision
65.3 to read:
- 65.4 Subd. 1a. **Continuing education; speech-language pathology assistants.** An applicant
65.5 for licensure renewal as a speech-language pathology assistant must meet the requirements
65.6 for continuing education established by the commissioner.
- 65.7 **EFFECTIVE DATE.** This section is effective January 1, 2019.
- 65.8 Sec. 84. Minnesota Statutes 2016, section 148.5194, is amended by adding a subdivision
65.9 to read:
- 65.10 Subd. 3b. **Speech-language pathology assistant initial licensure and renewal fees.**
65.11 The fee for initial speech-language pathology assistant licensure under section 148.5185 or
65.12 148.5186 is \$130. The fee for licensure renewal is \$120.
- 65.13 **EFFECTIVE DATE.** This section is effective January 1, 2019.
- 65.14 Sec. 85. Minnesota Statutes 2016, section 148.5194, subdivision 8, is amended to read:
- 65.15 Subd. 8. **Penalty fees.** (a) The penalty fee for practicing speech-language pathology or
65.16 audiology or using protected titles without a current license after the credential has expired
65.17 and before it is renewed is the amount of the license renewal fee for any part of the first
65.18 month, plus the license renewal fee for any part of any subsequent month up to 36 months.
65.19 The penalty fee for a speech-language pathology assistant who practices speech-language
65.20 pathology assisting or uses protected titles without a current license after a license has
65.21 expired and before it is renewed is the amount of the license renewal fee for any part of the
65.22 first month, plus the license renewal fee for any part of any subsequent month up to 36
65.23 months.
- 65.24 (b) The penalty fee for applicants who engage in the unauthorized practice of
65.25 speech-language pathology or audiology or using protected titles before being issued a
65.26 license is the amount of the license application fee for any part of the first month, plus the
65.27 license application fee for any part of any subsequent month up to 36 months. The penalty
65.28 fee for a speech-language pathology assistant who engages in the unauthorized practice of
65.29 speech-language pathology assisting or uses protected titles without being issued a license
65.30 is the amount of the license application fee for any part of the first month, plus the license
65.31 application fee for any part of any subsequent month up to 36 months. This paragraph does
66.1 not apply to applicants not qualifying for a license who engage in the unauthorized practice
66.2 of speech language pathology or audiology.

66.3 (c) The penalty fee for practicing speech-language pathology or audiology and failing
66.4 to submit a continuing education report by the due date with the correct number or type of
66.5 hours in the correct time period is \$100 plus \$20 for each missing clock hour. The penalty
66.6 fee for a licensed speech-language pathology assistant who fails to submit a continuing
66.7 education report by the due date with the correct number or type of hours in the correct time
66.8 period is \$100 plus \$20 for each missing clock hour. "Missing" means not obtained between
66.9 the effective and expiration dates of the certificate, the one-month period following the
66.10 certificate expiration date, or the 30 days following notice of a penalty fee for failing to
66.11 report all continuing education hours. The licensee must obtain the missing number of
66.12 continuing education hours by the next reporting due date.

66.13 (d) Civil penalties and discipline incurred by licensees prior to August 1, 2005, for
66.14 conduct described in paragraph (a), (b), or (c) shall be recorded as nondisciplinary penalty
66.15 fees. For conduct described in paragraph (a) or (b) occurring after August 1, 2005, and
66.16 exceeding six months, payment of a penalty fee does not preclude any disciplinary action
66.17 reasonably justified by the individual case.

66.18 **EFFECTIVE DATE.** This section is effective January 1, 2019.

66.19 Sec. 86. Minnesota Statutes 2016, section 148.5195, subdivision 3, is amended to read:

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

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

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

66.26 (3) performed services of a speech-language pathologist ~~or~~ audiologist, or
66.27 speech-language pathology assistant in an incompetent or negligent manner;

66.28 (4) violated sections 148.511 to 148.5198;

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

66.31 (6) violated any state or federal law, rule, or regulation, and the violation is a felony or
66.32 misdemeanor, an essential element of which is dishonesty, or which relates directly or
67.1 indirectly to the practice of speech-language pathology ~~or~~ audiology, or speech-language
67.2 pathology assisting. Conviction for violating any state or federal law which relates to

