

733.20

ARTICLE 12

733.21

HEALTH DEPARTMENT

733.22 Section 1. Minnesota Statutes 2018, section 16A.151, subdivision 2, is amended to read:

733.23 Subd. 2. **Exceptions.** (a) If a state official litigates or settles a matter on behalf of specific
733.24 injured persons or entities, this section does not prohibit distribution of money to the specific
733.25 injured persons or entities on whose behalf the litigation or settlement efforts were initiated.
733.26 If money recovered on behalf of injured persons or entities cannot reasonably be distributed
733.27 to those persons or entities because they cannot readily be located or identified or because
733.28 the cost of distributing the money would outweigh the benefit to the persons or entities, the
733.29 money must be paid into the general fund.

733.30 (b) Money recovered on behalf of a fund in the state treasury other than the general fund
733.31 may be deposited in that fund.

734.1 (c) This section does not prohibit a state official from distributing money to a person or
734.2 entity other than the state in litigation or potential litigation in which the state is a defendant
734.3 or potential defendant.

734.4 (d) State agencies may accept funds as directed by a federal court for any restitution or
734.5 monetary penalty under United States Code, title 18, section 3663(a)(3) or United States
734.6 Code, title 18, section 3663A(a)(3). Funds received must be deposited in a special revenue
734.7 account and are appropriated to the commissioner of the agency for the purpose as directed
734.8 by the federal court.

734.9 (e) Tobacco settlement revenues as defined in section 16A.98, subdivision 1, paragraph
734.10 (t), may be deposited as provided in section 16A.98, subdivision 12.

292.5

ARTICLE 9

292.6

DEPARTMENT OF HEALTH

292.7 Section 1. [8.40] LITIGATION DEFENSE FUND.

292.8 (a) There is created in the special revenue fund an account entitled the Pain-Capable
292.9 Unborn Child Protection Act litigation account for the purpose of providing funds to pay
292.10 for any costs and expenses incurred by the state attorney general in relation to actions
292.11 surrounding defense of sections 145.4141 to 145.4147.

292.12 (b) The account shall be maintained by the commissioner of management and budget.

292.13 (c) The litigation account shall consist of:

292.14 (1) appropriations made to the account by the legislature; and

292.15 (2) any donations, gifts, or grants made to the account by private citizens or entities.

292.16 (d) The litigation account shall retain the interest income derived from the money credited
292.17 to the account.

292.18 (e) Any funds in the litigation account are appropriated to the attorney general for the
292.19 purposes described in paragraph (a).

734.11 (f) Money recovered by or ordered to be paid to the state from one or more tobacco
 734.12 product manufacturers, including future annual payments and arrears payments, under the
 734.13 terms of a settlement or judgment from litigation regarding annual tobacco settlement
 734.14 payments on transferred tobacco brands, shall be deposited in the tobacco use prevention
 734.15 account under section 144.398. For purposes of this paragraph, "litigation regarding annual
 734.16 tobacco settlement payments on transferred tobacco brands" has the meaning given in section
 734.17 144.398, subdivision 3, paragraph (c).

734.18 **EFFECTIVE DATE.** Paragraph (f) is effective the day following final enactment and
 734.19 applies to settlements reached or judgments entered on or after that date.

734.20 Sec. 2. Minnesota Statutes 2018, section 18K.02, subdivision 3, is amended to read:

734.21 Subd. 3. **Industrial hemp.** "Industrial hemp" means the plant Cannabis sativa L. and
 734.22 any part of the plant, whether growing or not, including the plant's seeds, and all the plant's
 734.23 derivatives, extracts, cannabinoids, isomers, acids, salts, and salts of isomers, whether
 734.24 growing or not, with a delta-9 tetrahydrocannabinol concentration of not more than 0.3
 734.25 percent on a dry weight basis. Industrial hemp is not marijuana as defined in section 152.01,
 734.26 subdivision 9.

734.27 Sec. 3. Minnesota Statutes 2018, section 18K.03, is amended to read:
 734.28 18K.03 AGRICULTURAL CROP; POSSESSION AUTHORIZED.

734.29 Subdivision 1. **Industrial hemp.** Industrial hemp is an agricultural crop in this state. A
 734.30 person may possess, transport, process, sell, or buy industrial hemp that is grown pursuant
 734.31 to this chapter.

735.1 Subd. 2. **Sale to medical cannabis manufacturers.** A licensee under this chapter may
 735.2 sell hemp to a medical cannabis manufacturer as authorized under sections 152.22 to 152.37.

292.20 Sec. 2. Minnesota Statutes 2018, section 18K.03, is amended to read:
 292.21 18K.03 AGRICULTURAL CROP; POSSESSION AUTHORIZED.

292.22 Subdivision 1. **Industrial hemp.** Industrial hemp is an agricultural crop in this state. A
 292.23 person may possess, transport, process, sell, or buy industrial hemp that is grown pursuant
 292.24 to this chapter.

292.25 Subd. 2. **Sale to medical cannabis manufacturers.** A licensee under this chapter may
 292.26 sell hemp products derived from industrial hemp grown in this state to medical cannabis
 292.27 manufacturers as authorized under sections 152.22 to 152.37.

293.1 Sec. 3. Minnesota Statutes 2018, section 62J.495, subdivision 1, is amended to read:

293.2 Subdivision 1. **Implementation.** By January 1, 2015, all hospitals and health care
 293.3 providers, as defined in section 62J.03, subdivision 8, must have in place an interoperable
 293.4 electronic health records system within their hospital system or clinical practice setting.
 293.5 The commissioner of health, in consultation with the e-Health Advisory Committee, shall
 293.6 develop a statewide plan to meet this goal, including uniform standards to be used for the
 293.7 interoperable electronic health records system for sharing and synchronizing patient data
 293.8 across systems. The standards must be compatible with federal efforts. The uniform standards
 293.9 must be developed by January 1, 2009, and updated on an ongoing basis. The commissioner
 293.10 shall include an update on standards development as part of an annual report to the legislature.
 293.11 Individual health care providers in private practice with no other providers and health care
 293.12 providers that do not accept reimbursement from a group purchaser, as defined in section
 293.13 62J.03, subdivision 6, are excluded from the requirements of this section.

735.3 Sec. 4. Minnesota Statutes 2018, section 103I.005, subdivision 2, is amended to read:

735.4 Subd. 2. **Boring.** "Boring" means a hole or excavation that ~~is not used to extract water~~

735.5 ~~and~~ includes exploratory borings, bored geothermal heat exchangers, temporary borings,

735.6 and elevator borings.

735.7 Sec. 5. Minnesota Statutes 2018, section 103I.005, subdivision 8a, is amended to read:

735.8 Subd. 8a. **Environmental well.** "Environmental well" means an excavation 15 or more

735.9 feet in depth that is drilled, cored, bored, washed, driven, dug, jetted, or otherwise constructed

735.10 to:

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

293.15 Sec. 4. Minnesota Statutes 2018, section 62J.495, subdivision 3, is amended to read:

293.16 Subd. 3. **Interoperable electronic health record requirements.** (a) ~~To meet the~~

293.17 ~~requirements of subdivision 1,~~ Hospitals and health care providers must meet the following

293.18 criteria when implementing an interoperable electronic health records system within their

293.19 hospital system or clinical practice setting.

293.20 (b) The electronic health record must be a qualified electronic health record.

293.21 (c) The electronic health record must be certified by the Office of the National

293.22 Coordinator pursuant to the HITECH Act. This criterion only applies to hospitals and health

293.23 care providers if a certified electronic health record product for the provider's particular

293.24 practice setting is available. This criterion shall be considered met if a hospital or health

293.25 care provider is using an electronic health records system that has been certified within the

293.26 last three years, even if a more current version of the system has been certified within the

293.27 three-year period.

293.28 (d) The electronic health record must meet the standards established according to section

293.29 3004 of the HITECH Act as applicable.

293.30 (e) The electronic health record must have the ability to generate information on clinical

293.31 quality measures and other measures reported under sections 4101, 4102, and 4201 of the

293.32 HITECH Act.

294.1 (f) The electronic health record system must be connected to a state-certified health

294.2 information organization either directly or through a connection facilitated by a state-certified

294.3 health data intermediary as defined in section 62J.498.

294.4 (g) A health care provider who is a prescriber or dispenser of legend drugs must have

294.5 an electronic health record system that meets the requirements of section 62J.497.

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

FOR ARTICLE 9, SECTION 5, SEE ARTICLE 10 SIDE BY SIDE.

- 735.11 (1) conduct physical, chemical, or biological testing of groundwater, and includes a
 735.12 groundwater quality monitoring or sampling well;
- 735.13 (2) lower a groundwater level to control or remove contamination in groundwater, and
 735.14 includes a remedial well and excludes horizontal trenches; or
- 735.15 (3) monitor or measure physical, chemical, radiological, or biological parameters of the
 735.16 earth and earth fluids, or for vapor recovery or venting systems. An environmental well
 735.17 includes an excavation used to:
- 735.18 (i) measure groundwater levels, including a piezometer;
- 735.19 (ii) determine groundwater flow direction or velocity;
- 735.20 (iii) measure earth properties such as hydraulic conductivity, bearing capacity, or
 735.21 resistance;
- 735.22 (iv) obtain samples of geologic materials for testing or classification; or
- 735.23 (v) remove or remediate pollution or contamination from groundwater or soil through
 735.24 the use of a vent, vapor recovery system, or sparge point.
- 735.25 An environmental well does not include an exploratory boring.
- 735.26 Sec. 6. Minnesota Statutes 2018, section 103I.005, subdivision 17a, is amended to read:
- 735.27 Subd. 17a. **Temporary environmental well boring.** ~~"Temporary environmental well"~~
 735.28 ~~means an environmental well as defined in section 103I.005, subdivision 8a, that is sealed~~
 735.29 ~~within 72 hours of the time construction on the well begins.~~ "Temporary boring" means an
 736.1 excavation that is 15 feet or more in depth, is sealed within 72 hours of the time of
 736.2 construction, and is drilled, cored, washed, driven, dug, jetted, or otherwise constructed to:
- 736.3 (1) conduct physical, chemical, or biological testing of groundwater, including
 736.4 groundwater quality monitoring;
- 736.5 (2) monitor or measure physical, chemical, radiological, or biological parameters of
 736.6 earth materials or earth fluids, including hydraulic conductivity, bearing capacity, or
 736.7 resistance;
- 736.8 (3) measure groundwater levels, including use of a piezometer; and
- 736.9 (4) determine groundwater flow direction or velocity.
- 736.10 Sec. 7. Minnesota Statutes 2018, section 103I.205, subdivision 1, is amended to read:
- 736.11 Subdivision 1. **Notification required.** (a) Except as provided in paragraph (d), a person
 736.12 may not construct a water-supply, dewatering, or environmental well until a notification of
 736.13 the proposed well on a form prescribed by the commissioner is filed with the commissioner
 736.14 with the filing fee in section 103I.208, and, when applicable, the person has met the
 736.15 requirements of paragraph (e). If after filing the well notification an attempt to construct a

736.16 well is unsuccessful, a new notification is not required unless the information relating to
736.17 the successful well has substantially changed. A notification is not required prior to
736.18 construction of a temporary ~~environmental well~~ boring.

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

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

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

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

737.4 (1) the location of the well;

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

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

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

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

737.13 Sec. 8. Minnesota Statutes 2018, section 103I.205, subdivision 4, is amended to read:

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

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

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

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

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

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

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

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

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

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

738.4 (2) sealing wells and borings;

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

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

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

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

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

738.15 (2) an individual who performs labor or services for a contractor licensed under the
738.16 provisions of this chapter in connection with the construction, sealing, or repair of a well
738.17 or boring at the direction and under the personal supervision of a contractor licensed under
738.18 the provisions of this chapter; or

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

738.23 Sec. 9. Minnesota Statutes 2018, section 103I.205, subdivision 9, is amended to read:

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

738.27 Within 30 days after receiving the report, the commissioner shall send or otherwise
738.28 provide access to a copy of the report to the commissioner of natural resources, to the local
738.29 soil and water conservation district where the well is located, and to the director of the
738.30 Minnesota Geological Survey.

739.1 Sec. 10. Minnesota Statutes 2018, section 103I.208, subdivision 1, is amended to read:

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

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

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

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

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

739.20 Sec. 11. Minnesota Statutes 2018, section 103I.235, subdivision 3, is amended to read:

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

739.24 Sec. 12. Minnesota Statutes 2018, section 103I.301, is amended by adding a subdivision
739.25 to read:

739.26 Subd. 3a. **Temporary boring.** (a) The owner of the property where a temporary boring
739.27 is located must have the temporary boring sealed within 72 hours after the start of
739.28 construction of the temporary boring.

739.29 (b) The owner must have a well contractor, a limited well/boring sealing contractor, or
739.30 an environmental well contractor seal the temporary boring.

740.1 Sec. 13. Minnesota Statutes 2018, section 103I.301, subdivision 6, is amended to read:

740.2 Subd. 6. **Notification required.** A person may not seal a well or temporary boring until
740.3 a notification of the proposed sealing is filed as prescribed by the commissioner. A single
740.4 notification is required for all temporary borings sealed on a single property. Temporary
740.5 borings less than 25 feet in depth are exempt from the notification requirements in this
740.6 chapter.

740.7 Sec. 14. Minnesota Statutes 2018, section 103I.601, subdivision 4, is amended to read:

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

740.12 (b) By ten days before beginning exploratory boring, an explorer must submit to the
740.13 commissioners of health and natural resources a county road map on a single sheet of paper
740.14 that is 8-1/2 by 11 inches in size and having a scale of one-half inch equal to one mile, as
740.15 prepared by the Department of Transportation, or a 7.5 minute series topographic map
740.16 (1:24,000 scale), as prepared by the United States Geological Survey, showing the location
740.17 of each proposed exploratory boring to the nearest estimated 40 acre parcel. Exploratory
740.18 boring that is proposed on the map may not be commenced later than 180 days after
740.19 submission of the map, unless a new map is submitted.

740.20 Sec. 15. Minnesota Statutes 2018, section 144.121, subdivision 1a, is amended to read:

740.21 Subd. 1a. **Fees for ionizing radiation-producing equipment.** (a) A facility with ionizing
740.22 radiation-producing equipment must pay an annual initial or annual renewal registration
740.23 fee consisting of a base facility fee of \$100 and an additional fee for each radiation source,
740.24 as follows:

740.25	(1) medical or veterinary equipment	\$	100
740.26	(2) dental x-ray equipment	\$	40
740.27	(3) x-ray equipment not used on	\$	100
740.28	humans or animals		

FOR ARTICLE 9, SECTION 6, SEE ARTICLE 2 SIDE BY SIDE.

740.29 (4) devices with sources of ionizing \$ 100
740.30 radiation not used on humans or
740.31 animals

740.32 (5) security screening system \$ 100

741.1 (b) A facility with radiation therapy and accelerator equipment must pay an annual
741.2 registration fee of \$500. A facility with an industrial accelerator must pay an annual
741.3 registration fee of \$150.

741.4 (c) Electron microscopy equipment is exempt from the registration fee requirements of
741.5 this section.

741.6 (d) For purposes of this section, a security screening system means radiation-producing
741.7 equipment designed and used for security screening of humans who are in the custody of a
741.8 correctional or detention facility, and used by the facility to image and identify contraband
741.9 items concealed within or on all sides of a human body. For purposes of this section, a
741.10 correctional or detention facility is a facility licensed under section 241.021 and operated
741.11 by a state agency or political subdivision charged with detection, enforcement, or
741.12 incarceration in respect to state criminal and traffic laws.

741.13 Sec. 16. Minnesota Statutes 2018, section 144.121, is amended by adding a subdivision
741.14 to read:

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

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

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

299.21 Sec. 7. Minnesota Statutes 2018, section 144.1506, subdivision 2, is amended to read:

299.22 Subd. 2. **Expansion grant program.** (a) The commissioner of health shall award primary
299.23 care residency expansion grants to eligible primary care residency programs to plan and
299.24 implement new residency slots. A planning grant shall not exceed \$75,000, and a training
299.25 grant shall not exceed \$150,000 per new residency slot for the first year, \$100,000 for the
299.26 second year, and \$50,000 for the third year of the new residency slot. For eligible residency

741.26 Sec. 17. Minnesota Statutes 2018, section 144.225, subdivision 2, is amended to read:

- 741.27 Subd. 2. **Data about births.** (a) Except as otherwise provided in this subdivision, data
741.28 pertaining to the birth of a child to a woman who was not married to the child's father when
741.29 the child was conceived nor when the child was born, including the original record of birth
741.30 and the certified vital record, are confidential data. At the time of the birth of a child to a
741.31 woman who was not married to the child's father when the child was conceived nor when
742.1 the child was born, the mother may designate demographic data pertaining to the birth as
742.2 public. Notwithstanding the designation of the data as confidential, it may be disclosed:
- 742.3 (1) to a parent or guardian of the child;
- 742.4 (2) to the child when the child is 16 years of age or older;
- 742.5 (3) under paragraph (b) ~~or~~, (e), or (f); or
- 742.6 (4) pursuant to a court order. For purposes of this section, a subpoena does not constitute
742.7 a court order.
- 742.8 (b) Unless the child is adopted, data pertaining to the birth of a child that are not accessible
742.9 to the public become public data if 100 years have elapsed since the birth of the child who
742.10 is the subject of the data, or as provided under section 13.10, whichever occurs first.
- 742.11 (c) If a child is adopted, data pertaining to the child's birth are governed by the provisions
742.12 relating to adoption records, including sections 13.10, subdivision 5; 144.218, subdivision
742.13 1; 144.2252; and 259.89.

- 299.27 programs longer than three years, training grants may be awarded for the duration of the
299.28 residency, not exceeding an average of \$100,000 per residency slot per year.
- 299.29 (b) Funds may be spent to cover the costs of:
- 299.30 (1) planning related to establishing an accredited primary care residency program;
- 300.1 (2) obtaining accreditation by the Accreditation Council for Graduate Medical Education
300.2 or another national body that accredits residency programs;
- 300.3 (3) establishing new residency programs or new resident training slots;
- 300.4 (4) recruitment, training, and retention of new residents and faculty;
- 300.5 (5) travel and lodging for new residents;
- 300.6 (6) faculty, new resident, and preceptor salaries related to new residency slots;
- 300.7 (7) training site improvements, fees, equipment, and supplies required for new primary
300.8 care resident training slots; and
- 300.9 (8) supporting clinical education in which trainees are part of a primary care team model.

742.14 (d) The name and address of a mother under paragraph (a) and the child's date of birth
742.15 may be disclosed to the county social services, tribal health department, or public health
742.16 member of a family services collaborative for purposes of providing services under section
742.17 124D.23.

742.18 (e) The commissioner of human services shall have access to birth records for:

742.19 (1) the purposes of administering medical assistance and the MinnesotaCare program;

742.20 (2) child support enforcement purposes; and

742.21 (3) other public health purposes as determined by the commissioner of health.

742.22 (f) Tribal child support programs shall have access to birth records for child support
742.23 enforcement purposes.

742.24 Sec. 18. Minnesota Statutes 2018, section 144.225, subdivision 2a, is amended to read:

742.25 Subd. 2a. **Health data associated with birth registration.** Information from which an
742.26 identification of risk for disease, disability, or developmental delay in a mother or child can
742.27 be made, that is collected in conjunction with birth registration or fetal death reporting, is
742.28 private data as defined in section 13.02, subdivision 12. The commissioner may disclose to
742.29 a tribal health department or community health board, as defined in section 145A.02,
742.30 subdivision 5, health data associated with birth registration which identifies a mother or
742.31 child at high risk for serious disease, disability, or developmental delay in order to assure
743.1 access to appropriate health, social, or educational services. Notwithstanding the designation
743.2 of the private data, the commissioner of human services shall have access to health data
743.3 associated with birth registration for:

743.4 (1) purposes of administering medical assistance and the MinnesotaCare program; and

743.5 (2) for other public health purposes as determined by the commissioner of health.

743.6 Sec. 19. Minnesota Statutes 2018, section 144.225, subdivision 7, is amended to read:

743.7 Subd. 7. **Certified birth or death record.** (a) The state registrar or local issuance office
743.8 shall issue a certified birth or death record or a statement of no vital record found to an
743.9 individual upon the individual's proper completion of an attestation provided by the
743.10 commissioner and payment of the required fee:

743.11 (1) to a person who has a tangible interest in the requested vital record. A person who
743.12 has a tangible interest is:

743.13 (i) the subject of the vital record;

743.14 (ii) a child of the subject;

743.15 (iii) the spouse of the subject;

743.16 (iv) a parent of the subject;

743.17 (v) the grandparent or grandchild of the subject;

743.18 (vi) if the requested record is a death record, a sibling of the subject;

743.19 (vii) the party responsible for filing the vital record;

743.20 (viii) the legal custodian, guardian or conservator, or health care agent of the subject;

743.21 (ix) a personal representative, by sworn affidavit of the fact that the certified copy is

743.22 required for administration of the estate;

743.23 (x) a successor of the subject, as defined in section 524.1-201, if the subject is deceased,

743.24 by sworn affidavit of the fact that the certified copy is required for administration of the

743.25 estate;

743.26 (xi) if the requested record is a death record, a trustee of a trust by sworn affidavit of

743.27 the fact that the certified copy is needed for the proper administration of the trust;

743.28 (xii) a person or entity who demonstrates that a certified vital record is necessary for the

743.29 determination or protection of a personal or property right, pursuant to rules adopted by the

743.30 commissioner; or

744.1 (xiii) an adoption agency in order to complete confidential postadoption searches as

744.2 required by section 259.83;

744.3 (2) to any local, state, tribal, or federal governmental agency upon request if the certified

744.4 vital record is necessary for the governmental agency to perform its authorized duties;

744.5 (3) to an attorney upon evidence of the attorney's license;

744.6 (4) pursuant to a court order issued by a court of competent jurisdiction. For purposes

744.7 of this section, a subpoena does not constitute a court order; or

744.8 (5) to a representative authorized by a person under clauses (1) to (4).

744.9 (b) The state registrar or local issuance office shall also issue a certified death record to

744.10 an individual described in paragraph (a), clause (1), items (ii) to (viii), if, on behalf of the

744.11 individual, a licensed mortician furnishes the registrar with a properly completed attestation

744.12 in the form provided by the commissioner within 180 days of the time of death of the subject

744.13 of the death record. This paragraph is not subject to the requirements specified in Minnesota

744.14 Rules, part 4601.2600, subpart 5, item B.

744.15 Sec. 20. Minnesota Statutes 2018, section 144.3831, subdivision 1, is amended to read:

744.16 Subdivision 1. **Fee setting.** The commissioner of health may assess an annual fee of

744.17 ~~\$6.36~~ \$9.72 for every service connection to a public water supply that is owned or operated

744.18 by a home rule charter city, a statutory city, a city of the first class, or a town. The

744.19 commissioner of health may also assess an annual fee for every service connection served

744.20 by a water user district defined in section 110A.02.

300.10 Sec. 8. Minnesota Statutes 2018, section 144.3831, subdivision 1, is amended to read:

300.11 Subdivision 1. **Fee setting.** The commissioner of health may assess an annual fee of

300.12 ~~\$6.36~~ \$9.72 for every service connection to a public water supply that is owned or operated

300.13 by a home rule charter city, a statutory city, a city of the first class, or a town. The

300.14 commissioner of health may also assess an annual fee for every service connection served

300.15 by a water user district defined in section 110A.02.

744.21 **EFFECTIVE DATE.** This section is effective January 1, 2020.

744.22 Sec. 21. [144.397] STATEWIDE TOBACCO CESSATION SERVICES.

744.23 (a) The commissioner of health shall administer, or contract for the administration of,
744.24 statewide tobacco cessation services to assist Minnesotans who are seeking advice or services
744.25 to help them quit using tobacco products. The commissioner shall establish statewide public
744.26 awareness activities to inform the public of the availability of the services and encourage
744.27 the public to utilize the services because of the dangers and harm of tobacco use and
744.28 dependence.

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

744.30 (1) telephone-based coaching and counseling;

744.31 (2) referrals;

745.1 (3) written materials mailed upon request;

745.2 (4) web-based texting or e-mail services; and

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

745.4 (c) Services provided must be consistent with evidence-based best practices in tobacco
745.5 cessation services. Services provided must be coordinated with health plan company tobacco
745.6 prevention and cessation services that may be available to individuals depending on their
745.7 health coverage.

745.8 Sec. 22. [144.398] TOBACCO USE PREVENTION ACCOUNT.

745.9 Subdivision 1. **Account created.** A tobacco use prevention account is created in the
745.10 special revenue fund. The commissioner of management and budget shall deposit into the
745.11 account all money recovered by or ordered to be paid to the state from one or more tobacco
745.12 product manufacturers, including future annual payments and arrears payments, under the
745.13 terms of a settlement or judgment from litigation regarding annual tobacco settlement
745.14 payments on transferred tobacco brands.

745.15 Subd. 2. **Uses of money in account.** Each fiscal year, \$12,000,000 from the tobacco
745.16 use prevention account is appropriated to the commissioner of health for tobacco use
745.17 prevention activities in section 144.396. In the event that the balance in the tobacco use
745.18 prevention account is less than \$12,000,000 on July 1, all money in the account on that date
745.19 is appropriated to the commissioner of health for tobacco use prevention activities in section
745.20 144.396.

745.21 Subd. 3. **Definitions.** (a) The definitions in this subdivision apply to this section.

745.22 (b) "Consent judgment" has the meaning given in section 16A.98, subdivision 1,
745.23 paragraph (f).

300.16 **EFFECTIVE DATE.** This section is effective January 1, 2020.

300.17 Sec. 9. [144.397] STATEWIDE TOBACCO CESSATION SERVICES.

300.18 (a) The commissioner of health shall administer, or contract for the administration of,
300.19 statewide tobacco cessation services to assist Minnesotans who are seeking advice or services
300.20 to help them quit using tobacco products. The commissioner shall establish statewide public
300.21 awareness activities to inform the public of the availability of the services and encourage
300.22 the public to utilize the services because of the dangers and harm of tobacco use and
300.23 dependence.

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

300.25 (1) telephone-based coaching and counseling;

300.26 (2) referrals;

300.27 (3) written materials mailed upon request;

300.28 (4) web-based texting or e-mail services; and

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

301.1 (c) Services provided must be consistent with evidence-based best practices in tobacco
301.2 cessation services. Services provided must be coordinated with health plan company tobacco
301.3 prevention and cessation services that may be available to individuals depending on their
301.4 health coverage.

745.24 (c) "Litigation regarding annual tobacco settlement payments on transferred tobacco
 745.25 brands" means litigation between the state and certain tobacco product manufacturers related
 745.26 to the obligation of these manufacturers to make past and future annual tobacco settlement
 745.27 payments according to the settlement agreement and consent judgment in amounts that
 745.28 include tobacco brands transferred from one or more tobacco product manufacturers to
 745.29 another tobacco product manufacturer.

745.30 (d) "Settlement agreement" has the meaning given in section 16A.98, subdivision 1,
 745.31 paragraph (h).

746.1 **EFFECTIVE DATE.** This section is effective the day following final enactment and
 746.2 applies to settlements reached or judgments entered on or after that date.

746.3 Sec. 23. Minnesota Statutes 2018, section 144.412, is amended to read:
 746.4 144.412 PUBLIC POLICY.

746.5 The purpose of sections 144.411 to 144.417 is to protect employees and the general
 746.6 public from the hazards of secondhand smoke and involuntary exposure to aerosol or vapor
 746.7 from electronic delivery devices by eliminating smoking in public places, places of
 746.8 employment, public transportation, and at public meetings.

746.9 Sec. 24. Minnesota Statutes 2018, section 144.413, subdivision 1, is amended to read:

746.10 Subdivision 1. **Scope.** As used in sections 144.411 to ~~144.416~~ 144.417, the terms defined
 746.11 in this section have the meanings given them.

746.12 Sec. 25. Minnesota Statutes 2018, section 144.413, subdivision 4, is amended to read:

746.13 Subd. 4. **Smoking.** "Smoking" means inhaling or, exhaling smoke from, burning, or
 746.14 carrying any lighted or heated cigar, cigarette, pipe, or any other lighted tobacco or plant
 746.15 or heated product containing, made, or derived from nicotine, tobacco, marijuana, or other
 746.16 plant, whether natural or synthetic, that is intended for inhalation. Smoking also includes
 746.17 carrying a lighted cigar, cigarette, pipe, or any other lighted tobacco or plant product intended
 746.18 for inhalation carrying or using an activated electronic delivery device, as defined in section
 746.19 609.685.

746.20 Sec. 26. Minnesota Statutes 2018, section 144.414, subdivision 2, is amended to read:

746.21 Subd. 2. **Day care premises.** (a) Smoking is prohibited in a day care center licensed
 746.22 under Minnesota Rules, parts 9503.0005 to 9503.0170, or in a family home or in a group
 746.23 family day care provider home licensed under Minnesota Rules, parts 9502.0300 to
 746.24 9502.0445, during its hours of operation. The proprietor of a family home or group family
 746.25 day care provider must disclose to parents or guardians of children cared for on the premises
 746.26 if the proprietor permits smoking outside of its hours of operation. Disclosure must include
 746.27 posting on the premises a conspicuous written notice and orally informing parents or
 746.28 guardians.

301.5 Sec. 10. Minnesota Statutes 2018, section 144.412, is amended to read:
 301.6 144.412 PUBLIC POLICY.

301.7 The purpose of sections 144.411 to 144.417 is to protect employees and the general
 301.8 public from the hazards of secondhand smoke and involuntary exposure to aerosol or vapor
 301.9 from electronic delivery devices by eliminating smoking in public places, places of
 301.10 employment, public transportation, and at public meetings.

301.11 Sec. 11. Minnesota Statutes 2018, section 144.413, subdivision 1, is amended to read:

301.12 Subdivision 1. **Scope.** As used in sections 144.411 to ~~144.416~~ 144.417, the terms defined
 301.13 in this section have the meanings given them.

301.14 Sec. 12. Minnesota Statutes 2018, section 144.413, subdivision 4, is amended to read:

301.15 Subd. 4. **Smoking.** "Smoking" means inhaling or, exhaling smoke from, burning, or
 301.16 carrying any lighted or heated cigar, cigarette, pipe, or any other lighted tobacco or plant
 301.17 or heated product containing, made, or derived from nicotine, tobacco, marijuana, or other
 301.18 plant, whether natural or synthetic, that is intended for inhalation. Smoking also includes
 301.19 carrying a lighted cigar, cigarette, pipe, or any other lighted tobacco or plant product intended
 301.20 for inhalation carrying or using an activated electronic delivery device, as defined in section
 301.21 609.685.

301.22 Sec. 13. Minnesota Statutes 2018, section 144.414, subdivision 2, is amended to read:

301.23 Subd. 2. **Day care premises.** (a) Smoking is prohibited in a day care center licensed
 301.24 under Minnesota Rules, parts 9503.0005 to 9503.0170, or in a family home or in a group
 301.25 family day care provider home licensed under Minnesota Rules, parts 9502.0300 to
 301.26 9502.0445, during its hours of operation. The proprietor of a family home or group family
 301.27 day care provider must disclose to parents or guardians of children cared for on the premises
 301.28 if the proprietor permits smoking outside of its hours of operation. Disclosure must include
 301.29 posting on the premises a conspicuous written notice and orally informing parents or
 301.30 guardians.

746.29 ~~(b) For purposes of this subdivision, the definition of smoking includes the use of~~
 746.30 ~~electronic cigarettes, including the inhaling and exhaling of vapor from any electronic~~
 746.31 ~~delivery device as defined in section 609.685, subdivision 1.~~

747.1 Sec. 27. Minnesota Statutes 2018, section 144.414, subdivision 3, is amended to read:

747.2 Subd. 3. **Health care facilities and clinics.** (a) Smoking is prohibited in any area of a
 747.3 hospital, health care clinic, doctor's office, licensed residential facility for children, or other
 747.4 health care-related facility, except that a patient or resident in a nursing home, boarding
 747.5 care facility, or licensed residential facility for adults may smoke in a designated separate,
 747.6 enclosed room maintained in accordance with applicable state and federal laws.

747.7 (b) Except as provided in section 246.0141, smoking by patients in a locked psychiatric
 747.8 unit may be allowed in a separated well-ventilated area in the unit under a policy established
 747.9 by the administrator of the program that allows the treating physician to approve smoking
 747.10 if, in the opinion of the treating physician, the benefits to be gained in obtaining patient
 747.11 cooperation with treatment outweigh the negative impacts of smoking.

747.12 ~~(c) For purposes of this subdivision, the definition of smoking includes the use of~~
 747.13 ~~electronic cigarettes, including the inhaling and exhaling of vapor from any electronic~~
 747.14 ~~delivery device as defined in section 609.685, subdivision 1.~~

747.15 Sec. 28. Minnesota Statutes 2018, section 144.416, is amended to read:

747.16 144.416 RESPONSIBILITIES OF PROPRIETORS.

747.17 (a) The proprietor or other person, firm, limited liability company, corporation, or other
 747.18 entity that owns, leases, manages, operates, or otherwise controls the use of a public place,
 747.19 public transportation, place of employment, or public meeting shall make reasonable efforts
 747.20 to prevent smoking in the public place, public transportation, place of employment, or public
 747.21 meeting by:

747.22 (1) posting appropriate signs or by any other means which may be appropriate; and

747.23 (2) asking any person who smokes in an area where smoking is prohibited to refrain
 747.24 from smoking and, if the person does not refrain from smoking after being asked to do so,
 747.25 asking the person to leave. If the person refuses to leave, the proprietor, person, or entity
 747.26 in charge shall handle the situation consistent with lawful methods for handling other persons
 747.27 acting in a disorderly manner or as a trespasser.

