

105.1

ARTICLE 2

317.23

ARTICLE 13

105.2

DEPARTMENT OF HEALTH POLICY

317.24

DEPARTMENT OF HEALTH

105.3 Section 1. Minnesota Statutes 2021 Supplement, section 144.0724, subdivision 4, is
105.4 amended to read:

105.5 Subd. 4. **Resident assessment schedule.** (a) A facility must conduct and electronically
105.6 submit to the federal database MDS assessments that conform with the assessment schedule
105.7 defined by the Long Term Care Facility Resident Assessment Instrument User's Manual,
105.8 version 3.0, or its successor issued by the Centers for Medicare and Medicaid Services. The
105.9 commissioner of health may substitute successor manuals or question and answer documents
105.10 published by the United States Department of Health and Human Services, Centers for
105.11 Medicare and Medicaid Services, to replace or supplement the current version of the manual
105.12 or document.

105.13 (b) The assessments required under the Omnibus Budget Reconciliation Act of 1987
105.14 (OBRA) used to determine a case mix classification for reimbursement include ~~the following~~:

105.15 (1) a new admission comprehensive assessment, which must have an assessment reference
105.16 date (ARD) within 14 calendar days after admission, excluding readmissions;

105.17 (2) an annual comprehensive assessment, which must have an ARD within 92 days of
105.18 a previous quarterly review assessment or a previous comprehensive assessment, which
105.19 must occur at least once every 366 days;

105.20 (3) a significant change in status comprehensive assessment, which must have an ARD
105.21 within 14 days after the facility determines, or should have determined, that there has been
105.22 a significant change in the resident's physical or mental condition, whether an improvement
105.23 or a decline, and regardless of the amount of time since the last comprehensive assessment
105.24 or quarterly review assessment;

105.25 (4) a quarterly review assessment must have an ARD within 92 days of the ARD of the
105.26 previous quarterly review assessment or a previous comprehensive assessment;

105.27 (5) any significant correction to a prior comprehensive assessment, if the assessment
105.28 being corrected is the current one being used for RUG classification;

105.29 (6) any significant correction to a prior quarterly review assessment, if the assessment
105.30 being corrected is the current one being used for RUG classification;

105.31 (7) a required significant change in status assessment when:

106.1 (i) all speech, occupational, and physical therapies have ended. If the most recent OBRA
106.2 comprehensive or quarterly assessment completed does not result in a rehabilitation case
106.3 mix classification, then the significant change in status assessment is not required. The ARD
106.4 of this assessment must be set on day eight after all therapy services have ended; and

106.5 (ii) isolation for an infectious disease has ended. If isolation was not coded on the most
106.6 recent OBRA comprehensive or quarterly assessment completed, then the significant change
106.7 in status assessment is not required. The ARD of this assessment must be set on day 15 after
106.8 isolation has ended; and

106.9 (8) any modifications to the most recent assessments under clauses (1) to (7).

106.10 (c) In addition to the assessments listed in paragraph (b), the assessments used to
106.11 determine nursing facility level of care include the following:

106.12 (1) preadmission screening completed under section 256.975, subdivisions 7a to 7c, by
106.13 the Senior LinkAge Line or other organization under contract with the Minnesota Board on
106.14 Aging; and

106.15 (2) a nursing facility level of care determination as provided for under section 256B.0911,
106.16 subdivision 4e, as part of a face-to-face long-term care consultation assessment completed
106.17 under section 256B.0911, by a county, tribe, or managed care organization under contract
106.18 with the Department of Human Services.

106.19 Sec. 2. Minnesota Statutes 2020, section 144.1201, subdivision 2, is amended to read:

106.20 Subd. 2. ~~By-product nuclear~~ **Byproduct material.** "By-product nuclear Byproduct
106.21 material" means a radioactive material, other than special nuclear material, yielded in or
106.22 made radioactive by exposure to radiation created incident to the process of producing or
106.23 utilizing special nuclear material.;

106.24 (1) any radioactive material, except special nuclear material, yielded in or made
106.25 radioactive by exposure to the radiation incident to the process of producing or using special
106.26 nuclear material;

106.27 (2) the tailings or wastes produced by the extraction or concentration of uranium or
106.28 thorium from ore processed primarily for its source material content, including discrete
106.29 surface wastes resulting from uranium solution extraction processes. Underground ore
106.30 bodies depleted by these solution extraction operations do not constitute byproduct material
106.31 within this definition;

107.1 (3) any discrete source of radium-226 that is produced, extracted, or converted after
107.2 extraction for commercial, medical, or research activity, or any material that:

107.3 (i) has been made radioactive by use of a particle accelerator; and

107.4 (ii) is produced, extracted, or converted after extraction for commercial, medical, or
107.5 research activity; and

107.6 (4) any discrete source of naturally occurring radioactive material, other than source
107.7 nuclear material, that:

107.8 (i) the United States Nuclear Regulatory Commission, in consultation with the
107.9 Administrator of the Environmental Protection Agency, the Secretary of Energy, the Secretary

107.10 of Homeland Security, and the head of any other appropriate federal agency determines
107.11 would pose a threat similar to the threat posed by a discrete source of radium-226 to the
107.12 public health and safety or the common defense and security; and
107.13 (ii) is extracted or converted after extraction for use in a commercial, medical, or research
107.14 activity.
107.15 Sec. 3. Minnesota Statutes 2020, section 144.1201, subdivision 4, is amended to read:
107.16 Subd. 4. **Radioactive material.** "Radioactive material" means a matter that emits
107.17 radiation. Radioactive material includes special nuclear material, source nuclear material,
107.18 and ~~by-product nuclear~~ byproduct material.

107.19 Sec. 4. Minnesota Statutes 2021 Supplement, section 144.1481, subdivision 1, is amended
107.20 to read:
107.21 Subdivision 1. **Establishment; membership.** The commissioner of health shall establish
107.22 a ~~16-member~~ 21-member Rural Health Advisory Committee. The committee shall consist
107.23 of the following members, all of whom must reside outside the seven-county metropolitan
107.24 area, as defined in section 473.121, subdivision 2:
107.25 (1) two members from the house of representatives of the state of Minnesota, one from
107.26 the majority party and one from the minority party;

321.1 Sec. 6. Minnesota Statutes 2020, section 144.1222, subdivision 2d, is amended to read:
321.2 Subd. 2d. **Hot tubs on rental houseboats property.** (a) ~~A hot water spa pool intended~~
321.3 ~~for seated recreational use, including a hot tub or whirlpool, that is located on a houseboat~~
321.4 ~~that is rented to the public is not a public pool and is exempt from the requirements for~~
321.5 ~~public pools under this section and Minnesota Rules, chapter 4717.~~
321.6 (b) A spa pool intended for seated recreational use, including a hot tub or whirlpool,
321.7 that is located on the property of a stand-alone single-unit rental property that is rented to
321.8 the public by the property owner or through a resort and the spa pool is only intended to be
321.9 used by the occupants of the rental property, is not a public pool and is exempt from the
321.10 requirements for public pools under this section and Minnesota Rules, chapter 4717.
321.11 (c) ~~A hot water spa pool~~ under this subdivision must be conspicuously posted with the
321.12 following notice to renters:
321.13 "NOTICE
321.14 This spa is exempt from state and local sanitary requirements that prevent disease
321.15 transmission.
321.16 USE AT YOUR OWN RISK
321.17 This notice is required under Minnesota Statutes, section 144.1222, subdivision 2d."

- 107.27 (2) two members from the senate of the state of Minnesota, one from the majority party
107.28 and one from the minority party;
- 107.29 (3) a volunteer member of an ambulance service based outside the seven-county
107.30 metropolitan area;
- 107.31 (4) a representative of a hospital located outside the seven-county metropolitan area;
- 108.1 (5) a representative of a nursing home located outside the seven-county metropolitan
108.2 area;
- 108.3 (6) a medical doctor or doctor of osteopathic medicine licensed under chapter 147;
- 108.4 (7) a dentist licensed under chapter 150A;
- 108.5 (8) ~~a midlevel practitioner~~ an advanced practice provider;
- 108.6 (9) a registered nurse or licensed practical nurse;
- 108.7 (10) a licensed health care professional from an occupation not otherwise represented
108.8 on the committee;
- 108.9 (11) a representative of an institution of higher education located outside the seven-county
108.10 metropolitan area that provides training for rural health care providers; ~~and~~
- 108.11 (12) a member of a Tribal nation;
- 108.12 (13) a representative of a local public health agency or community health board;
- 108.13 (14) a health professional or advocate with experience working with people with mental
108.14 illness;
- 108.15 (15) a representative of a community organization that works with individuals
108.16 experiencing health disparities;
- 108.17 (16) an individual with expertise in economic development, or an employer working
108.18 outside the seven-county metropolitan area; and
- 108.19 ~~(12)~~ (17) three consumers, at least one of whom must be an advocate for persons who
108.20 are mentally ill or developmentally disabled from a community experiencing health
108.21 disparities.
- 108.22 The commissioner will make recommendations for committee membership. Committee
108.23 members will be appointed by the governor. In making appointments, the governor shall
108.24 ensure that appointments provide geographic balance among those areas of the state outside
108.25 the seven-county metropolitan area. The chair of the committee shall be elected by the
108.26 members. The advisory committee is governed by section 15.059, except that the members
108.27 do not receive per diem compensation.

109.1 Sec. 5. Minnesota Statutes 2020, section 144.1503, is amended to read:

109.2 **144.1503 HOME AND COMMUNITY-BASED SERVICES EMPLOYEE**
109.3 **SCHOLARSHIP AND LOAN FORGIVENESS PROGRAM.**

109.4 Subdivision 1. **Creation.** The home and community-based services employee scholarship
109.5 and loan forgiveness grant program is established for the purpose of assisting to assist
109.6 qualified provider applicants to fund in funding employee scholarships and qualified
109.7 educational loan repayments for education, training, field experience, and examinations in
109.8 nursing and, other health care fields, and licensure as an assisted living director under section
109.9 144A.20, subdivision 4.

109.10 Subd. 1a. **Definition.** For purposes of this section, "qualified educational loan" means
109.11 a government, commercial, or foundation loan secured by an employee of a qualifying
109.12 provider for actual costs paid for tuition, training, and examinations; reasonable education,
109.13 training, and field experience expenses; and reasonable living expenses related to the
109.14 employee's graduate or undergraduate education.

109.15 Subd. 2. **Provision of grants.** The commissioner shall make grants available to qualified
109.16 providers of older adult services. Grants must be used by home and community-based service
109.17 providers to recruit and train staff through the establishment of an employee scholarship
109.18 and loan forgiveness fund.

109.19 Subd. 3. **Eligibility.** (a) Eligible providers must primarily provide services to individuals
109.20 who are 65 years of age and older in home and community-based settings, including housing
109.21 with services establishments as defined in section 144D.01, subdivision 4; assisted living
109.22 facilities as defined in section 144G.08, subdivision 7; adult day care as defined in section
109.23 245A.02, subdivision 2a; and home care services as defined in section 144A.43, subdivision
109.24 3.

109.25 (b) Qualifying providers must establish a home and community-based services employee
109.26 scholarship and loan forgiveness program, as specified in subdivision 4. Providers that
109.27 receive funding under this section must use the funds to award scholarships to, and to repay
109.28 qualified educational loans of, employees who work an average of at least 16 hours per
109.29 week for the provider.

109.30 Subd. 4. **Home and community-based services employee scholarship and loan**
109.31 **forgiveness program.** Each qualifying provider under this section must propose a home
109.32 and community-based services employee scholarship and loan forgiveness program. Providers
109.33 must establish criteria by which funds are to be distributed among employees. At a minimum,
109.34 the scholarship and loan forgiveness program must cover employee costs and repay qualified
110.1 educational loans of employees related to a course of study that is expected to lead to career
110.2 advancement with the provider or in the field of long-term care, including home care, care
110.3 of persons with disabilities, or nursing, or management as a licensed assisted living director.

110.4 Subd. 5. **Participating providers.** The commissioner shall publish a request for proposals
110.5 in the State Register, specifying provider eligibility requirements, criteria for a qualifying

110.6 employee scholarship and loan forgiveness program, provider selection criteria,
110.7 documentation required for program participation, maximum award amount, and methods
110.8 of evaluation. The commissioner must publish additional requests for proposals each year
110.9 in which funding is available for this purpose.

110.10 Subd. 6. **Application requirements.** Eligible providers seeking a grant shall submit an
110.11 application to the commissioner. Applications must contain a complete description of the
110.12 employee scholarship and loan forgiveness program being proposed by the applicant,
110.13 including the need for the organization to enhance the education of its workforce, the process
110.14 for determining which employees will be eligible for scholarships or loan repayment, any
110.15 other sources of funding for scholarships or loan repayment, the expected degrees or
110.16 credentials eligible for scholarships or loan repayment, the amount of funding sought for
110.17 the scholarship and loan forgiveness program, a proposed budget detailing how funds will
110.18 be spent, and plans for retaining eligible employees after completion of their scholarship
110.19 or repayment of their loan.

110.20 Subd. 7. **Selection process.** The commissioner shall determine a maximum award for
110.21 grants and make grant selections based on the information provided in the grant application,
110.22 including the demonstrated need for an applicant provider to enhance the education of its
110.23 workforce, the proposed employee scholarship and loan forgiveness selection process, the
110.24 applicant's proposed budget, and other criteria as determined by the commissioner.
110.25 Notwithstanding any law or rule to the contrary, funds awarded to grantees in a grant
110.26 agreement do not lapse until the grant agreement expires.

110.27 Subd. 8. **Reporting requirements.** Participating providers shall submit an invoice for
110.28 reimbursement and a report to the commissioner on a schedule determined by the
110.29 commissioner and on a form supplied by the commissioner. The report shall include the
110.30 amount spent on scholarships and loan repayment; the number of employees who received
110.31 scholarships and the number of employees for whom loans were repaid; and, for each
110.32 scholarship or loan forgiveness recipient, the name of the recipient, the current position of
110.33 the recipient, the amount awarded or loan amount repaid, the educational institution attended,
110.34 the nature of the educational program, and the expected or actual program completion date.
111.1 During the grant period, the commissioner may require and collect from grant recipients
111.2 other information necessary to evaluate the program.