- 67.3 ~~speech-language pathology or audiology, or speech-language pathology assisting is~~
67.4 ~~necessarily considered to constitute a violation, except as provided in chapter 364;~~
- 67.5 (7) aided or abetted another person in violating any provision of sections 148.511 to
67.6 148.5198;
- 67.7 (8) been or is being disciplined by another jurisdiction, if any of the grounds for the
67.8 discipline is the same or substantially equivalent to those under sections 148.511 to 148.5198;
- 67.9 (9) not cooperated with the commissioner or advisory council in an investigation
67.10 conducted according to subdivision 1;
- 67.11 (10) advertised in a manner that is false or misleading;
- 67.12 (11) engaged in conduct likely to deceive, defraud, or harm the public; or demonstrated
67.13 a willful or careless disregard for the health, welfare, or safety of a client;
- 67.14 (12) failed to disclose to the consumer any fee splitting or any promise to pay a portion
67.15 of a fee to any other professional other than a fee for services rendered by the other
67.16 professional to the client;
- 67.17 (13) engaged in abusive or fraudulent billing practices, including violations of federal
67.18 Medicare and Medicaid laws, Food and Drug Administration regulations, or state medical
67.19 assistance laws;
- 67.20 (14) obtained money, property, or services from a consumer through the use of undue
67.21 influence, high pressure sales tactics, harassment, duress, deception, or fraud;
- 67.22 (15) performed services for a client who had no possibility of benefiting from the services;
- 67.23 (16) failed to refer a client for medical evaluation or to other health care professionals
67.24 when appropriate or when a client indicated symptoms associated with diseases that could
67.25 be medically or surgically treated;
- 67.26 (17) had the certification required by chapter 153A denied, suspended, or revoked
67.27 according to chapter 153A;
- 67.28 (18) used the term doctor of audiology, doctor of speech-language pathology, AuD, or
67.29 SLPD without having obtained the degree from an institution accredited by the North Central
67.30 Association of Colleges and Secondary Schools, the Council on Academic Accreditation
67.31 in Audiology and Speech-Language Pathology, the United States Department of Education,
67.32 or an equivalent;

- 68.1 (19) failed to comply with the requirements of section 148.5192 regarding supervision
68.2 of speech-language pathology assistants; or
- 68.3 (20) if the individual is an audiologist or certified hearing instrument dispenser:
- 68.4 (i) prescribed or otherwise recommended to a consumer or potential consumer the use
68.5 of a hearing instrument, unless the prescription from a physician or recommendation from
68.6 an audiologist or certified dispenser is in writing, is based on an audiogram that is delivered
68.7 to the consumer or potential consumer when the prescription or recommendation is made,
68.8 and bears the following information in all capital letters of 12-point or larger boldface type:
68.9 "THIS PRESCRIPTION OR RECOMMENDATION MAY BE FILLED BY, AND
68.10 HEARING INSTRUMENTS MAY BE PURCHASED FROM, THE LICENSED
68.11 AUDIOLOGIST OR CERTIFIED DISPENSER OF YOUR CHOICE";
- 68.12 (ii) failed to give a copy of the audiogram, upon which the prescription or
68.13 recommendation is based, to the consumer when the consumer requests a copy;
- 68.14 (iii) failed to provide the consumer rights brochure required by section 148.5197,
68.15 subdivision 3;
- 68.16 (iv) failed to comply with restrictions on sales of hearing instruments in sections
68.17 148.5197, subdivision 3, and 148.5198;
- 68.18 (v) failed to return a consumer's hearing instrument used as a trade-in or for a discount
68.19 in the price of a new hearing instrument when requested by the consumer upon cancellation
68.20 of the purchase agreement;
- 68.21 (vi) failed to follow Food and Drug Administration or Federal Trade Commission
68.22 regulations relating to dispensing hearing instruments;
- 68.23 (vii) failed to dispense a hearing instrument in a competent manner or without appropriate
68.24 training;
- 68.25 (viii) delegated hearing instrument dispensing authority to a person not authorized to
68.26 dispense a hearing instrument under this chapter or chapter 153A;
- 68.27 (ix) failed to comply with the requirements of an employer or supervisor of a hearing
68.28 instrument dispenser trainee;
- 68.29 (x) violated a state or federal court order or judgment, including a conciliation court
68.30 judgment, relating to the activities of the individual's hearing instrument dispensing; or