747.28 (b) The proprietor or other person or entity in charge of a public place, public meeting,
 747.29 public transportation, or place of employment must not provide smoking equipment, including
 747.30 ashtrays or matches, in areas where smoking is prohibited. Nothing in this section prohibits
 747.31 the proprietor or other person or entity in charge from taking more stringent measures than
 747.32 those under sections 144.414 to 144.417 to protect individuals from secondhand smoke or
 747.33 from involuntary exposure to aerosol or vapor from electronic delivery devices. The
 748.1 proprietor or other person or entity in charge of a restaurant or bar may not serve an individual
 748.2 who is in violation of sections 144.411 to 144.417.

302.1 ~~(b) For purposes of this subdivision, the definition of smoking includes the use of~~
 302.2 ~~electronic cigarettes, including the inhaling and exhaling of vapor from any electronic~~
 302.3 ~~delivery device as defined in section 609.685, subdivision 1.~~

302.4 Sec. 14. Minnesota Statutes 2018, section 144.414, subdivision 3, is amended to read:

302.5 Subd. 3. **Health care facilities and clinics.** (a) Smoking is prohibited in any area of a
 302.6 hospital, health care clinic, doctor's office, licensed residential facility for children, or other
 302.7 health care-related facility, except that a patient or resident in a nursing home, boarding
 302.8 care facility, or licensed residential facility for adults may smoke in a designated separate,
 302.9 enclosed room maintained in accordance with applicable state and federal laws.

302.10 (b) Except as provided in section 246.0141, smoking by patients in a locked psychiatric
 302.11 unit may be allowed in a separated well-ventilated area in the unit under a policy established
 302.12 by the administrator of the program that allows the treating physician to approve smoking
 302.13 if, in the opinion of the treating physician, the benefits to be gained in obtaining patient
 302.14 cooperation with treatment outweigh the negative impacts of smoking.

302.15 ~~(c) For purposes of this subdivision, the definition of smoking includes the use of~~
 302.16 ~~electronic cigarettes, including the inhaling and exhaling of vapor from any electronic~~
 302.17 ~~delivery device as defined in section 609.685, subdivision 1.~~

302.18 Sec. 15. Minnesota Statutes 2018, section 144.416, is amended to read:

302.19 144.416 RESPONSIBILITIES OF PROPRIETORS.

302.20 (a) The proprietor or other person, firm, limited liability company, corporation, or other
 302.21 entity that owns, leases, manages, operates, or otherwise controls the use of a public place,
 302.22 public transportation, place of employment, or public meeting shall make reasonable efforts
 302.23 to prevent smoking in the public place, public transportation, place of employment, or public
 302.24 meeting by:

302.25 (1) posting appropriate signs or by any other means which may be appropriate; and

302.26 (2) asking any person who smokes in an area where smoking is prohibited to refrain
 302.27 from smoking and, if the person does not refrain from smoking after being asked to do so,
 302.28 asking the person to leave. If the person refuses to leave, the proprietor, person, or entity
 302.29 in charge shall handle the situation consistent with lawful methods for handling other persons
 302.30 acting in a disorderly manner or as a trespasser.

302.31 (b) The proprietor or other person or entity in charge of a public place, public meeting,
 302.32 public transportation, or place of employment must not provide smoking equipment, including
 303.1 ashtrays or matches, in areas where smoking is prohibited. Nothing in this section prohibits
 303.2 the proprietor or other person or entity in charge from taking more stringent measures than
 303.3 those under sections 144.414 to 144.417 to protect individuals from secondhand smoke or
 303.4 from involuntary exposure to aerosol or vapor from electronic delivery devices. The
 303.5 proprietor or other person or entity in charge of a restaurant or bar may not serve an individual
 303.6 who is in violation of sections 144.411 to 144.417.

748.3 Sec. 29. Minnesota Statutes 2018, section 144.4165, is amended to read:
 748.4 144.4165 TOBACCO PRODUCTS PROHIBITED IN PUBLIC SCHOOLS.

748.5 No person shall at any time smoke, chew, or otherwise ingest tobacco ~~or a tobacco~~
 748.6 ~~product, or inhale or exhale vapor from~~ carry or use an activated electronic delivery device
 748.7 as defined in section 609.685, subdivision 1, in a public school, as defined in section 120A.05,
 748.8 subdivisions 9, 11, and 13, ~~and no person under the age of 18 shall possess any of these~~
 748.9 ~~items or in a charter school governed by chapter 124E.~~ This prohibition extends to all
 748.10 facilities, whether owned, rented, or leased, and all vehicles that a school district owns,
 748.11 leases, rents, contracts for, or controls. Nothing in this section shall prohibit the lighting of
 748.12 tobacco by an adult as a part of a traditional Indian spiritual or cultural ceremony. For
 748.13 purposes of this section, an Indian is a person who is a member of an Indian tribe as defined
 748.14 in section 260.755, subdivision 12.

748.15 Sec. 30. Minnesota Statutes 2018, section 144.4167, subdivision 4, is amended to read:

748.16 Subd. 4. **Tobacco products shop.** Sections 144.414 to 144.417 do not prohibit the
 748.17 lighting, heating, or activation of tobacco in a tobacco products shop by a customer or
 748.18 potential customer for the specific purpose of sampling tobacco products. For the purposes
 748.19 of this subdivision, a tobacco products shop is a retail establishment with that cannot be
 748.20 entered at any time by persons younger than 21 years of age, that has an entrance door
 748.21 opening directly to the outside, and that derives more than 90 percent of its gross revenue
 748.22 from the sale of loose tobacco, plants, or herbs and cigars, cigarettes, pipes, and other
 748.23 smoking devices for burning tobacco and related smoking accessories tobacco-related
 748.24 devices, and electronic delivery devices, as defined in section 609.685, and in which the
 748.25 sale of other products is merely incidental. "Tobacco products shop" does not include a
 748.26 tobacco department or section of any individual business establishment with any type of
 748.27 liquor, food, or restaurant license.

748.28 Sec. 31. Minnesota Statutes 2018, section 144.417, subdivision 4, is amended to read:

748.29 Subd. 4. **Local government ordinances.** (a) Nothing in sections 144.414 to 144.417
 748.30 prohibits a statutory or home rule charter city or county from enacting and enforcing more
 748.31 stringent measures to protect individuals from secondhand smoke or from involuntary
 748.32 exposure to aerosol or vapor from electronic delivery devices.

749.1 (b) Except as provided in sections 144.411 to 144.417, smoking is permitted outside of
 749.2 restaurants, bars, and bingo halls unless limited or prohibited by restrictions adopted in
 749.3 accordance with paragraph (a).

303.7 Sec. 16. Minnesota Statutes 2018, section 144.4165, is amended to read:
 303.8 144.4165 TOBACCO PRODUCTS PROHIBITED IN PUBLIC SCHOOLS.

303.9 No person shall at any time smoke, chew, or otherwise ingest tobacco ~~or a tobacco~~
 303.10 ~~product, or inhale or exhale vapor from~~ carry or use an activated electronic delivery device
 303.11 as defined in section 609.685, subdivision 1, in a public school, as defined in section 120A.05,
 303.12 subdivisions 9, 11, and 13, ~~and no person under the age of 18 shall possess any of these~~
 303.13 ~~items.~~ This prohibition extends to all facilities, whether owned, rented, or leased, and all
 303.14 vehicles that a school district owns, leases, rents, contracts for, or controls. Nothing in this
 303.15 section shall prohibit the lighting of tobacco by an adult as a part of a traditional Indian
 303.16 spiritual or cultural ceremony. For purposes of this section, an Indian is a person who is a
 303.17 member of an Indian tribe as defined in section 260.755 subdivision 12.

303.18 Sec. 17. Minnesota Statutes 2018, section 144.417, subdivision 4, is amended to read:

303.19 Subd. 4. **Local government ordinances.** (a) Nothing in sections 144.414 to 144.417
 303.20 prohibits a statutory or home rule charter city or county from enacting and enforcing more
 303.21 stringent measures to protect individuals from secondhand smoke or from involuntary
 303.22 exposure to aerosol or vapor from electronic delivery devices.

303.23 (b) Except as provided in sections 144.411 to 144.417, smoking is permitted outside of
 303.24 restaurants, bars, and bingo halls unless limited or prohibited by restrictions adopted in
 303.25 accordance with paragraph (a).

303.26 Sec. 18. Minnesota Statutes 2018, section 144.552, is amended to read:
 303.27 **144.552 PUBLIC INTEREST REVIEW.**

303.28 (a) The following entities must submit a plan to the commissioner:

303.29 (1) a hospital seeking to increase its number of licensed beds; or

303.30 (2) an organization seeking to obtain a hospital license and notified by the commissioner
303.31 under section 144.553, subdivision 1, paragraph (c), that it is subject to this section.

304.1 The plan must include information that includes an explanation of how the expansion will
304.2 meet the public's interest. When submitting a plan to the commissioner, an applicant shall
304.3 pay the commissioner for the commissioner's cost of reviewing and monitoring the plan,
304.4 as determined by the commissioner and notwithstanding section 16A.1283. Money received
304.5 by the commissioner under this section is appropriated to the commissioner for the purpose
304.6 of administering this section. If the commissioner does not issue a finding within the time
304.7 limit specified in paragraph (c), the commissioner must return to the applicant the entire
304.8 amount the applicant paid to the commissioner. For a hospital that is seeking an exception
304.9 to the moratorium under section 144.551, the plan must be submitted to the commissioner
304.10 no later than August 1 of the calendar year prior to the year when the exception will be
304.11 considered by the legislature.

304.12 (b) Plans submitted under this section shall include detailed information necessary for
304.13 the commissioner to review the plan and reach a finding. The commissioner may request
304.14 additional information from the hospital submitting a plan under this section and from others
304.15 affected by the plan that the commissioner deems necessary to review the plan and make a
304.16 finding. If the commissioner determines that additional information is required from the
304.17 hospital submitting a plan under this section, the commissioner shall notify the hospital of
304.18 the additional information required no more than 30 days after the initial submission of the
304.19 plan. A hospital submitting a plan from whom the commissioner has requested additional
304.20 information shall submit the requested additional information within 14 calendar days of
304.21 the commissioner's request.

304.22 (c) The commissioner shall review the plan and, within ~~90~~ 150 calendar days, ~~but no~~
304.23 ~~more than six months if extenuating circumstances apply~~ of the initial submission of the
304.24 plan, issue a finding on whether the plan is in the public interest. In making the
304.25 recommendation, the commissioner shall consider issues including but not limited to:

304.26 (1) whether the new hospital or hospital beds are needed to provide timely access to care
304.27 or access to new or improved services given the number of available beds. For the purposes
304.28 of this clause, "available beds" means the number of licensed acute care beds that are
304.29 immediately available for use or could be brought online within 48 hours without significant
304.30 facility modifications;

304.31 (2) the financial impact of the new hospital or hospital beds on existing acute-care
304.32 hospitals that have emergency departments in the region;

304.33 (3) how the new hospital or hospital beds will affect the ability of existing hospitals in
304.34 the region to maintain existing staff;

305.1 (4) the extent to which the new hospital or hospital beds will provide services to
305.2 nonpaying or low-income patients relative to the level of services provided to these groups
305.3 by existing hospitals in the region; and

749.4 Sec. 32. Minnesota Statutes 2018, section 144.562, subdivision 2, is amended to read:

749.5 Subd. 2. **Eligibility for license condition.** (a) A hospital is not eligible to receive a
749.6 license condition for swing beds unless (1) it either has a licensed bed capacity of less than
749.7 50 beds defined in the federal Medicare regulations, Code of Federal Regulations, title 42,
749.8 section 482.66, or it has a licensed bed capacity of 50 beds or more and has swing beds that
749.9 were approved for Medicare reimbursement before May 1, 1985, or it has a licensed bed
749.10 capacity of less than 65 beds and the available nursing homes within 50 miles have had, in
749.11 the aggregate, an average occupancy rate of 96 percent or higher in the most recent two
749.12 years as documented on the statistical reports to the Department of Health; and (2) it is
749.13 located in a rural area as defined in the federal Medicare regulations, Code of Federal
749.14 Regulations, title 42, section 482.66.

749.15 (b) Except for those critical access hospitals established under section 144.1483, clause
749.16 (9), and section 1820 of the federal Social Security Act, United States Code, title 42, section
749.17 1395i-4, that have an attached nursing home or that owned a nursing home located in the
749.18 same municipality as of May 1, 2005, eligible hospitals are allowed a total of ~~2,000~~ 9,125
749.19 days of swing bed use per year as provided in federal law. Critical access hospitals that have

305.4 (5) the views of affected parties.

305.5 (d) If the plan is being submitted by an existing hospital seeking authority to construct
305.6 a new hospital, the commissioner shall also consider:

305.7 (1) the ability of the applicant to maintain the applicant's current level of community
305.8 benefit as defined in section 144.699, subdivision 5, at the existing facility; and

305.9 (2) the impact on the workforce at the existing facility including the applicant's plan for:

305.10 (i) transitioning current workers to the new facility;

305.11 (ii) retraining and employment security for current workers; and

305.12 (iii) addressing the impact of layoffs at the existing facility on affected workers.

305.13 (e) Prior to making a recommendation, the commissioner shall conduct a public hearing
305.14 in the affected hospital service area to take testimony from interested persons.

305.15 (f) Upon making a recommendation under paragraph (c), the commissioner shall provide
305.16 a copy of the recommendation to the chairs of the house of representatives and senate
305.17 committees having jurisdiction over health and human services policy and finance.

305.18 (g) If an exception to the moratorium is approved under section 144.551 after a review
305.19 under this section, the commissioner shall monitor the implementation of the exception up
305.20 to completion of the construction project. Thirty days after completion of the construction
305.21 project, the hospital shall submit to the commissioner a report on how the construction has
305.22 met the provisions of the plan originally submitted under the public interest review process
305.23 or a plan submitted pursuant to section 144.551, subdivision 1, paragraph (b), clause (20).

749.20 an attached nursing home or that owned a nursing home located in the same municipality
 749.21 as of May 1, 2005, are allowed swing bed use as provided in federal law.

749.22 (e) Except for critical access hospitals that have an attached nursing home or that owned
 749.23 a nursing home located in the same municipality as of May 1, 2005, the commissioner of
 749.24 health may approve swing bed use beyond 2,000 days as long as there are no Medicare
 749.25 certified skilled nursing facility beds available within 25 miles of that hospital that are
 749.26 willing to admit the patient and the patient agrees to the referral being sent to the skilled
 749.27 nursing facility. Critical access hospitals exceeding 2,000 swing bed days must maintain
 749.28 documentation that they have contacted skilled nursing facilities within 25 miles to determine
 749.29 if any skilled nursing facility beds are available that are willing to admit the patient and the
 749.30 patient agrees to the referral being sent to the skilled nursing facility.

749.31 (d) After reaching 2,000 days of swing bed use in a year, an eligible hospital to which
 749.32 this limit applies may admit six additional patients to swing beds each year without seeking
 749.33 approval from the commissioner or being in violation of this subdivision. These six swing
 750.1 bed admissions are exempt from the limit of 2,000 annual swing bed days for hospitals
 750.2 subject to this limit.

750.3 (e) A health care system that is in full compliance with this subdivision may allocate its
 750.4 total limit of swing bed days among the hospitals within the system, provided that no hospital
 750.5 in the system without an attached nursing home may exceed 2,000 swing bed days per year.

305.24 Sec. 19. Minnesota Statutes 2018, section 144.586, is amended by adding a subdivision
 305.25 to read:

305.26 Subd. 3. **Care coordination implementation.** (a) This subdivision applies to hospital
 305.27 discharges involving a child with a high-cost medical or chronic condition who needs
 305.28 post-hospital continuing aftercare, including but not limited to home health care services,
 305.29 post-hospital extended care services, or outpatient services for follow-up or ancillary care,
 305.30 or is at risk of recurrent hospitalization or emergency room services due to a medical or
 305.31 chronic condition.

306.1 (b) In addition to complying with the discharge planning requirements in subdivision
 306.2 2, the hospital must ensure that the following conditions are met and arrangements made
 306.3 before discharging any patient described in paragraph (a):

306.4 (1) the patient's primary care provider and either the health carrier or, if the patient is
 306.5 enrolled in medical assistance, the managed care organization are notified of the patient's
 306.6 date of anticipated discharge and provided a description of the patient's aftercare needs and
 306.7 a copy of the patient's discharge plan, including any necessary medical information release
 306.8 forms;

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306.9 (2) the appropriate arrangements for home health care or post-hospital extended care

306.10 services are made and the initial services as indicated on the discharge plan are scheduled;

306.11 and

306.12 (3) if the patient is eligible for care coordination services through a health plan or health

306.13 certified medical home, the appropriate care coordinator has connected with the patient's

306.14 family.

306.15 **EFFECTIVE DATE.** This section is effective August 1, 2019.

306.16 Sec. 20. [144.591] DISCLOSURE OF HOSPITAL CHARGES.

306.17 (a) Each hospital, including hospitals designated as critical access hospitals, shall provide

306.18 to each discharged patient within 30 calendar days of discharge an itemized description of

306.19 billed charges for medical services and goods the patient received during the hospital stay.

306.20 The itemized description of billed charges must include a notation for each drug dispensed

306.21 to the patient, the charge for which was increased by five percent or more over the hospital's

306.22 acquisition cost, and must indicate the total percent increase. The itemized description of

306.23 billed charges may include technical terms to describe the medical services and goods if

306.24 the technical terms are defined on the itemized description with limited medical

306.25 nomenclature. The itemized description of billed charges must not describe a billed charge

306.26 using only a medical billing code, "miscellaneous charges," or "supply charges."

306.27 (b) A hospital may not bill or otherwise charge a patient for the itemized description of

306.28 billed charges.

306.29 (c) A hospital must provide an itemized description by secure e-mail, via a secure online

306.30 portal, or, upon request, by mail.

306.31 (d) This section does not apply to patients enrolled in Medicare, medical assistance, the

306.32 MinnesotaCare program, or who receive health care coverage through an employer

306.33 self-insured health plan.

307.1 **EFFECTIVE DATE.** This section is effective August 1, 2020.

FOR ARTICLE 9, SECTION 21, SEE ARTICLE 14-18 SIDE BY SIDE.

315.6 Sec. 22. Minnesota Statutes 2018, section 144.966, subdivision 2, is amended to read:

315.7 Subd. 2. **Newborn Hearing Screening Advisory Committee.** (a) The commissioner

315.8 of health shall establish a Newborn Hearing Screening Advisory Committee to advise and

315.9 assist the Department of Health and the Department of Education in:

315.10 (1) developing protocols and timelines for screening, rescreening, and diagnostic

315.11 audiological assessment and early medical, audiological, and educational intervention

315.12 services for children who are deaf or hard-of-hearing;

966, subdivision 2, is amended to read:

Advisory Committee. (a) The commissioner

Screening Advisory Committee to advise and

Department of Education in:

screening, rescreening, and diagnostic

diological, and educational intervention

earing;

750.13 (2) designing protocols for tracking children from birth through age three that may have
750.14 passed newborn screening but are at risk for delayed or late onset of permanent hearing
750.15 loss;

750.16 (3) designing a technical assistance program to support facilities implementing the
750.17 screening program and facilities conducting rescreening and diagnostic audiological
750.18 assessment;

750.19 (4) designing implementation and evaluation of a system of follow-up and tracking; and

750.20 (5) evaluating program outcomes to increase effectiveness and efficiency and ensure
750.21 culturally appropriate services for children with a confirmed hearing loss and their families.

750.22 (b) The commissioner of health shall appoint at least one member from each of the
750.23 following groups with no less than two of the members being deaf or hard-of-hearing:

750.24 (1) a representative from a consumer organization representing culturally deaf persons;

750.25 (2) a parent with a child with hearing loss representing a parent organization;

750.26 (3) a consumer from an organization representing oral communication options;

750.27 (4) a consumer from an organization representing cued speech communication options;

750.28 (5) an audiologist who has experience in evaluation and intervention of infants and
750.29 young children;

750.30 (6) a speech-language pathologist who has experience in evaluation and intervention of
750.31 infants and young children;

751.1 (7) two primary care providers who have experience in the care of infants and young
751.2 children, one of which shall be a pediatrician;

751.3 (8) a representative from the early hearing detection intervention teams;

751.4 (9) a representative from the Department of Education resource center for the deaf and
751.5 hard-of-hearing or the representative's designee;

751.6 (10) a representative of the Commission of the Deaf, DeafBlind and Hard of Hearing;

751.7 (11) a representative from the Department of Human Services Deaf and Hard-of-Hearing
751.8 Services Division;

751.9 (12) one or more of the Part C coordinators from the Department of Education, the
751.10 Department of Health, or the Department of Human Services or the department's designees;

751.11 (13) the Department of Health early hearing detection and intervention coordinators;

751.12 (14) two birth hospital representatives from one rural and one urban hospital;

751.13 (15) a pediatric geneticist;

315.13 (2) designing protocols for tracking children from birth through age three that may have
315.14 passed newborn screening but are at risk for delayed or late onset of permanent hearing
315.15 loss;

315.16 (3) designing a technical assistance program to support facilities implementing the
315.17 screening program and facilities conducting rescreening and diagnostic audiological
315.18 assessment;

315.19 (4) designing implementation and evaluation of a system of follow-up and tracking; and

315.20 (5) evaluating program outcomes to increase effectiveness and efficiency and ensure
315.21 culturally appropriate services for children with a confirmed hearing loss and their families.

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315.23 following groups with no less than two of the members being deaf or hard-of-hearing:

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315.25 (2) a parent with a child with hearing loss representing a parent organization;

315.26 (3) a consumer from an organization representing oral communication options;

315.27 (4) a consumer from an organization representing cued speech communication options;

315.28 (5) an audiologist who has experience in evaluation and intervention of infants and
315.29 young children;

315.30 (6) a speech-language pathologist who has experience in evaluation and intervention of
315.31 infants and young children;

316.1 (7) two primary care providers who have experience in the care of infants and young
316.2 children, one of which shall be a pediatrician;

316.3 (8) a representative from the early hearing detection intervention teams;

316.4 (9) a representative from the Department of Education resource center for the deaf and
316.5 hard-of-hearing or the representative's designee;

316.6 (10) a representative of the Commission of the Deaf, DeafBlind and Hard of Hearing;

316.7 (11) a representative from the Department of Human Services Deaf and Hard-of-Hearing
316.8 Services Division;

316.9 (12) one or more of the Part C coordinators from the Department of Education, the
316.10 Department of Health, or the Department of Human Services or the department's designees;

316.11 (13) the Department of Health early hearing detection and intervention coordinators;

316.12 (14) two birth hospital representatives from one rural and one urban hospital;

316.13 (15) a pediatric geneticist;

751.14 (16) an otolaryngologist;

751.15 (17) a representative from the Newborn Screening Advisory Committee under this

751.16 subdivision; ~~and~~

751.17 (18) a representative of the Department of Education regional low-incidence facilitators;

751.18 (19) a representative from the deaf mentor program; and

751.19 (20) a representative of the Minnesota State Academy for the Deaf from the Minnesota

751.20 State Academies staff.

751.21 The commissioner must complete the initial appointments required under this subdivision

751.22 by September 1, 2007, and the initial appointments under clauses (19) and (20) by September

751.23 1, 2019.

751.24 (c) The Department of Health member shall chair the first meeting of the committee. At

751.25 the first meeting, the committee shall elect a chair from its membership. The committee

751.26 shall meet at the call of the chair, at least four times a year. The committee shall adopt

751.27 written bylaws to govern its activities. The Department of Health shall provide technical

751.28 and administrative support services as required by the committee. These services shall

751.29 include technical support from individuals qualified to administer infant hearing screening,

751.30 rescreening, and diagnostic audiological assessments.

752.1 Members of the committee shall receive no compensation for their service, but shall be

752.2 reimbursed as provided in section 15.059 for expenses incurred as a result of their duties

752.3 as members of the committee.

752.4 (d) By February 15, 2015, and by February 15 of the odd-numbered years after that date,

752.5 the commissioner shall report to the chairs and ranking minority members of the legislative

752.6 committees with jurisdiction over health and data privacy on the activities of the committee

752.7 that have occurred during the past two years.

752.8 (e) This subdivision expires June 30, ~~2019~~ 2025.

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

752.10 Sec. 34. Minnesota Statutes 2018, section 144.99, subdivision 1, is amended to read:

752.11 Subdivision 1. **Remedies available.** The provisions of chapters 1031 and 157 and sections

752.12 115.71 to 115.77; 144.12, subdivision 1, paragraphs (1), (2), (5), (6), (10), (12), (13), (14),

752.13 and (15); 144.1201 to 144.1204; 144.121; 144.1215; 144.1222; 144.35; 144.381 to 144.385;

752.14 144.411 to 144.417; 144.495; 144.71 to 144.74; 144.9501 to 144.9512; 144.97 to 144.98;

752.15 144.992; 152.22 to 152.37; 326.70 to 326.785; 327.10 to 327.131; and 327.14 to 327.28

752.16 and all rules, orders, stipulation agreements, settlements, compliance agreements, licenses,

752.17 registrations, certificates, and permits adopted or issued by the department or under any

752.18 other law now in force or later enacted for the preservation of public health may, in addition

752.19 to provisions in other statutes, be enforced under this section.

316.14 (16) an otolaryngologist;

316.15 (17) a representative from the Newborn Screening Advisory Committee under this

316.16 subdivision; ~~and~~

316.17 (18) a representative of the Department of Education regional low-incidence facilitators;

316.18 The commissioner must complete the appointments required under this subdivision by

316.19 September 1, 2007.

316.20 (c) The Department of Health member shall chair the first meeting of the committee. At

316.21 the first meeting, the committee shall elect a chair from its membership. The committee

316.22 shall meet at the call of the chair, at least four times a year. The committee shall adopt

316.23 written bylaws to govern its activities. The Department of Health shall provide technical

316.24 and administrative support services as required by the committee. These services shall

316.25 include technical support from individuals qualified to administer infant hearing screening,

316.26 rescreening, and diagnostic audiological assessments.

316.27 Members of the committee shall receive no compensation for their service, but shall be

316.28 reimbursed as provided in section 15.059 for expenses incurred as a result of their duties

316.29 as members of the committee.

316.30 (d) By February 15, 2015, and by February 15 of the odd-numbered years after that date,

316.31 the commissioner shall report to the chairs and ranking minority members of the legislative

317.1 committees with jurisdiction over health and data privacy on the activities of the committee

317.2 that have occurred during the past two years.

317.3 (e) This subdivision expires June 30, ~~2019~~ 2025.

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

752.20 Sec. 35. Minnesota Statutes 2018, section 144A.43, subdivision 11, is amended to read:

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

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

752.24 (2) preparing the medication as necessary;

752.25 (3) administering the medication to the client;

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

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

753.1 Sec. 36. Minnesota Statutes 2018, section 144A.43, is amended by adding a subdivision
753.2 to read:

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

753.7 Sec. 37. Minnesota Statutes 2018, section 144A.43, subdivision 30, is amended to read:

753.8 Subd. 30. **Standby assistance.** "Standby assistance" means the presence of another
753.9 person within arm's reach to minimize the risk of injury while performing daily activities
753.10 through physical intervention or cueing to assist a client with an assistive task by providing
753.11 cues, oversight, and minimal physical assistance.

753.12 Sec. 38. Minnesota Statutes 2018, section 144A.472, subdivision 5, is amended to read:

753.13 Subd. 5. ~~Transfers prohibited; Changes in ownership.~~ Any (a) A home care license
753.14 issued by the commissioner may not be transferred to another party. Before acquiring
753.15 ownership of or a controlling interest in a home care provider business, a prospective
753.16 applicant owner must apply for a new temporary license. A change of ownership is a transfer
753.17 of operational control to a different business entity of the home care provider business and
753.18 includes:

753.19 (1) transfer of the business to a different or new corporation;

753.20 (2) in the case of a partnership, the dissolution or termination of the partnership under
753.21 chapter 323A, with the business continuing by a successor partnership or other entity;

753.22 (3) relinquishment of control of the provider to another party, including to a contract
753.23 management firm that is not under the control of the owner of the business' assets;

753.24 (4) transfer of the business by a sole proprietor to another party or entity; or

753.25 (5) ~~in the case of a privately held corporation, the change in transfer of ownership or~~
753.26 ~~control of 50 percent or more of the outstanding voting stock controlling interest of a home~~
753.27 ~~care provider business not covered by clauses (1) to (4).~~

753.28 (b) An employee who was employed by the previous owner of the home care provider
753.29 business prior to the effective date of a change in ownership under paragraph (a), and who
753.30 will be employed by the new owner in the same or a similar capacity, shall be treated as if
753.31 no change in employer occurred, with respect to orientation, training, tuberculosis testing,
754.1 background studies, and competency testing and training on the policies identified in
754.2 subdivision 1, clause (14), and subdivision 2, if applicable.

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

754.7 Sec. 39. Minnesota Statutes 2018, section 144A.472, subdivision 7, is amended to read:

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

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

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

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

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

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

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

754.22 **License Renewal Fee**

754.23 Provider Annual Revenue	Fee
754.24 greater than \$1,500,000	\$6,625
754.25 greater than \$1,275,000 and no more than	
754.26 \$1,500,000	\$5,797

754.27	greater than \$1,100,000 and no more than	
754.28	\$1,275,000	\$4,969
754.29	greater than \$950,000 and no more than	
754.30	\$1,100,000	\$4,141
754.31	greater than \$850,000 and no more than \$950,000	\$3,727
754.32	greater than \$750,000 and no more than \$850,000	\$3,313
754.33	greater than \$650,000 and no more than \$750,000	\$2,898
755.1	greater than \$550,000 and no more than \$650,000	\$2,485
755.2	greater than \$450,000 and no more than \$550,000	\$2,070
755.3	greater than \$350,000 and no more than \$450,000	\$1,656
755.4	greater than \$250,000 and no more than \$350,000	\$1,242
755.5	greater than \$100,000 and no more than \$250,000	\$828
755.6	greater than \$50,000 and no more than \$100,000	\$500
755.7	greater than \$25,000 and no more than \$50,000	\$400
755.8	no more than \$25,000	\$200
755.9	(d) For the period between July 1, 2018, and June 30, 2020, a home care provider who	
755.10	is seeking to renew the provider's license shall pay a fee to the commissioner in an amount	
755.11	that is ten percent higher than the applicable fee in paragraph (c). A home care provider's	
755.12	fee shall be based on revenues derived from the provision of home care services during the	
755.13	calendar year prior to the year in which the application is submitted.	
755.14	(e) Beginning July 1, 2020, a home care provider who is seeking to renew the provider's	
755.15	license shall pay a fee to the commissioner based on revenues derived from the provision	
755.16	of home care services during the calendar year prior to the year in which the application is	
755.17	submitted, according to the following schedule:	
755.18	License Renewal Fee	
755.19	Provider Annual Revenue	Fee
755.20	greater than \$1,500,000	\$7,651
755.21	greater than \$1,275,000 and no more than	\$6,695
755.22	\$1,500,000	

755.23	greater than \$1,100,000 and no more than	\$5,739
755.24	\$1,275,000	
755.25	greater than \$950,000 and no more than	\$4,783
755.26	\$1,100,000	
755.27	greater than \$850,000 and no more than \$950,000	\$4,304
755.28	greater than \$750,000 and no more than \$850,000	\$3,826
755.29	greater than \$650,000 and no more than \$750,000	\$3,347
755.30	greater than \$550,000 and no more than \$650,000	\$2,870
755.31	greater than \$450,000 and no more than \$550,000	\$2,391
755.32	greater than \$350,000 and no more than \$450,000	\$1,913
755.33	greater than \$250,000 and no more than \$350,000	\$1,434
755.34	greater than \$100,000 and no more than \$250,000	\$957
755.35	greater than \$50,000 and no more than \$100,000	\$577
755.36	greater than \$25,000 and no more than \$50,000	\$462
755.37	no more than \$25,000	\$231

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

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

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

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

756.12 (j) Fees and penalties collected under this section shall be deposited in the state treasury
756.13 and credited to the state government special revenue fund. All fees are nonrefundable. Fees
756.14 collected under paragraphs (c), (d), and (e) are nonrefundable even if received before July
756.15 1, 2017, for temporary licenses or licenses being issued effective July 1, 2017, or later.

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

756.17 Sec. 40. Minnesota Statutes 2018, section 144A.473, is amended to read:

756.18 **144A.473 ISSUANCE OF TEMPORARY LICENSE AND LICENSE RENEWAL.**

756.19 Subdivision 1. **Temporary license and renewal of license.** (a) The department shall

756.20 review each application to determine the applicant's knowledge of and compliance with

756.21 Minnesota home care regulations. Before granting a temporary license or renewing a license,

756.22 the commissioner may further evaluate the applicant or licensee by requesting additional

756.23 information or documentation or by conducting an on-site survey of the applicant to

756.24 determine compliance with sections 144A.43 to 144A.482.

756.25 (b) Within 14 calendar days after receiving an application for a license, the commissioner

756.26 shall acknowledge receipt of the application in writing. The acknowledgment must indicate

756.27 whether the application appears to be complete or whether additional information is required

756.28 before the application will be considered complete.

756.29 (c) Within 90 days after receiving a complete application, the commissioner shall issue

756.30 a temporary license, renew the license, or deny the license.

756.31 (d) The commissioner shall issue a license that contains the home care provider's name,

756.32 address, license level, expiration date of the license, and unique license number. All licenses,

757.1 except for temporary licenses issued under subdivision 2, are valid for up to one year from

757.2 the date of issuance.

757.3 Subd. 2. **Temporary license.** (a) For new license applicants, the commissioner shall

757.4 issue a temporary license for either the basic or comprehensive home care level. A temporary

757.5 license is effective for up to one year from the date of issuance, except that a temporary

757.6 license may be extended according to subdivision 3. Temporary licensees must comply with

757.7 sections 144A.43 to 144A.482.

757.8 (b) During the temporary license ~~year~~ period, the commissioner shall survey the temporary

757.9 licensee within 90 calendar days after the commissioner is notified or has evidence that the

757.10 temporary licensee is providing home care services.