111.3 Sec. 6. Minnesota Statutes 2020, section 144.1911, subdivision 4, is amended to read:

111.4 Subd. 4. **Career guidance and support services.** ~~(a)~~ The commissioner shall award
111.5 grants to eligible nonprofit organizations and eligible postsecondary educational institutions,
111.6 including the University of Minnesota, to provide career guidance and support services to
111.7 immigrant international medical graduates seeking to enter the Minnesota health workforce.
111.8 Eligible grant activities include the following:

111.9 (1) educational and career navigation, including information on training and licensing
111.10 requirements for physician and nonphysician health care professions, and guidance in

- 111.11 determining which pathway is best suited for an individual international medical graduate
111.12 based on the graduate's skills, experience, resources, and interests;
- 111.13 (2) support in becoming proficient in medical English;
- 111.14 (3) support in becoming proficient in the use of information technology, including
111.15 computer skills and use of electronic health record technology;
- 111.16 (4) support for increasing knowledge of and familiarity with the United States health
111.17 care system;
- 111.18 (5) support for other foundational skills identified by the commissioner;
- 111.19 (6) support for immigrant international medical graduates in becoming certified by the
111.20 Educational Commission on Foreign Medical Graduates, including help with preparation
111.21 for required licensing examinations and financial assistance for fees; and
- 111.22 (7) assistance to international medical graduates in registering with the program's
111.23 Minnesota international medical graduate roster.
- 111.24 ~~(b) The commissioner shall award the initial grants under this subdivision by December~~
111.25 ~~31, 2015.~~
- 111.26 Sec. 7. Minnesota Statutes 2020, section 144.292, subdivision 6, is amended to read:
- 111.27 Subd. 6. **Cost.** (a) When a patient requests a copy of the patient's record for purposes of
111.28 reviewing current medical care, the provider must not charge a fee.
- 111.29 (b) When a provider or its representative makes copies of patient records upon a patient's
111.30 request under this section, the provider or its representative may charge the patient or the
111.31 patient's representative no more than 75 cents per page, plus \$10 for time spent retrieving
112.1 and copying the records, unless other law or a rule or contract provide for a lower maximum
112.2 charge. This limitation does not apply to x-rays. The provider may charge a patient no more
112.3 than the actual cost of reproducing x-rays, plus no more than \$10 for the time spent retrieving
112.4 and copying the x-rays.
- 112.5 (c) The respective maximum charges of 75 cents per page and \$10 for time provided in
112.6 this subdivision are in effect for calendar year 1992 and may be adjusted annually each
112.7 calendar year as provided in this subdivision. The permissible maximum charges shall
112.8 change each year by an amount that reflects the change, as compared to the previous year,
112.9 in the Consumer Price Index for all Urban Consumers, Minneapolis-St. Paul (CPI-U),
112.10 published by the Department of Labor.
- 112.11 (d) A provider or its representative may charge the \$10 retrieval fee, but must not charge
112.12 a per page fee to provide copies of records requested by a patient or the patient's authorized
112.13 representative if the request for copies of records is for purposes of appealing a denial of
112.14 Social Security disability income or Social Security disability benefits under title II or title
112.15 XVI of the Social Security Act; except that no fee shall be charged to a ~~person~~ patient who

112.16 is receiving public assistance, or to a patient who is represented by an attorney on behalf
112.17 of a civil legal services program or a volunteer attorney program based on indigency. For
112.18 the purpose of further appeals, a patient may receive no more than two medical record
112.19 updates without charge, but only for medical record information previously not provided.
112.20 For purposes of this paragraph, a patient's authorized representative does not include units
112.21 of state government engaged in the adjudication of Social Security disability claims.

112.22 Sec. 8. Minnesota Statutes 2020, section 144.497, is amended to read:

112.23 **144.497 ST ELEVATION MYOCARDIAL INFARCTION.**

112.24 The commissioner of health shall assess ~~and report on~~ the quality of care provided in
112.25 the state for ST elevation myocardial infarction response and treatment. The commissioner
112.26 shall:

112.27 (1) utilize and analyze data provided by ST elevation myocardial infarction receiving
112.28 centers to the ACTION Registry-Get with the guidelines or an equivalent data platform that
112.29 does not identify individuals or associate specific ST elevation myocardial infarction heart
112.30 attack events with an identifiable individual; and

112.31 ~~(2) quarterly post a summary report of the data in aggregate form on the Department of~~
112.32 ~~Health website;~~

113.1 ~~(3) annually inform the legislative committees with jurisdiction over public health of~~
113.2 ~~progress toward improving the quality of care and patient outcomes for ST elevation~~
113.3 ~~myocardial infarctions; and~~

113.4 ~~(4)~~ (2) coordinate to the extent possible with national voluntary health organizations
113.5 involved in ST elevation myocardial infarction heart attack quality improvement to encourage
113.6 ST elevation myocardial infarction receiving centers to report data consistent with nationally
113.7 recognized guidelines on the treatment of individuals with confirmed ST elevation myocardial
113.8 infarction heart attacks within the state and encourage sharing of information among health
113.9 care providers on ways to improve the quality of care of ST elevation myocardial infarction
113.10 patients in Minnesota.

113.11 Sec. 9. Minnesota Statutes 2021 Supplement, section 144.551, subdivision 1, is amended
113.12 to read:

113.13 Subdivision 1. **Restricted construction or modification.** (a) The following construction
113.14 or modification may not be commenced:

113.15 (1) any erection, building, alteration, reconstruction, modernization, improvement,
113.16 extension, lease, or other acquisition by or on behalf of a hospital that increases the bed
113.17 capacity of a hospital, relocates hospital beds from one physical facility, complex, or site
113.18 to another, or otherwise results in an increase or redistribution of hospital beds within the
113.19 state; and

FROM ARTICLE 16

443.12 Sec. 5. Minnesota Statutes 2020, section 144.497, is amended to read:

443.13 **144.497 ST ELEVATION MYOCARDIAL INFARCTION.**

443.14 The commissioner of health shall assess and report on the quality of care provided in
443.15 the state for ST elevation myocardial infarction response and treatment. The commissioner
443.16 shall:

443.17 (1) utilize and analyze data provided by ST elevation myocardial infarction receiving
443.18 centers to the ACTION Registry-Get with the guidelines or an equivalent data platform that
443.19 does not identify individuals or associate specific ST elevation myocardial infarction heart
443.20 attack events with an identifiable individual;

443.21 (2) quarterly post a summary report of the data in aggregate form on the Department of
443.22 Health website; and

443.23 ~~(3) annually inform the legislative committees with jurisdiction over public health of~~
443.24 ~~progress toward improving the quality of care and patient outcomes for ST elevation~~
443.25 ~~myocardial infarctions; and~~

443.26 ~~(4)~~ (3) coordinate to the extent possible with national voluntary health organizations
443.27 involved in ST elevation myocardial infarction heart attack quality improvement to encourage
443.28 ST elevation myocardial infarction receiving centers to report data consistent with nationally
443.29 recognized guidelines on the treatment of individuals with confirmed ST elevation myocardial
443.30 infarction heart attacks within the state and encourage sharing of information among health
443.31 care providers on ways to improve the quality of care of ST elevation myocardial infarction
443.32 patients in Minnesota.

321.18 Sec. 7. Minnesota Statutes 2021 Supplement, section 144.551, subdivision 1, is amended
321.19 to read:

321.20 Subdivision 1. **Restricted construction or modification.** (a) The following construction
321.21 or modification may not be commenced:

321.22 (1) any erection, building, alteration, reconstruction, modernization, improvement,
321.23 extension, lease, or other acquisition by or on behalf of a hospital that increases the bed
321.24 capacity of a hospital, relocates hospital beds from one physical facility, complex, or site
321.25 to another, or otherwise results in an increase or redistribution of hospital beds within the
321.26 state; and

113.20 (2) the establishment of a new hospital.

113.21 (b) This section does not apply to:

113.22 (1) construction or relocation within a county by a hospital, clinic, or other health care
113.23 facility that is a national referral center engaged in substantial programs of patient care,
113.24 medical research, and medical education meeting state and national needs that receives more
113.25 than 40 percent of its patients from outside the state of Minnesota;

113.26 (2) a project for construction or modification for which a health care facility held an
113.27 approved certificate of need on May 1, 1984, regardless of the date of expiration of the
113.28 certificate;

113.29 (3) a project for which a certificate of need was denied before July 1, 1990, if a timely
113.30 appeal results in an order reversing the denial;

113.31 (4) a project exempted from certificate of need requirements by Laws 1981, chapter 200,
113.32 section 2;

114.1 (5) a project involving consolidation of pediatric specialty hospital services within the
114.2 Minneapolis-St. Paul metropolitan area that would not result in a net increase in the number
114.3 of pediatric specialty hospital beds among the hospitals being consolidated;

114.4 (6) a project involving the temporary relocation of pediatric-orthopedic hospital beds to
114.5 an existing licensed hospital that will allow for the reconstruction of a new philanthropic,
114.6 pediatric-orthopedic hospital on an existing site and that will not result in a net increase in
114.7 the number of hospital beds. Upon completion of the reconstruction, the licenses of both
114.8 hospitals must be reinstated at the capacity that existed on each site before the relocation;

114.9 (7) the relocation or redistribution of hospital beds within a hospital building or
114.10 identifiable complex of buildings provided the relocation or redistribution does not result
114.11 in: (i) an increase in the overall bed capacity at that site; (ii) relocation of hospital beds from
114.12 one physical site or complex to another; or (iii) redistribution of hospital beds within the
114.13 state or a region of the state;

114.14 (8) relocation or redistribution of hospital beds within a hospital corporate system that
114.15 involves the transfer of beds from a closed facility site or complex to an existing site or
114.16 complex provided that: (i) no more than 50 percent of the capacity of the closed facility is
114.17 transferred; (ii) the capacity of the site or complex to which the beds are transferred does
114.18 not increase by more than 50 percent; (iii) the beds are not transferred outside of a federal
114.19 health systems agency boundary in place on July 1, 1983; (iv) the relocation or redistribution
114.20 does not involve the construction of a new hospital building; and (v) the transferred beds
114.21 are used first to replace within the hospital corporate system the total number of beds
114.22 previously used in the closed facility site or complex for mental health services and substance
114.23 use disorder services. Only after the hospital corporate system has fulfilled the requirements
114.24 of this item may the remainder of the available capacity of the closed facility site or complex
114.25 be transferred for any other purpose;

321.27 (2) the establishment of a new hospital.

321.28 (b) This section does not apply to:

321.29 (1) construction or relocation within a county by a hospital, clinic, or other health care
321.30 facility that is a national referral center engaged in substantial programs of patient care,
322.1 medical research, and medical education meeting state and national needs that receives more
322.2 than 40 percent of its patients from outside the state of Minnesota;

322.3 (2) a project for construction or modification for which a health care facility held an
322.4 approved certificate of need on May 1, 1984, regardless of the date of expiration of the
322.5 certificate;

322.6 (3) a project for which a certificate of need was denied before July 1, 1990, if a timely
322.7 appeal results in an order reversing the denial;

322.8 (4) a project exempted from certificate of need requirements by Laws 1981, chapter 200,
322.9 section 2;

322.10 (5) a project involving consolidation of pediatric specialty hospital services within the
322.11 Minneapolis-St. Paul metropolitan area that would not result in a net increase in the number
322.12 of pediatric specialty hospital beds among the hospitals being consolidated;

322.13 (6) a project involving the temporary relocation of pediatric-orthopedic hospital beds to
322.14 an existing licensed hospital that will allow for the reconstruction of a new philanthropic,
322.15 pediatric-orthopedic hospital on an existing site and that will not result in a net increase in
322.16 the number of hospital beds. Upon completion of the reconstruction, the licenses of both
322.17 hospitals must be reinstated at the capacity that existed on each site before the relocation;

322.18 (7) the relocation or redistribution of hospital beds within a hospital building or
322.19 identifiable complex of buildings provided the relocation or redistribution does not result
322.20 in: (i) an increase in the overall bed capacity at that site; (ii) relocation of hospital beds from
322.21 one physical site or complex to another; or (iii) redistribution of hospital beds within the
322.22 state or a region of the state;

322.23 (8) relocation or redistribution of hospital beds within a hospital corporate system that
322.24 involves the transfer of beds from a closed facility site or complex to an existing site or
322.25 complex provided that: (i) no more than 50 percent of the capacity of the closed facility is
322.26 transferred; (ii) the capacity of the site or complex to which the beds are transferred does
322.27 not increase by more than 50 percent; (iii) the beds are not transferred outside of a federal
322.28 health systems agency boundary in place on July 1, 1983; (iv) the relocation or redistribution
322.29 does not involve the construction of a new hospital building; and (v) the transferred beds
322.30 are used first to replace within the hospital corporate system the total number of beds
322.31 previously used in the closed facility site or complex for mental health services and substance
322.32 use disorder services. Only after the hospital corporate system has fulfilled the requirements
322.33 of this item may the remainder of the available capacity of the closed facility site or complex
322.34 be transferred for any other purpose;

114.26 (9) a construction project involving up to 35 new beds in a psychiatric hospital in Rice
 114.27 County that primarily serves adolescents and that receives more than 70 percent of its
 114.28 patients from outside the state of Minnesota;

114.29 (10) a project to replace a hospital or hospitals with a combined licensed capacity of
 114.30 130 beds or less if: (i) the new hospital site is located within five miles of the current site;
 114.31 and (ii) the total licensed capacity of the replacement hospital, either at the time of
 114.32 construction of the initial building or as the result of future expansion, will not exceed 70
 114.33 licensed hospital beds, or the combined licensed capacity of the hospitals, whichever is less;

115.1 (11) the relocation of licensed hospital beds from an existing state facility operated by
 115.2 the commissioner of human services to a new or existing facility, building, or complex
 115.3 operated by the commissioner of human services; from one regional treatment center site
 115.4 to another; or from one building or site to a new or existing building or site on the same
 115.5 campus;

115.6 (12) the construction or relocation of hospital beds operated by a hospital having a
 115.7 statutory obligation to provide hospital and medical services for the indigent that does not
 115.8 result in a net increase in the number of hospital beds, notwithstanding section 144.552, 27
 115.9 beds, of which 12 serve mental health needs, may be transferred from Hennepin County
 115.10 Medical Center to Regions Hospital under this clause;