- 68.31 (xi) failed to include on the audiogram the practitioner's printed name, credential type,
68.32 credential number, signature, and date.
- 69.1 **EFFECTIVE DATE.** This section is effective January 1, 2019.
- 69.2 Sec. 87. Minnesota Statutes 2017 Supplement, section 148.5196, subdivision 1, is amended
69.3 to read:
- 69.4 Subdivision 1. **Membership.** The commissioner shall appoint ~~42~~ 13 persons to a
69.5 Speech-Language Pathologist and Audiologist Advisory Council. The ~~42~~ 13 persons must
69.6 include:
- 69.7 (1) three public members, as defined in section 214.02. Two of the public members shall
69.8 be either persons receiving services of a speech-language pathologist or audiologist, or
69.9 family members of or caregivers to such persons, and at least one of the public members
69.10 shall be either a hearing instrument user or an advocate of one;
- 69.11 (2) three speech-language pathologists licensed under sections 148.511 to 148.5198,
69.12 one of whom is currently and has been, for the five years immediately preceding the
69.13 appointment, engaged in the practice of speech-language pathology in Minnesota and each
69.14 of whom is employed in a different employment setting including, but not limited to, private
69.15 practice, hospitals, rehabilitation settings, educational settings, and government agencies;
- 69.16 (3) one speech-language pathologist licensed under sections 148.511 to 148.5198, who
69.17 is currently and has been, for the five years immediately preceding the appointment,
69.18 employed by a Minnesota public school district or a Minnesota public school district
69.19 consortium that is authorized by Minnesota Statutes and who is licensed in speech-language
69.20 pathology by the Professional Educator Licensing and Standards Board;
- 69.21 (4) three audiologists licensed under sections 148.511 to 148.5198, two of whom are
69.22 currently and have been, for the five years immediately preceding the appointment, engaged
69.23 in the practice of audiology and the dispensing of hearing instruments in Minnesota and
69.24 each of whom is employed in a different employment setting including, but not limited to,
69.25 private practice, hospitals, rehabilitation settings, educational settings, industry, and
69.26 government agencies;
- 69.27 (5) one nonaudiologist hearing instrument dispenser recommended by a professional
69.28 association representing hearing instrument dispensers; ~~and~~
- 69.29 (6) one physician licensed under chapter 147 and certified by the American Board of
69.30 Otolaryngology, Head and Neck Surgery; and

69.31 (7) one speech-language pathology assistant licensed under section 148.5186.

69.32 **EFFECTIVE DATE.** This section is effective January 1, 2019.

70.1 Sec. 88. Minnesota Statutes 2016, section 148.5196, subdivision 3, is amended to read:

70.2 Subd. 3. **Duties.** The advisory council shall:

70.3 (1) advise the commissioner regarding speech-language pathologist ~~and~~ audiologist,
70.4 and speech-language pathology assistant licensure standards;

70.5 (2) advise the commissioner regarding the delegation of duties to and the training required
70.6 for speech-language pathology assistants;

70.7 (3) advise the commissioner on enforcement of sections 148.511 to 148.5198;

70.8 (4) provide for distribution of information regarding speech-language pathologist ~~and~~
70.9 audiologist, and speech-language pathology assistant licensure standards;

70.10 (5) review applications and make recommendations to the commissioner on granting or
70.11 denying licensure or licensure renewal;

70.12 (6) review reports of investigations relating to individuals and make recommendations
70.13 to the commissioner as to whether licensure should be denied or disciplinary action taken
70.14 against the individual;

70.15 (7) advise the commissioner regarding approval of continuing education activities
70.16 provided by sponsors using the criteria in section 148.5193, subdivision 2; and

70.17 (8) perform other duties authorized for advisory councils under chapter 214, or as directed
70.18 by the commissioner.

70.19 **EFFECTIVE DATE.** This section is effective January 1, 2019.

70.20 Sec. 89. Minnesota Statutes 2016, section 148.995, subdivision 2, is amended to read:

70.21 Subd. 2. **Certified doula.** "Certified doula" means an individual who has received a
70.22 certification to perform doula services from the International Childbirth Education
70.23 Association, the Doulas of North America (DONA), the Association of Labor Assistants
70.24 and Childbirth Educators (ALACE), Birthworks, the Childbirth and Postpartum Professional

70.25 Association (CAPP), Childbirth International, the International Center for Traditional
70.26 Childbearing, ~~or~~ Commonsense Childbirth, Inc., or Welcome Baby Care.

70.27 Sec. 90. Minnesota Statutes 2016, section 149A.40, subdivision 11, is amended to read:

70.28 Subd. 11. **Continuing education.** The commissioner shall require 15 continuing education
70.29 hours for renewal of a license to practice mortuary science. Nine of the hours must be in
70.30 the following areas: body preparation, care, ~~or~~ handling, and cremation, 3 CE hours;
71.1 professional practices, 3 CE hours; and regulation and ethics, 3 CE hours. Continuing
71.2 education hours shall be reported to the commissioner every other year based on the licensee's
71.3 license number. Licensees whose license ends in an odd number must report CE hours at
71.4 renewal time every odd year. If a licensee's license ends in an even number, the licensee
71.5 must report the licensee's CE hours at renewal time every even year.

71.6 **EFFECTIVE DATE.** This section is effective January 1, 2019, and applies to mortuary
71.7 science license renewals on or after that date.