757.11 (c) Within five days of beginning the provision of services, the temporary licensee must

757.12 notify the commissioner that it is serving clients. The notification to the commissioner may

757.13 be mailed or e-mailed to the commissioner at the address provided by the commissioner. If

757.14 the temporary licensee does not provide home care services during the temporary license

757.15 ~~year~~ period, then the temporary license expires at the end of the ~~year~~ period and the applicant

757.16 must reapply for a temporary home care license.

757.17 (d) A temporary licensee may request a change in the level of licensure prior to being

757.18 surveyed and granted a license by notifying the commissioner in writing and providing

757.19 additional documentation or materials required to update or complete the changed temporary

757.20 license application. The applicant must pay the difference between the application fees

757.21 when changing from the basic level to the comprehensive level of licensure. No refund will
757.22 be made if the provider chooses to change the license application to the basic level.

757.23 (e) If the temporary licensee notifies the commissioner that the licensee has clients within
757.24 45 days prior to the temporary license expiration, the commissioner may extend the temporary
757.25 license for up to 60 days in order to allow the commissioner to complete the on-site survey
757.26 required under this section and follow-up survey visits.

757.27 Subd. 3. **Temporary licensee survey.** (a) If the temporary licensee is in substantial
757.28 compliance with the survey, the commissioner shall issue either a basic or comprehensive
757.29 home care license. If the temporary licensee is not in substantial compliance with the survey,
757.30 the commissioner shall either: (1) not issue a ~~basic or comprehensive~~ license and ~~there will~~
757.31 ~~be no contested hearing right under chapter 14;~~ terminate the temporary license; or (2)
757.32 extend the temporary license for a period not to exceed 90 days and apply conditions, as
757.33 permitted under section 144A.475, subdivision 2, to the extension of a temporary license.
757.34 If the temporary licensee is not in substantial compliance with the survey within the time
758.1 period of the extension, or if the temporary licensee does not satisfy the license conditions,
758.2 the commissioner may deny the license.

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

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

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

758.15 (e) A temporary licensee whose license is denied, is permitted to continue operating as
758.16 a home care provider during the period of time when:

758.17 (1) a reconsideration request is in process;

758.18 (2) an extension of a temporary license is being negotiated;

758.19 (3) the placement of conditions on a temporary license is being negotiated; or

758.20 (4) a transfer of home care clients from the temporary licensee to a new home care
758.21 provider is in process.

758.22 (f) A temporary licensee whose license is denied must comply with the requirements
758.23 for notification and transfer of clients in section 144A.475, subdivision 5.

758.24 Sec. 41. Minnesota Statutes 2018, section 144A.474, subdivision 2, is amended to read:

758.25 Subd. 2. **Types of home care surveys.** (a) "Initial full survey" means the survey of a
758.26 new temporary licensee conducted after the department is notified or has evidence that the
758.27 temporary licensee is providing home care services to determine if the provider is in
758.28 compliance with home care requirements. Initial full surveys must be completed within 14
758.29 months after the department's issuance of a temporary basic or comprehensive license.

758.30 (b) "Change in ownership survey" means a full survey of a new licensee due to a change
758.31 in ownership. Change in ownership surveys must be completed within six months after the
758.32 department's issuance of a new license due to a change in ownership.

759.1 (c) "Core survey" means periodic inspection of home care providers to determine ongoing
759.2 compliance with the home care requirements, focusing on the essential health and safety
759.3 requirements. Core surveys are available to licensed home care providers who have been
759.4 licensed for three years and surveyed at least once in the past three years with the latest
759.5 survey having no widespread violations beyond Level 1 as provided in subdivision 11.
759.6 Providers must also not have had any substantiated licensing complaints, substantiated
759.7 complaints against the agency under the Vulnerable Adults Act or Maltreatment of Minors
759.8 Act, or an enforcement action as authorized in section 144A.475 in the past three years.

759.9 (1) The core survey for basic home care providers must review compliance in the
759.10 following areas:

- 759.11 (i) reporting of maltreatment;
- 759.12 (ii) orientation to and implementation of the home care bill of rights;
- 759.13 (iii) statement of home care services;
- 759.14 (iv) initial evaluation of clients and initiation of services;
- 759.15 (v) client review and monitoring;
- 759.16 (vi) service plan implementation and changes to the service plan;
- 759.17 (vii) client complaint and investigative process;
- 759.18 (viii) competency of unlicensed personnel; and
- 759.19 (ix) infection control.

759.20 (2) For comprehensive home care providers, the core survey must include everything
759.21 in the basic core survey plus these areas:

- 759.22 (i) delegation to unlicensed personnel;
- 759.23 (ii) assessment, monitoring, and reassessment of clients; and
- 759.24 (iii) medication, treatment, and therapy management.

759.25 ~~(d)~~ (d) "Full survey" means the periodic inspection of home care providers to determine
 759.26 ongoing compliance with the home care requirements that cover the core survey areas and
 759.27 all the legal requirements for home care providers. A full survey is conducted for all
 759.28 temporary licensees ~~and~~, for licensees that receive licenses due to an approved change in
 759.29 ownership, for providers who do not meet the requirements needed for a core survey, and
 759.30 when a surveyor identifies unacceptable client health or safety risks during a core survey.
 759.31 A full survey must include all the tasks identified as part of the core survey and any additional
 760.1 review deemed necessary by the department, including additional observation, interviewing,
 760.2 or records review of additional clients and staff.

760.3 ~~(d)~~ (e) "Follow-up surveys" means surveys conducted to determine if a home care
 760.4 provider has corrected deficient issues and systems identified during a core survey, full
 760.5 survey, or complaint investigation. Follow-up surveys may be conducted via phone, e-mail,
 760.6 fax, mail, or on-site reviews. Follow-up surveys, other than complaint surveys, shall be
 760.7 concluded with an exit conference and written information provided on the process for
 760.8 requesting a reconsideration of the survey results.

760.9 ~~(e)~~ (f) Upon receiving information alleging that a home care provider has violated or is
 760.10 currently violating a requirement of sections 144A.43 to 144A.482, the commissioner shall
 760.11 investigate the complaint according to sections 144A.51 to 144A.54.

760.12 Sec. 42. Minnesota Statutes 2018, section 144A.475, subdivision 1, is amended to read:

760.13 Subdivision 1. **Conditions.** (a) The commissioner may refuse to grant a temporary
 760.14 license, refuse to grant a license as a result of a change in ownership, refuse to renew a
 760.15 license, suspend or revoke a license, or impose a conditional license if the home care provider
 760.16 or owner or managerial official of the home care provider:

760.17 (1) is in violation of, or during the term of the license has violated, any of the requirements
 760.18 in sections 144A.471 to 144A.482;

760.19 (2) permits, aids, or abets the commission of any illegal act in the provision of home
 760.20 care;

760.21 (3) performs any act detrimental to the health, safety, and welfare of a client;

760.22 (4) obtains the license by fraud or misrepresentation;

760.23 (5) knowingly made or makes a false statement of a material fact in the application for
 760.24 a license or in any other record or report required by this chapter;

760.25 (6) denies representatives of the department access to any part of the home care provider's
 760.26 books, records, files, or employees;

760.27 (7) interferes with or impedes a representative of the department in contacting the home
 760.28 care provider's clients;

760.29 (8) interferes with or impedes a representative of the department in the enforcement of
760.30 this chapter or has failed to fully cooperate with an inspection, survey, or investigation by
760.31 the department;

761.1 (9) destroys or makes unavailable any records or other evidence relating to the home
761.2 care provider's compliance with this chapter;

761.3 (10) refuses to initiate a background study under section 144.057 or 245A.04;

761.4 (11) fails to timely pay any fines assessed by the department;

761.5 (12) violates any local, city, or township ordinance relating to home care services;

761.6 (13) has repeated incidents of personnel performing services beyond their competency
761.7 level; or

761.8 (14) has operated beyond the scope of the home care provider's license level.

761.9 (b) A violation by a contractor providing the home care services of the home care provider
761.10 is a violation by the home care provider.

761.11 Sec. 43. Minnesota Statutes 2018, section 144A.475, subdivision 2, is amended to read:

761.12 Subd. 2. **Terms to suspension or conditional license.** (a) A suspension or conditional
761.13 license designation may include terms that must be completed or met before a suspension
761.14 or conditional license designation is lifted. A conditional license designation may include
761.15 restrictions or conditions that are imposed on the provider. Terms for a suspension or
761.16 conditional license may include one or more of the following and the scope of each will be
761.17 determined by the commissioner:

761.18 (1) requiring a consultant to review, evaluate, and make recommended changes to the
761.19 home care provider's practices and submit reports to the commissioner at the cost of the
761.20 home care provider;

761.21 (2) requiring supervision of the home care provider or staff practices at the cost of the
761.22 home care provider by an unrelated person who has sufficient knowledge and qualifications
761.23 to oversee the practices and who will submit reports to the commissioner;

761.24 (3) requiring the home care provider or employees to obtain training at the cost of the
761.25 home care provider;

761.26 (4) requiring the home care provider to submit reports to the commissioner;

761.27 (5) prohibiting the home care provider from taking any new clients for a period of time;
761.28 or

761.29 (6) any other action reasonably required to accomplish the purpose of this subdivision
761.30 and section 144A.45, subdivision 2.

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

762.3 Sec. 44. Minnesota Statutes 2018, section 144A.475, subdivision 5, is amended to read:

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

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

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

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

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

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

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

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

762.27 Sec. 45. Minnesota Statutes 2018, section 144A.476, subdivision 1, is amended to read:

762.28 Subdivision 1. **Prior criminal convictions; owner and managerial officials.** (a) Before
762.29 the commissioner issues a temporary license, issues a license as a result of an approved
762.30 change in ownership, or renews a license, an owner or managerial official is required to
762.31 complete a background study under section 144.057. No person may be involved in the
763.1 management, operation, or control of a home care provider if the person has been disqualified
763.2 under chapter 245C. If an individual is disqualified under section 144.057 or chapter 245C,
763.3 the individual may request reconsideration of the disqualification. If the individual requests
763.4 reconsideration and the commissioner sets aside or rescinds the disqualification, the individual
763.5 is eligible to be involved in the management, operation, or control of the provider. If an
763.6 individual has a disqualification under section 245C.15, subdivision 1, and the disqualification

763.7 is affirmed, the individual's disqualification is barred from a set aside, and the individual
763.8 must not be involved in the management, operation, or control of the provider.

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

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

763.21 (d) The department shall not issue any license if the applicant or owner or managerial
763.22 official has been unsuccessful in having a background study disqualification set aside under
763.23 section 144.057 and chapter 245C; if the owner or managerial official, as an owner or
763.24 managerial official of another home care provider, was substantially responsible for the
763.25 other home care provider's failure to substantially comply with sections 144A.43 to
763.26 144A.482; or if an owner that has ceased doing business, either individually or as an owner
763.27 of a home care provider, was issued a correction order for failing to assist clients in violation
763.28 of this chapter.

763.29 Sec. 46. Minnesota Statutes 2018, section 144A.479, subdivision 7, is amended to read:

763.30 Subd. 7. **Employee records.** The home care provider must maintain current records of
763.31 each paid employee, regularly scheduled volunteers providing home care services, and of
763.32 each individual contractor providing home care services. The records must include the
763.33 following information:

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

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

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

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

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

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

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

764.17 Sec. 47. Minnesota Statutes 2018, section 144A.4791, subdivision 1, is amended to read:

764.18 Subdivision 1. **Home care bill of rights; notification to client.** (a) The home care
764.19 provider shall provide the client or the client's representative a written notice of the rights
764.20 under section 144A.44 before the initiation of date that services are first provided to that
764.21 client. The provider shall make all reasonable efforts to provide notice of the rights to the
764.22 client or the client's representative in a language the client or client's representative can
764.23 understand.

764.24 (b) In addition to the text of the home care bill of rights in section 144A.44, subdivision
764.25 1, the notice shall also contain the following statement describing how to file a complaint
764.26 with these offices.

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

764.31 The statement should include the telephone number, website address, e-mail address,
764.32 mailing address, and street address of the Office of Health Facility Complaints at the
765.1 Minnesota Department of Health, the Office of the Ombudsman for Long-Term Care, and
765.2 the Office of the Ombudsman for Mental Health and Developmental Disabilities. The
765.3 statement should also include the home care provider's name, address, e-mail, telephone
765.4 number, and name or title of the person at the provider to whom problems or complaints
765.5 may be directed. It must also include a statement that the home care provider will not retaliate
765.6 because of a complaint.

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

ARTICLE 1:

13.4 Sec. 12. Minnesota Statutes 2018, section 144A.479, is amended by adding a subdivision
13.5 to read:

13.6 Subd. 8. **Labor market reporting.** A home care provider shall comply with the labor
13.7 market reporting requirements described in section 256B.4912, subdivision 1a.

765.11 Sec. 48. Minnesota Statutes 2018, section 144A.4791, subdivision 3, is amended to read:

765.12 Subd. 3. **Statement of home care services.** Prior to the initiation of date that services
765.13 are first provided to the client, a home care provider must provide to the client or the client's
765.14 representative a written statement which identifies if the provider has a basic or
765.15 comprehensive home care license, the services the provider is authorized to provide, and
765.16 which services the provider cannot provide under the scope of the provider's license. The
765.17 home care provider shall obtain written acknowledgment from the clients that the provider
765.18 has provided the statement or must document why the provider could not obtain the
765.19 acknowledgment.

765.20 Sec. 49. Minnesota Statutes 2018, section 144A.4791, subdivision 6, is amended to read:

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

765.27 Sec. 50. Minnesota Statutes 2018, section 144A.4791, subdivision 7, is amended to read:

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

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

766.6 Sec. 51. Minnesota Statutes 2018, section 144A.4791, subdivision 8, is amended to read:

766.7 Subd. 8. **Comprehensive assessment, monitoring, and reassessment.** (a) When the
766.8 services being provided are comprehensive home care services, an individualized initial
766.9 assessment must be conducted in person by a registered nurse. When the services are provided
766.10 by other licensed health professionals, the assessment must be conducted by the appropriate
766.11 health professional. This initial assessment must be completed within five days after initiation
766.12 of the date that home care services are first provided.

766.13 (b) Client monitoring and reassessment must be conducted in the client's home no more
766.14 than 14 days after initiation of the date that home care services are first provided.

766.15 (c) Ongoing client monitoring and reassessment must be conducted as needed based on
766.16 changes in the needs of the client and cannot exceed 90 days from the last date of the

766.17 assessment. The monitoring and reassessment may be conducted at the client's residence
766.18 or through the utilization of telecommunication methods based on practice standards that
766.19 meet the individual client's needs.

766.20 Sec. 52. Minnesota Statutes 2018, section 144A.4791, subdivision 9, is amended to read:

766.21 Subd. 9. **Service plan, implementation, and revisions to service plan.** (a) No later
766.22 than 14 days after the initiation of date that home care services are first provided, a home
766.23 care provider shall finalize a current written service plan.

766.24 (b) The service plan and any revisions must include a signature or other authentication
766.25 by the home care provider and by the client or the client's representative documenting
766.26 agreement on the services to be provided. The service plan must be revised, if needed, based
766.27 on client review or reassessment under subdivisions 7 and 8. The provider must provide
766.28 information to the client about changes to the provider's fee for services and how to contact
766.29 the Office of the Ombudsman for Long-Term Care.

766.30 (c) The home care provider must implement and provide all services required by the
766.31 current service plan.

767.1 (d) The service plan and revised service plan must be entered into the client's record,
767.2 including notice of a change in a client's fees when applicable.

767.3 (e) Staff providing home care services must be informed of the current written service
767.4 plan.

767.5 (f) The service plan must include:

767.6 (1) a description of the home care services to be provided, the fees for services, and the
767.7 frequency of each service, according to the client's current review or assessment and client
767.8 preferences;

767.9 (2) the identification of the staff or categories of staff who will provide the services;

767.10 (3) the schedule and methods of monitoring reviews or assessments of the client;

767.11 (4) ~~the frequency of sessions of supervision of staff and type of personnel who will~~
767.12 ~~supervise staff; and~~ the schedule and methods of monitoring staff providing home care
767.13 services; and

767.14 (5) a contingency plan that includes:

767.15 (i) the action to be taken by the home care provider and by the client or client's
767.16 representative if the scheduled service cannot be provided;

767.17 (ii) information and a method for a client or client's representative to contact the home
767.18 care provider;

767.19 (iii) names and contact information of persons the client wishes to have notified in an
767.20 emergency or if there is a significant adverse change in the client's condition, including

767.21 ~~identification of and information as to who has authority to sign for the client in an~~
767.22 ~~emergency; and~~

767.23 (iv) the circumstances in which emergency medical services are not to be summoned
767.24 consistent with chapters 145B and 145C, and declarations made by the client under those
767.25 chapters.

767.26 Sec. 53. Minnesota Statutes 2018, section 144A.4792, subdivision 1, is amended to read:

767.27 Subdivision 1. **Medication management services; comprehensive home care**
767.28 **license.** (a) This subdivision applies only to home care providers with a comprehensive
767.29 home care license that provide medication management services to clients. Medication
767.30 management services may not be provided by a home care provider who has a basic home
767.31 care license.

768.1 (b) A comprehensive home care provider who provides medication management services
768.2 must develop, implement, and maintain current written medication management policies
768.3 and procedures. The policies and procedures must be developed under the supervision and
768.4 direction of a registered nurse, licensed health professional, or pharmacist consistent with
768.5 current practice standards and guidelines.

768.6 (c) The written policies and procedures must address requesting and receiving
768.7 prescriptions for medications; preparing and giving medications; verifying that prescription
768.8 drugs are administered as prescribed; documenting medication management activities;
768.9 controlling and storing medications; monitoring and evaluating medication use; resolving
768.10 medication errors; communicating with the prescriber, pharmacist, and client and client
768.11 representative, if any; disposing of unused medications; and educating clients and client
768.12 representatives about medications. When controlled substances are being managed, stored,
768.13 and secured by the comprehensive home care provider, the policies and procedures must
768.14 also identify how the provider will ensure security and accountability for the overall
768.15 management, control, and disposition of those substances in compliance with state and
768.16 federal regulations and with subdivision 22.

768.17 Sec. 54. Minnesota Statutes 2018, section 144A.4792, subdivision 2, is amended to read:

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

768.27 (b) The assessment must:

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

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

768.32 "Diversion of medications" means the misuse, theft, or illegal or improper disposition of
768.33 medications.

769.1 Sec. 55. Minnesota Statutes 2018, section 144A.4792, subdivision 5, is amended to read:

769.2 Subd. 5. **Individualized medication management plan.** (a) For each client receiving
769.3 medication management services, the comprehensive home care provider must prepare and
769.4 include in the service plan a written statement of the medication management services that
769.5 will be provided to the client. The provider must develop and maintain a current
769.6 individualized medication management record for each client based on the client's assessment
769.7 that must contain the following:

769.8 (1) a statement describing the medication management services that will be provided;

769.9 (2) a description of storage of medications based on the client's needs and preferences,
769.10 risk of diversion, and consistent with the manufacturer's directions;

769.11 (3) documentation of specific client instructions relating to the administration of
769.12 medications;

769.13 (4) identification of persons responsible for monitoring medication supplies and ensuring
769.14 that medication refills are ordered on a timely basis;

769.15 (5) identification of medication management tasks that may be delegated to unlicensed
769.16 personnel;

769.17 (6) procedures for staff notifying a registered nurse or appropriate licensed health
769.18 professional when a problem arises with medication management services; and

769.19 (7) any client-specific requirements relating to documenting medication administration,
769.20 verifications that all medications are administered as prescribed, and monitoring of
769.21 medication use to prevent possible complications or adverse reactions.

769.22 (b) The medication management record must be current and updated when there are any
769.23 changes.

769.24 (c) Medication reconciliation must be completed when a licensed nurse, licensed health
769.25 professional, or authorized prescriber is providing medication management.

769.26 Sec. 56. Minnesota Statutes 2018, section 144A.4792, subdivision 10, is amended to read:

769.27 Subd. 10. **Medication management for clients who will be away from home.** (a) A
769.28 home care provider who is providing medication management services to the client and
769.29 controls the client's access to the medications must develop and implement policies and

769.30 procedures for giving accurate and current medications to clients for planned or unplanned
769.31 times away from home according to the client's individualized medication management
769.32 plan. The policy and procedures must state that:

770.1 (1) for planned time away, the medications must be obtained from the pharmacy or set
770.2 up by the registered a licensed nurse according to appropriate state and federal laws and
770.3 nursing standards of practice;

770.4 (2) for unplanned time away, when the pharmacy is not able to provide the medications,
770.5 a licensed nurse or unlicensed personnel shall give the client or client's representative
770.6 medications in amounts and dosages needed for the length of the anticipated absence, not
770.7 to exceed 120 hours seven calendar days;

770.8 (3) the client or client's representative must be provided written information on
770.9 medications, including any special instructions for administering or handling the medications,
770.10 including controlled substances;

770.11 (4) the medications must be placed in a medication container or containers appropriate
770.12 to the provider's medication system and must be labeled with the client's name and the dates
770.13 and times that the medications are scheduled; and

770.14 (5) the client or client's representative must be provided in writing the home care
770.15 provider's name and information on how to contact the home care provider.

770.16 (b) For unplanned time away when the licensed nurse is not available, the registered
770.17 nurse may delegate this task to unlicensed personnel if:

770.18 (1) the registered nurse has trained the unlicensed staff and determined the unlicensed
770.19 staff is competent to follow the procedures for giving medications to clients; and

770.20 (2) the registered nurse has developed written procedures for the unlicensed personnel,
770.21 including any special instructions or procedures regarding controlled substances that are
770.22 prescribed for the client. The procedures must address:

770.23 (i) the type of container or containers to be used for the medications appropriate to the
770.24 provider's medication system;

770.25 (ii) how the container or containers must be labeled;

770.26 (iii) the written information about the medications to be given to the client or client's
770.27 representative;

770.28 (iv) how the unlicensed staff must document in the client's record that medications have
770.29 been given to the client or the client's representative, including documenting the date the
770.30 medications were given to the client or the client's representative and who received the
770.31 medications, the person who gave the medications to the client, the number of medications
770.32 that were given to the client, and other required information;

771.1 (v) how the registered nurse shall be notified that medications have been given to the
771.2 client or client's representative and whether the registered nurse needs to be contacted before
771.3 the medications are given to the client or the client's representative; ~~and~~

771.4 (vi) a review by the registered nurse of the completion of this task to verify that this task
771.5 was completed accurately by the unlicensed personnel; ~~and~~

771.6 (vii) how the unlicensed staff must document in the client's record any unused medications
771.7 that are returned to the provider, including the name of each medication and the doses of
771.8 each returned medication.

771.9 Sec. 57. Minnesota Statutes 2018, section 144A.4793, subdivision 6, is amended to read:

771.10 Subd. 6. ~~Treatment and therapy orders or prescriptions.~~ There must be an up-to-date
771.11 written or electronically recorded order ~~or prescription~~ from an authorized prescriber for
771.12 all treatments and therapies. The order must contain the name of the client, a description of
771.13 the treatment or therapy to be provided, and the frequency, duration, and other information
771.14 needed to administer the treatment or therapy. Treatment and therapy orders must be renewed
771.15 at least every 12 months.

771.16 Sec. 58. Minnesota Statutes 2018, section 144A.4796, subdivision 2, is amended to read:

771.17 Subd. 2. **Content.** (a) The orientation must contain the following topics:

771.18 (1) an overview of sections 144A.43 to 144A.4798;

771.19 (2) introduction and review of all the provider's policies and procedures related to the
771.20 provision of home care services by the individual staff person;

771.21 (3) handling of emergencies and use of emergency services;

771.22 (4) compliance with and reporting of the maltreatment of minors or vulnerable adults
771.23 under sections 626.556 and 626.557;

771.24 (5) home care bill of rights under section 144A.44;

771.25 (6) handling of clients' complaints, reporting of complaints, and where to report
771.26 complaints including information on the Office of Health Facility Complaints and the
771.27 Common Entry Point;

771.28 (7) consumer advocacy services of the Office of Ombudsman for Long-Term Care,
771.29 Office of Ombudsman for Mental Health and Developmental Disabilities, Managed Care
771.30 Ombudsman at the Department of Human Services, county managed care advocates, or
771.31 other relevant advocacy services; and

772.1 (8) review of the types of home care services the employee will be providing and the
772.2 provider's scope of licensure.

772.3 (b) In addition to the topics listed in paragraph (a), orientation may also contain training
772.4 on providing services to clients with hearing loss. Any training on hearing loss provided

772.5 under this subdivision must be high quality and research-based, may include online training,
772.6 and must include training on one or more of the following topics:

772.7 (1) an explanation of age-related hearing loss and how it manifests itself, its prevalence,
772.8 and challenges it poses to communication;

772.9 (2) health impacts related to untreated age-related hearing loss, such as increased
772.10 incidence of dementia, falls, hospitalizations, isolation, and depression; or

772.11 (3) information about strategies and technology that may enhance communication and
772.12 involvement, including communication strategies, assistive listening devices, hearing aids,
772.13 visual and tactile alerting devices, communication access in real time, and closed captions.

772.14 Sec. 59. Minnesota Statutes 2018, section 144A.4797, subdivision 3, is amended to read:

772.15 Subd. 3. **Supervision of staff providing delegated nursing or therapy home care**
772.16 **tasks.** (a) Staff who perform delegated nursing or therapy home care tasks must be supervised
772.17 by an appropriate licensed health professional or a registered nurse periodically where the
772.18 services are being provided to verify that the work is being performed competently and to
772.19 identify problems and solutions related to the staff person's ability to perform the tasks.
772.20 Supervision of staff performing medication or treatment administration shall be provided
772.21 by a registered nurse or appropriate licensed health professional and must include observation
772.22 of the staff administering the medication or treatment and the interaction with the client.

772.23 (b) The direct supervision of staff performing delegated tasks must be provided within
772.24 30 days after the date on which the individual begins working for the home care provider
772.25 and first performs delegated tasks for clients and thereafter as needed based on performance.
772.26 This requirement also applies to staff who have not performed delegated tasks for one year
772.27 or longer.

772.28 Sec. 60. Minnesota Statutes 2018, section 144A.4798, is amended to read:

772.29 144A.4798 EMPLOYEE HEALTH STATUS DISEASE PREVENTION AND
772.30 INFECTION CONTROL.

772.31 Subdivision 1. **Tuberculosis (TB) prevention and infection control.** (a) A home care
772.32 provider must establish and maintain a ~~TB prevention and comprehensive tuberculosis~~
773.1 ~~infection control program based on~~ infection control program based on according to the most current tuberculosis infection
773.2 control guidelines issued by the United States Centers for Disease Control and Prevention
773.3 (CDC), Division of Tuberculosis Elimination, as published in the CDC's Morbidity and
773.4 Mortality Weekly Report. Components of a TB prevention and control program include
773.5 screening all staff providing home care services, both paid and unpaid, at the time of hire
773.6 for active TB disease and latent TB infection, and developing and implementing a written
773.7 TB infection control plan. The commissioner shall make the most recent CDC standards
773.8 available to home care providers on the department's website. This program must include
773.9 a tuberculosis infection control plan that covers all paid and unpaid employees, contractors,

773.10 students, and volunteers. The commissioner shall provide technical assistance regarding
773.11 implementation of the guidelines.

773.12 (b) The home care provider must maintain written evidence of compliance with this
773.13 subdivision.

773.14 Subd. 2. **Communicable diseases.** A home care provider must follow current federal
773.15 or state guidelines state requirements for prevention, control, and reporting of human
773.16 immunodeficiency virus (HIV), hepatitis B virus (HBV), hepatitis C virus, or other
773.17 communicable diseases as defined in Minnesota Rules, ~~part~~ parts 4605.7040, 4605.7044,
773.18 4605.7050, 4605.7075, 4605.7080, and 4605.7090.

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

773.22 Sec. 61. Minnesota Statutes 2018, section 144A.4799, subdivision 1, is amended to read:

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

773.25 (1) three public members as defined in section 214.02 who shall be ~~either~~ persons who
773.26 are currently receiving home care services ~~or~~, persons who have received home care services
773.27 within five years of the application date, persons who have family members receiving home
773.28 care services, or persons who have family members who have received home care services
773.29 within five years of the application date;

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

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

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

774.2 Sec. 62. Minnesota Statutes 2018, section 144A.4799, subdivision 3, is amended to read:

774.3 Subd. 3. **Duties.** (a) At the commissioner's request, the advisory council shall provide
774.4 advice regarding regulations of Department of Health licensed home care providers in this
774.5 chapter, including advice on the following:

774.6 (1) community standards for home care practices;

774.7 (2) enforcement of licensing standards and whether certain disciplinary actions are
774.8 appropriate;

774.9 (3) ways of distributing information to licensees and consumers of home care;

774.10 (4) training standards;

774.11 (5) identifying emerging issues and opportunities in the home care field, including and
 774.12 assisted living;

774.13 (6) identifying the use of technology in home and telehealth capabilities;

774.14 ~~(6)~~ (7) allowable home care licensing modifications and exemptions, including a method
 774.15 for an integrated license with an existing license for rural licensed nursing homes to provide
 774.16 limited home care services in an adjacent independent living apartment building owned by
 774.17 the licensed nursing home; and

774.18 ~~(7)~~ (8) recommendations for studies using the data in section 62U.04, subdivision 4,
 774.19 including but not limited to studies concerning costs related to dementia and chronic disease
 774.20 among an elderly population over 60 and additional long-term care costs, as described in
 774.21 section 62U.10, subdivision 6.

774.22 (b) The advisory council shall perform other duties as directed by the commissioner.

774.23 (c) The advisory council shall annually review the balance of the account in the state
 774.24 government special revenue fund described in section 144A.474, subdivision 11, paragraph
 774.25 (i), and make annual recommendations by January 15 directly to the chairs and ranking
 774.26 minority members of the legislative committees with jurisdiction over health and human
 774.27 services regarding appropriations to the commissioner for the purposes in section 144A.474,
 774.28 subdivision 11, paragraph (i).

775.1 Sec. 63. Minnesota Statutes 2018, section 144A.484, subdivision 1, is amended to read:

775.2 Subdivision 1. **Integrated licensing established.** ~~(a) From January 1, 2014, to June 30,~~
 775.3 ~~2015, the commissioner of health shall enforce the home and community-based services~~
 775.4 ~~standards under chapter 245D for those providers who also have a home care license pursuant~~
 775.5 ~~to this chapter as required under Laws 2013, chapter 108, article 8, section 60, and article~~
 775.6 ~~11, section 31. During this period, the commissioner shall provide technical assistance to~~
 775.7 ~~achieve and maintain compliance with applicable law or rules governing the provision of~~
 775.8 ~~home and community-based services, including complying with the service recipient rights~~
 775.9 ~~notice in subdivision 4, clause (4). If during the survey, the commissioner finds that the~~
 775.10 ~~licensee has failed to achieve compliance with an applicable law or rule under chapter 245D~~
 775.11 ~~and this failure does not imminently endanger the health, safety, or rights of the persons~~
 775.12 ~~served by the program, the commissioner may issue a licensing survey report with~~
 775.13 ~~recommendations for achieving and maintaining compliance.~~

775.14 ~~(b) Beginning July 1, 2015, A home care provider applicant or license holder may apply~~
 775.15 ~~to the commissioner of health for a home and community-based services designation for~~
 775.16 ~~the provision of basic support services identified under section 245D.03, subdivision 1,~~
 775.17 ~~paragraph (b). The designation allows the license holder to provide basic support services~~
 775.18 ~~that would otherwise require licensure under chapter 245D, under the license holder's home~~
 775.19 ~~care license governed by sections 144A.43 to 144A.48+ 144A.4799.~~

ARTICLE 9:

317.5 Sec. 23. Minnesota Statutes 2018, section 144H.01, subdivision 5, is amended to read:

317.6 Subd. 5. **Medically complex or technologically dependent child.** "Medically complex
317.7 or technologically dependent child" means a child under ~~24~~ seven years of age who, because
317.8 of a medical condition, requires continuous therapeutic interventions or skilled nursing
317.9 supervision ~~which~~ that must be prescribed by a licensed physician and administered by, or
317.10 under the direct supervision of, a licensed registered nurse.

317.11 Sec. 24. Minnesota Statutes 2018, section 144H.04, subdivision 1, is amended to read:

317.12 Subdivision 1. **Licenses.** A person seeking licensure for a PPEC center must submit a
317.13 completed application for licensure to the commissioner, in a form and manner determined
317.14 by the commissioner. The applicant must also submit the application fee, in the amount
317.15 specified in section 144H.05, subdivision 1. Effective January 1, 2018, Beginning July 1,
317.16 2020, the commissioner shall issue a license for a PPEC center if the commissioner
317.17 determines that the applicant and center meet the requirements of this chapter and rules that
317.18 apply to PPEC centers. A license issued under this subdivision is valid for two years.

317.19 **EFFECTIVE DATE.** This section is effective retroactively from January 1, 2018.

317.20 Sec. 25. Minnesota Statutes 2018, section 144H.04, is amended by adding a subdivision
317.21 to read:

317.22 Subd. 1a. **Licensure phase-in.** (a) The commissioner shall phase in licensure of PPEC
317.23 centers by issuing prior to June 30, 2024, no more than two licenses to applicants the
317.24 commissioner determines meet the requirements of this chapter. A license issued under this
317.25 subdivision is valid until June 30, 2024.

317.26 (b) This subdivision expires July 1, 2024.

317.27 **EFFECTIVE DATE.** This section is effective upon the effective date of article 8,
317.28 section 15.

318.1 Sec. 26. Minnesota Statutes 2018, section 144H.06, is amended to read:
318.2 144H.06 APPLICATION OF RULES FOR HOSPICE SERVICES AND
318.3 RESIDENTIAL HOSPICE FACILITIES.