115.11 (13) a construction project involving the addition of up to 31 new beds in an existing
 115.12 nonfederal hospital in Beltrami County;

115.13 (14) a construction project involving the addition of up to eight new beds in an existing
 115.14 nonfederal hospital in Otter Tail County with 100 licensed acute care beds;

115.15 (15) a construction project involving the addition of 20 new hospital beds in an existing
 115.16 hospital in Carver County serving the southwest suburban metropolitan area;

115.17 (16) a project for the construction or relocation of up to 20 hospital beds for the operation
 115.18 of up to two psychiatric facilities or units for children provided that the operation of the
 115.19 facilities or units have received the approval of the commissioner of human services;

115.20 (17) a project involving the addition of 14 new hospital beds to be used for rehabilitation
 115.21 services in an existing hospital in Itasca County;

115.22 (18) a project to add 20 licensed beds in existing space at a hospital in Hennepin County
 115.23 that closed 20 rehabilitation beds in 2002, provided that the beds are used only for
 115.24 rehabilitation in the hospital's current rehabilitation building. If the beds are used for another
 115.25 purpose or moved to another location, the hospital's licensed capacity is reduced by 20 beds;

115.26 (19) a critical access hospital established under section 144.1483, clause (9), and section
 115.27 1820 of the federal Social Security Act, United States Code, title 42, section 1395i-4, that
 115.28 delicensed beds since enactment of the Balanced Budget Act of 1997, Public Law 105-33,
 115.29 to the extent that the critical access hospital does not seek to exceed the maximum number
 115.30 of beds permitted such hospital under federal law;

323.1 (9) a construction project involving up to 35 new beds in a psychiatric hospital in Rice
 323.2 County that primarily serves adolescents and that receives more than 70 percent of its
 323.3 patients from outside the state of Minnesota;

323.4 (10) a project to replace a hospital or hospitals with a combined licensed capacity of
 323.5 130 beds or less if: (i) the new hospital site is located within five miles of the current site;
 323.6 and (ii) the total licensed capacity of the replacement hospital, either at the time of
 323.7 construction of the initial building or as the result of future expansion, will not exceed 70
 323.8 licensed hospital beds, or the combined licensed capacity of the hospitals, whichever is less;

323.9 (11) the relocation of licensed hospital beds from an existing state facility operated by
 323.10 the commissioner of human services to a new or existing facility, building, or complex
 323.11 operated by the commissioner of human services; from one regional treatment center site
 323.12 to another; or from one building or site to a new or existing building or site on the same
 323.13 campus;

323.14 (12) the construction or relocation of hospital beds operated by a hospital having a
 323.15 statutory obligation to provide hospital and medical services for the indigent that does not
 323.16 result in a net increase in the number of hospital beds, notwithstanding section 144.552, 27
 323.17 beds, of which 12 serve mental health needs, may be transferred from Hennepin County
 323.18 Medical Center to Regions Hospital under this clause;

323.19 (13) a construction project involving the addition of up to 31 new beds in an existing
 323.20 nonfederal hospital in Beltrami County;

323.21 (14) a construction project involving the addition of up to eight new beds in an existing
 323.22 nonfederal hospital in Otter Tail County with 100 licensed acute care beds;

323.23 (15) a construction project involving the addition of 20 new hospital beds in an existing
 323.24 hospital in Carver County serving the southwest suburban metropolitan area;

323.25 (16) a project for the construction or relocation of up to 20 hospital beds for the operation
 323.26 of up to two psychiatric facilities or units for children provided that the operation of the
 323.27 facilities or units have received the approval of the commissioner of human services;

323.28 (17) a project involving the addition of 14 new hospital beds to be used for rehabilitation
 323.29 services in an existing hospital in Itasca County;

323.30 (18) a project to add 20 licensed beds in existing space at a hospital in Hennepin County
 323.31 that closed 20 rehabilitation beds in 2002, provided that the beds are used only for
 323.32 rehabilitation in the hospital's current rehabilitation building. If the beds are used for another
 323.33 purpose or moved to another location, the hospital's licensed capacity is reduced by 20 beds;

324.1 (19) a critical access hospital established under section 144.1483, clause (9), and section
 324.2 1820 of the federal Social Security Act, United States Code, title 42, section 1395i-4, that
 324.3 delicensed beds since enactment of the Balanced Budget Act of 1997, Public Law 105-33,
 324.4 to the extent that the critical access hospital does not seek to exceed the maximum number
 324.5 of beds permitted such hospital under federal law;

115.31 (20) notwithstanding section 144.552, a project for the construction of a new hospital
115.32 in the city of Maple Grove with a licensed capacity of up to 300 beds provided that:

116.1 (i) the project, including each hospital or health system that will own or control the entity
116.2 that will hold the new hospital license, is approved by a resolution of the Maple Grove City
116.3 Council as of March 1, 2006;

116.4 (ii) the entity that will hold the new hospital license will be owned or controlled by one
116.5 or more not-for-profit hospitals or health systems that have previously submitted a plan or
116.6 plans for a project in Maple Grove as required under section 144.552, and the plan or plans
116.7 have been found to be in the public interest by the commissioner of health as of April 1,
116.8 2005;

116.9 (iii) the new hospital's initial inpatient services must include, but are not limited to,
116.10 medical and surgical services, obstetrical and gynecological services, intensive care services,
116.11 orthopedic services, pediatric services, noninvasive cardiac diagnostics, behavioral health
116.12 services, and emergency room services;

116.13 (iv) the new hospital:

116.14 (A) will have the ability to provide and staff sufficient new beds to meet the growing
116.15 needs of the Maple Grove service area and the surrounding communities currently being
116.16 served by the hospital or health system that will own or control the entity that will hold the
116.17 new hospital license;

116.18 (B) will provide uncompensated care;

116.19 (C) will provide mental health services, including inpatient beds;

116.20 (D) will be a site for workforce development for a broad spectrum of health-care-related
116.21 occupations and have a commitment to providing clinical training programs for physicians
116.22 and other health care providers;

116.23 (E) will demonstrate a commitment to quality care and patient safety;

116.24 (F) will have an electronic medical records system, including physician order entry;

116.25 (G) will provide a broad range of senior services;

116.26 (H) will provide emergency medical services that will coordinate care with regional
116.27 providers of trauma services and licensed emergency ambulance services in order to enhance
116.28 the continuity of care for emergency medical patients; and

116.29 (I) will be completed by December 31, 2009, unless delayed by circumstances beyond
116.30 the control of the entity holding the new hospital license; and

117.1 (v) as of 30 days following submission of a written plan, the commissioner of health
117.2 has not determined that the hospitals or health systems that will own or control the entity
117.3 that will hold the new hospital license are unable to meet the criteria of this clause;

324.6 (20) notwithstanding section 144.552, a project for the construction of a new hospital
324.7 in the city of Maple Grove with a licensed capacity of up to 300 beds provided that:

324.8 (i) the project, including each hospital or health system that will own or control the entity
324.9 that will hold the new hospital license, is approved by a resolution of the Maple Grove City
324.10 Council as of March 1, 2006;

324.11 (ii) the entity that will hold the new hospital license will be owned or controlled by one
324.12 or more not-for-profit hospitals or health systems that have previously submitted a plan or
324.13 plans for a project in Maple Grove as required under section 144.552, and the plan or plans
324.14 have been found to be in the public interest by the commissioner of health as of April 1,
324.15 2005;

324.16 (iii) the new hospital's initial inpatient services must include, but are not limited to,
324.17 medical and surgical services, obstetrical and gynecological services, intensive care services,
324.18 orthopedic services, pediatric services, noninvasive cardiac diagnostics, behavioral health
324.19 services, and emergency room services;

324.20 (iv) the new hospital:

324.21 (A) will have the ability to provide and staff sufficient new beds to meet the growing
324.22 needs of the Maple Grove service area and the surrounding communities currently being
324.23 served by the hospital or health system that will own or control the entity that will hold the
324.24 new hospital license;

324.25 (B) will provide uncompensated care;

324.26 (C) will provide mental health services, including inpatient beds;

324.27 (D) will be a site for workforce development for a broad spectrum of health-care-related
324.28 occupations and have a commitment to providing clinical training programs for physicians
324.29 and other health care providers;

324.30 (E) will demonstrate a commitment to quality care and patient safety;

324.31 (F) will have an electronic medical records system, including physician order entry;

324.32 (G) will provide a broad range of senior services;

325.1 (H) will provide emergency medical services that will coordinate care with regional
325.2 providers of trauma services and licensed emergency ambulance services in order to enhance
325.3 the continuity of care for emergency medical patients; and

325.4 (I) will be completed by December 31, 2009, unless delayed by circumstances beyond
325.5 the control of the entity holding the new hospital license; and

325.6 (v) as of 30 days following submission of a written plan, the commissioner of health
325.7 has not determined that the hospitals or health systems that will own or control the entity
325.8 that will hold the new hospital license are unable to meet the criteria of this clause;

117.4 (21) a project approved under section 144.553;

117.5 (22) a project for the construction of a hospital with up to 25 beds in Cass County within
117.6 a 20-mile radius of the state Ah-Gwah-Ching facility, provided the hospital's license holder
117.7 is approved by the Cass County Board;

117.8 (23) a project for an acute care hospital in Fergus Falls that will increase the bed capacity
117.9 from 108 to 110 beds by increasing the rehabilitation bed capacity from 14 to 16 and closing
117.10 a separately licensed 13-bed skilled nursing facility;

117.11 (24) notwithstanding section 144.552, a project for the construction and expansion of a
117.12 specialty psychiatric hospital in Hennepin County for up to 50 beds, exclusively for patients
117.13 who are under 21 years of age on the date of admission. The commissioner conducted a
117.14 public interest review of the mental health needs of Minnesota and the Twin Cities
117.15 metropolitan area in 2008. No further public interest review shall be conducted for the
117.16 construction or expansion project under this clause;

117.17 (25) a project for a 16-bed psychiatric hospital in the city of Thief River Falls, if the
117.18 commissioner finds the project is in the public interest after the public interest review
117.19 conducted under section 144.552 is complete;

117.20 (26)(i) a project for a 20-bed psychiatric hospital, within an existing facility in the city
117.21 of Maple Grove, exclusively for patients who are under 21 years of age on the date of
117.22 admission, if the commissioner finds the project is in the public interest after the public
117.23 interest review conducted under section 144.552 is complete;

117.24 (ii) this project shall serve patients in the continuing care benefit program under section
117.25 256.9693. The project may also serve patients not in the continuing care benefit program;
117.26 and

117.27 (iii) if the project ceases to participate in the continuing care benefit program, the
117.28 commissioner must complete a subsequent public interest review under section 144.552. If
117.29 the project is found not to be in the public interest, the license must be terminated six months
117.30 from the date of that finding. If the commissioner of human services terminates the contract
117.31 without cause or reduces per diem payment rates for patients under the continuing care
117.32 benefit program below the rates in effect for services provided on December 31, 2015, the
118.1 project may cease to participate in the continuing care benefit program and continue to
118.2 operate without a subsequent public interest review;

118.3 (27) a project involving the addition of 21 new beds in an existing psychiatric hospital
118.4 in Hennepin County that is exclusively for patients who are under 21 years of age on the
118.5 date of admission;

118.6 (28) a project to add 55 licensed beds in an existing safety net, level I trauma center
118.7 hospital in Ramsey County as designated under section 383A.91, subdivision 5, of which
118.8 15 beds are to be used for inpatient mental health and 40 are to be used for other services.
118.9 In addition, five unlicensed observation mental health beds shall be added;

325.9 (21) a project approved under section 144.553;

325.10 (22) a project for the construction of a hospital with up to 25 beds in Cass County within
325.11 a 20-mile radius of the state Ah-Gwah-Ching facility, provided the hospital's license holder
325.12 is approved by the Cass County Board;

325.13 (23) a project for an acute care hospital in Fergus Falls that will increase the bed capacity
325.14 from 108 to 110 beds by increasing the rehabilitation bed capacity from 14 to 16 and closing
325.15 a separately licensed 13-bed skilled nursing facility;

325.16 (24) notwithstanding section 144.552, a project for the construction and expansion of a
325.17 specialty psychiatric hospital in Hennepin County for up to 50 beds, exclusively for patients
325.18 who are under 21 years of age on the date of admission. The commissioner conducted a
325.19 public interest review of the mental health needs of Minnesota and the Twin Cities
325.20 metropolitan area in 2008. No further public interest review shall be conducted for the
325.21 construction or expansion project under this clause;

325.22 (25) a project for a 16-bed psychiatric hospital in the city of Thief River Falls, if the
325.23 commissioner finds the project is in the public interest after the public interest review
325.24 conducted under section 144.552 is complete;

325.25 (26)(i) a project for a 20-bed psychiatric hospital, within an existing facility in the city
325.26 of Maple Grove, exclusively for patients who are under 21 years of age on the date of
325.27 admission, if the commissioner finds the project is in the public interest after the public
325.28 interest review conducted under section 144.552 is complete;

325.29 (ii) this project shall serve patients in the continuing care benefit program under section
325.30 256.9693. The project may also serve patients not in the continuing care benefit program;
325.31 and

325.32 (iii) if the project ceases to participate in the continuing care benefit program, the
325.33 commissioner must complete a subsequent public interest review under section 144.552. If
326.1 the project is found not to be in the public interest, the license must be terminated six months
326.2 from the date of that finding. If the commissioner of human services terminates the contract
326.3 without cause or reduces per diem payment rates for patients under the continuing care
326.4 benefit program below the rates in effect for services provided on December 31, 2015, the
326.5 project may cease to participate in the continuing care benefit program and continue to
326.6 operate without a subsequent public interest review;

326.7 (27) a project involving the addition of 21 new beds in an existing psychiatric hospital
326.8 in Hennepin County that is exclusively for patients who are under 21 years of age on the
326.9 date of admission;

326.10 (28) a project to add 55 licensed beds in an existing safety net, level I trauma center
326.11 hospital in Ramsey County as designated under section 383A.91, subdivision 5, of which
326.12 15 beds are to be used for inpatient mental health and 40 are to be used for other services.
326.13 In addition, five unlicensed observation mental health beds shall be added;