71.8 Sec. 91. Minnesota Statutes 2016, section 149A.95, subdivision 3, is amended to read:

71.9 Subd. 3. **Unlicensed personnel.** (a) A licensed crematory may employ unlicensed
71.10 personnel, provided that all applicable provisions of this chapter are followed. It is the duty
71.11 of the licensed crematory to provide proper training ~~for~~ to all unlicensed personnel and
71.12 ensure that unlicensed personnel performing cremations are in compliance with the
71.13 requirements in paragraph (b). The licensed crematory shall be strictly accountable for
71.14 compliance with this chapter and other applicable state and federal regulations regarding
71.15 occupational and workplace health and safety.

71.16 (b) Unlicensed personnel performing cremations at a licensed crematory must:

71.17 (1) complete a certified crematory operator course that is approved by the commissioner
71.18 and that covers at least the following subjects:

71.19 (i) cremation and incinerator terminology;

71.20 (ii) combustion principles;

71.21 (iii) maintenance of and troubleshooting for cremation devices;

71.22 (iv) how to operate cremation devices;

- 71.23 (v) identification, the use of proper forms, and the record-keeping process for
- 71.24 documenting chain of custody of human remains;

- 71.25 (vi) guidelines for recycling, including but not limited to compliance, disclosure, recycling
- 71.26 procedures, and compensation;

- 71.27 (vii) legal and regulatory requirements regarding environmental issues, including specific
- 71.28 environmental regulations with which compliance is required; and

- 71.29 (viii) cremation ethics;

- 71.30 (2) obtain a crematory operator certification;

- 72.1 (3) publicly post the crematory operator certification at the licensed crematory where
- 72.2 the unlicensed personnel performs cremations; and

- 72.3 (4) maintain crematory operator certification through:

- 72.4 (i) recertification, if such recertification is required by the program through which the
- 72.5 unlicensed personnel is certified; or

- 72.6 (ii) if recertification is not required by the program, completion of at least seven hours
- 72.7 of continuing education credits in crematory operation every five years.

- 72.8 **EFFECTIVE DATE.** This section is effective January 1, 2019, and applies to unlicensed
- 72.9 personnel performing cremations on or after that date.

- 396.25 Sec. 15. Laws 2017, First Special Session chapter 6, article 10, section 144, is amended
- 396.26 to read:
- 396.27 Sec. 144. **OPIOID ABUSE PREVENTION PILOT PROJECTS.**

- 396.28 (a) The commissioner of health shall establish opioid abuse prevention pilot projects in
- 396.29 geographic areas throughout the state based on the most recently available data on opioid
- 396.30 overdose and abuse rates, to reduce opioid abuse through the use of controlled substance
- 396.31 care teams and community-wide coordination of abuse-prevention initiatives. The
- 397.1 commissioner shall award grants to health care providers, health plan companies, local units
- 397.2 of government, tribal governments, or other entities to establish pilot projects.

- 397.3 (b) Each pilot project must:

397.4 (1) be designed to reduce emergency room and other health care provider visits resulting
397.5 from opioid use or abuse, and reduce rates of opioid addiction in the community;

397.6 (2) establish multidisciplinary controlled substance care teams, that may consist of
397.7 physicians, pharmacists, social workers, nurse care coordinators, and mental health
397.8 professionals;

397.9 (3) deliver health care services and care coordination, through controlled substance care
397.10 teams, to reduce the inappropriate use of opioids by patients and rates of opioid addiction;

397.11 (4) address any unmet social service needs that create barriers to managing pain
397.12 effectively and obtaining optimal health outcomes;

397.13 (5) provide prescriber and dispenser education and assistance to reduce the inappropriate
397.14 prescribing and dispensing of opioids;

397.15 (6) promote the adoption of best practices related to opioid disposal and reducing
397.16 opportunities for illegal access to opioids; and

397.17 (7) engage partners outside of the health care system, including schools, law enforcement,
397.18 and social services, to address root causes of opioid abuse and addiction at the community
397.19 level.

397.20 (c) The commissioner shall contract with an accountable community for health that
397.21 operates an opioid abuse prevention project, and can document success in reducing opioid
397.22 use through the use of controlled substance care teams, to assist the commissioner in
397.23 administering this section, and to provide technical assistance to the commissioner and to
397.24 entities selected to operate a pilot project.

397.25 (d) The contract under paragraph (c) shall require the accountable community for health
397.26 to evaluate the extent to which the pilot projects were successful in reducing the inappropriate
397.27 use of opioids. The evaluation must analyze changes in the number of opioid prescriptions,
397.28 the number of emergency room visits related to opioid use, and other relevant measures.
397.29 The accountable community for health shall report evaluation results to the chairs and
397.30 ranking minority members of the legislative committees with jurisdiction over health and
397.31 human services policy and finance and public safety by December 15, 2019, for projects
397.32 that received funding in fiscal year 2018, and by December 15, 2021, for projects that
397.33 received funding in fiscal year 2019.