318.4 Minnesota Rules, chapter 4664, shall apply to PPEC centers licensed under this chapter,
318.5 except that the following parts, subparts, and items, ~~and subitems~~ do not apply:

318.6 (1) Minnesota Rules, part 4664.0003, subparts 2, 6, 7, 11, 12, 13, 14, and 38;

318.7 (2) Minnesota Rules, part 4664.0008;

318.8 (3) Minnesota Rules, part 4664.0010, subparts 3; 4, ~~items A, subitem (6), and item B;~~
318.9 ~~and 8;~~

318.10 (4) Minnesota Rules, part 4664.0020, subpart 13;

- 318.11 (5) Minnesota Rules, part 4664.0370, subpart 1;
- 318.12 (6) Minnesota Rules, part 4664.0390, subpart 1, items A, C, and E;
- 318.13 (7) Minnesota Rules, part 4664.0420;
- 318.14 (8) Minnesota Rules, part 4664.0425, subparts 3, item A; 4; and 6;
- 318.15 (9) Minnesota Rules, part 4664.0430, subparts 3, 4, 5, 7, 8, 9, 10, 11, and 12;
- 318.16 (10) Minnesota Rules, part 4664.0490; and
- 318.17 (11) Minnesota Rules, part 4664.0520.
- 318.18 **EFFECTIVE DATE.** This section is effective August 1, 2019.
- 318.19 Sec. 27. Minnesota Statutes 2018, section 144H.07, subdivision 1, is amended to read:
- 318.20 Subdivision 1. **Services.** A PPEC center must provide basic services to medically complex
- 318.21 or technologically dependent children, based on a protocol of care established for each child.
- 318.22 A PPEC center may provide services up to ~~14~~ 12.5 hours a day and up to six days a week
- 318.23 with hours of operation during normal waking hours.
- 318.24 **EFFECTIVE DATE.** This section is effective August 1, 2019.
- 318.25 Sec. 28. Minnesota Statutes 2018, section 144H.07, subdivision 2, is amended to read:
- 318.26 Subd. 2. **Limitations.** A PPEC center must comply with the following standards related
- 318.27 to services:
- 319.1 (1) a child is prohibited from attending a PPEC center for more than ~~14~~ 12.5 hours within
- 319.2 a 24-hour period;
- 319.3 (2) a PPEC center is prohibited from providing services other than those provided to
- 319.4 medically complex or technologically dependent children; and
- 319.5 (3) the maximum capacity for medically complex or technologically dependent children
- 319.6 at a center shall not exceed 45 children.
- 319.7 **EFFECTIVE DATE.** This section is effective August 1, 2019.
- 319.8 Sec. 29. Minnesota Statutes 2018, section 144H.08, subdivision 2, is amended to read:
- 319.9 Subd. 2. ~~Duties of administrator~~ **Administrators.** (a) The center administrator is
- 319.10 responsible and accountable for overall management of the center. The administrator must:
- 319.11 (1) designate in writing a person to be responsible for the center when the administrator
- 319.12 is absent from the center for more than 24 hours;
- 319.13 (2) maintain the following written records, in a place and form and using a system that
- 319.14 allows for inspection of the records by the commissioner during normal business hours:

- 319.15 (i) a daily census record, which indicates the number of children currently receiving
319.16 services at the center;
- 319.17 (ii) a record of all accidents or unusual incidents involving any child or staff member
319.18 that caused, or had the potential to cause, injury or harm to a person at the center or to center
319.19 property;
- 319.20 (iii) copies of all current agreements with providers of supportive services or contracted
319.21 services;
- 319.22 (iv) copies of all current agreements with consultants employed by the center,
319.23 documentation of each consultant's visits, and written, dated reports; and
- 319.24 (v) a personnel record for each employee, which must include an application for
319.25 employment, references, employment history for the preceding five years, and copies of all
319.26 performance evaluations;
- 319.27 (3) develop and maintain a current job description for each employee;
- 319.28 (4) provide necessary qualified personnel and ancillary services to ensure the health,
319.29 safety, and proper care for each child; and
- 319.30 (5) develop and implement infection control policies that comply with rules adopted by
319.31 the commissioner regarding infection control.
- 320.1 (b) In order to serve as an administrator of a PPEC center, an individual must have at
320.2 least two years of experience in the past five years caring for or managing the care of
320.3 medically complex or technologically dependent individuals.
- 320.4 **EFFECTIVE DATE.** This section is effective August 1, 2019.
- 320.5 Sec. 30. Minnesota Statutes 2018, section 144H.11, subdivision 2, is amended to read:
- 320.6 Subd. 2. **Registered nurses.** A registered nurse employed by a PPEC center must be a
320.7 registered nurse licensed in Minnesota, and hold a current certification in cardiopulmonary
320.8 resuscitation; and have experience in the previous 24 months in being responsible for the
320.9 care of acutely ill or chronically ill children.
- 320.10 **EFFECTIVE DATE.** This section is effective August 1, 2019.
- 320.11 Sec. 31. Minnesota Statutes 2018, section 144H.11, subdivision 3, is amended to read:
- 320.12 Subd. 3. **Licensed practical nurses.** A licensed practical nurse employed by a PPEC
320.13 center must be supervised by a registered nurse and must be a licensed practical nurse
320.14 licensed in Minnesota, have at least two years of experience in pediatrics, and hold a current
320.15 certification in cardiopulmonary resuscitation.
- 320.16 **EFFECTIVE DATE.** This section is effective August 1, 2019.
- 320.17 Sec. 32. Minnesota Statutes 2018, section 144H.11, subdivision 4, is amended to read:

320.18 Subd. 4. **Other direct care personnel.** (a) Direct care personnel governed by this
320.19 subdivision ~~may include nursing assistants and~~ or individuals with training and experience
320.20 in the field of education, social services, or child care.

320.21 (b) All direct care personnel employed by a PPEC center must work under the supervision
320.22 of a registered nurse and are responsible for providing direct care to children at the center.
320.23 Direct care personnel must have extensive, documented education and skills training in
320.24 providing care to infants and toddlers, provide employment references documenting skill
320.25 in the care of infants and children, and hold a current certification in cardiopulmonary
320.26 resuscitation.

320.27 **EFFECTIVE DATE.** This section is effective August 1, 2019.

320.28 Sec. 33. Minnesota Statutes 2018, section 145.4131, subdivision 1, is amended to read:

320.29 Subdivision 1. **Forms.** (a) Within 90 days of July 1, 1998, the commissioner shall prepare
320.30 a reporting form for use by physicians or facilities performing abortions. A copy of this
321.1 section shall be attached to the form. A physician or facility performing an abortion shall
321.2 obtain a form from the commissioner.

321.3 (b) The form shall require the following information:

321.4 (1) the number of abortions performed by the physician in the previous calendar year,
321.5 reported by month;

321.6 (2) the method used for each abortion;

321.7 (3) the approximate gestational age expressed in one of the following increments:

321.8 (i) less than nine weeks;

321.9 (ii) nine to ten weeks;

321.10 (iii) 11 to 12 weeks;

321.11 (iv) 13 to 15 weeks;

321.12 (v) 16 to 20 weeks;

321.13 (vi) 21 to 24 weeks;

321.14 (vii) 25 to 30 weeks;

321.15 (viii) 31 to 36 weeks; or

321.16 (ix) 37 weeks to term;

321.17 (4) the age of the woman at the time the abortion was performed;

321.18 (5) the specific reason for the abortion, including, but not limited to, the following:

321.19 (i) the pregnancy was a result of rape;

- 321.20 (ii) the pregnancy was a result of incest;
- 321.21 (iii) economic reasons;
- 321.22 (iv) the woman does not want children at this time;
- 321.23 (v) the woman's emotional health is at stake;
- 321.24 (vi) the woman's physical health is at stake;
- 321.25 (vii) the woman will suffer substantial and irreversible impairment of a major bodily
- 321.26 function if the pregnancy continues;
- 321.27 (viii) the pregnancy resulted in fetal anomalies; or
- 321.28 (ix) unknown or the woman refused to answer;
- 322.1 (6) the number of prior induced abortions;
- 322.2 (7) the number of prior spontaneous abortions;
- 322.3 (8) whether the abortion was paid for by:
- 322.4 (i) private coverage;
- 322.5 (ii) public assistance health coverage; or
- 322.6 (iii) self-pay;
- 322.7 (9) whether coverage was under:
- 322.8 (i) a fee-for-service plan;
- 322.9 (ii) a capitated private plan; or
- 322.10 (iii) other;
- 322.11 (10) complications, if any, for each abortion and for the aftermath of each abortion.
- 322.12 Space for a description of any complications shall be available on the form;
- 322.13 (11) the medical specialty of the physician performing the abortion;
- 322.14 (12) if the abortion was performed via telemedicine, the facility code for the patient and
- 322.15 the facility code for the physician; ~~and~~
- 322.16 (13) whether the abortion resulted in a born alive infant, as defined in section 145.423,
- 322.17 subdivision 4, and:
- 322.18 (i) any medical actions taken to preserve the life of the born alive infant;
- 322.19 (ii) whether the born alive infant survived; and
- 322.20 (iii) the status of the born alive infant, should the infant survive, if known-;

322.21 (14) whether a determination of probable postfertilization age was made and the probable
322.22 postfertilization age determined, including:

322.23 (i) the method used to make such a determination; or

322.24 (ii) if a determination was not made prior to performing an abortion, the basis of the
322.25 determination that a medical emergency existed; and

322.26 (15) for abortions performed after a determination of postfertilization age of 20 or more
322.27 weeks, the basis of the determination that the pregnant woman had a condition that so
322.28 complicated her medical condition as to necessitate the abortion of her pregnancy to avert
323.1 her death or to avert serious risk of substantial and irreversible physical impairment of a
323.2 major bodily function, not including psychological or emotional conditions.

323.3 Sec. 34. [145.4141] DEFINITIONS.

323.4 Subdivision 1. **Scope.** For purposes of sections 145.4141 to 145.4147, the following
323.5 terms have the meanings given them.

323.6 Subd. 2. **Abortion.** "Abortion" means the use or prescription of any instrument, medicine,
323.7 drug, or any other substance or device to terminate the pregnancy of a woman known to be
323.8 pregnant, with an intention other than to increase the probability of a live birth; to preserve
323.9 the life or health of the child after live birth; or to remove a dead unborn child who died as
323.10 the result of natural causes in utero, accidental trauma, or a criminal assault on the pregnant
323.11 woman or her unborn child; and which causes the premature termination of the pregnancy.

323.12 Subd. 3. **Attempt to perform or induce an abortion.** "Attempt to perform or induce
323.13 an abortion" means an act, or an omission of a statutorily required act, that, under the
323.14 circumstances as the actor believes them to be, constitutes a substantial step in a course of
323.15 conduct planned to culminate in the performance or induction of an abortion in this state in
323.16 violation of sections 145.4141 to 145.4147.

323.17 Subd. 4. **Fertilization.** "Fertilization" means the fusion of a human spermatozoon with
323.18 a human ovum.

323.19 Subd. 5. **Medical emergency.** "Medical emergency" means a condition that, in reasonable
323.20 medical judgment, so complicates the medical condition of the pregnant woman that it
323.21 necessitates the immediate abortion of her pregnancy without first determining
323.22 postfertilization age to avert her death or for which the delay necessary to determine
323.23 postfertilization age will create serious risk of substantial and irreversible physical impairment
323.24 of a major bodily function not including psychological or emotional conditions. No condition
323.25 shall be deemed a medical emergency if based on a claim or diagnosis that the woman will
323.26 engage in conduct which she intends to result in her death or in substantial and irreversible
323.27 physical impairment of a major bodily function.

323.28 Subd. 6. **Physician.** "Physician" means any person licensed to practice medicine and
323.29 surgery or osteopathic medicine and surgery in this state.

323.30 Subd. 7. **Postfertilization age.** "Postfertilization age" means the age of the unborn child
323.31 as calculated from the fusion of a human spermatozoon with a human ovum.

323.32 Subd. 8. **Probable postfertilization age of the unborn child.** "Probable postfertilization
323.33 age of the unborn child" means what, in reasonable medical judgment, will with reasonable
324.1 probability be the postfertilization age of the unborn child at the time the abortion is planned
324.2 to be performed or induced.

324.3 Subd. 9. **Reasonable medical judgment.** "Reasonable medical judgment" means a
324.4 medical judgment that would be made by a reasonably prudent physician knowledgeable
324.5 about the case and the treatment possibilities with respect to the medical conditions involved.

324.6 Subd. 10. **Unborn child or fetus.** "Unborn child" or "fetus" means an individual organism
324.7 of the species homo sapiens from fertilization until live birth.

324.8 Subd. 11. **Woman.** "Woman" means a female human being whether or not she has
324.9 reached the age of majority.

324.10 Sec. 35. [145.4142] LEGISLATIVE FINDINGS.

324.11 (a) The legislature makes the following findings.

324.12 (b) Pain receptors (nociceptors) are present throughout an unborn child's entire body
324.13 and nerves link these receptors to the brain's thalamus and subcortical plate by 20 weeks.

324.14 (c) By eight weeks after fertilization, an unborn child reacts to touch. After 20 weeks
324.15 an unborn child reacts to stimuli that would be recognized as painful if applied to an adult
324.16 human, for example by recoiling.

324.17 (d) In the unborn child, application of such painful stimuli is associated with significant
324.18 increases in stress hormones known as the stress response.

324.19 (e) Subjection to such painful stimuli is associated with long-term harmful
324.20 neurodevelopmental effects, such as altered pain sensitivity and, possibly, emotional,
324.21 behavioral, and learning disabilities later in life.

324.22 (f) For the purposes of surgery on an unborn child, fetal anesthesia is routinely
324.23 administered and is associated with a decrease in stress hormones compared to the level
324.24 when painful stimuli is applied without anesthesia.

324.25 (g) The position, asserted by some medical experts, that an unborn child is incapable of
324.26 experiencing pain until a point later in pregnancy than 20 weeks after fertilization
324.27 predominately rests on the assumption that the ability to experience pain depends on the
324.28 cerebral cortex and requires nerve connections between the thalamus and the cortex.
324.29 However, recent medical research and analysis, especially since 2007, provides strong
324.30 evidence for the conclusion that a functioning cortex is not necessary to experience pain.

324.31 (h) Substantial evidence indicates that children born missing the bulk of the cerebral
324.32 cortex, those with hydranencephaly, nevertheless experience pain.

325.1 (i) In adults, stimulation or ablation of the cerebral cortex does not alter pain perception,
325.2 while stimulation or ablation of the thalamus does.

325.3 (j) Substantial evidence indicates that structures used for pain processing in early
325.4 development differ from those of adults, using different neural elements available at specific
325.5 times during development, such as the subcortical plate, to fulfill the role of pain processing.

325.6 (k) The position asserted by some medical experts, that the unborn child remains in a
325.7 coma-like sleep state that precludes the unborn child experiencing pain is inconsistent with
325.8 the documented reaction of unborn children to painful stimuli and with the experience of
325.9 fetal surgeons who have found it necessary to sedate the unborn child with anesthesia to
325.10 prevent the unborn child from thrashing about in reaction to invasive surgery.

325.11 (l) Consequently, there is substantial medical evidence that an unborn child is capable
325.12 of experiencing pain by 20 weeks after fertilization.

325.13 (m) It is the purpose of the state to assert a compelling state interest in protecting the
325.14 lives of unborn children from the stage at which substantial medical evidence indicates that
325.15 they are capable of feeling pain.

325.16 Sec. 36. [145.4143] DETERMINATION OF POSTFERTILIZATION AGE.

325.17 Subdivision 1. **Determination of postfertilization age.** Except in the case of a medical
325.18 emergency, no abortion shall be performed or induced or be attempted to be performed or
325.19 induced unless the physician performing or inducing it has first made a determination of
325.20 the probable postfertilization age of the unborn child or relied upon such a determination
325.21 made by another physician. In making such a determination, the physician shall make those
325.22 inquiries of the woman and perform or cause to be performed those medical examinations
325.23 and tests that a reasonably prudent physician, knowledgeable about the case and the medical
325.24 conditions involved, would consider necessary to perform in making an accurate diagnosis
325.25 with respect to postfertilization age.

325.26 Subd. 2. **Unprofessional conduct.** Failure by any physician to conform to any
325.27 requirement of this section constitutes unprofessional conduct under section 147.091,
325.28 subdivision 1, paragraph (k).

325.29 Sec. 37. [145.4144] ABORTION OF UNBORN CHILD OF 20 OR MORE WEEKS
325.30 POSTFERTILIZATION AGE PROHIBITED; CAPABLE OF FEELING PAIN.

325.31 Subdivision 1. **Abortion prohibition; exemption.** No person shall perform or induce
325.32 or attempt to perform or induce an abortion upon a woman when it has been determined,
326.1 by the physician performing or inducing or attempting to perform or induce the abortion,
326.2 or by another physician upon whose determination that physician relies, that the probable
326.3 postfertilization age of the woman's unborn child is 20 or more weeks unless, in reasonable
326.4 medical judgment, she has a condition which so complicates her medical condition as to

326.5 necessitate the abortion of her pregnancy to avert her death or to avert serious risk of
326.6 substantial and irreversible physical impairment of a major bodily function, not including
326.7 psychological or emotional conditions. No such condition shall be deemed to exist if it is
326.8 based on a claim or diagnosis that the woman will engage in conduct which she intends to
326.9 result in her death or in substantial and irreversible physical impairment of a major bodily
326.10 function.

326.11 Subd. 2. **When abortion not prohibited.** When an abortion upon a woman whose
326.12 unborn child has been determined to have a probable postfertilization age of 20 or more
326.13 weeks is not prohibited by this section, the physician shall terminate the pregnancy in the
326.14 manner which, in reasonable medical judgment, provides the best opportunity for the unborn
326.15 child to survive unless, in reasonable medical judgment, termination of the pregnancy in
326.16 that manner would pose a greater risk either of the death of the pregnant woman or of the
326.17 substantial and irreversible physical impairment of a major bodily function, not including
326.18 psychological or emotional conditions, of the woman than would other available methods.
326.19 No such greater risk shall be deemed to exist if it is based on a claim or diagnosis that the
326.20 woman will engage in conduct which she intends to result in her death or in substantial and
326.21 irreversible physical impairment of a major bodily function.

326.22 Sec. 38. [145.4145] ENFORCEMENT.

326.23 Subdivision 1. **Criminal penalties.** A person who intentionally or recklessly performs
326.24 or induces or attempts to perform or induce an abortion in violation of sections 145.4141
326.25 to 145.4147 shall be guilty of a felony. No penalty may be assessed against the woman upon
326.26 whom the abortion is performed or induced or attempted to be performed or induced.

326.27 Subd. 2. **Civil remedies.** (a) A woman upon whom an abortion has been performed or
326.28 induced in violation of sections 145.4141 to 145.4147, or the father of the unborn child who
326.29 was the subject of such an abortion, may maintain an action against the person who performed
326.30 or induced the abortion in intentional or reckless violation of sections 145.4141 to 145.4147
326.31 for damages. A woman upon whom an abortion has been attempted in violation of sections
326.32 145.4141 to 145.4147 may maintain an action against the person who attempted to perform
326.33 or induce the abortion in an intentional or reckless violation of sections 145.4141 to 145.4147
326.34 for damages.

327.1 (b) A cause of action for injunctive relief against a person who has intentionally violated
327.2 sections 145.4141 to 145.4147 may be maintained by the woman upon whom an abortion
327.3 was performed or induced or attempted to be performed or induced in violation of sections
327.4 145.4141 to 145.4147; by a person who is the father of the unborn child subject to an
327.5 abortion, parent, sibling, or guardian of, or a current or former licensed health care provider
327.6 of, the woman upon whom an abortion has been performed or induced or attempted to be
327.7 performed or induced in violation of sections 145.4141 to 145.4147; by a county attorney
327.8 with appropriate jurisdiction; or by the attorney general. The injunction shall prevent the
327.9 abortion provider from performing or inducing or attempting to perform or induce further
327.10 abortions in this state in violation of sections 145.4141 to 145.4147.

327.11 (c) If judgment is rendered in favor of the plaintiff in an action described in this section,
327.12 the court shall also render judgment for reasonable attorney fees in favor of the plaintiff
327.13 against the defendant.

327.14 (d) If judgment is rendered in favor of the defendant and the court finds that the plaintiff's
327.15 suit was frivolous and brought in bad faith, the court shall also render judgment for reasonable
327.16 attorney fees in favor of the defendant against the plaintiff.

327.17 (e) No damages or attorney fees may be assessed against the woman upon whom an
327.18 abortion was performed or induced or attempted to be performed or induced except according
327.19 to paragraph (d).

327.20 Sec. 39. [145.4146] PROTECTION OF PRIVACY IN COURT PROCEEDINGS.

327.21 In every civil or criminal proceeding or action brought under the Pain-Capable Unborn
327.22 Child Protection Act, the court shall rule on whether the anonymity of a woman upon whom
327.23 an abortion has been performed or induced or attempted to be performed or induced shall
327.24 be preserved from public disclosure if she does not give her consent to such disclosure. The
327.25 court, upon motion or sua sponte, shall make such a ruling and, upon determining that her
327.26 anonymity should be preserved, shall issue orders to the parties, witnesses, and counsel and
327.27 shall direct the sealing of the record and exclusion of individuals from courtrooms or hearing
327.28 rooms to the extent necessary to safeguard her identity from public disclosure. Each such
327.29 order shall be accompanied by specific written findings explaining why the anonymity of
327.30 the woman should be preserved from public disclosure, why the order is essential to that
327.31 end, how the order is narrowly tailored to serve that interest, and why no reasonable, less
327.32 restrictive alternative exists. In the absence of written consent of the woman upon whom
327.33 an abortion has been performed or induced or attempted to be performed or induced, anyone,
327.34 other than a public official, who brings an action under section 145.4145, subdivision 2,
328.1 shall do so under a pseudonym. This section may not be construed to conceal the identity
328.2 of the plaintiff or of witnesses from the defendant or from attorneys for the defendant.

328.3 Sec. 40. [145.4147] SEVERABILITY.

328.4 If any one or more provisions, sections, subsections, sentences, clauses, phrases, or
328.5 words of sections 145.4141 to 145.4146, or the application thereof to any person or
328.6 circumstance is found to be unconstitutional, the same is hereby declared to be severable
328.7 and the balance of sections 145.4141 to 145.4146 shall remain effective notwithstanding
328.8 such unconstitutionality. The legislature hereby declares that it would have passed sections
328.9 145.4141 to 145.4146, and each provision, section, subsection, sentence, clause, phrase, or
328.10 word thereof, irrespective of the fact that any one or more provisions, sections, subsections,
328.11 sentences, clauses, phrases, or words of sections 145.4141 to 145.4146, or the application
328.12 of sections 145.4141 to 145.4146, would be declared unconstitutional.

328.13 Sec. 41. Minnesota Statutes 2018, section 145.4235, subdivision 2, is amended to read:

328.14 Subd. 2. **Eligibility for grants.** (a) The commissioner shall award grants to eligible
328.15 applicants under paragraph (c) for the reasonable expenses of alternatives to abortion

775.20 Sec. 64. Minnesota Statutes 2018, section 145.4235, subdivision 2, is amended to read:

775.21 Subd. 2. **Eligibility for grants.** (a) The commissioner shall award grants to eligible
775.22 applicants under paragraph (c) for the reasonable expenses of alternatives to abortion

775.23 programs to support, encourage, and assist women in carrying their pregnancies to term and
775.24 caring for their babies after birth by providing information on, referral to, and assistance
775.25 with securing necessary services that enable women to carry their pregnancies to term and
775.26 care for their babies after birth. Necessary services must include, but are not limited to:

775.27 (1) medical care;

775.28 (2) nutritional services;

775.29 (3) housing assistance;

775.30 (4) adoption services;

775.31 (5) education and employment assistance, including services that support the continuation
775.32 and completion of high school;

776.1 (6) child care assistance; and

776.2 (7) parenting education and support services.

776.3 An applicant may not provide or assist a woman to obtain adoption services from a provider
776.4 of adoption services that is not licensed.

776.5 (b) In addition to providing information and referral under paragraph (a), an eligible
776.6 program may provide one or more of the necessary services under paragraph (a) that assists
776.7 women in carrying their pregnancies to term. To avoid duplication of efforts, grantees may
776.8 refer to other public or private programs, rather than provide the care directly, if a woman
776.9 meets eligibility criteria for the other programs.

776.10 (c) To be eligible for a grant, an agency or organization must:

776.11 (1) be a private, nonprofit organization;

776.12 (2) demonstrate that the program is conducted under appropriate supervision;

776.13 (3) not charge women for services provided under the program;

776.14 (4) provide each pregnant woman counseled with accurate information on the
776.15 developmental characteristics of babies and of unborn children, including offering the printed
776.16 information described in section 145.4243;

776.17 (5) ensure that its alternatives-to-abortion program's purpose is to assist and encourage
776.18 women in carrying their pregnancies to term and to maximize their potentials thereafter;

776.19 (6) ensure that none of the money provided is used to encourage or affirmatively counsel
776.20 a woman to have an abortion not necessary to prevent her death, to provide her an abortion,
776.21 or to directly refer her to an abortion provider for an abortion. The agency or organization
776.22 may provide nondirective counseling; and

328.16 programs to support, encourage, and assist women in carrying their pregnancies to term and
328.17 caring for their babies after birth by providing information on, referral to, and assistance
328.18 with securing necessary services that enable women to carry their pregnancies to term and
328.19 care for their babies after birth. Necessary services must include, but are not limited to:

328.20 (1) medical care;

328.21 (2) nutritional services;

328.22 (3) housing assistance;

328.23 (4) adoption services;

328.24 (5) education and employment assistance, including services that support the continuation
328.25 and completion of high school;

328.26 (6) child care assistance; and

328.27 (7) parenting education and support services.

328.28 An applicant may not provide or assist a woman to obtain adoption services from a provider
328.29 of adoption services that is not licensed.

328.30 (b) In addition to providing information and referral under paragraph (a), an eligible
328.31 program may provide one or more of the necessary services under paragraph (a) that assists
329.1 women in carrying their pregnancies to term. To avoid duplication of efforts, grantees may
329.2 refer to other public or private programs, rather than provide the care directly, if a woman
329.3 meets eligibility criteria for the other programs.

329.4 (c) To be eligible for a grant, an agency or organization must:

329.5 (1) be a private, nonprofit organization;

329.6 (2) demonstrate that the program is conducted under appropriate supervision;

329.7 (3) not charge women for services provided under the program;

329.8 (4) provide each pregnant woman counseled with accurate information on the
329.9 developmental characteristics of babies and of unborn children, including offering the printed
329.10 information described in section 145.4243;

329.11 (5) ensure that its alternatives-to-abortion program's purpose is to assist and encourage
329.12 women in carrying their pregnancies to term and to maximize their potentials thereafter;

329.13 (6) ensure that none of the money provided is used to encourage or affirmatively counsel
329.14 a woman to have an abortion not necessary to prevent her death, to provide her an abortion,
329.15 or to directly refer her to an abortion provider for an abortion. The agency or organization
329.16 may provide nondirective counseling; and

776.23 (7) have had the alternatives to abortion program in existence for at least one year as of
 776.24 July 1, 2011; or incorporated an alternative to abortion program that has been in existence
 776.25 for at least one year as of July 1, 2011.

776.26 (d) The provisions, words, phrases, and clauses of paragraph (c) are inseverable from
 776.27 this subdivision, and if any provision, word, phrase, or clause of paragraph (c) or its
 776.28 application to any person or circumstance is held invalid, the invalidity applies to all of this
 776.29 subdivision.

776.30 (e) An organization that provides abortions, promotes abortions, or directly refers to an
 776.31 abortion provider for an abortion is ineligible to receive a grant under this program. An
 776.32 affiliate of an organization that provides abortions, promotes abortions, or directly refers
 777.1 to an abortion provider for an abortion is ineligible to receive a grant under this section
 777.2 unless the organizations are separately incorporated and independent from each other. To
 777.3 be independent, the organizations may not share any of the following:

777.4 (1) the same or a similar name;

777.5 (2) medical facilities or nonmedical facilities, including but not limited to, business
 777.6 offices, treatment rooms, consultation rooms, examination rooms, and waiting rooms;

777.7 (3) expenses;

777.8 (4) employee wages or salaries; or

777.9 (5) equipment or supplies, including but not limited to, computers, telephone systems,
 777.10 telecommunications equipment, and office supplies.

777.11 (f) An organization that receives a grant under this section and that is affiliated with an
 777.12 organization that provides abortion services must maintain financial records that demonstrate
 777.13 strict compliance with this subdivision and that demonstrate that its independent affiliate
 777.14 that provides abortion services receives no direct or indirect economic or marketing benefit
 777.15 from the grant under this section.

777.16 (g) An organization that receives a grant under this section must, in its name, signage,
 777.17 and printed materials, clearly convey to the public and to pregnant women seeking services
 777.18 that the purpose of the organization is to support, encourage, and assist women in carrying
 777.19 their pregnancies to term and caring for their babies after birth, and that the organization
 777.20 does not provide counseling for abortion services or referrals for abortion services.

777.21 (h) All written materials provided by a grantee must be medically accurate. The
 777.22 commissioner shall approve any written information provided by a grantee on the health
 777.23 risks associated with abortions to ensure that the information is medically accurate. For
 777.24 purposes of this subdivision, "medically accurate" means information that is:

329.17 (7) have had the alternatives to abortion program in existence for at least one year as of
 329.18 July 1, 2011; or incorporated an alternative to abortion program that has been in existence
 329.19 for at least one year as of July 1, 2011 for at least two years prior to the date the agency or
 329.20 organization submits an application to the commissioner for a grant under this section.

329.21 (d) The provisions, words, phrases, and clauses of paragraph (c) are inseverable from
 329.22 this subdivision, and if any provision, word, phrase, or clause of paragraph (c) or its
 329.23 application to any person or circumstance is held invalid, the invalidity applies to all of this
 329.24 subdivision.

329.25 (e) An organization that provides abortions, promotes abortions, or directly refers to an
 329.26 abortion provider for an abortion is ineligible to receive a grant under this program. An
 329.27 affiliate of an organization that provides abortions, promotes abortions, or directly refers
 329.28 to an abortion provider for an abortion is ineligible to receive a grant under this section
 329.29 unless the organizations are separately incorporated and independent from each other. To
 329.30 be independent, the organizations may not share any of the following:

329.31 (1) the same or a similar name;

330.1 (2) medical facilities or nonmedical facilities, including but not limited to, business
 330.2 offices, treatment rooms, consultation rooms, examination rooms, and waiting rooms;

330.3 (3) expenses;

330.4 (4) employee wages or salaries; or

330.5 (5) equipment or supplies, including but not limited to, computers, telephone systems,
 330.6 telecommunications equipment, and office supplies.

330.7 (f) An organization that receives a grant under this section and that is affiliated with an
 330.8 organization that provides abortion services must maintain financial records that demonstrate
 330.9 strict compliance with this subdivision and that demonstrate that its independent affiliate
 330.10 that provides abortion services receives no direct or indirect economic or marketing benefit
 330.11 from the grant under this section.

330.12 (g) The commissioner shall approve any information provided by a grantee on the health
 330.13 risks associated with abortions to ensure that the information is medically accurate.

777.25 (1) verified or supported by the weight of peer-reviewed medical research conducted in
 777.26 compliance with accepted scientific methods;

777.27 (2) recognized as medically sound and objective by:

777.28 (i) leading health care organizations with relevant expertise, such as the American
 777.29 Medical Association, the American Congress of Obstetricians and Gynecologists, the
 777.30 American Public Health Association, the American Psychological Association, the American
 777.31 Academy of Pediatrics, the American College of Physicians, and the American Academy
 777.32 of Family Physicians;

778.1 (ii) federal agencies such as the Centers for Disease Control and Prevention, the Food
 778.2 and Drug Administration, the National Cancer Institute, and the National Institutes of Health;
 778.3 or

778.4 (iii) leading national or international scientific advisory groups such as the Health and
 778.5 Medicine Division and the Advisory Committee on Immunization Practices; or

778.6 (3) recommended by or affirmed in the health care practice guidelines of a nationally
 778.7 recognized health care accreditation organization.

778.8 Sec. 65. Minnesota Statutes 2018, section 145.4235, subdivision 3, is amended to read:

778.9 Subd. 3. **Privacy protection.** (a) Any program receiving a grant under this section must
 778.10 have a privacy policy and procedures in place to ensure that the name, address, telephone
 778.11 number, or any other information that might identify any woman seeking the services of
 778.12 the program is not made public or shared with any other agency or organization without the
 778.13 written consent of the woman. A disclosure of individually identifiable information under
 778.14 this subdivision shall be limited to disclosures expressly permitted in the woman's written
 778.15 consent. All communications between the program and the woman must remain confidential.
 778.16 For purposes of any medical care provided by the program, including, but not limited to,
 778.17 pregnancy tests or ultrasonic scanning, the program must adhere to the requirements in
 778.18 sections 144.291 to 144.298 that apply to providers before releasing any information relating
 778.19 to the medical care provided.

778.20 (b) Notwithstanding paragraph (a), the commissioner has access to any information
 778.21 necessary to monitor and review a grantee's program as required under subdivision 4.

778.22 (c) Notwithstanding section 144.292, subdivisions 5 and 6, a program receiving a grant
 778.23 under this section must, at the request of a woman who received services from the program:

778.24 (1) if the program holds the woman's health record, make the health record held by the
 778.25 program available to the woman for examination and copying at the program site during
 778.26 the program's regular business hours, or provide the woman with a copy of the health record.
 778.27 The program must provide the woman with the opportunity to copy the woman's health
 778.28 record on site, or a copy of the woman's health record, at no cost to the woman, and must

778.29 provide the copy or opportunity to copy promptly but no later than 15 working days after
778.30 her request; or

778.31 (2) if the program does not hold the woman's health record, inform the woman that the
778.32 health record does not exist or cannot be found or that the health record is held by another
778.33 entity. If the program can identify the entity that currently holds the woman's health record,
779.1 the program must provide the woman with the name and contact information of that entity.
779.2 This information must be provided promptly after the woman's request.