118.10 (29) upon submission of a plan to the commissioner for public interest review under
 118.11 section 144.552 and the addition of the 15 inpatient mental health beds specified in clause
 118.12 (28), to its bed capacity, a project to add 45 licensed beds in an existing safety net, level I
 118.13 trauma center hospital in Ramsey County as designated under section 383A.91, subdivision
 118.14 5. Five of the 45 additional beds authorized under this clause must be designated for use
 118.15 for inpatient mental health and must be added to the hospital's bed capacity before the
 118.16 remaining 40 beds are added. Notwithstanding section 144.552, the hospital may add licensed
 118.17 beds under this clause prior to completion of the public interest review, provided the hospital
 118.18 submits its plan by the 2021 deadline and adheres to the timelines for the public interest
 118.19 review described in section 144.552; ~~or~~

118.20 (30) upon submission of a plan to the commissioner for public interest review under
 118.21 section 144.552, a project to add up to 30 licensed beds in an existing psychiatric hospital
 118.22 in Hennepin County that exclusively provides care to patients who are under 21 years of
 118.23 age on the date of admission. Notwithstanding section 144.552, the psychiatric hospital
 118.24 may add licensed beds under this clause prior to completion of the public interest review,
 118.25 provided the hospital submits its plan by the 2021 deadline and adheres to the timelines for
 118.26 the public interest review described in section 144.552;

118.27 (31) a project to add licensed beds in a hospital in Cook County that: (i) is designated
 118.28 as a critical access hospital under section 144.1483, clause (9), and United States Code, title
 118.29 42, section 1395i-4; (ii) has a licensed bed capacity of fewer than 25 beds; and (iii) has an
 118.30 attached nursing home, so long as the total number of licensed beds in the hospital after the
 118.31 bed addition does not exceed 25 beds; or

118.32 (32) upon submission of a plan to the commissioner for public interest review under
 118.33 section 144.552, a project to add 22 licensed beds at a Minnesota freestanding children's
 118.34 hospital in St. Paul that is part of an independent pediatric health system with freestanding
 119.1 inpatient hospitals located in Minneapolis and St. Paul. The beds shall be utilized for pediatric
 119.2 inpatient behavioral health services. Notwithstanding section 144.552, the hospital may add
 119.3 licensed beds under this clause prior to completion of the public interest review, provided
 119.4 the hospital submits its plan by the 2022 deadline and adheres to the timelines for the public
 119.5 interest review described in section 144.552.

119.6 Sec. 10. Minnesota Statutes 2020, section 144.565, subdivision 4, is amended to read:

119.7 Subd. 4. **Definitions.** (a) For purposes of this section, the following terms have the
 119.8 meanings given:

119.9 (b) "Diagnostic imaging facility" means a health care facility that is not a hospital or
 119.10 location licensed as a hospital which offers diagnostic imaging services in Minnesota,
 119.11 regardless of whether the equipment used to provide the service is owned or leased. For the
 119.12 purposes of this section, diagnostic imaging facility includes, but is not limited to, facilities
 119.13 such as a physician's office, clinic, mobile transport vehicle, outpatient imaging center, or
 119.14 surgical center. A dental clinic or office is not considered a diagnostic imaging facility for

326.14 (29) upon submission of a plan to the commissioner for public interest review under
 326.15 section 144.552 and the addition of the 15 inpatient mental health beds specified in clause
 326.16 (28), to its bed capacity, a project to add 45 licensed beds in an existing safety net, level I
 326.17 trauma center hospital in Ramsey County as designated under section 383A.91, subdivision
 326.18 5. Five of the 45 additional beds authorized under this clause must be designated for use
 326.19 for inpatient mental health and must be added to the hospital's bed capacity before the
 326.20 remaining 40 beds are added. Notwithstanding section 144.552, the hospital may add licensed
 326.21 beds under this clause prior to completion of the public interest review, provided the hospital
 326.22 submits its plan by the 2021 deadline and adheres to the timelines for the public interest
 326.23 review described in section 144.552; ~~or~~

326.24 (30) upon submission of a plan to the commissioner for public interest review under
 326.25 section 144.552, a project to add up to 30 licensed beds in an existing psychiatric hospital
 326.26 in Hennepin County that exclusively provides care to patients who are under 21 years of
 326.27 age on the date of admission. Notwithstanding section 144.552, the psychiatric hospital
 326.28 may add licensed beds under this clause prior to completion of the public interest review,
 326.29 provided the hospital submits its plan by the 2021 deadline and adheres to the timelines for
 326.30 the public interest review described in section 144.552;

326.31 (31) any project to add licensed beds in a hospital that: (i) is designated as a critical
 326.32 access hospital under section 144.1483, clause (9), and United States Code, title 42, section
 326.33 1395i-4; (ii) has a licensed bed capacity of fewer than 25 beds; and (iii) has an attached
 326.34 nursing home, so long as the total number of licensed beds in the hospital after the bed
 327.1 addition does not exceed 25 beds. Notwithstanding section 144.552, a public interest review
 327.2 is not required for a project authorized under this clause; or

327.3 (32) upon submission of a plan to the commissioner for public interest review under
 327.4 section 144.552, a project to add 22 licensed beds at a Minnesota freestanding children's
 327.5 hospital in St. Paul that is part of an independent pediatric health system with freestanding
 327.6 inpatient hospitals located in Minneapolis and St. Paul. The beds shall be utilized for pediatric
 327.7 inpatient behavioral health services. Notwithstanding section 144.552, the hospital may add
 327.8 licensed beds under this clause prior to completion of the public interest review, provided
 327.9 the hospital submits its plan by the 2022 deadline and adheres to the timelines for the public
 327.10 interest review described in section 144.552.

119.15 the purpose of this section when the clinic or office performs diagnostic imaging through
119.16 dental cone beam computerized tomography.

119.17 (c) "Diagnostic imaging service" means the use of ionizing radiation or other imaging
119.18 technique on a human patient including, but not limited to, magnetic resonance imaging
119.19 (MRI) or computerized tomography (CT) other than dental cone beam computerized
119.20 tomography, positron emission tomography (PET), or single photon emission computerized
119.21 tomography (SPECT) scans using fixed, portable, or mobile equipment.

119.22 (d) "Financial or economic interest" means a direct or indirect:

119.23 (1) equity or debt security issued by an entity, including, but not limited to, shares of
119.24 stock in a corporation, membership in a limited liability company, beneficial interest in a
119.25 trust, units or other interests in a partnership, bonds, debentures, notes or other equity
119.26 interests or debt instruments, or any contractual arrangements;

119.27 (2) membership, proprietary interest, or co-ownership with an individual, group, or
119.28 organization to which patients, clients, or customers are referred to; or

119.29 (3) employer-employee or independent contractor relationship, including, but not limited
119.30 to, those that may occur in a limited partnership, profit-sharing arrangement, or other similar
119.31 arrangement with any facility to which patients are referred, including any compensation
119.32 between a facility and a health care provider, the group practice of which the provider is a
119.33 member or employee or a related party with respect to any of them.

120.1 (e) "Fixed equipment" means a stationary diagnostic imaging machine installed in a
120.2 permanent location.

120.3 (f) "Mobile equipment" means a diagnostic imaging machine in a self-contained transport
120.4 vehicle designed to be brought to a temporary offsite location to perform diagnostic imaging
120.5 services.

120.6 (g) "Portable equipment" means a diagnostic imaging machine designed to be temporarily
120.7 transported within a permanent location to perform diagnostic imaging services.

120.8 (h) "Provider of diagnostic imaging services" means a diagnostic imaging facility or an
120.9 entity that offers and bills for diagnostic imaging services at a facility owned or leased by
120.10 the entity.

120.11 Sec. 11. Minnesota Statutes 2020, section 144.586, is amended by adding a subdivision
120.12 to read:

120.13 Subd. 4. Screening for eligibility for health coverage or assistance. (a) A hospital
120.14 must screen a patient who is uninsured or whose insurance coverage status is not known by
120.15 the hospital, for eligibility for charity care from the hospital, eligibility for state or federal
120.16 public health care programs using presumptive eligibility or another similar process, and

- 120.17 eligibility for a premium tax credit. The hospital must attempt to complete this screening
120.18 process in person or by telephone within 30 days after the patient's admission to the hospital.
- 120.19 (b) If the patient is eligible for charity care from the hospital, the hospital must assist
120.20 the patient in applying for charity care and must refer the patient to the appropriate
120.21 department in the hospital for follow-up.
- 120.22 (c) If the patient is presumptively eligible for a public health care program, the hospital
120.23 must assist the patient in completing an insurance affordability program application, help
120.24 schedule an appointment for the patient with a navigator organization, or provide the patient
120.25 with contact information for navigator services. If the patient is eligible for a premium tax
120.26 credit, the hospital may schedule an appointment for the patient with a navigator organization
120.27 or provide the patient with contact information for navigator services.
- 120.28 (d) A patient may decline to participate in the screening process, to apply for charity
120.29 care, to complete an insurance affordability program application, to schedule an appointment
120.30 with a navigator organization, or to accept information about navigator services.
- 120.31 (e) For purposes of this subdivision:
- 121.1 (1) "hospital" means a private, nonprofit, or municipal hospital licensed under sections
121.2 144.50 to 144.56;
- 121.3 (2) "navigator" has the meaning given in section 62V.02, subdivision 9;
- 121.4 (3) "premium tax credit" means a tax credit or premium subsidy under the federal Patient
121.5 Protection and Affordable Care Act, Public Law 111-148, as amended, including the federal
121.6 Health Care and Education Reconciliation Act of 2010, Public Law 111-152, and any
121.7 amendments to and federal guidance and regulations issued under these acts; and
- 121.8 (4) "presumptive eligibility" has the meaning given in section 256B.057, subdivision
121.9 12.
- 121.10 **EFFECTIVE DATE.** This section is effective November 1, 2022.
- 121.11 Sec. 12. Minnesota Statutes 2020, section 144.6502, subdivision 1, is amended to read:
- 121.12 Subdivision 1. **Definitions.** (a) For the purposes of this section, the terms defined in this
121.13 subdivision have the meanings given.
- 121.14 (b) "Commissioner" means the commissioner of health.
- 121.15 (c) "Department" means the Department of Health.
- 121.16 (d) "Electronic monitoring" means the placement and use of an electronic monitoring
121.17 device ~~by a resident~~ in the resident's room or private living unit in accordance with this
121.18 section.

121.19 (e) "Electronic monitoring device" means a camera or other device that captures, records,
121.20 or broadcasts audio, video, or both, that is placed in a resident's room or private living unit
121.21 and is used to monitor the resident or activities in the room or private living unit.

121.22 (f) "Facility" means a facility that is:

121.23 (1) licensed as a nursing home under chapter 144A;

121.24 (2) licensed as a boarding care home under sections 144.50 to 144.56;

121.25 (3) until August 1, 2021, a housing with services establishment registered under chapter
121.26 144D that is either subject to chapter 144G or has a disclosed special unit under section
121.27 325F.72; or

121.28 (4) on or after August 1, 2021, an assisted living facility.

121.29 (g) "Resident" means a person 18 years of age or older residing in a facility.

122.1 (h) "Resident representative" means one of the following in the order of priority listed,
122.2 to the extent the person may reasonably be identified and located:

122.3 (1) a court-appointed guardian;

122.4 (2) a health care agent as defined in section 145C.01, subdivision 2; or

122.5 (3) a person who is not an agent of a facility or of a home care provider designated in
122.6 writing by the resident and maintained in the resident's records on file with the facility.

122.7 Sec. 13. Minnesota Statutes 2020, section 144.651, is amended by adding a subdivision
122.8 to read:

122.9 Subd. 10a. Designated support person for pregnant patient. (a) A health care provider
122.10 and a health care facility must allow, at a minimum, one designated support person of a
122.11 pregnant patient's choosing to be physically present while the patient is receiving health
122.12 care services including during a hospital stay.

122.13 (b) For purposes of this subdivision, "designated support person" means any person
122.14 necessary to provide comfort to the patient including but not limited to the patient's spouse,
122.15 partner, family member, or another person related by affinity. Certified doula and traditional
122.16 midwives may not be counted toward the limit of one designated support person.

122.17 Sec. 14. Minnesota Statutes 2020, section 144.69, is amended to read:

122.18 **144.69 CLASSIFICATION OF DATA ON INDIVIDUALS.**

122.19 Subdivision 1. Data collected by the cancer reporting system. Notwithstanding any
122.20 law to the contrary, including section 13.05, subdivision 9, data collected on individuals by
122.21 the cancer surveillance reporting system, including the names and personal identifiers of
122.22 persons required in section 144.68 to report, shall be private and may only be used for the
122.23 purposes set forth in this section and sections 144.671, 144.672, and 144.68. Any disclosure

122.24 other than is provided for in this section and sections 144.671, 144.672, and 144.68, is
122.25 declared to be a misdemeanor and punishable as such. Except as provided by rule, and as
122.26 part of an epidemiologic investigation, an officer or employee of the commissioner of health
122.27 may interview patients named in any such report, or relatives of any such patient, only after
122.28 ~~the consent of notifying~~ the attending physician, advanced practice registered nurse, or
122.29 surgeon ~~is obtained~~.

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

123.4 (b) Information, excluding direct identifiers such as name, Social Security number,
123.5 telephone number, and street address, collected by the cancer reporting system may be
123.6 provided to the Centers for Disease Control and Prevention's National Program of Cancer
123.7 Registries and the National Cancer Institute's Surveillance, Epidemiology, and End Results
123.8 Program registry.