398.1 (e) The commissioner may award one grant that, in addition to the other requirements
398.2 of this section, allows a root cause approach to reduce opioid abuse in an American Indian
398.3 community.

398.4 Sec. 16. LOW-VALUE HEALTH SERVICES STUDY.

398.5 (a) The commissioner of health shall examine and analyze:

398.6 (1) the alignment in health care delivery with specific best practices guidelines or
398.7 recommendations; and

398.8 (2) health care services and procedures for purposes of identifying, measuring, and
398.9 potentially eliminating those services or procedures with low value and little benefit to
398.10 patients. The commissioner shall update and expand on previous work completed by the
398.11 Department of Health on the prevalence and costs of low-value health care services in
398.12 Minnesota.

398.13 (b) Notwithstanding Minnesota Statutes, section 62U.04, subdivision 11, the
398.14 commissioner may use the Minnesota All Payer Claims Database (MN APCD) to conduct
398.15 the analysis using the most recent data available and may limit the claims research to the
398.16 Minnesota All Payer Claims Database.

398.17 (c) The commissioner may convene a work group of no more than eight members with
398.18 demonstrated knowledge and expertise in health care delivery systems, clinical experience,
398.19 or research experience to make recommendations on services and procedures for the
398.20 commissioner to analyze under paragraph (a).

398.21 (d) The commissioner shall submit a preliminary report to the chairs and ranking minority
398.22 members of the legislative committees with jurisdiction over health care by February 1,
398.23 2019, outlining the work group's recommendations and any early findings from the analysis.
398.24 The commissioner shall submit a final report containing the completed analysis by January
398.25 15, 2020. The commissioner may release select research findings as a result of this study
398.26 throughout the study and analytic process and shall provide the public an opportunity to
398.27 comment on any research findings before the release of any finding.

398.28 Sec. 17. OPIOID OVERDOSE REDUCTION PILOT PROGRAM.

398.29 Subdivision 1. **Establishment.** The commissioner of health shall provide grants to
398.30 ambulance services to fund activities by community paramedic teams to reduce opioid
398.31 overdoses in the state. Under this pilot program, ambulance services shall develop and
398.32 implement projects in which community paramedics connect with patients who are discharged
399.1 from a hospital or emergency department following an opioid overdose episode, develop

HOUSE ARTICLE 4

142.9 Sec. 11. OPIOID OVERDOSE REDUCTION PILOT PROGRAM.

142.10 Subdivision 1. **Establishment.** The commissioner of health shall provide grants to
142.11 ambulance services to fund activities by community paramedic teams to reduce opioid
142.12 overdoses in the state. Under this pilot program, ambulance services shall develop and
142.13 implement projects in which community paramedics connect with patients who are discharged
142.14 from a hospital or emergency department following an opioid overdose episode, develop

399.2 personalized care plans for those patients in consultation with the ambulance service medical
 399.3 director, and provide follow-up services to those patients.

399.4 Subd. 2. **Priority areas; services.** (a) In a project developed under this section, an
 399.5 ambulance service must target community paramedic team services to portions of the service
 399.6 area with high levels of opioid use, high death rates from opioid overdoses, and urgent needs
 399.7 for interventions.

399.8 (b) In a project developed under this section, a community paramedic team shall:

399.9 (1) provide services to patients released from a hospital or emergency department
 399.10 following an opioid overdose episode and place priority on serving patients who were
 399.11 administered the opiate antagonist naloxone hydrochloride by emergency medical services
 399.12 personnel in response to a 911 call during the opioid overdose episode;

399.13 (2) provide the following evaluations during an initial home visit: (i) a home safety
 399.14 assessment including whether there is a need to dispose of prescription drugs that are expired
 399.15 or no longer needed; (ii) medication compliance; (iii) an HIV risk assessment; (iv) instruction
 399.16 on the use of naloxone hydrochloride; and (v) a basic needs assessment;

399.17 (3) provide patients with health assessments, chronic disease monitoring and education,
 399.18 and assistance in following hospital discharge orders; and

399.19 (4) work with a multidisciplinary team to address the overall physical and mental health
 399.20 needs of patients and health needs related to substance use disorder treatment.

399.21 (c) An ambulance service receiving a grant under this section may use grant funds to
 399.22 cover the cost of evidence-based training in opioid addiction and recovery treatment.

399.23 Subd. 3. **Evaluation.** An ambulance service that receives a grant under this section shall
 399.24 evaluate the extent to which the project was successful in reducing the number of opioid
 399.25 overdoses and opioid overdose deaths among patients who received services and in reducing
 399.26 the inappropriate use of opioids by patients who received services. The commissioner of
 399.27 health shall develop specific evaluation measures and reporting timelines for ambulance
 399.28 services receiving grants. Ambulance services shall submit the information required by the
 399.29 commissioner to the commissioner and the commissioner shall submit a summary of the
 399.30 information reported by the ambulance services to the chairs and ranking minority members
 399.31 of the legislative committees with jurisdiction over health and human services by December
 399.32 1, 2019.