779.3 Sec. 66. Minnesota Statutes 2018, section 145.4235, is amended by adding a subdivision
779.4 to read:

779.5 Subd. 3a. **Provision of pregnancy test results.** A program receiving a grant under this
779.6 section that provides or assists in the provision of pregnancy tests shall provide a woman
779.7 who undergoes a pregnancy test with a written statement of the pregnancy test results, at
779.8 no cost to the woman. This written statement must be provided in the language requested
779.9 by the woman and must be provided to the woman immediately after the test results are
779.10 available.

779.11 Sec. 67. Minnesota Statutes 2018, section 145.4235, subdivision 4, is amended to read:

779.12 Subd. 4. **Duties of commissioner.** The commissioner shall make grants under subdivision
779.13 2 beginning no later than July 1, 2006. In awarding grants, the commissioner shall consider
779.14 the program's demonstrated capacity in providing services to assist a pregnant woman in
779.15 carrying her pregnancy to term. The commissioner shall monitor and review the programs
779.16 of each grantee to ensure that the grantee carefully adheres to the purposes and requirements
779.17 of subdivision 2 and shall cease funding a grantee that fails to do so. The commissioner
779.18 shall also establish an evaluation process for grants awarded under this section, shall use
779.19 this evaluation process to evaluate programs receiving grants each grant cycle, and shall
779.20 use the evaluation results to inform grant award decisions for subsequent grant cycles.

330.14 Sec. 42. Minnesota Statutes 2018, section 145.4242, is amended to read:
330.15 145.4242 INFORMED CONSENT.

330.16 (a) No abortion shall be performed in this state except with the voluntary and informed
330.17 consent of the female upon whom the abortion is to be performed. Except in the case of a
330.18 medical emergency or if the fetus has an anomaly incompatible with life, and the female
330.19 has declined perinatal hospice care, consent to an abortion is voluntary and informed only
330.20 if:

330.21 (1) the female is told the following, by telephone or in person, by the physician who is
330.22 to perform the abortion or by a referring physician, at least 24 hours before the abortion:

330.23 (i) the particular medical risks associated with the particular abortion procedure to be
330.24 employed including, when medically accurate, the risks of infection, hemorrhage, breast
330.25 cancer, danger to subsequent pregnancies, and infertility;

330.26 (ii) the probable gestational age of the unborn child at the time the abortion is to be
330.27 performed;

330.28 (iii) the medical risks associated with carrying her child to term; and

330.29 (iv) for abortions after 20 weeks gestational, whether or not an anesthetic or analgesic
330.30 would eliminate or alleviate organic pain to the unborn child caused by the particular method
331.1 of abortion to be employed and the particular medical benefits and risks associated with the
331.2 particular anesthetic or analgesic.

331.3 The information required by this clause may be provided by telephone without conducting
331.4 a physical examination or tests of the patient, in which case the information required to be
331.5 provided may be based on facts supplied to the physician by the female and whatever other
331.6 relevant information is reasonably available to the physician. It may not be provided by a
331.7 tape recording, but must be provided during a consultation in which the physician is able
331.8 to ask questions of the female and the female is able to ask questions of the physician. If a
331.9 physical examination, tests, or the availability of other information to the physician
331.10 subsequently indicate, in the medical judgment of the physician, a revision of the information
331.11 previously supplied to the patient, that revised information may be communicated to the
331.12 patient at any time prior to the performance of the abortion. Nothing in this section may be
331.13 construed to preclude provision of required information in a language understood by the
331.14 patient through a translator;

331.15 (2) the female is informed, by telephone or in person, by the physician who is to perform
331.16 the abortion, by a referring physician, or by an agent of either physician at least 24 hours
331.17 before the abortion:

331.18 (i) that medical assistance benefits may be available for prenatal care, childbirth, and
331.19 neonatal care;

331.20 (ii) that the father is liable to assist in the support of her child, even in instances when
331.21 the father has offered to pay for the abortion; and

331.22 (iii) that she has the right to review the printed materials described in section 145.4243,
331.23 that these materials are available on a state-sponsored website, and what the website address
331.24 is. The physician or the physician's agent shall orally inform the female that the materials
331.25 have been provided by the state of Minnesota and that they describe the unborn child, list
331.26 agencies that offer alternatives to abortion, and contain information on fetal pain. If the
331.27 female chooses to view the materials other than on the website, they shall either be given
331.28 to her at least 24 hours before the abortion or mailed to her at least 72 hours before the
331.29 abortion by certified mail, restricted delivery to addressee, which means the postal employee
331.30 can only deliver the mail to the addressee.

331.31 The information required by this clause may be provided by a tape recording if provision
331.32 is made to record or otherwise register specifically whether the female does or does not
331.33 choose to have the printed materials given or mailed to her;

332.1 (3) the female certifies in writing, prior to the abortion, that the information described
332.2 in clauses (1) and (2) has been furnished to her and that she has been informed of her
332.3 opportunity to review the information referred to in clause (2), item (iii); and

332.4 (4) prior to the performance of the abortion, the physician who is to perform the abortion
332.5 or the physician's agent obtains a copy of the written certification prescribed by clause (3)
332.6 and retains it on file with the female's medical record for at least three years following the
332.7 date of receipt.

332.8 (b) Prior to administering the anesthetic or analgesic as described in paragraph (a), clause
332.9 (1), item (iv), the physician must disclose to the woman any additional cost of the procedure
332.10 for the administration of the anesthetic or analgesic. If the woman consents to the
332.11 administration of the anesthetic or analgesic, the physician shall administer the anesthetic
332.12 or analgesic or arrange to have the anesthetic or analgesic administered.

332.13 (c) A female seeking an abortion of her unborn child diagnosed with fetal anomaly
332.14 incompatible with life must be informed of available perinatal hospice services and offered
332.15 this care as an alternative to abortion. If perinatal hospice services are declined, voluntary
332.16 and informed consent by the female seeking an abortion is given if the female receives the
332.17 information required in paragraphs (a), clause (1), and (b). The female must comply with
332.18 the requirements in paragraph (a), clauses (3) and (4).

332.19 (d) If, at any time prior to the performance of an abortion, a female undergoes an
332.20 ultrasound examination, or a physician determines that ultrasound imaging will be used
332.21 during the course of a patient's abortion, the physician or the physician's agent shall orally
332.22 inform the patient of the opportunity to view or decline to view an active ultrasound image
332.23 of the unborn child.

332.24 Sec. 43. Minnesota Statutes 2018, section 145.4244, is amended to read:
332.25 145.4244 INTERNET WEBSITE.

332.26 (a) The commissioner of health shall develop and maintain a stable Internet website to
332.27 provide the information described under section 145.4243. No information regarding who
332.28 uses the website shall be collected or maintained. The commissioner of health shall monitor
332.29 the website on a weekly basis to prevent and correct tampering.

332.30 (b) A health care facility performing abortions must provide the information described
332.31 in section 145.4243 on the facility's website or provide a link to the Department of Health
332.32 website where this information may be viewed.

779.21 Sec. 68. [145.87] HOME VISITING FOR PREGNANT WOMEN AND FAMILIES
779.22 WITH YOUNG CHILDREN.

779.23 Subdivision 1. **Definitions.** (a) The definitions in this subdivision apply to this section.

779.24 (b) "Evidence-based home visiting program" means a program that:

779.25 (1) is based on a clear, consistent program or model that is research-based and grounded
779.26 in relevant, empirically based knowledge;

779.27 (2) is linked to program-determined outcomes and is associated with a national
779.28 organization, institution of higher education, or national or state public health institute;

779.29 (3) has comprehensive home visitation standards that ensure high-quality service delivery
779.30 and continuous quality improvement;

779.31 (4) has demonstrated significant, sustained positive outcomes; and

780.1 (5) either (i) has been evaluated using rigorous, randomized controlled research designs
780.2 with the evaluations published in a peer-reviewed journal; or (ii) is based on
780.3 quasi-experimental research using two or more separate, comparable client samples.

780.4 (c) "Evidence-informed home visiting program" means a program that:

780.5 (1) has data or evidence demonstrating the program's effectiveness at achieving positive
780.6 outcomes for pregnant women and young children; and

780.7 (2) either has (i) an active evaluation of the program; or (ii) a plan and timeline for an
780.8 active evaluation of the program to be conducted.

780.9 (d) "Health equity" means every individual has a fair opportunity to attain the individual's
780.10 full health potential, and no individual is prevented from achieving this potential.

780.11 Subd. 2. **Grants for home visiting programs.** The commissioner shall award grants to
780.12 community health boards, nonprofit organizations, and tribal nations to start up or expand
780.13 home visiting programs serving pregnant women and families with young children. Home
780.14 visiting programs supported under this section shall provide home visits by early childhood
780.15 professionals or health professionals, including nurses, social workers, early childhood
780.16 educators, or trained paraprofessionals. Grant funds shall be used:

780.17 (1) to start up or expand evidence-based home visiting programs that address health
780.18 equity, or evidence-informed home visiting programs that address health equity; and

780.19 (2) to serve families with young children or pregnant women who are high risk or have
780.20 high needs. For purposes of this clause, high risk includes but is not limited to a family with
780.21 low income, or a parent or pregnant woman with mental illness or a substance use disorder
780.22 or experiencing domestic abuse.

780.23 Subd. 3. **Grant prioritization.** (a) In awarding grants, the commissioner shall give
780.24 priority to community health boards, nonprofit organizations, and tribal nations seeking to
780.25 expand home visiting services with community or regional partnerships.

780.26 (b) The commissioner shall allocate at least 75 percent of the grant funds awarded each
780.27 grant cycle to evidence-based home visiting programs that address health equity and up to

780.28 25 percent of the grant funds awarded each grant cycle to evidence-informed home visiting
780.29 programs that address health equity.

780.30 Subd. 4. **No supplanting of existing funds.** Funding awarded under this section shall
780.31 only be used to supplement, and not to replace, funds being used for evidence-based home
780.32 visiting programs or evidence-informed home visiting programs.

781.1 Subd. 5. **Administrative costs.** The commissioner may use up to ten percent of the
781.2 annual appropriation under this section to provide training and technical assistance and to
781.3 administer and evaluate the program. The commissioner may contract for training
781.4 capacity-building support for grantees or potential grantees, technical assistance, and
781.5 evaluation support.

781.6 Sec. 69. [145.9275] COMMUNITY-BASED OPIOID PREVENTION; PILOT GRANT
781.7 PROGRAM.

781.8 To the extent funds are appropriated for the purposes of this section, the commissioner
781.9 shall establish a grant program to fund community opioid abuse prevention pilot grants to
781.10 reduce emergency room and other health care provider visits resulting from opioid use or
781.11 abuse and to reduce rates of opioid addiction in the community using the following six
781.12 activities:

781.13 (1) establishing multidisciplinary controlled substance care teams that may consist of
781.14 physicians, pharmacists, social workers, nurse care coordinators, advanced practice registered
781.15 nurses, and mental health professionals;

781.16 (2) delivering health care services and care coordination, through controlled substance
781.17 care teams, to reduce the inappropriate use of opioids by patients and rates of opioid
781.18 addiction;

781.19 (3) addressing any unmet social services needs that create barriers to managing pain
781.20 effectively and obtaining optimal health outcomes;

333.1 Sec. 44. Minnesota Statutes 2018, section 145.908, subdivision 1, is amended to read:

333.2 Subdivision 1. **Grant program established.** Within the limits of federal funds available
333.3 specifically appropriations for this purpose, the commissioner of health shall establish a
333.4 grant program to provide culturally competent programs to screen and treat pregnant women
333.5 and women who have given birth in the preceding 12 months for pre- and postpartum mood
333.6 and anxiety disorders. Organizations may use grant funds to establish new screening or
333.7 treatment programs, or expand or maintain existing screening or treatment programs. In
333.8 establishing the grant program, the commissioner shall prioritize expanding or enhancing
333.9 screening for pre- and postpartum mood and anxiety disorders in primary care settings. The
333.10 commissioner shall determine the types of organizations eligible for grants.

781.21 (4) providing prescriber and dispenser education and assistance to reduce the inappropriate
781.22 prescribing and dispensing of opioids;

781.23 (5) promoting the adoption of best practices related to opioid disposal and reducing
781.24 opportunities for illegal access to opioids; and

781.25 (6) engaging partners outside of the health care system, including schools, law
781.26 enforcement, and social services, to address root causes of opioid abuse and addiction at
781.27 the community level.

781.28 Sec. 70. Minnesota Statutes 2018, section 145.928, subdivision 1, is amended to read:

781.29 Subdivision 1. **Goal; establishment.** It is the goal of the state, by 2010, to decrease by
781.30 50 percent the disparities in infant mortality rates and adult and child immunization rates
781.31 for American Indians and populations of color, as compared with rates for whites. To do
781.32 so and to achieve other measurable outcomes, the commissioner of health shall establish a
782.1 program to close the gap in the health status of American Indians and populations of color
782.2 as compared with whites in the following priority areas: infant mortality, access to and
782.3 utilization of high-quality prenatal care, breast and cervical cancer screening, HIV/AIDS
782.4 and sexually transmitted infections, adult and child immunizations, cardiovascular disease,
782.5 diabetes, and accidental injuries and violence.

782.6 Sec. 71. Minnesota Statutes 2018, section 145.928, subdivision 7, is amended to read:

782.7 Subd. 7. **Community grant program; immunization rates, prenatal care access and**
782.8 **utilization, and infant mortality rates.** (a) The commissioner shall award grants to eligible
782.9 applicants for local or regional projects and initiatives directed at reducing health disparities
782.10 in one or both more of the following priority areas:

782.11 (1) decreasing racial and ethnic disparities in infant mortality rates; ~~or~~

782.12 (2) decreasing racial and ethnic disparities in access to and utilization of high-quality
782.13 prenatal care; or

782.14 ~~(2)~~ (3) increasing adult and child immunization rates in nonwhite racial and ethnic
782.15 populations.

782.16 (b) The commissioner may award up to 20 percent of the funds available as planning
782.17 grants. Planning grants must be used to address such areas as community assessment,
782.18 coordination activities, and development of community supported strategies.

782.19 (c) Eligible applicants may include, but are not limited to, faith-based organizations,
782.20 social service organizations, community nonprofit organizations, community health boards,
782.21 tribal governments, and community clinics. Applicants must submit proposals to the
782.22 commissioner. A proposal must specify the strategies to be implemented to address one or
782.23 both more of the priority areas listed in paragraph (a) and must be targeted to achieve the
782.24 outcomes established according to subdivision 3.

333.11 Sec. 45. Minnesota Statutes 2018, section 145.928, subdivision 1, is amended to read:

333.12 Subdivision 1. **Goal; establishment.** It is the goal of the state, by 2010, to decrease by
333.13 50 percent the disparities in infant mortality rates and adult and child immunization rates
333.14 for American Indians and populations of color, as compared with rates for whites. To do
333.15 so and to achieve other measurable outcomes, the commissioner of health shall establish a
333.16 program to close the gap in the health status of American Indians and populations of color
333.17 as compared with whites in the following priority areas: infant mortality, access to and
333.18 utilization of high-quality prenatal care, breast and cervical cancer screening, HIV/AIDS
333.19 and sexually transmitted infections, adult and child immunizations, cardiovascular disease,
333.20 diabetes, and accidental injuries and violence.

333.21 Sec. 46. Minnesota Statutes 2018, section 145.928, subdivision 7, is amended to read:

333.22 Subd. 7. **Community grant program; immunization rates, prenatal care access and**
333.23 **utilization, and infant mortality rates.** (a) The commissioner shall award grants to eligible
333.24 applicants for local or regional projects and initiatives directed at reducing health disparities
333.25 in one or both more of the following priority areas:

333.26 (1) decreasing racial and ethnic disparities in infant mortality rates; ~~or~~

333.27 (2) decreasing racial and ethnic disparities in access to and utilization of high-quality
333.28 prenatal care; or

333.29 ~~(2)~~ (3) increasing adult and child immunization rates in nonwhite racial and ethnic
333.30 populations.

334.1 (b) The commissioner may award up to 20 percent of the funds available as planning
334.2 grants. Planning grants must be used to address such areas as community assessment,
334.3 coordination activities, and development of community supported strategies.

334.4 (c) Eligible applicants may include, but are not limited to, faith-based organizations,
334.5 social service organizations, community nonprofit organizations, community health boards,
334.6 tribal governments, and community clinics. Applicants must submit proposals to the
334.7 commissioner. A proposal must specify the strategies to be implemented to address one or
334.8 both more of the priority areas listed in paragraph (a) and must be targeted to achieve the
334.9 outcomes established according to subdivision 3.

782.25 (d) The commissioner shall give priority to applicants who demonstrate that their
782.26 proposed project or initiative:

782.27 (1) is supported by the community the applicant will serve;

782.28 (2) is research-based or based on promising strategies;

782.29 (3) is designed to complement other related community activities;

782.30 (4) utilizes strategies that positively impact ~~both two or more~~ priority areas;

782.31 (5) reflects racially and ethnically appropriate approaches; and

783.1 (6) will be implemented through or with community-based organizations that reflect the
783.2 race or ethnicity of the population to be reached.

783.3 Sec. 72. [145.9285] COMMUNITY SOLUTIONS FOR HEALTHY CHILD
783.4 DEVELOPMENT GRANT PROGRAM.

783.5 Subdivision 1. Establishment. The commissioner shall establish the community solutions
783.6 for healthy child development grant program. The purposes of the program are to:

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

783.13 (2) reduce racial disparities in children's health and development, from prenatal to grade
783.14 3; and

783.15 (3) promote racial and geographic equity.

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

783.17 (1) develop a request for proposals for the healthy child development grant program in
783.18 consultation with the Community Solutions Advisory Council;

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

783.23 (3) review responses to requests for proposals, in consultation with the Community
783.24 Solutions Advisory Council, and award grants under this section;

783.25 (4) ensure communication with the ethnic councils, Minnesota Indian Affairs Council,
783.26 and the governor's early learning council on the request for proposal process;

334.10 (d) The commissioner shall give priority to applicants who demonstrate that their
334.11 proposed project or initiative:

334.12 (1) is supported by the community the applicant will serve;

334.13 (2) is research-based or based on promising strategies;

334.14 (3) is designed to complement other related community activities;

334.15 (4) utilizes strategies that positively impact ~~both two or more~~ priority areas;

334.16 (5) reflects racially and ethnically appropriate approaches; and

334.17 (6) will be implemented through or with community-based organizations that reflect the
334.18 race or ethnicity of the population to be reached.

783.27 (5) establish a transparent and objective accountability process, in consultation with the
783.28 Community Solutions Advisory Council, focused on outcomes that grantees agree to achieve;

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

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

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

784.4 Subd. 3. **Community Solutions Advisory Council; establishment; duties;**
784.5 **compensation.** (a) No later than October 1, 2019, the commissioner shall convene a
784.6 12-member Community Solutions Advisory Council as follows:

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

784.8 (2) two members representing the Latino community;

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

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

784.11 (5) two parents of children of color or that are American Indian with children under nine
784.12 years of age;

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

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

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

784.19 (c) The Community Solutions Advisory Council shall:

784.20 (1) advise the commissioner on the development of the request for proposals for
784.21 community solutions healthy child development grants. In advising the commissioner, the
784.22 council must consider how to build on the capacity of communities to promote child and
784.23 family well-being and address social determinants of healthy child development;

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

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

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

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

785.1 (d) Each advisory council member shall be compensated in accordance with section
785.2 15.059, subdivision 3.

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

785.5 (1) organizations or entities that work with communities of color and American Indian
785.6 communities;

785.7 (2) tribal nations and tribal organizations as defined in section 658P of the Child Care
785.8 and Development Block Grant Act of 1990; and

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

785.10 Subd. 5. **Strategic consideration and priority of proposals; eligible populations;**
785.11 **grant awards.** (a) The commissioner, in consultation with the Community Solutions
785.12 Advisory Council, shall develop a request for proposals for healthy child development
785.13 grants. In developing the proposals and awarding the grants, the commissioner shall consider
785.14 building on the capacity of communities to promote child and family well-being and address
785.15 social determinants of healthy child development. Proposals must focus on increasing racial
785.16 equity and healthy child development and reducing health disparities experienced by children
785.17 of color and American Indian children from prenatal to grade 3 and their families.

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

785.20 (1) organizations or entities led by people of color and serving communities of color;

785.21 (2) organizations or entities led by American Indians and serving American Indians,
785.22 including tribal nations and tribal organizations;

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

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

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

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

785.31 The advisory council may recommend additional strategic considerations and priorities to
785.32 the commissioner.

786.1 (c) The first round of grants must be awarded no later than April 15, 2020.

786.2 Subd. 6. **Geographic distribution of grants.** The commissioner and the advisory council
786.3 shall ensure that grant funds are prioritized and awarded to organizations and entities that
786.4 are within counties that have a higher proportion of people of color and American Indians
786.5 than the state average, to the extent possible.

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

334.19 Sec. 47. Minnesota Statutes 2018, section 145.986, subdivision 1, is amended to read:

334.20 Subdivision 1. **Purpose.** The purpose of the statewide health improvement program is
334.21 to:

334.22 (1) address the top three leading preventable causes of illness and death: tobacco use
334.23 and exposure, poor diet, and lack of regular physical activity as determined by the
334.24 commissioner through the statewide health assessment;

334.25 (2) promote the development, availability, and use of evidence-based, community level,
334.26 comprehensive strategies to create healthy communities; and

334.27 (3) measure the impact of the evidence-based, community health improvement practices
334.28 which over time work to contain health care costs and reduce chronic diseases.

335.1 Sec. 48. Minnesota Statutes 2018, section 145.986, subdivision 1a, is amended to read:

335.2 Subd. 1a. **Grants to local communities.** (a) ~~Beginning July 1, 2009,~~ The commissioner
335.3 of health shall award competitive grants to community health boards and tribal governments
335.4 to convene, coordinate, and implement evidence-based proven-effective strategies targeted
335.5 at reducing the percentage of Minnesotans who are obese or overweight and to reduce the
335.6 use of tobacco, and promising practices or activities that can be evaluated using experimental
335.7 or quasi-experimental design. Grants shall be awarded to all community health boards and
335.8 tribal governments whose proposals demonstrate the ability to implement programs designed
335.9 to achieve the purposes in subdivision 1 and other requirements of this section.

335.10 (b) Grantee activities shall:

335.11 (1) be based on scientific evidence;

335.12 (2) be based on community input;

335.13 (3) address behavior change at the individual, community, and systems levels;

335.14 (4) occur in community, school, work site, and health care settings;

335.15 (5) be focused on policy, systems, and environmental changes that support healthy
335.16 behaviors; and

335.17 (6) address the health disparities and inequities that exist in the grantee's community.

335.18 (c) To receive a grant under this section, community health boards and tribal governments
335.19 must submit proposals to the commissioner. A local match of ten percent of the total funding
335.20 allocation is required. This local match may include funds donated by community partners.

335.21 (d) In order to receive a grant, community health boards and tribal governments must
335.22 submit a health improvement plan to the commissioner of health for approval. The
335.23 commissioner may require the plan to identify a community leadership team, community
335.24 partners, and a community action plan that includes an assessment of area strengths and
335.25 needs, proposed action strategies, technical assistance needs, and a staffing plan.

335.26 (e) The grant recipient must implement the health improvement plan, evaluate the
335.27 effectiveness of the strategies, and modify or discontinue strategies found to be ineffective.

335.28 (f) Grant recipients shall report their activities and their progress toward the outcomes
335.29 established under subdivision 2 to the commissioner in a format and at a time specified by
335.30 the commissioner.

335.31 (g) All grant recipients shall be held accountable for making progress toward the
335.32 measurable outcomes established in subdivision 2. The commissioner shall require a
336.1 corrective action plan and may reduce the funding level of grant recipients that do not make
336.2 adequate progress toward the measurable outcomes.

336.3 ~~(h) Beginning November 1, 2015, the commissioner shall offer grant recipients the~~
336.4 ~~option of using a grant awarded under this subdivision to implement health improvement~~
336.5 ~~strategies that improve the health status, delay the expression of dementia, or slow the~~
336.6 ~~progression of dementia, for a targeted population at risk for dementia and shall award at~~
336.7 ~~least two of the grants awarded on November 1, 2015, for these purposes. The grants must~~
336.8 ~~meet all other requirements of this section. The commissioner shall coordinate grant planning~~
336.9 ~~activities with the commissioner of human services, the Minnesota Board on Aging, and~~
336.10 ~~community-based organizations with a focus on dementia. Each grant must include selected~~
336.11 ~~outcomes and evaluation measures related to the incidence or progression of dementia~~
336.12 ~~among the targeted population using the procedure described in subdivision 2. For purposes~~
336.13 ~~of this subdivision, "proven-effective strategy" means a strategy or practice that offers a~~
336.14 ~~high level of research on effectiveness for at least one outcome of interest; and "promising~~
336.15 ~~practice or activity" means a practice or activity that is supported by research demonstrating~~
336.16 ~~effectiveness for at least one outcome of interest.~~

336.17 ~~(i) Beginning July 1, 2017, the commissioner shall offer grant recipients the option of~~
336.18 ~~using a grant awarded under this subdivision to confront the opioid addiction and overdose~~
336.19 ~~epidemic, and shall award at least two of the grants awarded on or after July 1, 2017, for~~
336.20 ~~these purposes. The grants awarded under this paragraph must meet all other requirements~~
336.21 ~~of this section. The commissioner shall coordinate grant planning activities with the~~

336.22 ~~commissioner of human services. Each grant shall include selected outcomes and evaluation~~
336.23 ~~measures related to addressing the opioid epidemic.~~

336.24 Sec. 49. Minnesota Statutes 2018, section 145.986, subdivision 4, is amended to read:

336.25 Subd. 4. **Evaluation.** (a) Using the outcome measures established in subdivision 3, the
336.26 commissioner shall conduct a biennial evaluation of the statewide health improvement
336.27 program grants funded under this section. The evaluation must use the most appropriate
336.28 experimental or quasi-experimental design suitable for the grant activity or project. Grant
336.29 recipients shall cooperate with the commissioner in the evaluation and provide the
336.30 commissioner with the information necessary to conduct the evaluation, including information
336.31 on any impact on the health indicators listed in section 62U.10, subdivision 6, within the
336.32 geographic area or among the population targeted.

337.1 (b) Grant recipients will collect, monitor, and submit to the Department of Health baseline
337.2 and annual data and provide information to improve the quality and impact of community
337.3 health improvement strategies.

337.4 (c) For the purposes of carrying out the grant program under this section, including for
337.5 administrative purposes, the commissioner shall award contracts to appropriate entities to
337.6 assist in designing and implementing evaluation systems. The commissioner shall consult
337.7 with the commissioner of management and budget to ensure that the evaluation process is
337.8 using experimental or quasi-experimental design.

337.9 (d) Contracts awarded under paragraph (c) may be used to:

337.10 (1) develop grantee monitoring and reporting systems to track grantee progress, including
337.11 aggregated and disaggregated data;

337.12 (2) manage, analyze, and report program evaluation data results; and

337.13 (3) utilize innovative support tools to analyze and predict the impact of prevention
337.14 strategies on health outcomes and state health care costs over time.

337.15 (e) For purposes of this subdivision, "experimental design" means a method of evaluating
337.16 the impact of a strategy that uses random assignment to establish statistically similar groups,
337.17 so that any difference in outcomes found at the end of the evaluation can be attributed to
337.18 the strategy being evaluated; and "quasi-experimental design" means a method of evaluating
337.19 the impact of a strategy that uses an approach other than random assignment to establish
337.20 statistically similar groups, so that any difference in outcomes found at the end of the
337.21 evaluation can be attributed to the strategy being evaluated.

337.22 Sec. 50. Minnesota Statutes 2018, section 145.986, subdivision 5, is amended to read:

337.23 Subd. 5. **Report.** The commissioner shall submit a biennial report to the legislature on
337.24 the statewide health improvement program funded under this section. The report must
337.25 include information on each grant recipient, including the activities that were conducted by
337.26 the grantee using grant funds, the grantee's progress toward achieving the measurable

786.8 Sec. 73. [145.987] DOMESTIC VIOLENCE AND SEXUAL ASSAULT
786.9 PREVENTION PROGRAM.

786.10 Subdivision 1. **Program establishment.** The commissioner of health shall administer
786.11 the domestic violence and sexual assault prevention program as established under this
786.12 section.

786.13 Subd. 2. **Grant criteria.** (a) The commissioner shall award grants to nonprofit
786.14 organizations for the purpose of funding programs that incorporate community-driven and
786.15 culturally relevant practices to prevent domestic violence and sexual assault. Grants made
786.16 pursuant to this section may either (1) encourage the development and deployment of new
786.17 prevention efforts, or (2) enhance, sustain, or expand existing prevention efforts.

786.18 (b) The commissioner of health shall award grants to nonprofit organizations supporting
786.19 activities that:

786.20 (1) promote the general development of domestic violence and sexual assault prevention
786.21 programs and activities;

786.22 (2) implement prevention activities through community outreach that address the root
786.23 causes of domestic violence and sexual assault;

786.24 (3) identify risk and protective factors for developing domestic violence and sexual
786.25 assault prevention strategies and outreach activities;

337.27 outcomes established under subdivision 2, and the data provided to the commissioner by
337.28 the grantee to measure these outcomes for grant activities. The commissioner shall provide
337.29 information on grants in which a corrective action plan was required under subdivision 1a,
337.30 the types of plan action, and the progress that has been made toward meeting the measurable
337.31 outcomes. In addition, the commissioner shall provide recommendations on future areas of
337.32 focus for health improvement. These reports are due by January 15 of every other year,
337.33 beginning in 2010. In the report due on January 15, 2014, In the reports due beginning
338.1 January 15, 2020, the commissioner shall include a description of the contracts awarded
338.2 under subdivision 4, paragraph (c), and the monitoring and evaluation systems that were
338.3 designed and implemented under these contracts.

338.4 Sec. 51. Minnesota Statutes 2018, section 145.986, subdivision 6, is amended to read:

338.5 Subd. 6. **Supplantation of existing funds.** Community health boards and tribal
338.6 governments must use funds received under this section to develop new programs, expand
338.7 current programs that work to reduce the percentage of Minnesotans who are obese or
338.8 overweight or who use tobacco, or replace discontinued state or federal funds previously
338.9 used to reduce the percentage of Minnesotans who are obese or overweight or who use
338.10 tobacco. Funds must not be used to supplant current state or local funding to community
338.11 health boards or tribal governments used to reduce the percentage of Minnesotans who are
338.12 obese or overweight or to reduce tobacco use.

- 786.26 (4) provide trauma-informed domestic violence and sexual assault prevention services;
- 786.27 (5) educate youth and adults about healthy relationships and changing social norms;
- 786.28 (6) develop culturally and linguistically appropriate domestic violence and sexual assault
- 786.29 prevention programs for historically underserved communities;
- 787.1 (7) work collaboratively with educational institutions, including school districts, to
- 787.2 implement domestic violence and sexual assault prevention strategies for students, teachers,
- 787.3 and administrators; or
- 787.4 (8) work collaboratively with other nonprofit organizations, for-profit organizations,
- 787.5 and other community-based organizations to implement domestic violence and sexual assault
- 787.6 prevention strategies within their communities.
- 787.7 Subd. 3. **Definition.** For purposes of this section, "domestic violence and sexual assault"
- 787.8 includes, but is not limited to, the following:
- 787.9 (1) intimate partner violence, including emotional, psychological, and economic abuse;
- 787.10 (2) sex trafficking as defined in section 609.321, subdivision 7a;
- 787.11 (3) domestic abuse as defined in section 518B.01, subdivision 2;
- 787.12 (4) any criminal sexual conduct crime in sections 609.342 to 609.3453;
- 787.13 (5) abusive international marriage;
- 787.14 (6) forced marriage; and
- 787.15 (7) female genital mutilation, as defined in section 609.2245, subdivision 1.
- 787.16 Subd. 4. **Promotion; administration.** The commissioner may spend up to 15 percent
- 787.17 of the total program funding for each fiscal year to promote and administer the program
- 787.18 authorized under this section and to provide technical assistance to program grantees.
- 787.19 Subd. 5. **Nonstate sources.** The commissioner may accept contributions from nonstate
- 787.20 sources to supplement state appropriations for the program authorized under this section.
- 787.21 Contributions received under this subdivision are appropriated to the commissioner for
- 787.22 purposes of this section.
- 787.23 Subd. 6. **Program evaluation.** (a) The commissioner of health shall report by February
- 787.24 28 of each even-numbered year to the legislative committees with jurisdiction over health
- 787.25 detailing the expenditures of funds authorized under this section. The commissioner shall
- 787.26 use the data to evaluate the effectiveness of the program. The commissioner must include
- 787.27 in the report:
- 787.28 (1) the number of organizations receiving grant money under this section;
- 787.29 (2) the number of individuals served by the grant program;

787.30 (3) a description and analysis of the practices implemented by program grantees; and
788.1 (4) best practices recommendations to prevent domestic violence and sexual assault,
788.2 including best practices recommendations that are culturally relevant to historically
788.3 underserved communities.
788.4 (b) Any organization receiving grant money under this section must collect and make
788.5 available to the commissioner of health aggregate data related to the activity funded by the
788.6 grant program under this section.
788.7 (c) The commissioner of health shall use the information and data from the program
788.8 evaluation under paragraph (a), including best practices and culturally specific responses,
788.9 to inform the administration of existing Department of Health programming and the
788.10 development of Department of Health policies, programs, and procedures.