123.9 Sec. 15. Minnesota Statutes 2021 Supplement, section 144.9501, subdivision 17, is amended
123.10 to read:

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

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

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

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

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

123.22 Sec. 16. Minnesota Statutes 2020, section 144.9501, subdivision 26a, is amended to read:

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

123.24 (1) abatement;

123.25 (2) interim controls;

123.26 (3) a clearance inspection;

- 123.27 (4) a lead hazard screen;
- 123.28 (5) a lead inspection;
- 123.29 (6) a lead risk assessment;
- 123.30 (7) lead project designer services;
- 124.1 (8) lead sampling technician services;
- 124.2 (9) swab team services;
- 124.3 (10) renovation activities; ~~or~~
- 124.4 (11) lead hazard reduction; or
- 124.5 ~~(11) (12) activities performed to comply with lead orders issued by a community health~~
- 124.6 ~~board or an assessing agency.~~
- 124.7 ~~(b) Regulated lead work does not include abatement, interim controls, swab team services,~~
- 124.8 ~~or renovation activities that disturb painted surfaces that total no more than:~~
- 124.9 ~~(1) 20 square feet (two square meters) on exterior surfaces; or~~
- 124.10 ~~(2) six square feet (0.6 square meters) in an interior room.~~
- 124.11 Sec. 17. Minnesota Statutes 2020, section 144.9501, subdivision 26b, is amended to read:
- 124.12 Subd. 26b. **Renovation.** (a) "Renovation" means the modification of any pre-1978
- 124.13 affected property for compensation that results in the disturbance of known or presumed
- 124.14 lead-containing painted surfaces defined under section 144.9508, unless that activity is
- 124.15 performed as lead hazard reduction. A renovation performed for the purpose of converting
- 124.16 a building or part of a building into an affected property is a renovation under this
- 124.17 subdivision.
- 124.18 (b) Renovation does not include activities that disturb painted surfaces that total:
- 124.19 (1) less than 20 square feet (two square meters) on exterior surfaces; or
- 124.20 (2) less than six square feet (0.6 square meters) in an interior room.
- 124.21 Sec. 18. Minnesota Statutes 2020, section 144.9505, subdivision 1, is amended to read:
- 124.22 Subdivision 1. **Licensing, certification, and permitting.** (a) Fees collected under this
- 124.23 section shall be deposited into the state treasury and credited to the state government special
- 124.24 revenue fund.
- 124.25 (b) Persons shall not advertise or otherwise present themselves as lead supervisors, lead
- 124.26 workers, lead inspectors, lead risk assessors, lead sampling technicians, lead project designers,
- 124.27 renovation firms, or lead firms unless they have licenses or certificates issued by the
- 124.28 commissioner under this section.

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

125.4 (d) An individual who is the owner of property on which ~~regulated lead work~~ lead hazard
 125.5 reduction is to be performed or an adult individual who is related to the property owner, as
 125.6 defined under section 245A.02, subdivision 13, is exempt from the requirements to obtain
 125.7 a license and pay a fee according to this section.

125.8 (e) A person that employs individuals to perform ~~regulated lead work~~ lead hazard
 125.9 reduction, clearance inspections, lead risk assessments, lead inspections, lead hazard screens,
 125.10 lead project designer services, lead sampling technician services, and swab team services
 125.11 outside of the person's property must obtain certification as a certified lead firm. An
 125.12 individual who performs lead hazard reduction, lead hazard screens, lead inspections, lead
 125.13 risk assessments, clearance inspections, lead project designer services, lead sampling
 125.14 technician services, swab team services, and activities performed to comply with lead orders
 125.15 must be employed by a certified lead firm, unless the individual is a sole proprietor and
 125.16 does not employ any other individuals; the individual is employed by a person that does
 125.17 not perform ~~regulated lead work~~ lead hazard reduction, clearance inspections, lead risk
 125.18 assessments, lead inspections, lead hazard screens, lead project designer services, lead
 125.19 sampling technician services, and swab team services outside of the person's property; or
 125.20 the individual is employed by an assessing agency.

125.21 Sec. 19. Minnesota Statutes 2020, section 144.9505, subdivision 1h, is amended to read:

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

126.1 Sec. 20. Minnesota Statutes 2020, section 144A.01, is amended to read:

126.2 **144A.01 DEFINITIONS.**

126.3 Subdivision 1. **Scope.** For the purposes of sections 144A.01 to 144A.27, the terms
 126.4 defined in this section have the meanings given them.

126.5 Subd. 2. **Commissioner of health.** "Commissioner of health" means the state
 126.6 commissioner of health established by section 144.011.

126.7 Subd. 3. **Board of Executives for Long Term Services and Supports.** "Board of
 126.8 Executives for Long Term Services and Supports" means the Board of Executives for Long
 126.9 Term Services and Supports established by section 144A.19.

126.10 Subd. 3a. **Certified.** "Certified" means certified for participation as a provider in the
 126.11 Medicare or Medicaid programs under title XVIII or XIX of the Social Security Act.

126.12 Subd. 4. **Controlling person.** (a) "Controlling person" means ~~any public body,~~
 126.13 ~~governmental agency, business entity, an owner and the following individuals and entities,~~
 126.14 ~~if applicable:~~

126.15 (1) ~~each officer of the organization, including the chief executive officer and the chief~~
 126.16 ~~financial officer;~~

126.17 (2) ~~the nursing home administrator; or director whose responsibilities include the~~
 126.18 ~~direction of the management or policies of a nursing home~~

126.19 (3) ~~any managerial official.~~

126.20 (b) "Controlling person" also means any ~~entity or natural person who, directly or~~
 126.21 ~~indirectly, beneficially owns any~~ has any direct or indirect ownership interest in:

126.22 (1) any corporation, partnership or other business association which is a controlling
 126.23 person;

126.24 (2) the land on which a nursing home is located;

126.25 (3) the structure in which a nursing home is located;

126.26 (4) ~~any entity with at least a five percent mortgage, contract for deed, deed of trust, or~~
 126.27 ~~other obligation secured in whole or part by~~ security interest in the land or structure
 126.28 comprising a nursing home; or

126.29 (5) any lease or sublease of the land, structure, or facilities comprising a nursing home.

126.30 ~~(b)~~ (c) "Controlling person" does not include:

127.1 (1) a bank, savings bank, trust company, savings association, credit union, industrial
 127.2 loan and thrift company, investment banking firm, or insurance company unless the entity
 127.3 directly or through a subsidiary operates a nursing home;

127.4 (2) government and government-sponsored entities such as the United States Department
 127.5 of Housing and Urban Development, Ginnie Mae, Fannie Mae, Freddie Mac, and the
 127.6 Minnesota Housing Finance Agency which provide loans, financing, and insurance products
 127.7 for housing sites;

127.8 ~~(2)~~ (3) ~~an individual who is a state or federal official or, a state or federal employee, or~~
 127.9 ~~a member or employee of the governing body of a political subdivision of the state which~~
 127.10 ~~or federal government that operates one or more nursing homes, unless the individual is~~
 127.11 ~~also an officer or director of a,~~ owner, or managerial official of the nursing home, receives

- 127.12 any remuneration from a nursing home, or ~~owns any of the beneficial interests who is a~~
 127.13 controlling person not otherwise excluded in this subdivision;
- 127.14 ~~(3)~~ (4) a natural person who is a member of a tax-exempt organization under section
 127.15 290.05, subdivision 2, unless the individual is also ~~an officer or director of a nursing home,~~
 127.16 ~~or owns any of the beneficial interests~~ a controlling person not otherwise excluded in this
 127.17 subdivision; and
- 127.18 ~~(4)~~ (5) a natural person who owns less than five percent of the outstanding common
 127.19 shares of a corporation:
- 127.20 (i) whose securities are exempt by virtue of section 80A.45, clause (6); or
- 127.21 (ii) whose transactions are exempt by virtue of section 80A.46, clause (7).
- 127.22 Subd. 4a. **Emergency.** "Emergency" means a situation or physical condition that creates
 127.23 or probably will create an immediate and serious threat to a resident's health or safety.
- 127.24 Subd. 5. **Nursing home.** "Nursing home" means a facility or that part of a facility which
 127.25 provides nursing care to five or more persons. "Nursing home" does not include a facility
 127.26 or that part of a facility which is a hospital, a hospital with approved swing beds as defined
 127.27 in section 144.562, clinic, doctor's office, diagnostic or treatment center, or a residential
 127.28 program licensed pursuant to sections 245A.01 to 245A.16 or 252.28.
- 127.29 Subd. 6. **Nursing care.** "Nursing care" means health evaluation and treatment of patients
 127.30 and residents who are not in need of an acute care facility but who require nursing supervision
 127.31 on an inpatient basis. The commissioner of health may by rule establish levels of nursing
 127.32 care.
- 128.1 Subd. 7. **Uncorrected violation.** "Uncorrected violation" means a violation of a statute
 128.2 or rule or any other deficiency for which a notice of noncompliance has been issued and
 128.3 fine assessed and allowed to be recovered pursuant to section 144A.10, subdivision 8.
- 128.4 Subd. 8. **Managerial employee official.** "Managerial ~~employee official~~" means an
 128.5 ~~employee of a~~ individual who has the decision-making authority related to the operation of
 128.6 the nursing home ~~whose duties include~~ and the responsibility for either: (1) the ongoing
 128.7 management of the nursing home; or (2) the direction of ~~some or all of the management or~~
 128.8 policies, services, or employees of the nursing home.
- 128.9 Subd. 9. **Nursing home administrator.** "Nursing home administrator" means a person
 128.10 who administers, manages, supervises, or is in general administrative charge of a nursing
 128.11 home, whether or not the individual has an ownership interest in the home, and whether or
 128.12 not the person's functions and duties are shared with one or more individuals, and who is
 128.13 licensed pursuant to section 144A.21.
- 128.14 Subd. 10. **Repeated violation.** "Repeated violation" means the issuance of two or more
 128.15 correction orders, within a 12-month period, for a violation of the same provision of a statute
 128.16 or rule.

- 128.17 Subd. 11. **Change of ownership.** "Change of ownership" means a change in the licensee.
- 128.18 Subd. 12. **Direct ownership interest.** "Direct ownership interest" means an individual
128.19 or legal entity with the possession of at least five percent equity in capital, stock, or profits
128.20 of the licensee or who is a member of a limited liability company of the licensee.
- 128.21 Subd. 13. **Indirect ownership interest.** "Indirect ownership interest" means an individual
128.22 or legal entity with a direct ownership interest in an entity that has a direct or indirect
128.23 ownership interest of at least five percent in an entity that is a licensee.
- 128.24 Subd. 14. **Licensee.** "Licensee" means a person or legal entity to whom the commissioner
128.25 issues a license for a nursing home and who is responsible for the management, control,
128.26 and operation of the nursing home.
- 128.27 Subd. 15. **Management agreement.** "Management agreement" means a written, executed
128.28 agreement between a licensee and manager regarding the provision of certain services on
128.29 behalf of the licensee.
- 128.30 Subd. 16. **Manager.** "Manager" means an individual or legal entity designated by the
128.31 licensee through a management agreement to act on behalf of the licensee in the on-site
128.32 management of the nursing home.
- 129.1 Subd. 17. **Owner.** "Owner" means: (1) an individual or legal entity that has a direct or
129.2 indirect ownership interest of five percent or more in a licensee; and (2) for purposes of this
129.3 chapter, owner of a nonprofit corporation means the president and treasurer of the board of
129.4 directors; and (3) for an entity owned by an employee stock ownership plan, owner means
129.5 the president and treasurer of the entity. A government entity that is issued a license under
129.6 this chapter shall be designated the owner.
- 129.7 **EFFECTIVE DATE.** This section is effective August 1, 2022.
- 129.8 Sec. 21. Minnesota Statutes 2020, section 144A.03, subdivision 1, is amended to read:
- 129.9 Subdivision 1. **Form; requirements.** (a) The commissioner of health by rule shall
129.10 establish forms and procedures for the processing of nursing home license applications.
- 129.11 (b) An application for a nursing home license shall include ~~the following information:~~
- 129.12 (1) the ~~names~~ business name and ~~addresses of all controlling persons and managerial~~
129.13 ~~employees of the facility to be licensed~~ legal entity name of the licensee;
- 129.14 (2) the ~~street~~ address, mailing address, and legal property description of the facility;
- 129.15 (3) the names, e-mail addresses, telephone numbers, and mailing addresses of all owners,
129.16 controlling persons, managerial officials, and the nursing home administrator;
- 129.17 (4) the name and e-mail address of the managing agent and manager, if applicable;
- 129.18 (5) the licensed bed capacity;

- 129.19 (6) the license fee in the amount specified in section 144.122;
- 129.20 (7) documentation of compliance with the background study requirements in section
- 129.21 144.057 for the owner, controlling persons, and managerial officials. Each application for
- 129.22 a new license must include documentation for the applicant and for each individual with
- 129.23 five percent or more direct or indirect ownership in the applicant;
- 129.24 ~~(8)~~ (8) a copy of the architectural and engineering plans and specifications of the facility
- 129.25 as prepared and certified by an architect or engineer registered to practice in this state; ~~and~~
- 129.26 (9) a representative copy of the executed lease agreement between the landlord and the
- 129.27 licensee, if applicable;
- 129.28 (10) a representative copy of the management agreement, if applicable;
- 129.29 (11) a representative copy of the operations transfer agreement or similar agreement, if
- 129.30 applicable;
- 130.1 (12) an organizational chart that identifies all organizations and individuals with an
- 130.2 ownership interest in the licensee of five percent or greater and that specifies their relationship
- 130.3 with the licensee and with each other;
- 130.4 (13) whether the applicant, owner, controlling person, managerial official, or nursing
- 130.5 home administrator of the facility has ever been convicted of:
- 130.6 (i) a crime or found civilly liable for a federal or state felony-level offense that was
- 130.7 detrimental to the best interests of the facility and its residents within the last ten years
- 130.8 preceding submission of the license application. Offenses include: (A) felony crimes against
- 130.9 persons and other similar crimes for which the individual was convicted, including guilty
- 130.10 pleas and adjudicated pretrial diversions; (B) financial crimes such as extortion,
- 130.11 embezzlement, income tax evasion, insurance fraud, and other similar crimes for which the
- 130.12 individual was convicted, including guilty pleas and adjudicated pretrial diversions; (C)
- 130.13 any felonies involving malpractice that resulted in a conviction of criminal neglect or
- 130.14 misconduct; and (D) any felonies that would result in a mandatory exclusion under section
- 130.15 1128(a) of the Social Security Act;
- 130.16 (ii) any misdemeanor under federal or state law related to the delivery of an item or
- 130.17 service under Medicaid or a state health care program or the abuse or neglect of a patient
- 130.18 in connection with the delivery of a health care item or service;
- 130.19 (iii) any misdemeanor under federal or state law related to theft, fraud, embezzlement,
- 130.20 breach of fiduciary duty, or other financial misconduct in connection with the delivery of
- 130.21 a health care item or service;
- 130.22 (iv) any felony or misdemeanor under federal or state law relating to the interference
- 130.23 with or obstruction of any investigation into any criminal offense described in Code of
- 130.24 Federal Regulations, title 42, section 1001.101 or 1001.201; or