400.1 Sec. 18. **AUTISM SPECTRUM DISORDER TASK FORCE PLAN.**

142.15 personalized care plans for those patients in consultation with the ambulance service medical
 142.16 director, and provide follow-up services to those patients.

142.17 Subd. 2. **Priority areas; services.** (a) In a project developed under this section, an
 142.18 ambulance service must target community paramedic team services to portions of the service
 142.19 area with high levels of opioid use, high death rates from opioid overdoses, and urgent needs
 142.20 for interventions.

142.21 (b) In a project developed under this section, a community paramedic team shall:

142.22 (1) provide services to patients released from a hospital following an opioid overdose
 142.23 episode and place priority on serving patients who were administered the opiate antagonist
 142.24 naloxone hydrochloride by emergency medical services personnel in response to a 911 call
 142.25 during the opioid overdose episode;

142.26 (2) provide the following evaluations during an initial home visit: a home safety
 142.27 assessment including whether there is a need to dispose of prescription drugs that are expired
 142.28 or no longer needed; medication reconciliation; an HIV risk assessment; instruction on the
 142.29 use of naloxone hydrochloride; and a basic needs assessment;

142.30 (3) provide patients with health assessments, medication management, chronic disease
 142.31 monitoring and education, and assistance in following hospital discharge orders; and

142.32 (4) work with a multidisciplinary team to address the overall physical and mental health
 142.33 needs of patients and health needs related to substance use disorder treatment.

143.1 Subd. 3. **Evaluation.** An ambulance service that receives a grant under this section must
 143.2 evaluate the extent to which the project was successful in reducing the number of opioid
 143.3 overdoses and opioid overdose deaths among patients who received services and in reducing
 143.4 the inappropriate use of opioids by patients who received services. The commissioner of
 143.5 health shall develop specific evaluation measures and reporting timelines for ambulance
 143.6 services receiving grants. Ambulance services must submit the information required by the
 143.7 commissioner to the commissioner and the chairs and ranking minority members of the
 143.8 legislative committees with jurisdiction over health and human services by December 1,
 143.9 2019.

400.2 The commissioner of health, in consultation with the commissioners of human services
400.3 and education, shall submit a plan to the chairs and ranking minority members of the
400.4 legislative committees with jurisdiction over health care, human services, and education by
400.5 January 15, 2019, to reconstitute the Autism Spectrum Disorder Task Force originally
400.6 established in 2011. The plan must include proposed membership of the task force that takes
400.7 into consideration all points of view and represents a diverse range of agencies, community
400.8 groups, advocacy organizations, educators, and families.

HOUSE ARTICLE 1

72.10 Sec. 92. **PHASE-IN OF LICENSURE OF PRESCRIBED PEDIATRIC EXTENDED**
72.11 **CARE CENTERS.**

72.12 Subdivision 1. **2019-2020 licensure period.** The commissioner of health shall phase in
72.13 the licensure of prescribed pediatric extended care centers (PPEC centers) under Minnesota
72.14 Statutes, chapter 144H, by issuing licenses for no more than two PPEC centers for the
72.15 licensure period January 1, 2019, through December 31, 2020. Beginning January 1, 2021,
72.16 the commissioner shall license additional PPEC centers if the commissioner determines
72.17 that the applicant and the center meet the licensing requirements of Minnesota Statutes,
72.18 chapter 144H.

72.19 Subd. 2. **Quality measures; development and reporting.** The commissioner of health,
72.20 in consultation with prescribed pediatric extended care centers licensed for the 2019-2020
72.21 licensure period, shall develop quality measures for PPEC centers, procedures for PPEC
72.22 centers to report quality measures to the commissioner, and methods for the commissioner
72.23 to make the results of the quality measures available to the public.

72.24 Sec. 93. **OLDER ADULT SOCIAL ISOLATION WORKING GROUP.**

72.25 Subdivision 1. **Establishment; members.** The commissioner of health or the
72.26 commissioner's designee shall convene an older adult social isolation working group that
72.27 consists of no more than 35 members including, but not limited to:

72.28 **(1) one person diagnosed with Alzheimer's or dementia;**

72.29 **(2) one caregiver of a person diagnosed with Alzheimer's or dementia;**

72.30 **(3) the executive director of Giving Voice;**

72.31 **(4) one representative from the Mayo Clinic Alzheimer's Disease Research Center;**