338.13 Sec. 52. [151.72] SALE OF CERTAIN CANNABINOID PRODUCTS.
338.14 Subdivision 1. **Definitions.** (a) For the purposes of this subdivision, the following terms
338.15 have the meanings given.
338.16 (b) "Hemp" has the meaning given to "industrial hemp" in section 18K.02, subdivision
338.17 3.
338.18 (c) "Labeling" means all labels and other written, printed, or graphic matter that are:
338.19 (1) affixed to the immediate container in which a product regulated under this section
338.20 is sold; or
338.21 (2) provided, in any manner, with the immediate container, including but not limited to
338.22 outer containers, wrappers, package inserts, brochures, or pamphlets.
338.23 Subd. 2. **Sale of cannabinoids derived from hemp.** (a) This section applies to the sale
338.24 of any products, other than food, intended for human or animal consumption by any route
338.25 of administration, that contain cannabinoids extracted from hemp. This section does not
338.26 apply to any products dispensed by a registered medical cannabis manufacturer pursuant
338.27 to sections 152.22 to 152.37.
338.28 (b) Notwithstanding any other section of this chapter, a product containing cannabinoids
338.29 may be sold for human or animal consumption if all of the requirements of this section are
338.30 met.
339.1 (c) A product regulated under this section must be tested by an independent, accredited,
339.2 third-party analytical laboratory to confirm that the product:
339.3 (1) contains the amount or percentage of cannabidiol that is stated on the label of the
339.4 product;

- 339.5 (2) does not contain more than trace amounts of any pesticides, fertilizers, or heavy
339.6 metals; and
- 339.7 (3) does not contain tetrahydrocannabinol that exceeds the concentration permitted for
339.8 industrial hemp as defined in section 18K.02, subdivision 3.
- 339.9 (d) A product regulated under this section must bear a label that contains, at a minimum:
339.10 (1) the name, location, contact phone number, and website of the manufacturer of the
339.11 product;
- 339.12 (2) the name and address of the independent, accredited third-party analytical laboratory
339.13 that has tested the product;
- 339.14 (3) an accurate statement of the amount or percentage of cannabidiol found in each unit
339.15 of the product meant to be consumed; and
- 339.16 (4) the statement "This product has not been approved by the U.S. Food and Drug
339.17 Administration for the prevention, treatment, or cure of any disease, or to alter the structure
339.18 or function of human or animal bodies, or for use as a dietary supplement," unless the
339.19 product has been so approved.
- 339.20 (e) A product sold under this section is considered an adulterated drug if:
339.21 (1) it consists, in whole or in part, of any filthy, putrid, or decomposed substance;
339.22 (2) it has been produced, prepared, packed, or held under unsanitary conditions where
339.23 it may have been rendered injurious to health, or where it may have been contaminated with
339.24 filth;
- 339.25 (3) its container is composed, in whole or in part, of any poisonous or deleterious
339.26 substance that may render the contents injurious to health;
- 339.27 (4) it contains any color additives or excipients that have been found by the United States
339.28 Food and Drug Administration to be unsafe for human or animal consumption; or
- 339.29 (5) it contains an amount or percentage of cannabidiol that is different than the amount
339.30 or percentage stated on the label.
- 339.31 (f) A product sold under this section is misbranded if:
340.1 (1) its labeling is false or misleading in any manner;
340.2 (2) any word, statement, or other information required by this section to appear on the
340.3 labeling is not prominently placed on the labeling with such conspicuousness, as compared
340.4 with other words, statements, designs, or devices, in the labeling, and in such terms as to
340.5 render it to be read and understood by the ordinary individual under customary conditions
340.6 of purchase and use; or

788.11 Sec. 74. Minnesota Statutes 2018, section 152.22, is amended by adding a subdivision to
788.12 read:

788.13 Subd. 5a. **Hemp.** "Hemp" has the meaning given to industrial hemp in section 18K.02,
788.14 subdivision 3. Hemp is not marijuana as defined in section 152.01, subdivision 9.

788.15 Sec. 75. Minnesota Statutes 2018, section 152.22, is amended by adding a subdivision to
788.16 read:

788.17 Subd. 5b. **Hemp grower.** "Hemp grower" means a person licensed by the commissioner
788.18 of agriculture under chapter 18K to grow hemp for commercial purposes.

788.19 Sec. 76. Minnesota Statutes 2018, section 152.22, subdivision 6, is amended to read:

788.20 Subd. 6. **Medical cannabis.** (a) "Medical cannabis" means any species of the genus
788.21 cannabis plant, or any mixture or preparation of them, including whole plant extracts and
788.22 resins, and is delivered in the form of:

788.23 (1) liquid, including, but not limited to, oil;

788.24 (2) pill;

788.25 (3) vaporized delivery method with use of liquid or oil but which does not require the
788.26 use of dried leaves or plant form, or raw cannabis; or

788.27 (4) any other method, excluding smoking, approved by the commissioner.

788.28 (b) This definition includes any part of the genus cannabis plant prior to being processed
788.29 into a form allowed under paragraph (a), that is possessed by a person while that person is
788.30 engaged in employment duties necessary to carry out a requirement under sections 152.22
789.1 to 152.37 for a registered manufacturer or a laboratory under contract with a registered
789.2 manufacturer.

789.3 **EFFECTIVE DATE.** This section is effective upon certification from the commissioner
789.4 of health that the department has the procedures and guidelines in place to implement this

340.7 (3) its labeling makes any claim that the product may be used or is effective for the
340.8 prevention, treatment, or cure of a disease or that it may be used to alter the structure or
340.9 function of human or animal bodies, unless the claim has been approved by the United
340.10 States Food and Drug Administration.

340.11 (g) No person who sells a product regulated under this section may make a false,
340.12 misleading, or unsubstantiated claim concerning the health benefits of the product.

340.13 (h) The authority of the Board of Pharmacy to issue cease and desist orders under section
340.14 151.06, to embargo misbranded and adulterated drugs under section 151.38, and to seek
340.15 injunctive relief under section 214.11, extends to violations of this section.

340.16 Sec. 53. Minnesota Statutes 2018, section 152.22, is amended by adding a subdivision to
340.17 read:

340.18 Subd. 5a. **Hemp.** "Hemp" means industrial hemp as defined in section 18K.02,
340.19 subdivision 3.

340.20 Sec. 54. Minnesota Statutes 2018, section 152.22, subdivision 6, is amended to read:

340.21 Subd. 6. **Medical cannabis.** (a) "Medical cannabis" means any species of the genus
340.22 cannabis plant, or any mixture or preparation of them, including whole plant extracts and
340.23 resins, and is delivered in the form of:

340.24 (1) liquid, including, but not limited to, oil;

340.25 (2) pill;

340.26 (3) vaporized delivery method with use of liquid or oil but which does not require the
340.27 use of dried leaves or plant form; or

340.28 (4) any other method, excluding smoking, approved by the commissioner.

340.29 (b) This definition includes any part of the genus cannabis plant prior to being processed
340.30 into a form allowed under paragraph (a), that is possessed by a person while that person is
340.31 engaged in employment duties necessary to carry out a requirement under sections 152.22
341.1 to 152.37 for a registered manufacturer or a laboratory under contract with a registered
341.2 manufacturer. This definition also includes any hemp acquired by a manufacturer by a hemp
341.3 grower licensed under chapter 18K as permitted under section 152.29, subdivision 1,
341.4 paragraph (b).

789.5 ~~section, or August 1, 2020, whichever is earlier. The commissioner shall provide this~~
789.6 ~~certification to the revisor of statutes.~~

789.7 Sec. 77. Minnesota Statutes 2018, section 152.22, subdivision 11, is amended to read:

789.8 Subd. 11. **Registered designated caregiver.** "Registered designated caregiver" means
789.9 a person who:

789.10 (1) is at least ~~24~~ 18 years old;

789.11 (2) does not have a conviction for a disqualifying felony offense;

789.12 (3) has been approved by the commissioner to assist a patient who has been identified
789.13 by a health care practitioner as developmentally or physically disabled and therefore ~~unable~~
789.14 ~~to self-administer medication~~ requires assistance in administering medical cannabis or
789.15 ~~acquire~~ obtaining medical cannabis from a distribution facility due to the disability; and

789.16 (4) is authorized by the commissioner to assist the patient with the use of medical
789.17 cannabis.

789.18 Sec. 78. Minnesota Statutes 2018, section 152.22, subdivision 13, is amended to read:

789.19 Subd. 13. **Registry verification.** "Registry verification" means the verification provided
789.20 by the commissioner that a patient is enrolled in the registry program and that includes the
789.21 patient's name, registry number, ~~and qualifying medical condition~~ and, if applicable, the
789.22 name of the patient's registered designated caregiver or parent ~~or~~ legal guardian, or spouse.

789.23 Sec. 79. Minnesota Statutes 2018, section 152.22, subdivision 14, is amended to read:

789.24 Subd. 14. **Qualifying medical condition.** "Qualifying medical condition" means a
789.25 diagnosis of any of the following conditions:

789.26 (1) cancer, ~~if the underlying condition or treatment produces one or more of the~~
789.27 ~~following:~~

789.28 ~~(i) severe or chronic pain;~~

789.29 ~~(ii) nausea or severe vomiting; or~~

789.30 ~~(iii) cachexia or severe wasting;~~

790.1 (2) glaucoma;

790.2 (3) human immunodeficiency virus or acquired immune deficiency syndrome;

790.3 (4) Tourette's syndrome;

790.4 (5) amyotrophic lateral sclerosis;

790.5 (6) seizures, including those characteristic of epilepsy;

790.6 (7) severe and persistent muscle spasms, including those characteristic of multiple
 790.7 sclerosis;

790.8 (8) inflammatory bowel disease, including Crohn's disease;

790.9 (9) terminal illness, with a probable life expectancy of under one year, if the illness or
 790.10 its treatment produces one or more of the following:

790.11 (i) severe or chronic pain;

790.12 (ii) nausea or severe vomiting; or

790.13 (iii) cachexia or severe wasting; or

790.14 (10) any chronic condition for which an opiate could otherwise be prescribed;

790.15 (11) chronic pain or intractable pain; or

790.16 ~~(10)~~ (12) any other medical condition or its treatment approved by the commissioner.

790.17 **EFFECTIVE DATE.** This section is effective August 1, 2020.

790.18 Sec. 80. Minnesota Statutes 2018, section 152.25, subdivision 1, is amended to read:

790.19 Subdivision 1. **Medical cannabis manufacturer registration.** (a) The commissioner
 790.20 shall register two in-state manufacturers for the production of all medical cannabis within
 790.21 the state. A registration agreement between the commissioner and a manufacturer is
 790.22 nontransferable. The commissioner shall register new manufacturers or reregister the existing
 790.23 manufacturers by December 1 every two years, using the factors described in this subdivision.
 790.24 The commissioner shall accept applications after December 1, 2014, if one of the
 790.25 manufacturers registered before December 1, 2014, ceases to be registered as a manufacturer.
 790.26 The commissioner's determination that no manufacturer exists to fulfill the duties under
 790.27 sections 152.22 to 152.37 is subject to judicial review in Ramsey County District Court.
 790.28 Data submitted during the application process are private data on individuals or nonpublic
 790.29 data as defined in section 13.02 until the manufacturer is registered under this section. Data
 791.1 on a manufacturer that is registered are public data, unless the data are trade secret or security
 791.2 information under section 13.37.

791.3 (b) As a condition for registration, a manufacturer must agree to:

791.4 (1) begin supplying medical cannabis to patients by July 1, 2015; and

791.5 (2) comply with all requirements under sections 152.22 to 152.37.

791.6 (c) The commissioner shall consider the following factors when determining which
 791.7 manufacturer to register:

791.8 (1) the technical expertise of the manufacturer in cultivating medical cannabis and
 791.9 converting the medical cannabis into an acceptable delivery method under section 152.22,
 791.10 subdivision 6;

791.11 (2) the qualifications of the manufacturer's employees;
791.12 (3) the long-term financial stability of the manufacturer;
791.13 (4) the ability to provide appropriate security measures on the premises of the
791.14 manufacturer;
791.15 (5) whether the manufacturer has demonstrated an ability to meet the medical cannabis
791.16 production needs required by sections 152.22 to 152.37; and
791.17 (6) the manufacturer's projection and ongoing assessment of fees on patients with a
791.18 qualifying medical condition.
791.19 (d) If an officer, director, or controlling person of the manufacturer pleads or is found
791.20 guilty of intentionally diverting medical cannabis to a person other than allowed by law
791.21 under section 152.33, subdivision 1, the commissioner may decide not to renew the
791.22 registration of the manufacturer, provided the violation occurred while the person was an
791.23 officer, director, or controlling person of the manufacturer.
791.24 (e) The commissioner shall require each medical cannabis manufacturer to contract with
791.25 an independent laboratory to test medical cannabis produced by the manufacturer. The
791.26 commissioner shall approve the laboratory chosen by each manufacturer and require that
791.27 the laboratory report testing results to the manufacturer in a manner determined by the
791.28 commissioner.
791.29 Sec. 81. Minnesota Statutes 2018, section 152.25, subdivision 1a, is amended to read:
791.30 Subd. 1a. **Revocation, or nonrenewal, or denial of consent to transfer of a medical**
791.31 **cannabis manufacturer registration.** If the commissioner intends to revoke, or not renew,
791.32 ~~or deny consent to transfer~~ a registration issued under this section, the commissioner must
791.33 first notify in writing the manufacturer against whom the action is to be taken and provide
791.34 the manufacturer with an opportunity to request a hearing under the contested case provisions
791.35 of chapter 14. If the manufacturer does not request a hearing by notifying the commissioner
791.36 in writing within 20 days after receipt of the notice of proposed action, the commissioner
791.37 may proceed with the action without a hearing. For revocations, the registration of a
791.38 manufacturer is considered revoked on the date specified in the commissioner's written
791.39 notice of revocation.
792.9 Sec. 82. Minnesota Statutes 2018, section 152.25, subdivision 1c, is amended to read:
792.10 Subd. 1c. **Notice to patients.** Upon the revocation or nonrenewal of a manufacturer's
792.11 registration under subdivision 1a or implementation of an enforcement action under
792.12 subdivision 1b that may affect the ability of a registered patient, registered designated
792.13 caregiver, or a registered patient's parent ~~or~~ legal guardian, or spouse to obtain medical
792.14 cannabis from the manufacturer subject to the enforcement action, the commissioner shall
792.15 notify in writing each registered patient and the patient's registered designated caregiver or
792.16 registered patient's parent ~~or~~ legal guardian, or spouse about the outcome of the proceeding
792.17 and information regarding alternative registered manufacturers. This notice must be provided

792.18 two or more business days prior to the effective date of the revocation, nonrenewal, or other
792.19 enforcement action.

792.20 Sec. 83. Minnesota Statutes 2018, section 152.25, subdivision 4, is amended to read:

792.21 Subd. 4. **Reports.** (a) The commissioner shall provide regular updates to the task force
792.22 on medical cannabis therapeutic research and to the chairs and ranking minority members
792.23 of the legislative committees with jurisdiction over health and human services, public safety,
792.24 judiciary, and civil law regarding: (1) any changes in federal law or regulatory restrictions
792.25 regarding the use of medical cannabis or hemp; and (2) the market demand and supply in
792.26 this state for products made from hemp that can be used for medicinal purposes.

792.27 (b) The commissioner may submit medical research based on the data collected under
792.28 sections 152.22 to 152.37 to any federal agency with regulatory or enforcement authority
792.29 over medical cannabis to demonstrate the effectiveness of medical cannabis for treating a
792.30 qualifying medical condition.

792.31 Sec. 84. Minnesota Statutes 2018, section 152.27, subdivision 2, is amended to read:

792.32 Subd. 2. **Commissioner duties.** (a) The commissioner shall:

793.1 (1) give notice of the program to health care practitioners in the state who are eligible
793.2 to serve as health care practitioners and explain the purposes and requirements of the
793.3 program;

793.4 (2) allow each health care practitioner who meets or agrees to meet the program's
793.5 requirements and who requests to participate, to be included in the registry program to
793.6 collect data for the patient registry;

793.7 (3) provide explanatory information and assistance to each health care practitioner in
793.8 understanding the nature of therapeutic use of medical cannabis within program requirements;

793.9 (4) create and provide a certification to be used by a health care practitioner for the
793.10 practitioner to certify whether a patient has been diagnosed with a qualifying medical
793.11 condition and include in the certification an option for the practitioner to certify whether
793.12 the patient, in the health care practitioner's medical opinion, is developmentally or physically
793.13 disabled and, as a result of that disability, the patient is unable to self-administer medication
793.14 requires assistance in administering medical cannabis or acquire obtaining medical cannabis
793.15 from a distribution facility;

793.16 (5) supervise the participation of the health care practitioner in conducting patient
793.17 treatment and health records reporting in a manner that ensures stringent security and
793.18 record-keeping requirements and that prevents the unauthorized release of private data on
793.19 individuals as defined by section 13.02;

793.20 (6) develop safety criteria for patients with a qualifying medical condition as a
793.21 requirement of the patient's participation in the program, to prevent the patient from

341.5 Sec. 55. Minnesota Statutes 2018, section 152.25, subdivision 4, is amended to read:

341.6 Subd. 4. **Reports.** (a) The commissioner shall provide regular updates to the task force
341.7 on medical cannabis therapeutic research and to the chairs and ranking minority members
341.8 of the legislative committees with jurisdiction over health and human services, public safety,
341.9 judiciary, and civil law regarding: (1) any changes in federal law or regulatory restrictions
341.10 regarding the use of medical cannabis and hemp; and (2) the market demand and supply in
341.11 this state for hemp products that can be used for medicinal purposes.

341.12 (b) The commissioner may submit medical research based on the data collected under
341.13 sections 152.22 to 152.37 to any federal agency with regulatory or enforcement authority
341.14 over medical cannabis to demonstrate the effectiveness of medical cannabis for treating a
341.15 qualifying medical condition.

793.22 undertaking any task under the influence of medical cannabis that would constitute negligence
793.23 or professional malpractice on the part of the patient; and

793.24 (7) conduct research and studies based on data from health records submitted to the
793.25 registry program and submit reports on intermediate or final research results to the legislature
793.26 and major scientific journals. The commissioner may contract with a third party to complete
793.27 the requirements of this clause. Any reports submitted must comply with section 152.28,
793.28 subdivision 2.

793.29 (b) If the commissioner wishes to add a delivery method under section 152.22, subdivision
793.30 6, or a qualifying medical condition under section 152.22, subdivision 14, the commissioner
793.31 must notify the chairs and ranking minority members of the legislative policy committees
793.32 having jurisdiction over health and public safety of the addition and the reasons for its
793.33 addition, including any written comments received by the commissioner from the public
793.34 and any guidance received from the task force on medical cannabis research, by January
794.1 15 of the year in which the commissioner wishes to make the change. The change shall be
794.2 effective on August 1 of that year, unless the legislature by law provides otherwise.

794.3 Sec. 85. Minnesota Statutes 2018, section 152.27, subdivision 3, is amended to read:

794.4 Subd. 3. **Patient application.** (a) The commissioner shall develop a patient application
794.5 for enrollment into the registry program. The application shall be available to the patient
794.6 and given to health care practitioners in the state who are eligible to serve as health care
794.7 practitioners. The application must include:

794.8 (1) the name, mailing address, and date of birth of the patient;

794.9 (2) the name, mailing address, and telephone number of the patient's health care
794.10 practitioner;

794.11 (3) the name, mailing address, and date of birth of the patient's designated caregiver, if
794.12 any, or the patient's parent ~~or~~ legal guardian, ~~or spouse~~ if the parent ~~or~~ legal guardian, ~~or~~
794.13 spouse will be acting as a caregiver;

794.14 (4) a copy of the certification from the patient's health care practitioner that is dated
794.15 within 90 days prior to submitting the application which certifies that the patient has been
794.16 diagnosed with a qualifying medical condition and, if applicable, that, in the health care
794.17 practitioner's medical opinion, the patient is developmentally or physically disabled and,
794.18 as a result of that disability, the patient ~~is unable to self-administer medication~~ requires
794.19 assistance in administering medical cannabis or ~~acquire~~ obtaining medical cannabis from
794.20 a distribution facility; and

794.21 (5) all other signed affidavits and enrollment forms required by the commissioner under
794.22 sections 152.22 to 152.37, including, but not limited to, the disclosure form required under
794.23 paragraph (c).

794.24 (b) The commissioner shall require a patient to resubmit a copy of the certification from
794.25 the patient's health care practitioner on a yearly basis and shall require that the recertification
794.26 be dated within 90 days of submission.

794.27 (c) The commissioner shall develop a disclosure form and require, as a condition of
794.28 enrollment, all patients to sign a copy of the disclosure. The disclosure must include:

794.29 (1) a statement that, notwithstanding any law to the contrary, the commissioner, or an
794.30 employee of any state agency, may not be held civilly or criminally liable for any injury,
794.31 loss of property, personal injury, or death caused by any act or omission while acting within
794.32 the scope of office or employment under sections 152.22 to 152.37; and

795.1 (2) the patient's ~~acknowledgement~~ acknowledgment that enrollment in the patient registry
795.2 program is conditional on the patient's agreement to meet all of the requirements of sections
795.3 152.22 to 152.37.

795.4 Sec. 86. Minnesota Statutes 2018, section 152.27, subdivision 4, is amended to read:

795.5 Subd. 4. **Registered designated caregiver.** (a) The commissioner shall register a
795.6 designated caregiver for a patient if the patient's health care practitioner has certified that
795.7 the patient, in the health care practitioner's medical opinion, is developmentally or physically
795.8 disabled and, as a result of that disability, the patient ~~is unable to self-administer medication~~
795.9 ~~or acquire~~ requires assistance in administering medical cannabis or obtaining medical
795.10 cannabis from a distribution facility and the caregiver has agreed, in writing, to be the
795.11 patient's designated caregiver. As a condition of registration as a designated caregiver, the
795.12 commissioner shall require the person to:

795.13 (1) be at least ~~21~~ 18 years of age;

795.14 (2) agree to only possess ~~any~~ the patient's medical cannabis for purposes of assisting the
795.15 patient; and

795.16 (3) agree that if the application is approved, the person will not be a registered designated
795.17 caregiver for more than one patient, unless the patients reside in the same residence.

795.18 (b) The commissioner shall conduct a criminal background check on the designated
795.19 caregiver prior to registration to ensure that the person does not have a conviction for a
795.20 disqualifying felony offense. Any cost of the background check shall be paid by the person
795.21 seeking registration as a designated caregiver. A designated caregiver must have the criminal
795.22 background check renewed every two years.

795.23 (c) Nothing in sections 152.22 to 152.37 shall be construed to prevent a person registered
795.24 as a designated caregiver from also being enrolled in the registry program as a patient and
795.25 possessing and using medical cannabis as a patient.

795.26 Sec. 87. Minnesota Statutes 2018, section 152.27, subdivision 5, is amended to read:

795.27 Subd. 5. **Parents ~~or~~, legal guardians, and spouses.** A parent ~~or~~, legal guardian, or
795.28 spouse of a patient may act as the caregiver to the patient without having to register as a
795.29 designated caregiver. The parent ~~or~~, legal guardian, or spouse shall follow all of the
795.30 requirements of parents ~~and~~, legal guardians, and spouses listed in sections 152.22 to 152.37.
795.31 Nothing in sections 152.22 to 152.37 limits any legal authority a parent ~~or~~, legal guardian,
795.32 or spouse may have for the patient under any other law.

796.1 Sec. 88. Minnesota Statutes 2018, section 152.27, subdivision 6, is amended to read:

796.2 Subd. 6. **Patient enrollment.** (a) After receipt of a patient's application, application fees,
796.3 and signed disclosure, the commissioner shall enroll the patient in the registry program and
796.4 issue the patient and patient's registered designated caregiver or parent ~~or~~, legal guardian,
796.5 or spouse, if applicable, a registry verification. The commissioner shall approve or deny a
796.6 patient's application for participation in the registry program within 30 days after the
796.7 commissioner receives the patient's application and application fee. The commissioner may
796.8 approve applications up to 60 days after the receipt of a patient's application and application
796.9 fees until January 1, 2016. A patient's enrollment in the registry program shall only be
796.10 denied if the patient:

796.11 (1) does not have certification from a health care practitioner that the patient has been
796.12 diagnosed with a qualifying medical condition;

796.13 (2) has not signed and returned the disclosure form required under subdivision 3,
796.14 paragraph (c), to the commissioner;

796.15 (3) does not provide the information required;

796.16 (4) has previously been removed from the registry program for violations of section
796.17 152.30 or 152.33; or

796.18 (5) provides false information.

796.19 (b) The commissioner shall give written notice to a patient of the reason for denying
796.20 enrollment in the registry program.

796.21 (c) Denial of enrollment into the registry program is considered a final decision of the
796.22 commissioner and is subject to judicial review under the Administrative Procedure Act
796.23 pursuant to chapter 14.

796.24 (d) A patient's enrollment in the registry program may only be revoked upon the death
796.25 of the patient or if a patient violates a requirement under section 152.30 or 152.33.

796.26 (e) The commissioner shall develop a registry verification to provide to the patient, the
796.27 health care practitioner identified in the patient's application, and to the manufacturer. The
796.28 registry verification shall include:

796.29 (1) the patient's name and date of birth;

796.30 (2) the patient registry number assigned to the patient; and

796.31 ~~(3) the patient's qualifying medical condition as provided by the patient's health care~~

796.32 ~~practitioner in the certification; and~~

797.1 ~~(4) (3) the name and date of birth of the patient's registered designated caregiver, if any,~~

797.2 ~~or the name of the patient's parent or legal guardian, or spouse if the parent or legal guardian,~~

797.3 ~~or spouse will be acting as a caregiver.~~

797.4 Sec. 89. Minnesota Statutes 2018, section 152.28, subdivision 1, is amended to read:

797.5 Subdivision 1. **Health care practitioner duties.** (a) Prior to a patient's enrollment in

797.6 the registry program, a health care practitioner shall:

797.7 (1) determine, in the health care practitioner's medical judgment, whether a patient suffers

797.8 from a qualifying medical condition, and, if so determined, provide the patient with a

797.9 certification of that diagnosis;

797.10 (2) determine whether a patient is developmentally or physically disabled and, as a result

797.11 of that disability, the patient ~~is unable to self-administer medication or acquire~~ requires

797.12 assistance in administering medical cannabis or obtaining medical cannabis from a

797.13 distribution facility, and, if so determined, include that determination on the patient's

797.14 certification of diagnosis;

797.15 (3) advise patients, registered designated caregivers, and parents ~~or~~ legal guardians, or

797.16 spouses who are acting as caregivers of the existence of any nonprofit patient support groups

797.17 or organizations;

797.18 (4) provide explanatory information from the commissioner to patients with qualifying

797.19 medical conditions, including disclosure to all patients about the experimental nature of

797.20 therapeutic use of medical cannabis; the possible risks, benefits, and side effects of the

797.21 proposed treatment; the application and other materials from the commissioner; and provide

797.22 patients with the Tennessen warning as required by section 13.04, subdivision 2; and

797.23 (5) agree to continue treatment of the patient's qualifying medical condition and report

797.24 medical findings to the commissioner.

797.25 (b) Upon notification from the commissioner of the patient's enrollment in the registry

797.26 program, the health care practitioner shall:

797.27 (1) participate in the patient registry reporting system under the guidance and supervision

797.28 of the commissioner;

797.29 (2) report health records of the patient throughout the ongoing treatment of the patient

797.30 to the commissioner in a manner determined by the commissioner and in accordance with

797.31 subdivision 2;

798.1 (3) determine, on a yearly basis, if the patient continues to suffer from a qualifying

798.2 medical condition and, if so, issue the patient a new certification of that diagnosis; and

341.16 Sec. 56. Minnesota Statutes 2018, section 152.28, subdivision 1, is amended to read:

341.17 Subdivision 1. **Health care practitioner duties.** (a) Prior to a patient's enrollment in

341.18 the registry program, a health care practitioner shall:

341.19 (1) determine, in the health care practitioner's medical judgment, whether a patient suffers

341.20 from a qualifying medical condition, and, if so determined, provide the patient with a

341.21 certification of that diagnosis;

341.22 (2) determine whether a patient is developmentally or physically disabled and, as a result

341.23 of that disability, the patient is unable to self-administer medication or acquire medical

341.24 cannabis from a distribution facility, and, if so determined, include that determination on

341.25 the patient's certification of diagnosis;

341.26 (3) advise patients, registered designated caregivers, and parents or legal guardians who

341.27 are acting as caregivers of the existence of any nonprofit patient support groups or

341.28 organizations;

341.29 (4) provide explanatory information from the commissioner to patients with qualifying

341.30 medical conditions, including disclosure to all patients about the experimental nature of

341.31 therapeutic use of medical cannabis; the possible risks, benefits, and side effects of the

342.1 proposed treatment; the application and other materials from the commissioner; and provide

342.2 patients with the Tennessen warning as required by section 13.04, subdivision 2; and

342.3 (5) agree to continue treatment of the patient's qualifying medical condition and report

342.4 medical findings to the commissioner.

342.5 (b) Upon notification from the commissioner of the patient's enrollment in the registry

342.6 program, the health care practitioner shall:

342.7 (1) participate in the patient registry reporting system under the guidance and supervision

342.8 of the commissioner;

342.9 (2) report health records of the patient throughout the ongoing treatment of the patient

342.10 to the commissioner in a manner determined by the commissioner and in accordance with

342.11 subdivision 2;

342.12 (3) determine, on a yearly basis, if the patient continues to suffer from a qualifying

342.13 medical condition and, if so, issue the patient a new certification of that diagnosis; and

798.3 (4) otherwise comply with all requirements developed by the commissioner.

798.4 (c) A health care practitioner may conduct a patient assessment to issue a recertification
 798.5 as required under paragraph (b), clause (3), via telemedicine as defined under section
 798.6 62A.671, subdivision 9.

798.7 ~~(c)~~ (d) Nothing in this section requires a health care practitioner to participate in the
 798.8 registry program.

798.9 Sec. 90. Minnesota Statutes 2018, section 152.29, subdivision 1, is amended to read:

798.10 Subdivision 1. **Manufacturer; requirements.** (a) A manufacturer shall operate ~~four~~
 798.11 ~~eight~~ distribution facilities, which may include the manufacturer's single location for
 798.12 cultivation, harvesting, manufacturing, packaging, and processing but is not required to
 798.13 include that location. ~~A manufacturer is required to begin distribution of medical cannabis~~
 798.14 ~~from at least one distribution facility by July 1, 2015. All distribution facilities must be~~
 798.15 ~~operational and begin distribution of medical cannabis by July 1, 2016. The distribution~~
 798.16 ~~facilities shall be located~~ The commissioner shall designate the geographical service areas
 798.17 to be served by each manufacturer based on geographical need throughout the state to
 798.18 improve patient access. ~~A manufacturer shall disclose the proposed locations for the~~
 798.19 ~~distribution facilities to the commissioner during the registration process. A manufacturer~~
 798.20 ~~shall not have more than two distribution facilities in each geographical service area assigned~~
 798.21 ~~to the manufacturer by the commissioner. A manufacturer shall operate only one location~~
 798.22 ~~where all cultivation, harvesting, manufacturing, packaging, and processing shall be~~
 798.23 ~~conducted. Any~~ This location may be one of the manufacturer's distribution facility sites.
 798.24 The additional distribution facilities may dispense medical cannabis and medical cannabis
 798.25 products but may not contain any medical cannabis in a form other than those forms allowed
 798.26 under section 152.22, subdivision 6, and the manufacturer shall not conduct any cultivation,
 798.27 harvesting, manufacturing, packaging, or processing at ~~an additional~~ the other distribution
 798.28 facility ~~site sites~~. Any distribution facility operated by the manufacturer is subject to all of
 798.29 the requirements applying to the manufacturer under sections 152.22 to 152.37, including,
 798.30 but not limited to, security and distribution requirements.

798.31 (b) A manufacturer may acquire hemp from a hemp grower. A manufacturer may
 798.32 manufacture or process hemp into an allowable form of medical cannabis under section
 798.33 152.22, subdivision 6. Hemp acquired by a manufacturer under this paragraph is subject to
 798.34 the same quality control program, security and testing requirements, and other requirements
 799.1 that apply to medical cannabis plant material under sections 152.22 to 152.37 and Minnesota
 799.2 Rules, chapter 4770.

799.3 ~~(b)~~ (c) A medical cannabis manufacturer shall contract with a laboratory approved by
 799.4 the commissioner, subject to any additional requirements set by the commissioner, for
 799.5 purposes of testing medical cannabis manufactured by the medical cannabis manufacturer
 799.6 as to content, contamination, and consistency to verify the medical cannabis meets the
 799.7 requirements of section 152.22, subdivision 6. The cost of laboratory testing shall be paid
 799.8 by the manufacturer.

342.14 (4) otherwise comply with all requirements developed by the commissioner.

342.15 (c) A health care practitioner may conduct a patient assessment to issue a recertification
 342.16 as required under paragraph (b), clause (3), via telemedicine as defined under section
 342.17 62A.671, subdivision 9.

342.18 ~~(c)~~ (d) Nothing in this section requires a health care practitioner to participate in the
 342.19 registry program.

342.20 Sec. 57. Minnesota Statutes 2018, section 152.29, subdivision 1, is amended to read:

342.21 Subdivision 1. **Manufacturer; requirements.** (a) A manufacturer shall operate ~~four~~
 342.22 ~~eight~~ distribution facilities, which may include the manufacturer's single location for
 342.23 cultivation, harvesting, manufacturing, packaging, and processing but is not required to
 342.24 include that location. ~~A manufacturer is required to begin distribution of medical cannabis~~
 342.25 ~~from at least one distribution facility by July 1, 2015. All distribution facilities must be~~
 342.26 ~~operational and begin distribution of medical cannabis by July 1, 2016. The distribution~~
 342.27 ~~facilities shall be located~~ The commissioner shall designate the geographical service areas
 342.28 to be served by each manufacturer based on geographical need throughout the state to
 342.29 improve patient access. ~~A manufacturer shall disclose the proposed locations for the~~
 342.30 ~~distribution facilities to the commissioner during the registration process. A manufacturer~~
 342.31 ~~shall not have more than two distribution facilities in each geographical service area assigned~~
 342.32 ~~to the manufacturer by the commissioner. A manufacturer shall operate only one location~~
 343.1 ~~where all cultivation, harvesting, manufacturing, packaging, and processing~~ of medical
 343.2 cannabis shall be conducted. ~~Any~~ This location may be one of the manufacturer's distribution
 343.3 facility sites. The additional distribution facilities may dispense medical cannabis and
 343.4 medical cannabis products but may not contain any medical cannabis in a form other than
 343.5 those forms allowed under section 152.22, subdivision 6, and the manufacturer shall not
 343.6 conduct any cultivation, harvesting, manufacturing, packaging, or processing at ~~an additional~~
 343.7 the other distribution facility ~~site sites~~. Any distribution facility operated by the manufacturer
 343.8 is subject to all of the requirements applying to the manufacturer under sections 152.22 to
 343.9 152.37, including, but not limited to, security and distribution requirements.