- 130.25 (v) any felony or misdemeanor under federal or state law relating to the unlawful
 130.26 manufacture, distribution, prescription, or dispensing of a controlled substance;
- 130.27 (14) whether the applicant, owner, controlling person, managerial official, or nursing
 130.28 home administrator of the facility has had:
- 130.29 (i) any revocation or suspension of a license to provide health care by any state licensing
 130.30 authority. This includes the surrender of the license while a formal disciplinary proceeding
 130.31 was pending before a state licensing authority;
- 130.32 (ii) any revocation or suspension of accreditation; or
- 131.1 (iii) any suspension or exclusion from participation in, or any sanction imposed by, a
 131.2 federal or state health care program or any debarment from participation in any federal
 131.3 executive branch procurement or nonprocurement program;
- 131.4 (15) whether in the preceding three years the applicant or any owner, controlling person,
 131.5 managerial official, or nursing home administrator of the facility has a record of defaulting
 131.6 in the payment of money collected for others, including the discharge of debts through
 131.7 bankruptcy proceedings;
- 131.8 (16) the signature of the owner of the licensee or an authorized agent of the licensee;
- 131.9 (17) identification of all states where the applicant or individual having a five percent
 131.10 or more ownership currently or previously has been licensed as an owner or operator of a
 131.11 long-term care, community-based, or health care facility or agency where the applicant's or
 131.12 individual's license or federal certification has been denied, suspended, restricted, conditioned,
 131.13 refused, not renewed, or revoked under a private or state-controlled receivership or where
 131.14 these same actions are pending under the laws of any state or federal authority; and
- 131.15 ~~(18)~~ (18) any other relevant information which the commissioner of health by rule or
 131.16 otherwise may determine is necessary to properly evaluate an application for license.
- 131.17 (c) A controlling person which is a corporation shall submit copies of its articles of
 131.18 incorporation and bylaws and any amendments thereto as they occur, together with the
 131.19 names and addresses of its officers and directors. A controlling person which is a foreign
 131.20 corporation shall furnish the commissioner of health with a copy of its certificate of authority
 131.21 to do business in this state. ~~An application on behalf of a controlling person which is a~~
 131.22 corporation, association or a governmental unit or instrumentality shall be signed by at least
 131.23 two officers or managing agents of that entity.
- 131.24 **EFFECTIVE DATE.** This section is effective August 1, 2022.
- 131.25 Sec. 22. Minnesota Statutes 2020, section 144A.04, subdivision 4, is amended to read:
- 131.26 Subd. 4. **Controlling person restrictions.** (a) The commissioner has discretion to bar
 131.27 any controlling persons of a nursing home ~~may not include any if the person who was a~~
 131.28 controlling person of another any other nursing home ~~during any period of time, assisted~~

- 131.29 living facility, long-term care or health care facility, or agency in the previous two-year
131.30 period and:
- 131.31 (1) during ~~which that period of time of control that other nursing home~~ the facility or
131.32 agency incurred the following number of uncorrected or repeated violations:
- 132.1 (i) two or more uncorrected violations or one or more repeated violations which created
132.2 an imminent risk to direct resident or client care or safety; or
- 132.3 (ii) four or more uncorrected violations or two or more repeated violations ~~of any nature~~
132.4 ~~for which the fines are in the four highest daily fine categories prescribed in rule~~ that created
132.5 an imminent risk to direct resident or client care or safety; or
- 132.6 (2) ~~who during that period of time, was convicted of a felony or gross misdemeanor that~~
132.7 ~~relates related~~ related to operation of the nursing home facility or agency or directly ~~affects~~ affected
132.8 resident safety or care, during that period.
- 132.9 (b) The provisions of this subdivision shall not apply to any controlling person who had
132.10 no legal authority to affect or change decisions related to the operation of the nursing home
132.11 which incurred the uncorrected violations.
- 132.12 (c) When the commissioner bars a controlling person under this subdivision, the
132.13 controlling person has the right to appeal under chapter 14.
- 132.14 Sec. 23. Minnesota Statutes 2020, section 144A.04, subdivision 6, is amended to read:
- 132.15 Subd. 6. **Managerial employee official or licensed administrator; employment**
132.16 **prohibitions.** A nursing home may not employ as a managerial employee official or as its
132.17 licensed administrator any person who was a managerial employee official or the licensed
132.18 administrator of another facility during any period of time in the previous two-year period:
- 132.19 (1) during which time of employment that other nursing home incurred the following
132.20 number of uncorrected violations which were in the jurisdiction and control of the managerial
132.21 employee official or the administrator:
- 132.22 (i) two or more uncorrected violations ~~or one or more repeated violations which created~~
132.23 ~~an imminent risk to direct resident care or safety;~~ or
- 132.24 (ii) four or more uncorrected violations or two or more repeated violations of any nature
132.25 for which the fines are in the four highest daily fine categories prescribed in rule; or
- 132.26 (2) who was convicted of a felony or gross misdemeanor that relates to operation of the
132.27 nursing home or directly affects resident safety or care, during that period.
- 132.28 **EFFECTIVE DATE.** This section is effective August 1, 2022.

133.1 Sec. 24. Minnesota Statutes 2020, section 144A.06, is amended to read:

133.2 **144A.06 TRANSFER OF INTERESTS LICENSE PROHIBITED.**

133.3 Subdivision 1. ~~Notice; expiration of license~~ **Transfers prohibited.** Any controlling
133.4 person who makes any transfer of a beneficial interest in a nursing home shall notify the
133.5 commissioner of health of the transfer within 14 days of its occurrence. The notification
133.6 shall identify by name and address the transferor and transferee and shall specify the nature
133.7 and amount of the transferred interest. On determining that the transferred beneficial interest
133.8 exceeds ten percent of the total beneficial interest in the nursing home facility, the structure
133.9 in which the facility is located, or the land upon which the structure is located, the
133.10 commissioner may, and on determining that the transferred beneficial interest exceeds 50
133.11 percent of the total beneficial interest in the facility, the structure in which the facility is
133.12 located, or the land upon which the structure is located, the commissioner shall require that
133.13 the license of the nursing home expire 90 days after the date of transfer. The commissioner
133.14 of health shall notify the nursing home by certified mail of the expiration of the license at
133.15 least 60 days prior to the date of expiration. A nursing home license may not be transferred.

133.16 Subd. 2. ~~Relicensure~~ **New license required; change of ownership.** (a) The
133.17 commissioner of health by rule shall prescribe procedures for ~~relicensure~~ licensure under
133.18 this section. The commissioner of health shall relicensure a nursing home if the facility satisfies
133.19 the requirements for license renewal established by section 144A.05. A facility shall not be
133.20 relicensed by the commissioner if at the time of transfer there are any uncorrected violations.
133.21 The commissioner of health may temporarily waive correction of one or more violations if
133.22 the commissioner determines that:

133.23 (1) temporary noncorrection of the violation will not create an imminent risk of harm
133.24 to a nursing home resident; and

133.25 (2) a controlling person on behalf of all other controlling persons:

133.26 (i) has entered into a contract to obtain the materials or labor necessary to correct the
133.27 violation, but the supplier or other contractor has failed to perform the terms of the contract
133.28 and the inability of the nursing home to correct the violation is due solely to that failure; or

133.29 (ii) is otherwise making a diligent good faith effort to correct the violation.

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

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

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

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

134.7 (i) a different person; or

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

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

134.12 Subd. 3. **Compliance.** The commissioner must consult with the commissioner of human
134.13 services regarding the history of financial and cost reporting compliance of the prospective
134.14 licensee and prospective licensee's financial operations in any nursing home that the
134.15 prospective licensee or any controlling person listed in the license application has had an
134.16 interest in.

134.17 Subd. 4. **Facility operation.** The current licensee remains responsible for the operation
134.18 of the nursing home until the nursing home is licensed to the prospective licensee.

134.19 **EFFECTIVE DATE.** This section is effective August 1, 2022.

134.20 Sec. 25. **[144A.32] CONSIDERATION OF APPLICATIONS.**

134.21 (a) Before issuing a license or renewing an existing license, the commissioner shall
134.22 consider an applicant's compliance history in providing care in a facility that provides care
134.23 to children, the elderly, ill individuals, or individuals with disabilities.

134.24 (b) The applicant's compliance history shall include repeat violations, rule violations,
134.25 and any license or certification involuntarily suspended or terminated during an enforcement
134.26 process.

134.27 (c) The commissioner may deny, revoke, suspend, restrict, or refuse to renew the license
134.28 or impose conditions if:

134.29 (1) the applicant fails to provide complete and accurate information on the application
134.30 and the commissioner concludes that the missing or corrected information is needed to
134.31 determine if a license is granted;

135.1 (2) the applicant, knowingly or with reason to know, made a false statement of a material
135.2 fact in an application for the license or any data attached to the application or in any matter
135.3 under investigation by the department;

135.4 (3) the applicant refused to allow agents of the commissioner to inspect the applicant's
135.5 books, records, files related to the license application, or any portion of the premises;

135.6 (4) the applicant willfully prevented, interfered with, or attempted to impede in any way:

- 135.7 (i) the work of any authorized representative of the commissioner, the ombudsman for
135.8 long-term care, or the ombudsman for mental health and developmental disabilities; or
- 135.9 (ii) the duties of the commissioner, local law enforcement, city or county attorneys, adult
135.10 protection, county case managers, or other local government personnel;
- 135.11 (5) the applicant has a history of noncompliance with federal or state regulations that
135.12 were detrimental to the health, welfare, or safety of a resident or a client; or
- 135.13 (6) the applicant violates any requirement in this chapter or chapter 256R.
- 135.14 (d) If a license is denied, the applicant has the reconsideration rights available under
135.15 chapter 14.
- 135.16 **EFFECTIVE DATE.** This section is effective August 1, 2022.
- 135.17 Sec. 26. Minnesota Statutes 2020, section 144A.4799, subdivision 1, is amended to read:
- 135.18 Subdivision 1. **Membership.** The commissioner of health shall appoint ~~eight~~ 13 persons
135.19 to a home care and assisted living program advisory council consisting of the following:
- 135.20 (1) ~~three~~ two public members as defined in section 214.02 who shall be persons who
135.21 are currently receiving home care services, persons who have received home care services
135.22 within five years of the application date, persons who have family members receiving home
135.23 care services, or persons who have family members who have received home care services
135.24 within five years of the application date;
- 135.25 (2) ~~three~~ two Minnesota home care licensees representing basic and comprehensive
135.26 levels of licensure who may be a managerial official, an administrator, a supervising
135.27 registered nurse, or an unlicensed personnel performing home care tasks;
- 135.28 (3) one member representing the Minnesota Board of Nursing;
- 135.29 (4) one member representing the Office of Ombudsman for Long-Term Care; ~~and~~
- 135.30 (5) one member representing the Office of Ombudsman for Mental Health and
135.31 Developmental Disabilities;
- 136.1 ~~(5)~~ (6) beginning July 1, 2021, one member of a county health and human services or
136.2 county adult protection office;
- 136.3 (7) two Minnesota assisted living facility licensees representing assisted living facilities
136.4 and assisted living facilities with dementia care levels of licensure who may be the facility's
136.5 assisted living director, managerial official, or clinical nurse supervisor;
- 136.6 (8) one organization representing long-term care providers, home care providers, and
136.7 assisted living providers in Minnesota; and
- 136.8 (9) two public members as defined in section 214.02. One public member shall be a
136.9 person who either is or has been a resident in an assisted living facility and one public

- 136.10 member shall be a person who has or had a family member living in an assisted living
136.11 facility setting.
- 136.12 Sec. 27. Minnesota Statutes 2020, section 144A.4799, subdivision 3, is amended to read:
- 136.13 Subd. 3. **Duties.** (a) At the commissioner's request, the advisory council shall provide
136.14 advice regarding regulations of Department of Health licensed assisted living and home
136.15 care providers in this chapter, including advice on the following:
- 136.16 (1) community standards for home care practices;
- 136.17 (2) enforcement of licensing standards and whether certain disciplinary actions are
136.18 appropriate;
- 136.19 (3) ways of distributing information to licensees and consumers of home care and assisted
136.20 living services defined under chapter 144G;
- 136.21 (4) training standards;
- 136.22 (5) identifying emerging issues and opportunities in home care and assisted living services
136.23 defined under chapter 144G;
- 136.24 (6) identifying the use of technology in home and telehealth capabilities;
- 136.25 (7) allowable home care licensing modifications and exemptions, including a method
136.26 for an integrated license with an existing license for rural licensed nursing homes to provide
136.27 limited home care services in an adjacent independent living apartment building owned by
136.28 the licensed nursing home; and
- 136.29 (8) recommendations for studies using the data in section 62U.04, subdivision 4, including
136.30 but not limited to studies concerning costs related to dementia and chronic disease among
137.1 an elderly population over 60 and additional long-term care costs, as described in section
137.2 62U.10, subdivision 6.
- 137.3 (b) The advisory council shall perform other duties as directed by the commissioner.
- 137.4 (c) The advisory council shall annually make recommendations to the commissioner for
137.5 the purposes in section 144A.474, subdivision 11, paragraph (i). The recommendations shall
137.6 address ways the commissioner may improve protection of the public under existing statutes
137.7 and laws and include but are not limited to projects that create and administer training of
137.8 licensees and their employees to improve residents' lives, supporting ways that licensees
137.9 can improve and enhance quality care and ways to provide technical assistance to licensees
137.10 to improve compliance; information technology and data projects that analyze and
137.11 communicate information about trends of violations or lead to ways of improving client
137.12 care; communications strategies to licensees and the public; and other projects or pilots that
137.13 benefit clients, families, and the public.