- 73.1 (5) one representative from AARP Minnesota;
- 73.2 (6) one representative from Little Brothers-Friends of the Elderly, Minneapolis/St. Paul;
- 73.3 (7) one representative from the Alzheimer's Association Minnesota-North Dakota Chapter;
- 73.4 (8) one representative from the American Heart Association Minnesota Chapter;
- 73.5 (9) one representative from the Minnesota HomeCare Association;
- 73.6 (10) two representatives from long-term care trade associations;
- 73.7 (11) one representative from the Minnesota Rural Health Association;
- 73.8 (12) the commissioner of health or the commissioner's designee;
- 73.9 (13) one representative from the Minnesota Board on Aging;
- 73.10 (14) one representative from the Commission of Deaf, Deafblind and Hard of Hearing
73.11 Minnesotans;
- 73.12 (15) one representative from the Minnesota Nurses Association;
- 73.13 (16) one representative from the Minnesota Council of Churches;
- 73.14 (17) one representative from the Minnesota Leadership Council on Aging;
- 73.15 (18) one representative from the Minnesota Association of Senior Services;
- 73.16 (19) one representative from Metro Meals on Wheels;
- 73.17 (20) one rural Minnesota geriatrician or family physician;
- 73.18 (21) at least two representatives from the University of Minnesota;
- 73.19 (22) one representative from one of the Minnesota Area Agencies on Aging;
- 73.20 (23) at least two members representing Minnesota rural communities;

- 73.21 (24) additional members representing communities of color;
- 73.22 (25) one representative from the National Alliance on Mental Illness; and
- 73.23 (26) one representative from the Citizens League.
- 73.24 Subd. 2. **Duties; recommendations.** The older adult social isolation working group
73.25 must assess the current and future impact of social isolation on the lives of Minnesotans
73.26 over age 55. The working group shall consider and make recommendations to the governor
73.27 and chairs and members of the health and human services committees in the house of
73.28 representatives and senate on the following issues:
- 74.1 (1) the public health impact of social isolation in the older adult population of Minnesota;
- 74.2 (2) identify existing Minnesota resources, services, and capacity to respond to the issue
74.3 of social isolation in older adults;
- 74.4 (3) needed policies or community responses, including but not limited to expanding
74.5 current services or developing future services after identifying gaps in service for rural
74.6 geographical areas;
- 74.7 (4) needed policies or community responses, including but not limited to the expansion
74.8 of culturally appropriate current services or developing future services after identifying
74.9 gaps in service for persons of color; and
- 74.10 (5) impact of social isolation on older adults with disabilities and needed policies or
74.11 community responses.
- 74.12 Subd. 3. **Meetings.** The working group must hold at least four public meetings beginning
74.13 August 10, 2018. To the extent possible, technology must be utilized to reach the greatest
74.14 number of interested persons throughout the state. The working group must complete the
74.15 required meeting schedule by December 10, 2018.
- 74.16 Subd. 4. **Report.** The commissioner of health must submit a report and the working
74.17 group's recommendations to the governor and chairs and members of the health and human
74.18 services committees in the house of representatives and senate no later than January 14,
74.19 2019.
- 74.20 Subd. 5. **Sunset.** The working group sunsets upon delivery of the required report to the
74.21 governor and legislative committees.

74.22 Sec. 94. **RULEMAKING; WELL AND BORING RECORDS.**

74.23 (a) The commissioner of health shall amend Minnesota Rules, part 4725.1851, subpart
74.24 1, to require the licensee, registrant, or property owner or lessee to submit the record of well
74.25 or boring construction or sealing within 60 days after completion of the work, rather than
74.26 within 30 days after completion of the work.

74.27 (b) The commissioner may use the good cause exemption under Minnesota Statutes,
74.28 section 14.388, subdivision 1, clause (3), to adopt rules under this section, and Minnesota
74.29 Statutes, section 14.386, does not apply, except as provided under Minnesota Statutes,
74.30 section 14.388.

75.1 Sec. 95. **RULEMAKING; SECURITY SCREENING SYSTEMS.**

75.2 The commissioner of health may adopt permanent rules to implement Minnesota Statutes,
75.3 section 144.121, subdivision 9, by December 31, 2020. If the commissioner of health does
75.4 not adopt rules by December 31, 2020, rulemaking authority under this section is repealed.
75.5 Rulemaking authority under this section is not continuing authority to amend or repeal the
75.6 rule. Any additional action on rules once adopted must be pursuant to specific statutory
75.7 authority to take the additional action.