343.10 (b) A manufacturer may obtain hemp from a hemp grower licensed with the commissioner
 343.11 of agriculture under chapter 18K if the hemp was grown in this state. A manufacturer may
 343.12 use hemp for the purpose of making it available in a form allowable under section 152.22,
 343.13 subdivision 6. Any hemp acquired by a manufacturer under this paragraph is subject to the
 343.14 same quality control program, security and testing requirements, and any other requirement
 343.15 for medical cannabis under sections 152.22 to 152.37 and Minnesota Rules, chapter 4770.

343.16 ~~(b)~~ (c) A medical cannabis manufacturer shall contract with a laboratory approved by
 343.17 the commissioner, subject to any additional requirements set by the commissioner, for
 343.18 purposes of testing medical cannabis manufactured or hemp acquired by the medical cannabis
 343.19 manufacturer as to content, contamination, and consistency to verify the medical cannabis
 343.20 meets the requirements of section 152.22, subdivision 6. The cost of laboratory testing shall
 343.21 be paid by the manufacturer.

799.9 ~~(d)~~ (d) The operating documents of a manufacturer must include:

799.10 (1) procedures for the oversight of the manufacturer and procedures to ensure accurate
799.11 record keeping; ~~and~~

799.12 (2) procedures for the implementation of appropriate security measures to deter and
799.13 prevent the theft of medical cannabis or hemp and unauthorized entrance into areas containing
799.14 medical cannabis; or hemp; and

799.15 (3) procedures for the transportation and delivery of hemp from hemp growers to
799.16 manufacturers.

799.17 ~~(e)~~ (e) A manufacturer shall implement security requirements, including requirements
799.18 for the transportation and delivery of hemp from hemp growers to manufacturers, protection
799.19 of each location by a fully operational security alarm system, facility access controls,
799.20 perimeter intrusion detection systems, and a personnel identification system.

799.21 ~~(f)~~ (f) A manufacturer shall not share office space with, refer patients to a health care
799.22 practitioner, or have any financial relationship with a health care practitioner.

799.23 ~~(g)~~ (g) A manufacturer shall not permit any person to consume medical cannabis on the
799.24 property of the manufacturer.

799.25 ~~(h)~~ (h) A manufacturer is subject to reasonable inspection by the commissioner.

799.26 ~~(i)~~ (i) For purposes of sections 152.22 to 152.37, a medical cannabis manufacturer is
799.27 not subject to the Board of Pharmacy licensure or regulatory requirements under chapter
799.28 151.

799.29 ~~(j)~~ (j) A medical cannabis manufacturer may not employ any person who is under 21
799.30 years of age or who has been convicted of a disqualifying felony offense. An employee of
799.31 a medical cannabis manufacturer must submit a completed criminal history records check
799.32 consent form, a full set of classifiable fingerprints, and the required fees for submission to
800.1 the Bureau of Criminal Apprehension before an employee may begin working with the
800.2 manufacturer. The bureau must conduct a Minnesota criminal history records check and
800.3 the superintendent is authorized to exchange the fingerprints with the Federal Bureau of
800.4 Investigation to obtain the applicant's national criminal history record information. The
800.5 bureau shall return the results of the Minnesota and federal criminal history records checks
800.6 to the commissioner.

800.7 ~~(k)~~ (k) A manufacturer may not operate in any location, whether for distribution or
800.8 cultivation, harvesting, manufacturing, packaging, or processing, within 1,000 feet of a
800.9 public or private school existing before the date of the manufacturer's registration with the
800.10 commissioner.

800.11 ~~(l)~~ (l) A manufacturer shall comply with reasonable restrictions set by the commissioner
800.12 relating to signage, marketing, display, and advertising of medical cannabis.

343.22 ~~(d)~~ (d) The operating documents of a manufacturer must include:

343.23 (1) procedures for the oversight of the manufacturer and procedures to ensure accurate
343.24 record keeping; ~~and~~

343.25 (2) procedures for the implementation of appropriate security measures to deter and
343.26 prevent the theft of medical cannabis and unauthorized entrance into areas containing medical
343.27 cannabis; and

343.28 (3) procedures for the delivery and transportation of hemp between hemp growers
343.29 licensed under chapter 18K and manufacturers.

343.30 ~~(e)~~ (e) A manufacturer shall implement security requirements, including requirements
343.31 for the delivery and transportation of hemp, protection of each location by a fully operational
343.32 security alarm system, facility access controls, perimeter intrusion detection systems, and
343.33 a personnel identification system.

344.1 ~~(f)~~ (f) A manufacturer shall not share office space with, refer patients to a health care
344.2 practitioner, or have any financial relationship with a health care practitioner.

344.3 ~~(g)~~ (g) A manufacturer shall not permit any person to consume medical cannabis on the
344.4 property of the manufacturer.

344.5 ~~(h)~~ (h) A manufacturer is subject to reasonable inspection by the commissioner.

344.6 ~~(i)~~ (i) For purposes of sections 152.22 to 152.37, a medical cannabis manufacturer is
344.7 not subject to the Board of Pharmacy licensure or regulatory requirements under chapter
344.8 151.

344.9 ~~(j)~~ (j) A medical cannabis manufacturer may not employ any person who is under 21
344.10 years of age or who has been convicted of a disqualifying felony offense. An employee of
344.11 a medical cannabis manufacturer must submit a completed criminal history records check
344.12 consent form, a full set of classifiable fingerprints, and the required fees for submission to
344.13 the Bureau of Criminal Apprehension before an employee may begin working with the
344.14 manufacturer. The bureau must conduct a Minnesota criminal history records check and
344.15 the superintendent is authorized to exchange the fingerprints with the Federal Bureau of
344.16 Investigation to obtain the applicant's national criminal history record information. The
344.17 bureau shall return the results of the Minnesota and federal criminal history records checks
344.18 to the commissioner.

344.19 ~~(k)~~ (k) A manufacturer may not operate in any location, whether for distribution or
344.20 cultivation, harvesting, manufacturing, packaging, or processing, within 1,000 feet of a
344.21 public or private school existing before the date of the manufacturer's registration with the
344.22 commissioner.

344.23 ~~(l)~~ (l) A manufacturer shall comply with reasonable restrictions set by the commissioner
344.24 relating to signage, marketing, display, and advertising of medical cannabis.

800.13 (m) Before a manufacturer acquires hemp from a hemp grower, the manufacturer must
800.14 verify that the hemp grower has a valid license issued by the commissioner of agriculture
800.15 under chapter 18K.

800.16 Sec. 91. Minnesota Statutes 2018, section 152.29, subdivision 2, is amended to read:

800.17 Subd. 2. **Manufacturer; production.** (a) A manufacturer of medical cannabis shall
800.18 provide a reliable and ongoing supply of all medical cannabis needed for the registry program
800.19 through cultivation by the manufacturer and through the purchase of hemp from hemp
800.20 growers.

800.21 (b) All cultivation, and harvesting performed by the manufacturer, and all manufacturing,
800.22 packaging, and processing of medical cannabis and hemp, must take place in an enclosed,
800.23 locked facility at a physical address provided to the commissioner during the registration
800.24 process.

800.25 (c) A manufacturer must process and prepare any medical cannabis plant material or
800.26 hemp plant material into a form allowable under section 152.22, subdivision 6, prior to
800.27 distribution of any medical cannabis.

800.28 Sec. 92. Minnesota Statutes 2018, section 152.29, subdivision 3, is amended to read:

800.29 Subd. 3. **Manufacturer; distribution.** (a) A manufacturer shall require that employees
800.30 licensed as pharmacists pursuant to chapter 151 be the only employees to give final approval
800.31 for the distribution of medical cannabis to a patient. A manufacturer may transport medical
800.32 cannabis or medical cannabis products that have been cultivated, harvested, manufactured,
801.1 packaged, and processed by that manufacturer to another registered manufacturer for the
801.2 other manufacturer to distribute.

801.3 (b) A manufacturer may dispense distribute medical cannabis products, whether or not
801.4 the products have been manufactured by the that manufacturer, but is not required to dispense
801.5 medical cannabis products.

801.6 (c) Prior to distribution of any medical cannabis, the manufacturer shall:

801.7 (1) verify that the manufacturer has received the registry verification from the
801.8 commissioner for that individual patient;

801.9 (2) verify that the person requesting the distribution of medical cannabis is the patient,
801.10 the patient's registered designated caregiver, or the patient's parent or legal guardian, or
801.11 spouse listed in the registry verification using the procedures described in section 152.11,
801.12 subdivision 2d;

801.13 (3) assign a tracking number to any medical cannabis distributed from the manufacturer;

801.14 (4) ensure that any employee of the manufacturer licensed as a pharmacist pursuant to
801.15 chapter 151 has consulted with the patient to determine the proper dosage for the individual
801.16 patient after reviewing the ranges of chemical compositions of the medical cannabis and

344.25 (m) Before a manufacturer acquires hemp, the manufacturer must verify that the person
344.26 from whom the manufacturer is acquiring hemp has a valid license issued by the
344.27 commissioner of agriculture under chapter 18K.

344.28 Sec. 58. Minnesota Statutes 2018, section 152.29, subdivision 2, is amended to read:

344.29 Subd. 2. **Manufacturer; production.** (a) A manufacturer of medical cannabis shall
344.30 provide a reliable and ongoing supply of all medical cannabis needed for the registry program.

344.31 (b) All cultivation, harvesting, manufacturing, packaging, and processing of medical
344.32 cannabis or manufacturing, packaging, or processing of hemp acquired by the manufacturer
345.1 must take place in an enclosed, locked facility at a physical address provided to the
345.2 commissioner during the registration process.

345.3 (c) A manufacturer must process and prepare any medical cannabis plant material into
345.4 a form allowable under section 152.22, subdivision 6, prior to distribution of any medical
345.5 cannabis.

345.6 Sec. 59. Minnesota Statutes 2018, section 152.29, subdivision 3, is amended to read:

345.7 Subd. 3. **Manufacturer; distribution.** (a) A manufacturer shall require that employees
345.8 licensed as pharmacists pursuant to chapter 151 be the only employees to give final approval
345.9 for the distribution of medical cannabis to a patient.

345.10 (b) A manufacturer may dispense medical cannabis products, whether or not the products
345.11 have been manufactured by the manufacturer, but is not required to dispense medical cannabis
345.12 products.

345.13 (c) Prior to distribution of any medical cannabis, the manufacturer shall:

345.14 (1) verify that the manufacturer has received the registry verification from the
345.15 commissioner for that individual patient;

345.16 (2) verify that the person requesting the distribution of medical cannabis is the patient,
345.17 the patient's registered designated caregiver, or the patient's parent or legal guardian listed
345.18 in the registry verification using the procedures described in section 152.11, subdivision
345.19 2d;

345.20 (3) assign a tracking number to any medical cannabis distributed from the manufacturer;

345.21 (4) ensure that any employee of the manufacturer licensed as a pharmacist pursuant to
345.22 chapter 151 has consulted with the patient to determine the proper dosage for the individual
345.23 patient after reviewing the ranges of chemical compositions of the medical cannabis and

801.17 the ranges of proper dosages reported by the commissioner. For purposes of this clause, a
801.18 consultation may be conducted remotely using a videoconference, so long as the employee
801.19 providing the consultation is able to confirm the identity of the patient, the consultation
801.20 occurs while the patient is at a distribution facility, and the consultation adheres to patient
801.21 privacy requirements that apply to health care services delivered through telemedicine;

801.22 (5) properly package medical cannabis in compliance with the United States Poison
801.23 Prevention Packing Act regarding child-resistant packaging and exemptions for packaging
801.24 for elderly patients, and label distributed medical cannabis with a list of all active ingredients
801.25 and individually identifying information, including:

801.26 (i) the patient's name and date of birth;

801.27 (ii) the name and date of birth of the patient's registered designated caregiver or, if listed
801.28 on the registry verification, the name of the patient's parent or legal guardian, if applicable;

801.29 (iii) the patient's registry identification number;

801.30 (iv) the chemical composition of the medical cannabis; and

801.31 (v) the dosage; and

802.1 (6) ensure that the medical cannabis distributed contains a maximum of a ~~30-day~~ 90-day
802.2 supply of the dosage determined for that patient.

802.3 (d) A manufacturer shall require any employee of the manufacturer who is transporting
802.4 medical cannabis or medical cannabis products to a distribution facility or to another
802.5 registered manufacturer to carry identification showing that the person is an employee of
802.6 the manufacturer.

802.7 Sec. 93. Minnesota Statutes 2018, section 152.31, is amended to read:
802.8 152.31 DATA PRACTICES.

802.9 (a) Government data in patient files maintained by the commissioner and the health care
802.10 practitioner, and data submitted to or by a medical cannabis manufacturer, are private data

345.24 the ranges of proper dosages reported by the commissioner. For purposes of this clause, a
345.25 consultation may be conducted remotely using a videoconference, so long as the employee
345.26 providing the consultation is able to confirm the identity of the patient, the consultation
345.27 occurs while the patient is at a distribution facility, and the consultation adheres to patient
345.28 privacy requirements that apply to health care services delivered through telemedicine;

345.29 (5) properly package medical cannabis in compliance with the United States Poison
345.30 Prevention Packing Act regarding child-resistant packaging and exemptions for packaging
345.31 for elderly patients, and label distributed medical cannabis with a list of all active ingredients
345.32 and individually identifying information, including:

346.1 (i) the patient's name and date of birth;

346.2 (ii) the name and date of birth of the patient's registered designated caregiver or, if listed
346.3 on the registry verification, the name of the patient's parent or legal guardian, if applicable;

346.4 (iii) the patient's registry identification number;

346.5 (iv) the chemical composition of the medical cannabis; and

346.6 (v) the dosage; and

346.7 (6) ensure that the medical cannabis distributed contains a maximum of a ~~30-day~~ 90-day
346.8 supply of the dosage determined for that patient.

346.9 (d) A manufacturer shall require any employee of the manufacturer who is transporting
346.10 medical cannabis or medical cannabis products to a distribution facility to carry identification
346.11 showing that the person is an employee of the manufacturer.

346.12 Sec. 60. Minnesota Statutes 2018, section 152.29, subdivision 3a, is amended to read:

346.13 Subd. 3a. **Transportation of medical cannabis; staffing.** (a) A medical cannabis
346.14 manufacturer may staff a transport motor vehicle with only one employee if the medical
346.15 cannabis manufacturer is transporting medical cannabis to either a certified laboratory for
346.16 the purpose of testing or a facility for the purpose of disposal. If the medical cannabis
346.17 manufacturer is transporting medical cannabis for any other purpose or destination, the
346.18 transport motor vehicle must be staffed with a minimum of two employees as required by
346.19 rules adopted by the commissioner.

346.20 (b) Notwithstanding paragraph (a), a medical cannabis manufacturer that is only
346.21 transporting hemp for any purpose may staff the transport motor vehicle with only one
346.22 employee.

346.23 Sec. 61. Minnesota Statutes 2018, section 152.31, is amended to read:
346.24 152.31 DATA PRACTICES.

346.25 (a) Government data in patient files maintained by the commissioner and the health care
346.26 practitioner, and data submitted to or by a medical cannabis manufacturer, are private data

802.11 on individuals, as defined in section 13.02, subdivision 12, or nonpublic data, as defined in
802.12 section 13.02, subdivision 9, but may be used for purposes of complying with chapter 13
802.13 and complying with a request from the legislative auditor or the state auditor in the
802.14 performance of official duties. The provisions of section 13.05, subdivision 11, apply to a
802.15 registration agreement entered between the commissioner and a medical cannabis
802.16 manufacturer under section 152.25.

802.17 (b) Not public data maintained by the commissioner may not be used for any purpose
802.18 not provided for in sections 152.22 to 152.37, and may not be combined or linked in any
802.19 manner with any other list, dataset, or database.

802.20 (c) The commissioner may execute data sharing arrangements with the commissioner
802.21 of agriculture to verify licensing, inspection, and compliance information related to hemp
802.22 growers under chapter 18K.

802.23 Sec. 94. Minnesota Statutes 2018, section 152.32, subdivision 2, is amended to read:

802.24 Subd. 2. **Criminal and civil protections.** (a) Subject to section 152.23, the following
802.25 are not violations under this chapter:

802.26 (1) use or possession of medical cannabis or medical cannabis products by a patient
802.27 enrolled in the registry program, or possession by a registered designated caregiver or the
802.28 parent ~~or~~ legal guardian, or spouse of a patient if the parent ~~or~~ legal guardian, or spouse
802.29 is listed on the registry verification;

802.30 (2) possession, dosage determination, or sale of medical cannabis or medical cannabis
802.31 products by a medical cannabis manufacturer, employees of a manufacturer, a laboratory
802.32 conducting testing on medical cannabis, or employees of the laboratory; and

803.1 (3) possession of medical cannabis or medical cannabis products by any person while
803.2 carrying out the duties required under sections 152.22 to 152.37.

803.3 (b) Medical cannabis obtained and distributed pursuant to sections 152.22 to 152.37 and
803.4 associated property is not subject to forfeiture under sections 609.531 to 609.5316.

803.5 (c) The commissioner, the commissioner's staff, the commissioner's agents or contractors,
803.6 and any health care practitioner are not subject to any civil or disciplinary penalties by the
803.7 Board of Medical Practice, the Board of Nursing, or by any business, occupational, or
803.8 professional licensing board or entity, solely for the participation in the registry program
803.9 under sections 152.22 to 152.37. A pharmacist licensed under chapter 151 is not subject to
803.10 any civil or disciplinary penalties by the Board of Pharmacy when acting in accordance
803.11 with the provisions of sections 152.22 to 152.37. Nothing in this section affects a professional
803.12 licensing board from taking action in response to violations of any other section of law.

803.13 (d) Notwithstanding any law to the contrary, the commissioner, the governor of
803.14 Minnesota, or an employee of any state agency may not be held civilly or criminally liable
803.15 for any injury, loss of property, personal injury, or death caused by any act or omission
803.16 while acting within the scope of office or employment under sections 152.22 to 152.37.

346.27 on individuals, as defined in section 13.02, subdivision 12, or nonpublic data, as defined in
346.28 section 13.02, subdivision 9, but may be used for purposes of complying with chapter 13
346.29 and complying with a request from the legislative auditor or the state auditor in the
346.30 performance of official duties. The provisions of section 13.05, subdivision 11, apply to a
347.1 registration agreement entered between the commissioner and a medical cannabis
347.2 manufacturer under section 152.25.

347.3 (b) Not public data maintained by the commissioner may not be used for any purpose
347.4 not provided for in sections 152.22 to 152.37, and may not be combined or linked in any
347.5 manner with any other list, dataset, or database.

347.6 (c) The commissioner may execute data sharing arrangements with the commissioner
347.7 of agriculture to verify licensing information, inspection, and compliance related to hemp
347.8 growers under chapter 18K.

803.17 (e) Federal, state, and local law enforcement authorities are prohibited from accessing
 803.18 the patient registry under sections 152.22 to 152.37 except when acting pursuant to a valid
 803.19 search warrant.

803.20 (f) Notwithstanding any law to the contrary, neither the commissioner nor a public
 803.21 employee may release data or information about an individual contained in any report,
 803.22 document, or registry created under sections 152.22 to 152.37 or any information obtained
 803.23 about a patient participating in the program, except as provided in sections 152.22 to 152.37.

803.24 (g) No information contained in a report, document, or registry or obtained from a patient
 803.25 under sections 152.22 to 152.37 may be admitted as evidence in a criminal proceeding
 803.26 unless independently obtained or in connection with a proceeding involving a violation of
 803.27 sections 152.22 to 152.37.

803.28 (h) Notwithstanding section 13.09, any person who violates paragraph (e) or (f) is guilty
 803.29 of a gross misdemeanor.

803.30 (i) An attorney may not be subject to disciplinary action by the Minnesota Supreme
 803.31 Court or professional responsibility board for providing legal assistance to prospective or
 803.32 registered manufacturers or others related to activity that is no longer subject to criminal
 803.33 penalties under state law pursuant to sections 152.22 to 152.37.

804.1 (j) Possession of a registry verification or application for enrollment in the program by
 804.2 a person entitled to possess or apply for enrollment in the registry program does not constitute
 804.3 probable cause or reasonable suspicion, nor shall it be used to support a search of the person
 804.4 or property of the person possessing or applying for the registry verification, or otherwise
 804.5 subject the person or property of the person to inspection by any governmental agency.

804.6 Sec. 95. Minnesota Statutes 2018, section 152.33, subdivision 1, is amended to read:

804.7 Subdivision 1. **Intentional diversion; criminal penalty.** In addition to any other
 804.8 applicable penalty in law, a manufacturer or an agent of a manufacturer who intentionally
 804.9 transfers medical cannabis to a person other than another registered manufacturer, a patient,
 804.10 a registered designated caregiver or, if listed on the registry verification, a parent ~~or~~ legal
 804.11 guardian, or spouse of a patient is guilty of a felony punishable by imprisonment for not
 804.12 more than two years or by payment of a fine of not more than \$3,000, or both. A person
 804.13 convicted under this subdivision may not continue to be affiliated with the manufacturer
 804.14 and is disqualified from further participation under sections 152.22 to 152.37.

804.15 Sec. 96. Minnesota Statutes 2018, section 152.33, subdivision 2, is amended to read:

804.16 Subd. 2. **Diversion by patient, registered designated caregiver, ~~or~~ parent, legal**
 804.17 **guardian, or patient's spouse; criminal penalty.** In addition to any other applicable penalty
 804.18 in law, a patient, registered designated caregiver or, if listed on the registry verification, a
 804.19 parent ~~or~~ legal guardian, or spouse of a patient who intentionally sells or otherwise transfers
 804.20 medical cannabis to a person other than a patient, designated registered caregiver or, if listed
 804.21 on the registry verification, a parent ~~or~~ legal guardian, or spouse of a patient is guilty of a

804.22 felony punishable by imprisonment for not more than two years or by payment of a fine of
804.23 not more than \$3,000, or both.

804.24 Sec. 97. Minnesota Statutes 2018, section 152.34, is amended to read:

804.25 152.34 HEALTH CARE FACILITIES.

804.26 (a) Health care facilities licensed under chapter 144A, hospice providers licensed under
804.27 chapter 144A, boarding care homes or supervised living facilities licensed under section
804.28 144.50, assisted living facilities, and facilities owned, controlled, managed, or under common
804.29 control with hospitals licensed under chapter 144, and other health facilities licensed by the
804.30 commissioner of health, may adopt reasonable restrictions on the use of medical cannabis
804.31 by a patient enrolled in the registry program who resides at or is actively receiving treatment
804.32 or care at the facility. The restrictions may include a provision that the facility will not store
805.1 or maintain the patient's supply of medical cannabis, that the facility is not responsible for
805.2 providing the medical cannabis for patients, and that medical cannabis be used only in a
805.3 place specified by the facility.

805.4 (b) Any employee or agent of a facility listed in this section or a person licensed under
805.5 chapter 144E is not subject to violations under this chapter for possession of medical cannabis
805.6 while carrying out employment duties, including providing or supervising care to a registered
805.7 patient, or distribution of medical cannabis to a registered patient who resides at or is actively
805.8 receiving treatment or care at the facility with which the employee or agent is affiliated.
805.9 Nothing in this section shall require the facilities to adopt such restrictions and no facility
805.10 shall unreasonably limit a patient's access to or use of medical cannabis to the extent that
805.11 use is authorized by the patient under sections 152.22 to 152.37.

805.12 Sec. 98. Minnesota Statutes 2018, section 152.36, subdivision 2, is amended to read:

805.13 Subd. 2. **Impact assessment.** The task force shall hold hearings to evaluate the impact
805.14 of the use of medical cannabis and hemp and Minnesota's activities involving medical
805.15 cannabis and hemp, including, but not limited to:

805.16 (1) program design and implementation;

805.17 (2) the impact on the health care provider community;

805.18 (3) patient experiences;

805.19 (4) the impact on the incidence of substance abuse;

805.20 (5) access to and quality of medical cannabis, hemp, and medical cannabis products;

805.21 (6) the impact on law enforcement and prosecutions;

805.22 (7) public awareness and perception; and

805.23 (8) any unintended consequences.

347.9 Sec. 62. Minnesota Statutes 2018, section 157.22, is amended to read:

347.10 157.22 EXEMPTIONS.

347.11 This chapter does not apply to:

347.12 (1) interstate carriers under the supervision of the United States Department of Health
347.13 and Human Services;

347.14 (2) weddings, fellowship meals, or funerals conducted by a faith-based organization
347.15 using any building constructed and primarily used for religious worship or education;

347.16 (3) any building owned, operated, and used by a college or university in accordance
347.17 with health regulations promulgated by the college or university under chapter 14;

347.18 (4) any person, firm, or corporation whose principal mode of business is licensed under
347.19 sections 28A.04 and 28A.05, is exempt at that premises from licensure as a food or beverage
347.20 establishment; provided that the holding of any license pursuant to sections 28A.04 and
347.21 28A.05 shall not exempt any person, firm, or corporation from the applicable provisions of
347.22 this chapter or the rules of the state commissioner of health relating to food and beverage
347.23 service establishments;

347.24 (5) family day care homes and group family day care homes governed by sections
347.25 245A.01 to 245A.16;

347.26 (6) nonprofit senior citizen centers for the sale of home-baked goods;

347.27 (7) fraternal, sportsman, or patriotic organizations that are tax exempt under section
347.28 501(c)(3), 501(c)(4), 501(c)(6), 501(c)(7), 501(c)(10), or 501(c)(19) of the Internal Revenue
347.29 Code of 1986, or organizations related to, affiliated with, or supported by such fraternal,
347.30 sportsman, or patriotic organizations for events held in the building or on the grounds of
347.31 the organization and at which home-prepared food is donated by organization members for
347.32 sale at the events, provided:

348.1 (i) the event is not a circus, carnival, or fair;

348.2 (ii) the organization controls the admission of persons to the event, the event agenda, or
348.3 both; and

348.4 (iii) the organization's licensed kitchen is not used in any manner for the event;

348.5 (8) food not prepared at an establishment and brought in by individuals attending a
348.6 potluck event for consumption at the potluck event. An organization sponsoring a potluck
348.7 event under this clause may advertise the potluck event to the public through any means.
348.8 Individuals who are not members of an organization sponsoring a potluck event under this
348.9 clause may attend the potluck event and consume the food at the event. Licensed food
348.10 establishments other than schools cannot be sponsors of potluck events. A school may
348.11 sponsor and hold potluck events in areas of the school other than the school's kitchen,
348.12 provided that the school's kitchen is not used in any manner for the potluck event. For

348.13 purposes of this clause, "school" means a public school as defined in section 120A.05,
348.14 subdivisions 9, 11, 13, and 17, or a nonpublic school, church, or religious organization at
348.15 which a child is provided with instruction in compliance with sections 120A.22 and 120A.24.
348.16 Potluck event food shall not be brought into a licensed food establishment kitchen;

348.17 (9) a home school in which a child is provided instruction at home;

348.18 (10) school concession stands serving commercially prepared, nonpotentially hazardous
348.19 foods, as defined in Minnesota Rules, chapter 4626;

348.20 (11) group residential facilities of ten or fewer beds licensed by the commissioner of
348.21 human services under Minnesota Rules, chapter 2960, provided the facility employs or
348.22 contracts with a certified food manager under Minnesota Rules, part 4626.2015;

348.23 (12) food served at fund-raisers or community events conducted in the building or on
348.24 the grounds of a faith-based organization, provided that a certified food manager, or a
348.25 volunteer trained in a food safety course, trains the food preparation workers in safe food
348.26 handling practices. This exemption does not apply to faith-based organizations at the state
348.27 agricultural society or county fairs or to faith-based organizations that choose to apply for
348.28 a license;

348.29 (13) food service events conducted following a disaster for purposes of feeding disaster
348.30 relief staff and volunteers serving commercially prepared, nonpotentially hazardous foods,
348.31 as defined in Minnesota Rules, chapter 4626; ~~and~~

348.32 (14) chili or soup served at a chili or soup cook-off fund-raiser conducted by a
348.33 community-based nonprofit organization, provided:

349.1 (i) the municipality where the event is located approves the event;

349.2 (ii) the sponsoring organization must develop food safety rules and ensure that participants
349.3 follow these rules; and

349.4 (iii) if the food is not prepared in a kitchen that is licensed or inspected, a visible sign
349.5 or placard must be posted that states: "These products are homemade and not subject to
349.6 state inspection."

349.7 Foods exempt under this clause must be labeled to accurately reflect the name and
349.8 address of the person preparing the foods; and

349.9 (15) a special event food stand or a seasonal temporary food stand provided:

349.10 (i) the stand is operated solely by a person or persons under the age of 14;

349.11 (ii) the stand is located on private property with the permission of the property owner;

349.12 (iii) the stand has gross receipts or contributions of \$1,000 or less in a calendar year;
349.13 ~~and~~

805.24 Sec. 99. Minnesota Statutes 2018, section 171.171, is amended to read:
805.25 171.171 SUSPENSION; ILLEGAL PURCHASE OF ALCOHOL OR TOBACCO.
805.26 The commissioner shall suspend for a period of 90 days the license of a person who:
805.27 (1) is under the age of 21 years and is convicted of purchasing or attempting to purchase
805.28 an alcoholic beverage in violation of section 340A.503 if the person used a license, Minnesota
805.29 identification card, or any type of false identification to purchase or attempt to purchase the
805.30 alcoholic beverage;
806.1 (2) is convicted under section 171.22, subdivision 1, clause (2), or 340A.503, subdivision
806.2 2, clause (3), of lending or knowingly permitting a person under the age of 21 years to use
806.3 the person's license, Minnesota identification card, or other type of identification to purchase
806.4 or attempt to purchase an alcoholic beverage; or
806.5 ~~(3) is under the age of 18 years and is found by a court to have committed a petty~~
806.6 ~~misdemeanor under section 609.685, subdivision 3, if the person used a license, Minnesota~~
806.7 ~~identification card, or any type of false identification to purchase or attempt to purchase the~~
806.8 ~~tobacco product; or~~
806.9 ~~(4) (3) is convicted under section 171.22, subdivision 1, clause (2), of lending or~~
806.10 ~~knowingly permitting a person under the age of 18 21 years to use the person's license,~~
806.11 ~~Minnesota identification card, or other type of identification to purchase or attempt to~~
806.12 ~~purchase a tobacco product tobacco, a tobacco-related device, an electronic delivery device,~~
806.13 ~~as defined in section 609.685, subdivision 1; or a nicotine or lobelia delivery product, as~~
806.14 ~~described in section 609.6855, subdivision 1.~~
806.15 Sec. 100. Minnesota Statutes 2018, section 214.25, subdivision 2, is amended to read:
806.16 Subd. 2. **Commissioner of health data.** ~~(a)~~ All data collected or maintained as part of
806.17 the commissioner of health's duties under Minnesota Statutes 2018, sections 214.19, 214.23,
806.18 and 214.24, shall be classified as investigative data under section 13.39, except that inactive
806.19 investigative data shall be classified as private data under section 13.02, subdivision 12, or
806.20 nonpublic data under section 13.02, subdivision 9, in the case of data not on individuals.
806.21 ~~(b) Notwithstanding section 13.05, subdivision 9, data addressed in this subdivision~~
806.22 ~~shall not be disclosed except as provided in this subdivision or section 13.04; except that~~
806.23 ~~the commissioner may disclose to the boards under section 214.23.~~
806.24 ~~(c) The commissioner may disclose data addressed under this subdivision as necessary;~~
806.25 ~~to identify, establish, implement, and enforce a monitoring plan; to investigate a regulated~~
806.26 ~~person; to alert persons who may be threatened by illness as evidenced by epidemiologic~~

349.14 (iv) the operator of the stand posts a sign or placard at the site that states "The products
349.15 sold at this stand are not subject to state inspection or regulation.", if the stand offers for
349.16 sale potentially hazardous food as defined in Minnesota Rules, part 4626.0020, subdivision
349.17 62.

806.27 ~~data; to control or prevent the spread of HIV, HBV, or HCV disease; or to diminish an~~
 806.28 ~~imminent threat to the public health.~~

806.29 **EFFECTIVE DATE.** This section is effective on January 1, 2020, and no new cases
 806.30 shall be investigated under this subdivision after June 1, 2019.

807.1 Sec. 101. Minnesota Statutes 2018, section 461.12, subdivision 2, is amended to read:

807.2 Subd. 2. **Administrative penalties for sales and furnishing; licensees.** If a licensee or
 807.3 employee of a licensee sells, gives, or otherwise furnishes tobacco, tobacco-related devices,
 807.4 electronic delivery devices, or nicotine or lobelia delivery products to a person under the
 807.5 age of ~~18~~ 21 years, or violates any other provision of this chapter, the licensee shall be
 807.6 charged an administrative penalty of ~~\$75~~ \$300 for the first violation. An administrative
 807.7 penalty of ~~\$200~~ \$600 must be imposed for a second violation at the same location within
 807.8 ~~24~~ 36 months after the initial violation. For a third or any subsequent violation at the same
 807.9 location within ~~24~~ 36 months after the initial violation, an administrative penalty of ~~\$250~~
 807.10 \$1,000 must be imposed, and the licensee's authority to sell tobacco, tobacco-related devices,
 807.11 electronic delivery devices, or nicotine or lobelia delivery products at that location must be
 807.12 suspended for not less than seven days and may be revoked. No suspension, revocation, or
 807.13 other penalty may take effect until the licensee has received notice, served personally or by
 807.14 mail, of the alleged violation and an opportunity for a hearing before a person authorized
 807.15 by the licensing authority to conduct the hearing. A decision that a violation has occurred
 807.16 must be in writing.