137.14 Sec. 28. Minnesota Statutes 2020, section 144A.75, subdivision 12, is amended to read:

137.15 Subd. 12. **Palliative care.** "Palliative care" means ~~the total active care of patients whose~~
137.16 ~~disease is not responsive to curative treatment. Control of pain, of other symptoms, and of~~
137.17 ~~psychological, social, and spiritual problems is paramount specialized medical care for~~
137.18 ~~people living with a serious illness or life-limiting condition. This type of care is focused~~
137.19 ~~on reducing the pain, symptoms, and stress of a serious illness or condition. Palliative care~~
137.20 ~~is a team-based approach to care, providing essential support at any age or stage of a serious~~
137.21 ~~illness or condition, and is often provided together with curative treatment. The goal of~~
137.22 ~~palliative care is the achievement of the best quality of life for patients and their families~~
137.23 ~~to improve quality of life for both the patient and the patient's family or care partner.~~

137.24 Sec. 29. Minnesota Statutes 2020, section 144G.08, is amended by adding a subdivision
137.25 to read:

137.26 Subd. 62a. **Serious injury.** "Serious injury" has the meaning given in section 245.91,
137.27 subdivision 6.

137.28 Sec. 30. Minnesota Statutes 2020, section 144G.15, is amended to read:

137.29 **144G.15 CONSIDERATION OF APPLICATIONS.**

137.30 (a) Before issuing a provisional license or license or renewing a license, the commissioner
137.31 shall consider an applicant's compliance history in providing care in this state or any other
138.1 state in a facility that provides care to children, the elderly, ill individuals, or individuals
138.2 with disabilities.

138.3 (b) The applicant's compliance history shall include repeat violation, rule violations, and
138.4 any license or certification involuntarily suspended or terminated during an enforcement
138.5 process.

138.6 (c) The commissioner may deny, revoke, suspend, restrict, or refuse to renew the license
138.7 or impose conditions if:

138.8 (1) the applicant fails to provide complete and accurate information on the application
138.9 and the commissioner concludes that the missing or corrected information is needed to
138.10 determine if a license shall be granted;

138.11 (2) the applicant, knowingly or with reason to know, made a false statement of a material
138.12 fact in an application for the license or any data attached to the application or in any matter
138.13 under investigation by the department;

138.14 (3) the applicant refused to allow agents of the commissioner to inspect its books, records,
138.15 and files related to the license application, or any portion of the premises;

138.16 (4) the applicant willfully prevented, interfered with, or attempted to impede in any way:

138.17 (i) the work of any authorized representative of the commissioner, the ombudsman for
138.18 long-term care, or the ombudsman for mental health and developmental disabilities; or (ii)

327.11 Sec. 8. Minnesota Statutes 2020, section 144A.75, subdivision 12, is amended to read:

327.12 Subd. 12. **Palliative care.** "Palliative care" means ~~the total active care of patients whose~~
327.13 ~~disease is not responsive to curative treatment. Control of pain, of other symptoms, and of~~
327.14 ~~psychological, social, and spiritual problems is paramount specialized medical care for~~
327.15 ~~individuals living with a serious illness or life-limiting condition. This type of care is focused~~
327.16 ~~on reducing the pain, symptoms, and stress of a serious illness or condition. Palliative care~~
327.17 ~~is a team-based approach to care, providing essential support at any age or stage of a serious~~
327.18 ~~illness or condition, and is often provided together with curative treatment. The goal of~~
327.19 ~~palliative care is the achievement of the best quality of life for patients and their families~~
327.20 ~~to improve quality of life for both the patient and the patient's family or care partner.~~

138.19 the duties of the commissioner, local law enforcement, city or county attorneys, adult
138.20 protection, county case managers, or other local government personnel;

138.21 (5) the applicant, owner, controlling individual, managerial official, or assisted living
138.22 director for the facility has a history of noncompliance with federal or state regulations that
138.23 were detrimental to the health, welfare, or safety of a resident or a client; or

138.24 (6) the applicant violates any requirement in this chapter.

138.25 (d) If a license is denied, the applicant has the reconsideration rights available under
138.26 section 144G.16, subdivision 4.

138.27 Sec. 31. Minnesota Statutes 2020, section 144G.17, is amended to read:

138.28 **144G.17 LICENSE RENEWAL.**

138.29 A license that is not a provisional license may be renewed for a period of up to one year
138.30 if the licensee:

139.1 (1) submits an application for renewal in the format provided by the commissioner at
139.2 least 60 calendar days before expiration of the license;

139.3 (2) submits the renewal fee under section 144G.12, subdivision 3;

139.4 (3) submits the late fee under section 144G.12, subdivision 4, if the renewal application
139.5 is received less than 30 days before the expiration date of the license or after the expiration
139.6 of the license;

139.7 (4) provides information sufficient to show that the applicant meets the requirements of
139.8 licensure, including items required under section 144G.12, subdivision 1; ~~and~~

139.9 (5) provides information sufficient to show the licensee provided assisted living services
139.10 to at least one resident during the immediately preceding license year and at the assisted
139.11 living facility listed on the license; and

139.12 ~~(6)~~ (6) provides any other information deemed necessary by the commissioner.

139.13 Sec. 32. Minnesota Statutes 2020, section 144G.19, is amended by adding a subdivision
139.14 to read:

139.15 Subd. 4. **Change of licensee.** Notwithstanding any other provision of law, a change of
139.16 licensee under subdivision 2 does not require the facility to meet the design requirements
139.17 of section 144G.45, subdivisions 4 to 6, or 144G.81, subdivision 3.

327.21 Sec. 9. **[144G.195] CHANGE IN LOCATION; NEW LICENSE NOT REQUIRED.**

327.22 Subdivision 1. **Move to new location.** (a) An assisted living facility with a licensed
327.23 resident capacity of six residents or fewer may operate under the facility's current license
327.24 if the facility moves to a new location no more than once during the period the current

139.18 Sec. 33. Minnesota Statutes 2020, section 144G.20, subdivision 1, is amended to read:

139.19 Subdivision 1. **Conditions.** (a) The commissioner may refuse to grant a provisional
139.20 license, refuse to grant a license as a result of a change in ownership, refuse to renew a
139.21 license, suspend or revoke a license, or impose a conditional license if the owner, controlling
139.22 individual, or employee of an assisted living facility:

139.23 (1) is in violation of, or during the term of the license has violated, any of the requirements
139.24 in this chapter or adopted rules;

139.25 (2) permits, aids, or abets the commission of any illegal act in the provision of assisted
139.26 living services;

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

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

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

140.1 (6) denies representatives of the department access to any part of the facility's books,
140.2 records, files, or employees;

140.3 (7) interferes with or impedes a representative of the department in contacting the facility's
140.4 residents;

140.5 (8) interferes with or impedes ombudsman access according to section 256.9742,
140.6 subdivision 4, or interferes with or impedes access by the Office of Ombudsman for Mental
140.7 Health and Developmental Disabilities according to section 245.94, subdivision 1;

140.8 (9) interferes with or impedes a representative of the department in the enforcement of
140.9 this chapter or fails to fully cooperate with an inspection, survey, or investigation by the
140.10 department;

327.25 license is valid. A facility governed by this paragraph is not required to apply for a new
327.26 license solely because of the move to a new location, and the facility's current license remains
327.27 valid until the expiration date specified on the license.

327.28 (b) A facility that moves to a new location more than once during the period the current
327.29 license is valid must apply for a new license prior to providing assisted living services at
327.30 the second new location.

327.31 Subd. 2. **Survey.** The commissioner shall conduct a survey of an assisted living facility
327.32 governed by subdivision 1, paragraph (a), within six months after the licensee begins
327.33 providing assisted living services at the new location.

328.1 Subd. 3. **Notice.** A licensee must notify the commissioner in writing of the facility's new
328.2 address at least 60 calendar days before the licensee begins providing assisted living services
328.3 at the new location.

140.11 (10) destroys or makes unavailable any records or other evidence relating to the assisted
140.12 living facility's compliance with this chapter;

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

140.14 (12) fails to timely pay any fines assessed by the commissioner;

140.15 (13) violates any local, city, or township ordinance relating to housing or assisted living
140.16 services;

140.17 (14) has repeated incidents of personnel performing services beyond their competency
140.18 level; or

140.19 (15) has operated beyond the scope of the assisted living facility's license category.

140.20 (b) A violation by a contractor providing the assisted living services of the facility is a
140.21 violation by the facility.

140.22 Sec. 34. Minnesota Statutes 2020, section 144G.20, subdivision 4, is amended to read:

140.23 Subd. 4. **Mandatory revocation.** Notwithstanding the provisions of subdivision 13,
140.24 paragraph (a), the commissioner must revoke a license if a controlling individual of the
140.25 facility is convicted of a felony or gross misdemeanor that relates to operation of the facility
140.26 or directly affects resident safety or care. The commissioner shall notify the facility and the
140.27 Office of Ombudsman for Long-Term Care and the Office of Ombudsman for Mental Health
140.28 and Developmental Disabilities 30 calendar days in advance of the date of revocation.

141.1 Sec. 35. Minnesota Statutes 2020, section 144G.20, subdivision 5, is amended to read:

141.2 Subd. 5. **Owners and managerial officials; refusal to grant license.** (a) The owners
141.3 and managerial officials of a facility whose Minnesota license has not been renewed or
141.4 whose ~~Minnesota~~ license in this state or any other state has been revoked because of
141.5 noncompliance with applicable laws or rules shall not be eligible to apply for nor will be
141.6 granted an assisted living facility license under this chapter or a home care provider license
141.7 under chapter 144A, or be given status as an enrolled personal care assistance provider
141.8 agency or personal care assistant by the Department of Human Services under section
141.9 256B.0659, for five years following the effective date of the nonrenewal or revocation. If
141.10 the owners or managerial officials already have enrollment status, the Department of Human
141.11 Services shall terminate that enrollment.

141.12 (b) The commissioner shall not issue a license to a facility for five years following the
141.13 effective date of license nonrenewal or revocation if the owners or managerial officials,
141.14 including any individual who was an owner or managerial official of another licensed
141.15 provider, had a ~~Minnesota~~ license in this state or any other state that was not renewed or
141.16 was revoked as described in paragraph (a).

141.17 (c) Notwithstanding subdivision 1, the commissioner shall not renew, or shall suspend
141.18 or revoke, the license of a facility that includes any individual as an owner or managerial

141.19 official who was an owner or managerial official of a facility whose ~~Minnesota~~ license in
141.20 this state or any other state was not renewed or was revoked as described in paragraph (a)
141.21 for five years following the effective date of the nonrenewal or revocation.

141.22 (d) The commissioner shall notify the facility 30 calendar days in advance of the date
141.23 of nonrenewal, suspension, or revocation of the license.

141.24 Sec. 36. Minnesota Statutes 2020, section 144G.20, subdivision 8, is amended to read:

141.25 Subd. 8. **Controlling individual restrictions.** (a) The commissioner has discretion to
141.26 bar any controlling individual of a facility if the person was a controlling individual of any
141.27 other nursing home, home care provider licensed under chapter 144A, or given status as an
141.28 enrolled personal care assistance provider agency or personal care assistant by the Department
141.29 of Human Services under section 256B.0659, or assisted living facility in the previous
141.30 two-year period and:

141.31 (1) during that period of time the nursing home, home care provider licensed under
141.32 chapter 144A, or given status as an enrolled personal care assistance provider agency or
142.1 personal care assistant by the Department of Human Services under section 256B.0659, or
142.2 assisted living facility incurred the following number of uncorrected or repeated violations:

142.3 (i) two or more repeated violations that created an imminent risk to direct resident care
142.4 or safety; or

142.5 (ii) four or more uncorrected violations that created an imminent risk to direct resident
142.6 care or safety; or

142.7 (2) during that period of time, was convicted of a felony or gross misdemeanor that
142.8 related to the operation of the nursing home, home care provider licensed under chapter
142.9 144A, or given status as an enrolled personal care assistance provider agency or personal
142.10 care assistant by the Department of Human Services under section 256B.0659, or assisted
142.11 living facility, or directly affected resident safety or care.

142.12 (b) When the commissioner bars a controlling individual under this subdivision, the
142.13 controlling individual may appeal the commissioner's decision under chapter 14.

142.14 Sec. 37. Minnesota Statutes 2020, section 144G.20, subdivision 9, is amended to read:

142.15 Subd. 9. **Exception to controlling individual restrictions.** Subdivision 8 does not apply
142.16 to any controlling individual of the facility who had no legal authority to affect or change
142.17 decisions related to the operation of the nursing home ~~or~~ assisted living facility, or home
142.18 care that incurred the uncorrected or repeated violations.

142.19 Sec. 38. Minnesota Statutes 2020, section 144G.20, subdivision 12, is amended to read:

142.20 Subd. 12. **Notice to residents.** (a) Within five business days after proceedings are initiated
142.21 by the commissioner to revoke or suspend a facility's license, or a decision by the
142.22 commissioner not to renew a living facility's license, the controlling individual of the facility

142.23 or a designee must provide to the commissioner ~~and~~, the ombudsman for long-term care,
142.24 and the Office of Ombudsman for Mental Health and Developmental Disabilities the names
142.25 of residents and the names and addresses of the residents' designated representatives and
142.26 legal representatives, and family or other contacts listed in the assisted living contract.

142.27 (b) The controlling individual or designees of the facility must provide updated
142.28 information each month until the proceeding is concluded. If the controlling individual or
142.29 designee of the facility fails to provide the information within this time, the facility is subject
142.30 to the issuance of:

142.31 (1) a correction order; and

143.1 (2) a penalty assessment by the commissioner in rule.

143.2 (c) Notwithstanding subdivisions 21 and 22, any correction order issued under this
143.3 subdivision must require that the facility immediately comply with the request for information
143.4 and that, as of the date of the issuance of the correction order, the facility shall forfeit to the
143.5 state a \$500 fine the first day of noncompliance and an increase in the \$500 fine by \$100
143.6 increments for each day the noncompliance continues.

143.7 (d) Information provided under this subdivision may be used by the commissioner ~~or~~,
143.8 the ombudsman for long-term care, or the Office of Ombudsman for Mental Health and
143.9 Developmental Disabilities only for the purpose of providing affected consumers information
143.10 about the status of the proceedings.

143.11 (e) Within ten business days after the commissioner initiates proceedings to revoke,
143.12 suspend, or not renew a facility license, the commissioner must send a written notice of the
143.13 action and the process involved to each resident of the facility, legal representatives and
143.14 designated representatives, and at the commissioner's discretion, additional resident contacts.

143.15 (f) The commissioner shall provide the ombudsman for long-term care and the Office
143.16 of Ombudsman for Mental Health and Developmental Disabilities with monthly information
143.17 on the department's actions and the status of the proceedings.