75.8 Sec. 96. **ADVISORY COUNCIL ON PANDAS AND PANS; INITIAL**
75.9 **APPOINTMENTS AND FIRST MEETING.**

75.10 The appointing authorities shall appoint the first members of the advisory council on
75.11 PANDAS and PANS under Minnesota Statutes, section 144.131, no later than October 1,
75.12 2018. The commissioner of health shall convene the first meeting by November 1, 2018,
75.13 and the commissioner or the commissioner's designee shall act as chair until the advisory
75.14 council elects a chair at its first meeting. Notwithstanding the length of terms specified in
75.15 Minnesota Statutes, section 144.131, subdivision 3, at the first meeting of the advisory
75.16 council, the chair elected by the members shall determine by lot one-third of the advisory
75.17 council members whose terms shall expire on September 30 of the calendar year following
75.18 the year of first appointment, one-third of the advisory council members whose terms shall
75.19 expire on September 30 of the second calendar year following the year of first appointment,
75.20 and the remaining advisory council members whose terms shall expire on September 30 of
75.21 the third calendar year following the year of first appointment.

75.22 Sec. 97. **VARIANCE TO REQUIREMENT FOR SANITARY DUMPING STATION.**

75.23 Notwithstanding any law or rule to the contrary, the commissioner of health shall provide
75.24 a variance to the requirement to provide a sanitary dumping station under Minnesota Rules,
75.25 part 4630.0900, for a resort in Hubbard County that is located on an island and is landlocked.

- 75.26 making it impractical to build a sanitary dumping station for use by recreational camping
75.27 vehicles and recreational camping on the resort property. There must be an alternative
75.28 dumping station available within a 15-mile radius of the resort or a vendor that is available
75.29 to pump any self-contained liquid waste system that is located on the resort property.
- 75.30 Sec. 98. **TRANSITION; HEALTH MAINTENANCE ORGANIZATIONS.**
- 75.31 (a) Beginning January 1, 2019, the commissioner of health shall only issue new
75.32 certificates of authority for health maintenance organizations that are nonprofit corporations
76.1 organized under Minnesota Statutes, chapter 317A, or local governmental units. A certificate
76.2 of authority for a health maintenance organization that: (1) is not a nonprofit corporation
76.3 organized under Minnesota Statutes, chapter 317A, or a local governmental unit; and (2) is
76.4 issued before January 1, 2019, shall expire 30 days after the last date on which health
76.5 maintenance contracts issued by that health maintenance organization expire.
- 76.6 (b) A health maintenance organization that is not a nonprofit corporation organized
76.7 under Minnesota Statutes, chapter 317A, or a local governmental unit shall not offer, sell,
76.8 issue, or renew health maintenance contracts after September 30, 2018.
- 76.9 **EFFECTIVE DATE.** This section is effective contingent upon certification by the
76.10 legislative auditor under section 99, that the criteria in clause (2) of that section are satisfied,
76.11 but no earlier than July 1, 2018.
- 76.12 Sec. 99. **ANALYSIS AND CERTIFICATION BY THE LEGISLATIVE AUDITOR.**
- 76.13 The legislative auditor shall analyze how enactment of Minnesota Statutes, section
76.14 62D.12, subdivision 8a, and of the amendments in this article to Minnesota Statutes, sections
76.15 62D.02, subdivision 4; 62D.03, subdivision 1; 62D.05, subdivision 1; 62D.06, subdivision
76.16 1; 62D.19; and 62E.02, subdivision 3, would affect competition and the number of health
76.17 plan options available in the state in the individual, small group, and Medicare markets.
76.18 Upon completion of this analysis, the legislative auditor shall certify that either:
- 76.19 (1) these amendments would result in reduced competition or fewer health plan options
76.20 available in the state in the individual, small group, or Medicare market; or
- 76.21 (2) these amendments would not result in reduced competition or fewer health plan
76.22 options available in the state in the individual, small group, and Medicare markets.
- 76.23 **EFFECTIVE DATE.** This section is effective the day following final enactment.
- 76.24 Sec. 100. **REVISOR'S INSTRUCTIONS.**

- 76.25

76.26

76.27

76.28
- (a) The revisor of statutes shall change the terms "service plan or service agreement" and "service agreement or service plan" to "service agreement" in the following sections of Minnesota Statutes: sections 144A.442; 144D.045; 144G.03, subdivision 4, paragraph (c); and 144G.04.
- 76.29

76.30

76.31

76.32
- (b) The revisor of statutes shall change the term "service plan" to "service agreement" and the term "service plans" to "service agreements" in the following sections of Minnesota Statutes: sections 144A.44; 144A.45; 144A.475; 144A.4791; 144A.4792; 144A.4793; 144A.4794; 144D.04; and 144G.03, subdivision 4, paragraph (a).
- 77.1
- Sec. 101. **REPEALER.**
- 77.2
- (a) Minnesota Statutes 2016, sections 144A.45, subdivision 6; and 144A.481, are repealed.
- 77.3
- (b) Minnesota Statutes 2017 Supplement, section 146B.02, subdivision 7a, is repealed.