807.17 Sec. 102. Minnesota Statutes 2018, section 461.12, subdivision 3, is amended to read:

807.18 Subd. 3. **Administrative penalty for sales and furnishing; individuals.** An individual
 807.19 who sells, gives, or otherwise furnishes tobacco, tobacco-related devices, electronic delivery
 807.20 devices, or nicotine or lobelia delivery products to a person under the age of ~~18~~ 21 years
 807.21 ~~must~~ may be charged an administrative penalty of \$50. No penalty may be imposed until
 807.22 the individual has received notice, served personally or by mail, of the alleged violation
 807.23 and an opportunity for a hearing before a person authorized by the licensing authority to
 807.24 conduct the hearing. A decision that a violation has occurred must be in writing.

807.25 Sec. 103. Minnesota Statutes 2018, section 461.12, subdivision 4, is amended to read:

807.26 Subd. 4. **Minors Alternative penalties for use of false identification; persons under**
 807.27 **age 21.** The licensing authority shall consult with interested persons, as applicable, including
 807.28 but not limited to educators, parents, ~~children~~ guardians, persons under the age of 21 years,
 807.29 and representatives of the court system to develop alternative penalties for ~~minors~~ persons
 807.30 under the age of 21 years who purchase, ~~possess, and consume~~ or attempt to purchase,
 807.31 tobacco, tobacco-related devices, electronic delivery devices, or nicotine or lobelia delivery
 807.32 products using a driver's license, permit, Minnesota identification card, or any other type
 807.33 of false identification to misrepresent the person's age, in violation of section 609.685 or
 808.1 609.6855. The licensing authority and the interested persons shall consider a variety of
 808.2 alternative civil ~~options~~ penalties, including, but not limited to, ~~tobacco-free~~ tobacco-free

808.3 education; tobacco-cessation programs; notice to schools; and parents, or guardians;
808.4 community service; and other court diversion programs. Alternative civil penalties developed
808.5 under this subdivision shall not include fines or monetary penalties.

808.6 Sec. 104. Minnesota Statutes 2018, section 461.12, subdivision 5, is amended to read:

808.7 Subd. 5. **Compliance checks.** (a) A licensing authority shall conduct unannounced
808.8 compliance checks at least once each calendar year at each location where tobacco,
808.9 tobacco-related devices, electronic delivery devices, or nicotine or lobelia delivery products
808.10 are sold to test compliance with sections 609.685 and 609.6855. Compliance checks
808.11 conducted under this subdivision must involve ~~minors~~ persons ~~over the age of 15~~ at least
808.12 17 years of age, but under the age of ~~18~~ 21, who, with the prior written consent of a parent
808.13 or guardian if the person is under the age of 18, attempt to purchase tobacco, tobacco-related
808.14 devices, electronic delivery devices, or nicotine or lobelia delivery products under the direct
808.15 supervision of a law enforcement officer or an employee of the licensing authority. The age
808.16 requirements for persons participating in compliance checks under this subdivision shall
808.17 not affect the age requirements in federal law for persons participating in federally required
808.18 compliance checks of these locations.

808.19 (b) By January 15 of each year, a licensing authority must report the following
808.20 information to the commissioner of human services:

808.21 (1) the total number of current licensees overseen by the licensing authority and the total
808.22 number of compliance checks performed by the licensing authority in the preceding calendar
808.23 year as required under paragraph (a); and

808.24 (2) the following information for each violation found in a retail compliance check
808.25 required under paragraph (a) that was performed by the licensing authority in the preceding
808.26 calendar year:

808.27 (i) the name of the licensing authority;

808.28 (ii) the date of the compliance check at which the violations were found;

808.29 (iii) the name and physical address of the licensee; and

808.30 (iv) the number of violations of sections 609.685 and 609.6855 by that licensee in the
808.31 past 36 months.

809.1 The licensing authority may also report to the commissioner, a list of the products purchased
809.2 during the compliance check and the penalty assessed on the licensee by the licensing
809.3 authority. The commissioner shall compile all reports received from licensing authorities,
809.4 make publicly available the information reported to the commissioner under this paragraph
809.5 for the most recent five-year period, make publicly available the most recent list of licensees
809.6 provided to the commissioner under subdivision 8, paragraph (b), and update the publicly
809.7 available information at least annually.

809.8 Sec. 105. Minnesota Statutes 2018, section 461.12, subdivision 6, is amended to read:

809.9 Subd. 6. **Defense.** It is an affirmative defense to the charge of selling tobacco,
809.10 tobacco-related devices, electronic delivery devices, or nicotine or lobelia delivery products
809.11 to a person under the age of ~~18~~ 21 years in violation of subdivision 2 or 3 that the licensee
809.12 or individual making the sale relied in good faith upon proof of age as described in section
809.13 340A.503, subdivision 6.

809.14 Sec. 106. Minnesota Statutes 2018, section 461.12, subdivision 8, is amended to read:

809.15 Subd. 8. **Notice to commissioner; information shared with commissioner of human**
809.16 **services.** (a) The licensing authority under this section shall, within 30 days of the issuance
809.17 of a license, inform the commissioner of revenue of the licensee's name, address, trade
809.18 name, and the effective and expiration dates of the license. The commissioner of revenue
809.19 must also be informed of a license renewal, transfer, cancellation, suspension, or revocation
809.20 during the license period.

809.21 (b) The commissioner of revenue shall, by January 15 of each year, provide the
809.22 commissioner of human services with a list of current licensees and shall provide the
809.23 following information for each licensee: name, address, trade name, and effective date and
809.24 expiration date of the license.

809.25 Sec. 107. Minnesota Statutes 2018, section 461.18, is amended to read:

809.26 461.18 BAN ON SELF-SERVICE SALE OF PACKS SALES; EXCEPTIONS.

809.27 Subdivision 1. **Except in adult-only facilities for persons 21 years of age and older.** (a)
809.28 No person shall offer for sale tobacco or tobacco-related devices, or electronic delivery
809.29 devices as defined in section 609.685, subdivision 1, or nicotine or lobelia delivery products
809.30 as described in section 609.6855, in open displays which are accessible to the public without
809.31 the intervention of a store employee.

809.32 ~~(b) [Expired August 28, 1997]~~

810.1 ~~(c) [Expired]~~

810.2 ~~(d)~~ (b) This subdivision shall not apply to retail stores which that have an entrance door
810.3 opening directly to the outside and that derive at least 90 percent of their gross revenue from
810.4 the sale of tobacco and tobacco-related devices, and electronic delivery devices as defined
810.5 in section 609.685, subdivision 1, and where the retailer ensures that no person younger
810.6 than 18 years of age under the age of 21 years is present, or permitted to enter, at any time.

810.7 Subd. 2. **Vending machine sales prohibited.** No person shall sell tobacco products,
810.8 electronic delivery devices, or nicotine or lobelia delivery products from vending machines.
810.9 This subdivision does not apply to vending machines in facilities that cannot be entered at
810.10 any time by persons younger than 18 under the age of 21 years of age.

810.11 Subd. 3. **Federal regulations for cartons, multipacks.** Code of Federal Regulations,
810.12 title 21, part ~~897.16(e)~~ 1140.16(c), as amended from time to time, is incorporated by reference
810.13 with respect to cartons and other multipack units.

810.14 Sec. 108. [461.22] AGE VERIFICATION AND SIGNAGE REQUIRED.

810.15 Subdivision 1. **Signage.** At each location where tobacco, tobacco-related devices,
810.16 electronic delivery devices, or nicotine or lobelia delivery products are sold, the licensee
810.17 shall display a sign in plain view to provide public notice that selling any of these products
810.18 to any person under the age of 21 is illegal and subject to penalties. The notice shall be
810.19 placed in a conspicuous location in the licensed establishment and shall be readily visible
810.20 to any person who is purchasing or attempting to purchase these products. The sign shall
810.21 provide notice that all persons responsible for selling these products must verify, by means
810.22 of photographic identification containing the bearer's date of birth, the age of any person
810.23 under 30 years of age.

810.24 Subd. 2. **Age verification.** At each location where tobacco, tobacco-related devices,
810.25 electronic delivery devices, or nicotine or lobelia delivery products are sold, the licensee
810.26 shall verify, by means of government-issued photographic identification containing the
810.27 bearer's date of birth, that the purchaser or person attempting to make the purchase is at
810.28 least 21 years of age. Verification is not required if the purchaser or person attempting to
810.29 make the purchase is 30 years of age or older. It shall not constitute a defense to a violation
810.30 of this subdivision that the person appeared to be 30 years of age or older.

811.1 Sec. 109. Minnesota Statutes 2018, section 609.685, is amended to read:
811.2 609.685 SALE OF TOBACCO TO ~~CHILDREN~~ PERSONS UNDER AGE 21.

811.3 Subdivision 1. **Definitions.** For the purposes of this section, the following terms shall
811.4 have the meanings respectively ascribed to them in this section.

811.5 (a) "Tobacco" means cigarettes and any product containing, made, or derived from
811.6 tobacco that is intended for human consumption, whether chewed, smoked, absorbed,
811.7 dissolved, inhaled, snorted, sniffed, or ingested by any other means, or any component,
811.8 part, or accessory of a tobacco product including but not limited to cigars; cheroots; stogies;
811.9 perique; granulated, plug cut, crimp cut, ready rubbed, and other smoking tobacco; snuff;
811.10 snuff flour; cavendish; plug and twist tobacco; fine cut and other chewing tobaccos; shorts;
811.11 refuse scraps, clippings, cuttings and sweepings of tobacco; and other kinds and forms of
811.12 tobacco. Tobacco excludes any ~~tobacco product that has been approved by the United States~~
811.13 ~~Food and Drug Administration for sale as a tobacco-cessation product, as a~~
811.14 ~~tobacco dependence product, or for other medical purposes, and is being marketed and sold~~
811.15 ~~solely for such an approved purpose.~~ drugs, devices, or combination products, as those terms
811.16 are defined in the Federal Food, Drug, and Cosmetic Act, that are authorized for sale by the
811.17 United States Food and Drug Administration.

811.18 (b) "Tobacco-related devices" means cigarette papers or pipes for smoking or other
811.19 devices intentionally designed or intended to be used in a manner which enables the chewing,
811.20 sniffing, smoking, or inhalation of ~~vapors~~ aerosol or vapor of tobacco or tobacco products.
811.21 Tobacco-related devices include components of tobacco-related devices which may be
811.22 marketed or sold separately.

811.23 (c) "Electronic delivery device" means any product containing or delivering nicotine,
 811.24 lobelia, or any other substance, whether natural or synthetic, intended for human consumption
 811.25 that can be used by a person to simulate smoking in the delivery of nicotine or any other
 811.26 substance through inhalation of aerosol or vapor from the product. Electronic delivery
 811.27 devices includes but is not limited to devices manufactured, marketed, or sold as electronic
 811.28 cigarettes, electronic cigars, electronic pipe, vape pens, modes, tank systems, or under any
 811.29 other product name or descriptor. Electronic delivery device includes any component part
 811.30 of a product, whether or not marketed or sold separately. Electronic delivery device ~~does~~
 811.31 ~~not include any product that has been approved or certified by the United States Food and~~
 811.32 ~~Drug Administration for sale as a tobacco-cessation product, as a tobacco-dependence~~
 811.33 ~~product, or for other medical purposes, and is marketed and sold for such an approved~~
 811.34 ~~purpose.~~ excludes drugs, devices, or combination products, as those terms are defined in
 812.1 the Federal Food, Drug, and Cosmetic Act, that are authorized for sale by the United States
 812.2 Food and Drug Administration.

812.3 Subd. 1a. **Penalty to sell or furnish.** (a) ~~Whoever~~ Any person 21 years of age or older
 812.4 who sells, gives, or otherwise furnishes tobacco, tobacco-related devices, or electronic
 812.5 delivery devices to a person under the age of ~~18~~ 21 years is guilty of a petty misdemeanor
 812.6 for the first violation. Whoever violates this subdivision a subsequent time within five years
 812.7 of a previous conviction under this subdivision is guilty of a ~~gross~~ misdemeanor.

812.8 (b) It is an affirmative defense to a charge under this subdivision if the defendant proves
 812.9 by a preponderance of the evidence that the defendant reasonably and in good faith relied
 812.10 on proof of age as described in section 340A.503, subdivision 6.

812.11 Subd. 2. **Other offenses Use of false identification.** (a) ~~Whoever furnishes tobacco,~~
 812.12 ~~tobacco-related devices, or electronic delivery devices to a person under the age of 18 years~~
 812.13 ~~is guilty of a misdemeanor for the first violation. Whoever violates this paragraph a~~
 812.14 ~~subsequent time is guilty of a gross misdemeanor.~~

812.15 ~~(b)~~ A person under the age of ~~18~~ 21 years who purchases or attempts to purchase tobacco,
 812.16 tobacco-related devices, or electronic delivery devices and who uses a driver's license,
 812.17 permit, Minnesota identification card, or any type of false identification to misrepresent the
 812.18 person's age, ~~is guilty of a misdemeanor~~ shall only be subject to an alternative civil penalty,
 812.19 in accordance with subdivision 2a.

812.20 Subd. 2a. **Alternative penalties.** Law enforcement and court system representatives
 812.21 shall consult, as applicable, with interested persons, including but not limited to parents,
 812.22 guardians, educators, and persons under the age of 21 years, to develop alternative civil
 812.23 penalties for persons under the age of 21 years who violate this section. Consulting
 812.24 participants shall consider a variety of alternative civil penalties including but not limited
 812.25 to tobacco-free education programs, community service, court diversion programs, and
 812.26 tobacco cessation programs, and for persons under the age of 18 years, notice to schools
 812.27 and to parents or guardians. Alternative civil penalties developed under this subdivision
 812.28 shall not include fines or monetary penalties.

812.29 Subd. 3. **Petty misdemeanor.** Except as otherwise provided in subdivision 2, whoever
 812.30 possesses, smokes, chews, or otherwise ingests, purchases, or attempts to purchase tobacco,
 812.31 tobacco-related devices, or electronic delivery devices and is under the age of 18 years is
 812.32 guilty of a petty misdemeanor.

813.1 Subd. 4. **Effect on local ordinances.** Nothing in subdivisions 1 to 3 2a shall supersede
 813.2 or preclude the continuation or adoption of any local ordinance which provides for more
 813.3 stringent regulation of the subject matter in subdivisions 1 to 3 2a.

813.4 Subd. 5. **Exceptions.** (a) Notwithstanding subdivision 2 1a, an Indian may furnish
 813.5 tobacco to an Indian under the age of 18 21 years if the tobacco is furnished as part of a
 813.6 traditional Indian spiritual or cultural ceremony. For purposes of this paragraph, an Indian
 813.7 is a person who is a member of an Indian tribe as defined in section 260.755, subdivision
 813.8 12.

813.9 (b) The penalties in this section do not apply to a person under the age of 18 21 years
 813.10 who purchases or attempts to purchase tobacco, tobacco-related devices, or electronic
 813.11 delivery devices while under the direct supervision of a responsible adult for training,
 813.12 education, research, or enforcement purposes.

813.13 Subd. 6. **Seizure of false identification.** A retailer licensee may seize a form of
 813.14 identification listed in section 340A.503, subdivision 6, if the retailer licensee has reasonable
 813.15 grounds to believe that the form of identification has been altered or falsified or is being
 813.16 used to violate any law. A retailer licensee that seizes a form of identification as authorized
 813.17 under this subdivision shall deliver it to a law enforcement agency within 24 hours of seizing
 813.18 it.

813.19 Sec. 110. Minnesota Statutes 2018, section 609.6855, is amended to read:
 813.20 609.6855 SALE OF NICOTINE DELIVERY PRODUCTS TO CHILDREN
 813.21 PERSONS UNDER AGE 21.

813.22 Subdivision 1. **Penalty to sell or furnish.** (a) ~~Whoever~~ Any person 21 years of age or
 813.23 older who sells, gives, or otherwise furnishes to a person under the age of 18 21 years a
 813.24 product containing or delivering nicotine or lobelia, whether natural or synthetic, intended
 813.25 for human consumption, or any part of such a product, that is not tobacco or an electronic
 813.26 delivery device as defined by section 609.685, is guilty of a petty misdemeanor for the first
 813.27 violation. Whoever violates this subdivision a subsequent time within five years of a previous
 813.28 conviction under this subdivision is guilty of a ~~gross~~ misdemeanor.

813.29 (b) It is an affirmative defense to a charge under this subdivision if the defendant proves
 813.30 by a preponderance of the evidence that the defendant reasonably and in good faith relied
 813.31 on proof of age as described in section 340A.503, subdivision 6.

813.32 (c) Notwithstanding paragraph (a), a product containing or delivering nicotine or lobelia
 813.33 intended for human consumption, whether natural or synthetic, or any part of such a product,
 814.1 that is not tobacco or an electronic delivery device as defined by section 609.685, may be
 814.2 sold to persons under the age of 18 21 if the product has been approved or otherwise certified

814.3 ~~for legal sale by the United States Food and Drug Administration for tobacco use cessation,~~
814.4 ~~harm reduction, or for other medical purposes, and is being marketed and sold solely for~~
814.5 ~~that approved purpose~~ is a drug, device, or combination product, as those terms are defined
814.6 in the Federal Food, Drug, and Cosmetic Act, that are authorized for sale by the United
814.7 States Food and Drug Administration.

814.8 Subd. 2. ~~Other offense~~ **Use of false identification.** A person under the age of ~~18~~ 21
814.9 years who purchases or attempts to purchase a product containing or delivering nicotine or
814.10 lobelia intended for human consumption, or any part of such a product, that is not tobacco
814.11 or an electronic delivery device as defined by section 609.685, and who uses a driver's
814.12 license, permit, Minnesota identification card, or any type of false identification to
814.13 misrepresent the person's age, ~~is guilty of a misdemeanor~~ shall only be subject to an
814.14 alternative civil penalty in accordance with subdivision 3. No penalty shall apply to a person
814.15 under the age of 21 years who purchases or attempts to purchase these products while under
814.16 the direct supervision of a responsible adult for training, education, research, or enforcement
814.17 purposes.

814.18 Subd. 3. ~~Petty misdemeanor~~ **Alternative penalties.** ~~Except as otherwise provided in~~
814.19 ~~subdivisions 1 and 2, whoever is under the age of 18 years and possesses, purchases, or~~
814.20 ~~attempts to purchase a product containing or delivering nicotine or lobelia intended for~~
814.21 ~~human consumption, or any part of such a product, that is not tobacco or an electronic~~
814.22 ~~delivery device as defined by section 609.685, is guilty of a petty misdemeanor. Law~~
814.23 ~~enforcement and court system representatives shall consult, as applicable, with interested~~
814.24 ~~persons, including but not limited to parents, guardians, educators, and persons under the~~
814.25 ~~age of 21 years, to develop alternative civil penalties for persons under the age of 21 years~~
814.26 ~~who violate this section. Consulting participants shall consider a variety of alternative civil~~
814.27 ~~penalties including but not limited to tobacco-free education programs, community service,~~
814.28 ~~court diversion programs, and tobacco cessation programs, and for persons under the age~~
814.29 ~~of 18 years, notice to schools and to parents or guardians. Alternative civil penalties~~
814.30 ~~developed under this subdivision shall not include fines or monetary penalties.~~

814.31 Sec. 111. **SKIN LIGHTENING PRODUCTS PUBLIC AWARENESS AND**
814.32 **EDUCATION GRANT PROGRAM.**

814.33 Subdivision 1. **Establishment; purpose.** The commissioner of health shall develop a
814.34 grant program for the purpose of increasing public awareness and education on the health
815.1 dangers associated with using skin lightening creams and products that contain mercury
815.2 that are manufactured in other countries and brought into this country and sold illegally
815.3 online or in stores.

815.4 Subd. 2. **Grants authorized.** The commissioner shall award grants through a request
815.5 for proposals process to community-based organizations serving ethnic communities, local
815.6 public health entities, and nonprofit organizations that focus on providing health care and
815.7 public health outreach to minorities. Priority shall be given to organizations that have

815.8 historically served ethnic communities at significant risk from these products, but have not
815.9 traditionally had access to state grant funding.

815.10 Subd. 3. **Grant allocation.** (a) Grantees must use the funds to conduct public awareness
815.11 and education activities that are culturally specific and community-based and focus on:

815.12 (1) the dangers of exposure to mercury through dermal absorption, inhalation,
815.13 hand-to-mouth contact, and through contact with individuals who have used these skin
815.14 lightening products;

815.15 (2) the signs and symptoms of mercury poisoning;

815.16 (3) the health effects of mercury poisoning, including the permanent effects on the central
815.17 nervous system and kidneys;

815.18 (4) the dangers of using these products or being exposed to these products during
815.19 pregnancy and breastfeeding to the mother and to the infant;

815.20 (5) knowing how to identify products that contain mercury; and

815.21 (6) proper disposal of the product if the product contains mercury.

815.22 (b) The grant application must include:

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

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

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

815.26 (c) The commissioner shall award 50 percent of the grant funds to community-based
815.27 organizations and nonprofit organizations and 50 percent of the funds to local public health
815.28 entities.

816.1 Sec. 112. **REVISOR INSTRUCTION.**

816.2 The revisor of statutes shall correct any internal cross-references to sections 214.17 to
816.3 214.25 that occur as a result of the repealed language and may make changes necessary to
816.4 correct punctuation, grammar, or structure of the remaining text and preserve its meaning.

FOR SENATE ARTICLE 9, SECTION 63, SEE ARTICLE 14-18 SIDE BY SIDE

349.23 Sec. 64. **PERINATAL HOSPICE GRANTS.**

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

349.26 (b) "Eligible program entity" means a hospital, hospice, health care facility, or
349.27 community-based organization. An eligible program entity must have a perinatal hospice
349.28 program coordinator who is eligible to be certified in perinatal loss care.

350.1 (c) "Eligible training entity" means an eligible program entity that has experience
350.2 providing perinatal hospice services, or a qualified individual who is eligible to be certified
350.3 in perinatal loss care and has experience providing perinatal hospice services.

350.4 (d) "Eligible to be certified in perinatal loss care" means an individual who meets the
350.5 criteria to sit for the perinatal loss care exam, or is already certified in perinatal loss care,
350.6 by the Hospice and Palliative Credentialing Center.

350.7 (e) "Life-limiting prenatal diagnosis" means a fetal condition diagnosed before birth that
350.8 will with reasonable certainty result in the death of the child within six months after birth.

350.9 (f) "Perinatal hospice" means comprehensive support to the pregnant woman and her
350.10 family that includes family-centered multidisciplinary care to meet their medical, spiritual,
350.11 and emotional needs from the time of a life-limiting prenatal diagnosis through the birth,
350.12 life, and natural death of the child, and through the postpartum period. Supportive care may
350.13 be provided by medical staff, counselors, clergy, mental health providers, social workers,
350.14 geneticists, certified nurse midwives, hospice professionals, and others.

350.15 Subd. 2. **Perinatal hospice development grants.** Perinatal hospice development grants
350.16 are available to eligible program entities and must be used for expenditures to:

350.17 (1) establish a new perinatal hospice program;

350.18 (2) expand an existing perinatal hospice program;

350.19 (3) recruit a perinatal hospice program coordinator; or

350.20 (4) fund perinatal hospice administrative and coordinator expenses for a period of not
350.21 more than six months.

350.22 Subd. 3. **Perinatal hospice training grants.** Perinatal hospice training grants are available
350.23 to eligible training entities and may be used for expenses to enable existing perinatal hospice
350.24 programs to provide training for members of a multidisciplinary team providing perinatal
350.25 hospice services. Funds must be used for:

350.26 (1) development and operation of a perinatal hospice training program. The curriculum
350.27 must include but is not limited to training to provide the following services to families
350.28 eligible for perinatal hospice:

350.29 (i) counseling at the time of a life-limiting prenatal diagnosis;

350.30 (ii) specialized birth planning;

350.31 (iii) specialized advance care planning;

351.1 (iv) services to address the emotional needs of the family through prenatal and postpartum
351.2 counseling that:

351.3 (A) helps the family prepare for the death of their child;

351.4 (B) helps the family work within the health care delivery system to create a safe and
351.5 professionally supported environment where parents can parent their child during their brief
351.6 life in a way that is meaningful for that family and baby; and

351.7 (C) helps the family with the grief that begins at diagnosis and continues after the death
351.8 of the child; and

351.9 (v) evidence-based perinatal bereavement care;

351.10 (2) trainer support, including travel expenses and reasonable living expenses during the
351.11 period of training;

351.12 (3) trainee support, including tuition, books, travel expenses, program fees, and reasonable
351.13 living expenses during the period of training; or

351.14 (4) materials used in the provision of training.

351.15 Subd. 4. **Perinatal hospice awareness grants.** Perinatal hospice awareness grants are
351.16 available to eligible program entities and may be used for the creation and distribution of
351.17 materials promoting awareness of perinatal hospice programs.

351.18 Subd. 5. **Report.** The commissioner of health shall report to the chairs and ranking
351.19 minority members of the legislative committees with jurisdiction over health and human
351.20 services finance by February 1, 2023, on how the grant funds have been used.

351.21 Sec. 65. **PLAN FOR A WORKING GROUP ON LINKS BETWEEN HEALTH**
351.22 **DISPARITIES AND EDUCATIONAL ACHIEVEMENT FOR CHILDREN FROM**
351.23 **AMERICAN INDIAN COMMUNITIES AND COMMUNITIES OF COLOR.**

351.24 (a) The commissioner of health, in consultation with the commissioner of education,
351.25 shall develop a plan to convene one or more working groups to:

351.26 (1) examine the links between health disparities and disparities in educational achievement
351.27 for children from American Indian communities and communities of color; and

351.28 (2) develop recommendations for programs, services, or funding to address health
351.29 disparities and decrease disparities in educational achievement for children from American
351.30 Indian communities and communities of color.

352.1 (b) The plan shall include the possible membership of the proposed working group and
352.2 the duties for the proposed working group.

352.3 (c) The commissioner shall submit the plan for the working group, including proposed
352.4 legislation establishing the working group, to the chairs and ranking minority members of
352.5 the legislative committees with jurisdiction over health and education by February 15, 2020.

352.6 Sec. 66. **SALE OF CERTAIN CANNABINOID PRODUCTS WORKGROUP.**

352.7 (a) The commissioner of health, in consultation with the commissioners of commerce,
352.8 agriculture, and public safety, and the executive director of the Board of Pharmacy, shall
352.9 convene a workgroup to advise the legislature on how to regulate products that contain
352.10 cannabinoids extracted from hemp. For purposes of this section, "hemp" has the meaning
352.11 given to "industrial hemp" in Minnesota Statutes, section 18K.02, subdivision 3.

352.12 (b) The commissioner shall assess the public health and consumer safety impact on the
352.13 sale of cannabinoids derived from hemp and shall develop a regulatory framework of what
352.14 the legislature would need to consider including, but not limited to:

352.15 (1) cultivation standards for industrial hemp if the hemp is used for any product intended
352.16 for human or animal consumption;

352.17 (2) labeling requirements for products containing cannabidoil extracted from hemp,
352.18 including the amount and percentage of cannabidiol in the product, the name of the
352.19 manufacturer of the product, and the ingredients contained in the product;

352.20 (3) possible restrictions of advertising and marketing of the cannabidiol product;

352.21 (4) restrictions of false, misleading, or unsubstantiated health claims;

352.22 (5) requirements for the independent testing of cannabidiol products, including quality
352.23 control and chemical identification;

352.24 (6) safety standards for edible products containing cannabinoids extracted from hemp,
352.25 including container and packaging requirements; and

352.26 (7) any other requirement or procedure the commissioner deems necessary.

352.27 (c) By January 15, 2020, the commissioner of health shall submit the results of the
352.28 workgroup to the chairs and ranking minority members of the legislative committees with
352.29 jurisdiction over public health, consumer protection, public safety, and agriculture.

353.1 Sec. 67. **SHORT TITLE.**

353.2 Minnesota Statutes, sections 145.4141 to 145.4147 may be cited as the "Pain-Capable
353.3 Unborn Child Protection Act."

353.4 Sec. 68. **STUDY ON BREASTFEEDING DISPARITIES; STAKEHOLDER**
353.5 **ENGAGEMENT.**

353.6 (a) The commissioner of health shall work with community stakeholders in Minnesota
353.7 including but not limited to representatives from the Minnesota Breastfeeding Coalition;
353.8 Academy of Lactation Policy and Practice; International Board of Lactation Consultant

353.9 Examiners; DONA International; HealthConnect; Reaching Sisters Everywhere; the La
353.10 Leche League; the women, infants, and children program; hospitals and clinics; local public
353.11 health professionals and organizations; community-based organizations; and representatives
353.12 of populations with low breastfeeding rates to carry out a study to identify barriers,
353.13 challenges, and successes affecting the initiation, duration, and exclusivity of breastfeeding.

353.14 (b) The study must address policy, systemic, and environmental factors that both support
353.15 and create barriers to breastfeeding. The study must also identify and make recommendations
353.16 regarding culturally appropriate practices that have been shown to increase breastfeeding
353.17 rates in populations that have the greatest breastfeeding disparity rates.

353.18 (c) The commissioner shall submit a report on the study with any recommendations to
353.19 the chairs and ranking minority members of the legislative committees with jurisdiction
353.20 over health care policy and finance on or before September 15, 2020.

353.21 Sec. 69. **STUDY OF HEALTH CARE COSTS AND REIMBURSEMENT RATES.**

353.22 (a) Within existing appropriations, the commissioner of health, in consultation with the
353.23 commissioner of commerce, shall study the cost of health care in the state, including a
353.24 comparison of the provider reimbursement rates paid to providers in the state under Medicare,
353.25 medical assistance, and private commercial market, and an analysis of the impact on hospitals
353.26 if the commercial market were to reimburse hospitals at the Medicare rate. Notwithstanding
353.27 Minnesota Statutes, section 62U.04, subdivision 11, the commissioner may use the data
353.28 collected under Minnesota Statutes, section 62U.04, to conduct the comparison of
353.29 reimbursement rates.

353.30 (b) The commissioner shall submit the findings of the study to the chairs and ranking
353.31 minority members of the legislative committees with jurisdiction over health care by February
353.32 1, 2020.

FOR ARTICLE 9, SECTION 70, SEE ARTICLE 14-18 SIDE BY SIDE.

354.7 Sec. 71. **TARGETED GRANT PROGRAM TO ADDRESS OUTBREAKS OF**
354.8 **VACCINE-PREVENTABLE DISEASES.**

354.9 Subdivision 1. **Grant program established.** The commissioner of health shall provide
354.10 two-year targeted grants to community health boards as defined in Minnesota Statutes,
354.11 section 145A.02, subdivision 5, to fund immunization-related activities to address outbreaks
354.12 of vaccine-preventable diseases and lower the risk of outbreaks of vaccine-preventable
354.13 diseases in communities with low immunization rates. Community health boards must use
354.14 grant funds to provide immunization information and education and engage in immunization
354.15 awareness and support activities within populations or geographic areas that are experiencing
354.16 or are at risk of experiencing an outbreak of a vaccine-preventable disease.

354.17 Subd. 2. **Application.** Community health boards seeking a grant under this section shall
354.18 apply to the commissioner in a form and manner and according to timelines established by
354.19 the commissioner. The application must include a complete description of the

816.5 Sec. 113. **REPEALER.**

816.6 (a) Minnesota Statutes 2018, sections 144.414, subdivision 5; 144A.45, subdivision 6;
816.7 and 144A.481, are repealed.

816.8 (b) Minnesota Statutes 2018, sections 214.17; 214.18; 214.19; 214.20; 214.21; 214.22;
816.9 214.23; and 214.24, are repealed on January 1, 2020, and no new cases shall be investigated
816.10 under these sections after June 1, 2019.

354.20 immunization-related activities the applicant proposes, the geographic area or population
354.21 to be served, the amount of funding sought, and a proposed budget detailing how the funds
354.22 will be spent.

354.23 Subd. 3. **Information and education materials; content.** (a) The commissioner must
354.24 develop and provide grant recipients with culturally competent information and educational
354.25 materials on immunizations, based on materials available from the Centers for Disease
354.26 Control and Prevention or the Institute of Vaccine Safety at Johns Hopkins Bloomberg
354.27 School of Public Health. The information and educational materials must be available in
354.28 the primary languages of the populations experiencing or at risk of experiencing a
354.29 vaccine-preventable disease outbreak and must include:

354.30 (1) the benefits and risks of immunizations to individuals and communities;

354.31 (2) indications and contraindications of immunizations;

354.32 (3) the recommended schedules of immunizations for children, adolescents, and adults;

355.1 (4) programs that provide free or reduced-cost immunizations to eligible individuals;

355.2 and

355.3 (5) health clinics, health care providers, and other locations at which individuals may
355.4 obtain immunizations.

355.5 (b) The grant funds may also be used to provide information to providers to encourage
355.6 the provider to submit the vaccine adverse events report system (VAERS) report as required
355.7 under federal law.

355.8 Subd. 4. **Workgroup.** The commissioner shall convene a workgroup to study and develop
355.9 recommendations on offering vaccines separately rather than bundled and on adjusting the
355.10 schedule of vaccine administration based on patient conditions and circumstances.

355.11 Sec. 72. **REPEALER.**

355.12 (a) Minnesota Statutes 2018, sections 144.1464; and 144.414, subdivision 5, are repealed.

355.13 (b) Minnesota Statutes 2018, sections 214.17; 214.18; 214.19; 214.20; 214.21; 214.22;
355.14 214.23; and 214.24, are repealed on January 1, 2020, and no new cases shall be investigated
355.15 under these sections after June 1, 2019.