143.18 Sec. 39. Minnesota Statutes 2020, section 144G.20, subdivision 15, is amended to read:

143.19 Subd. 15. **Plan required.** (a) The process of suspending, revoking, or refusing to renew
143.20 a license must include a plan for transferring affected residents' cares to other providers by
143.21 the facility. The commissioner shall monitor the transfer plan. Within three calendar days
143.22 of being notified of the final revocation, refusal to renew, or suspension, the licensee shall
143.23 provide the commissioner, the lead agencies as defined in section 256B.0911, county adult
143.24 protection and case managers, ~~and~~ the ombudsman for long-term care, and the Office of
143.25 Ombudsman for Mental Health and Developmental Disabilities with the following
143.26 information:

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

143.28 (2) a list of the resident's legal representatives and designated representatives and family
143.29 or other contacts listed in the assisted living contract, including full names and all contact
143.30 information on file;

143.31 (3) the location or current residence of each resident;

144.1 (4) the payor sources for each resident, including payor source identification numbers;
144.2 and

144.3 (5) for each resident, a copy of the resident's service plan and a list of the types of services
144.4 being provided.

144.5 (b) The revocation, refusal to renew, or suspension notification requirement is satisfied
144.6 by mailing the notice to the address in the license record. The licensee shall cooperate with
144.7 the commissioner and the lead agencies, county adult protection and case managers, ~~and~~
144.8 the ombudsman for long-term care, and the Office of Ombudsman for Mental Health and
144.9 Developmental Disabilities during the process of transferring care of residents to qualified
144.10 providers. Within three calendar days of being notified of the final revocation, refusal to
144.11 renew, or suspension action, the facility must notify and disclose to each of the residents,
144.12 or the resident's legal and designated representatives or emergency contact persons, that the
144.13 commissioner is taking action against the facility's license by providing a copy of the
144.14 revocation, refusal to renew, or suspension notice issued by the commissioner. If the facility
144.15 does not comply with the disclosure requirements in this section, the commissioner shall
144.16 notify the residents, legal and designated representatives, or emergency contact persons
144.17 about the actions being taken. Lead agencies, county adult protection and case managers,
144.18 and the Office of Ombudsman for Long-Term Care may also provide this information. The
144.19 revocation, refusal to renew, or suspension notice is public data except for any private data
144.20 contained therein.

144.21 (c) A facility subject to this subdivision may continue operating while residents are being
144.22 transferred to other service providers.

144.23 Sec. 40. Minnesota Statutes 2020, section 144G.30, subdivision 5, is amended to read:

144.24 Subd. 5. **Correction orders.** (a) A correction order may be issued whenever the
144.25 commissioner finds upon survey or during a complaint investigation that a facility, a
144.26 managerial official, an agent of the facility, or an employee of the facility is not in compliance
144.27 with this chapter. The correction order shall cite the specific statute and document areas of
144.28 noncompliance and the time allowed for correction.

144.29 (b) The commissioner shall mail or e-mail copies of any correction order to the facility
144.30 within 30 calendar days after the survey exit date. A copy of each correction order and
144.31 copies of any documentation supplied to the commissioner shall be kept on file by the
144.32 facility and public documents shall be made available for viewing by any person upon
144.33 request. Copies may be kept electronically.

145.1 (c) By the correction order date, the facility must document in the facility's records any
145.2 action taken to comply with the correction order. The commissioner may request a copy of
145.3 this documentation and the facility's action to respond to the correction order in future
145.4 surveys, upon a complaint investigation, and as otherwise needed.

145.5 Sec. 41. Minnesota Statutes 2020, section 144G.31, subdivision 4, is amended to read:

145.6 Subd. 4. **Fine amounts.** (a) Fines and enforcement actions under this subdivision may
145.7 be assessed based on the level and scope of the violations described in subdivisions 2 and
145.8 3 as follows and may be imposed immediately with no opportunity to correct the violation
145.9 prior to imposition:

145.10 (1) Level 1, no fines or enforcement;

145.11 (2) Level 2, a fine of \$500 per violation, in addition to any enforcement mechanism
145.12 authorized in section 144G.20 for widespread violations;

145.13 (3) Level 3, a fine of \$3,000 per violation ~~per incident~~, in addition to any enforcement
145.14 mechanism authorized in section 144G.20;

145.15 (4) Level 4, a fine of \$5,000 per ~~incident~~ violation, in addition to any enforcement
145.16 mechanism authorized in section 144G.20; and

145.17 (5) for maltreatment violations for which the licensee was determined to be responsible
145.18 for the maltreatment under section 626.557, subdivision 9c, paragraph (c), a fine of \$1,000
145.19 per incident. A fine of \$5,000 per incident may be imposed if the commissioner determines
145.20 the licensee is responsible for maltreatment consisting of sexual assault, death, or abuse
145.21 resulting in serious injury.

145.22 (b) When a fine is assessed against a facility for substantiated maltreatment, the
145.23 commissioner shall not also impose an immediate fine under this chapter for the same
145.24 circumstance.

145.25 Sec. 42. Minnesota Statutes 2020, section 144G.31, subdivision 8, is amended to read:

145.26 Subd. 8. **Deposit of fines.** Fines collected under this section shall be deposited in a
145.27 dedicated special revenue account. On an annual basis, the balance in the special revenue
145.28 account shall be appropriated to the commissioner for special projects to improve ~~home~~
145.29 care resident quality of care and outcomes in assisted living facilities licensed under this
145.30 chapter in Minnesota as recommended by the advisory council established in section
145.31 144A.4799.

146.1 **EFFECTIVE DATE.** This section is effective retroactively for fines collected on or
146.2 after August 1, 2021.

146.3 Sec. 43. Minnesota Statutes 2020, section 144G.41, subdivision 7, is amended to read:

146.4 Subd. 7. **Resident grievances; reporting maltreatment.** All facilities must post in a
146.5 conspicuous place information about the facilities' grievance procedure, and the name,

146.6 telephone number, and e-mail contact information for the individuals who are responsible
146.7 for handling resident grievances. The notice must also have the contact information for the
146.8 ~~state and applicable regional~~ Office of Ombudsman for Long-Term Care and the Office of
146.9 Ombudsman for Mental Health and Developmental Disabilities, and must have information
146.10 for reporting suspected maltreatment to the Minnesota Adult Abuse Reporting Center. The
146.11 notice must also state that if an individual has a complaint about the facility or person
146.12 providing services, the individual may contact the Office of Health Facility Complaints at
146.13 the Minnesota Department of Health.

146.14 Sec. 44. Minnesota Statutes 2020, section 144G.41, subdivision 8, is amended to read:

146.15 Subd. 8. **Protecting resident rights.** All facilities shall ensure that every resident has
146.16 access to consumer advocacy or legal services by:

146.17 (1) providing names and contact information, including telephone numbers and e-mail
146.18 addresses of at least three organizations that provide advocacy or legal services to residents,
146.19 one of which must include the designated protection and advocacy organization in Minnesota
146.20 that provides advice and representation to individuals with disabilities;

146.21 (2) providing the name and contact information for the Minnesota Office of Ombudsman
146.22 for Long-Term Care and the Office of Ombudsman for Mental Health and Developmental
146.23 Disabilities; ~~including both the state and regional contact information;~~

146.24 (3) assisting residents in obtaining information on whether Medicare or medical assistance
146.25 under chapter 256B will pay for services;

146.26 (4) making reasonable accommodations for people who have communication disabilities
146.27 and those who speak a language other than English; and

146.28 (5) providing all information and notices in plain language and in terms the residents
146.29 can understand.

147.1 Sec. 45. Minnesota Statutes 2020, section 144G.42, subdivision 10, is amended to read:

147.2 Subd. 10. **Disaster planning and emergency preparedness plan.** (a) The facility must
147.3 meet the following requirements:

147.4 (1) have a written emergency disaster plan that contains a plan for evacuation, addresses
147.5 elements of sheltering in place, identifies temporary relocation sites, and details staff
147.6 assignments in the event of a disaster or an emergency;

147.7 (2) post an emergency disaster plan prominently;

147.8 (3) provide building emergency exit diagrams to all residents;

147.9 (4) post emergency exit diagrams on each floor; and

147.10 (5) have a written policy and procedure regarding missing ~~tenant~~ residents.

147.11 (b) The facility must provide emergency and disaster training to all staff during the initial
 147.12 staff orientation and annually thereafter and must make emergency and disaster training
 147.13 annually available to all residents. Staff who have not received emergency and disaster
 147.14 training are allowed to work only when trained staff are also working on site.

147.15 (c) The facility must meet any additional requirements adopted in rule.

328.4 Sec. 10. Minnesota Statutes 2021 Supplement, section 144G.45, subdivision 4, is amended
 328.5 to read:

328.6 Subd. 4. **Design requirements.** (a) All assisted living facilities with six or more residents
 328.7 must meet the provisions relevant to assisted living facilities in the 2018 edition of the
 328.8 Facility Guidelines Institute "Guidelines for Design and Construction of Residential Health,
 328.9 Care and Support Facilities" and of adopted rules. This minimum design standard must be
 328.10 met for all new licenses with a licensed resident capacity of six or more, or new construction.
 328.11 In addition to the guidelines, assisted living facilities shall provide the option of a bath in
 328.12 addition to a shower for all residents.

328.13 (b) If the commissioner decides to update the edition of the guidelines specified in
 328.14 paragraph (a) for purposes of this subdivision, the commissioner must notify the chairs and
 328.15 ranking minority members of the legislative committees and divisions with jurisdiction over
 328.16 health care and public safety of the planned update by January 15 of the year in which the
 328.17 new edition will become effective. Following notice from the commissioner, the new edition
 328.18 shall become effective for assisted living facilities beginning August 1 of that year, unless
 328.19 provided otherwise in law. The commissioner shall, by publication in the State Register,
 328.20 specify a date by which facilities must comply with the updated edition. The date by which
 328.21 facilities must comply shall not be sooner than six months after publication of the
 328.22 commissioner's notice in the State Register.

328.23 Sec. 11. Minnesota Statutes 2021 Supplement, section 144G.45, subdivision 5, is amended
 328.24 to read:

328.25 Subd. 5. **Assisted living facilities; Life Safety Code.** (a) All assisted living facilities
 328.26 with six or more residents must meet the applicable provisions of the 2018 edition of the
 328.27 NFPA Standard 101, Life Safety Code, Residential Board and Care Occupancies chapter.
 328.28 The minimum design standard shall be met for all new licenses with a licensed resident
 328.29 capacity of six or more, or new construction.

328.30 (b) If the commissioner decides to update the Life Safety Code for purposes of this
 328.31 subdivision, the commissioner must notify the chairs and ranking minority members of the
 328.32 legislative committees and divisions with jurisdiction over health care and public safety of
 328.33 the planned update by January 15 of the year in which the new Life Safety Code will become
 329.1 effective. Following notice from the commissioner, the new edition shall become effective
 329.2 for assisted living facilities beginning August 1 of that year, unless provided otherwise in
 329.3 law. The commissioner shall, by publication in the State Register, specify a date by which

329.4 facilities must comply with the updated Life Safety Code. The date by which facilities must
329.5 comply shall not be sooner than six months after publication of the commissioner's notice
329.6 in the State Register.

329.7 Sec. 12. Minnesota Statutes 2020, section 144G.45, subdivision 6, is amended to read:

329.8 Subd. 6. **New construction; plans.** (a) For all new licensure for a facility with a proposed
329.9 licensed resident capacity of six or more and all new construction beginning on or after
329.10 August 1, 2021, the following must be provided to the commissioner:

329.11 (1) architectural and engineering plans and specifications for new construction must be
329.12 prepared and signed by architects and engineers who are registered in Minnesota. Final
329.13 working drawings and specifications for proposed construction must be submitted to the
329.14 commissioner for review and approval;

329.15 (2) final architectural plans and specifications must include elevations and sections
329.16 through the building showing types of construction, and must indicate dimensions and
329.17 assignments of rooms and areas, room finishes, door types and hardware, elevations and
329.18 details of nurses' work areas, utility rooms, toilet and bathing areas, and large-scale layouts
329.19 of dietary and laundry areas. Plans must show the location of fixed equipment and sections
329.20 and details of elevators, chutes, and other conveying systems. Fire walls and smoke partitions
329.21 must be indicated. The roof plan must show all mechanical installations. The site plan must
329.22 indicate the proposed and existing buildings, topography, roadways, walks and utility service
329.23 lines; and

329.24 (3) final mechanical and electrical plans and specifications must address the complete
329.25 layout and type of all installations, systems, and equipment to be provided. Heating plans
329.26 must include heating elements, piping, thermostatic controls, pumps, tanks, heat exchangers,
329.27 boilers, breeching, and accessories. Ventilation plans must include room air quantities,
329.28 ducts, fire and smoke dampers, exhaust fans, humidifiers, and air handling units. Plumbing
329.29 plans must include the fixtures and equipment fixture schedule; water supply and circulating
329.30 piping, pumps, tanks, riser diagrams, and building drains; the size, location, and elevation
329.31 of water and sewer services; and the building fire protection systems. Electrical plans must
329.32 include fixtures and equipment, receptacles, switches, power outlets, circuits, power and
329.33 light panels, transformers, and service feeders. Plans must show location of nurse call signals,
329.34 cable lines, fire alarm stations, and fire detectors and emergency lighting.

330.1 (b) Unless construction is begun within one year after approval of the final working
330.2 drawing and specifications, the drawings must be resubmitted for review and approval.

330.3 (c) The commissioner must be notified within 30 days before completion of construction
330.4 so that the commissioner can make arrangements for a final inspection by the commissioner.

330.5 (d) At least one set of complete life safety plans, including changes resulting from
330.6 remodeling or alterations, must be kept on file in the facility.

- 330.7 Sec. 13. Minnesota Statutes 2020, section 144G.45, subdivision 7, is amended to read:
- 330.8 Subd. 7. **Variance or waiver.** (a) A facility may request that the commissioner grant a
330.9 variance or waiver from the provisions of this section or section 144G.81, subdivision 5. A
330.10 request for a waiver must be submitted to the commissioner in writing. Each request must
330.11 contain:
- 330.12 (1) the specific requirement for which the variance or waiver is requested;
- 330.13 (2) the reasons for the request;
- 330.14 (3) the alternative measures that will be taken if a variance or waiver is granted;
- 330.15 (4) the length of time for which the variance or waiver is requested; and
- 330.16 (5) other relevant information deemed necessary by the commissioner to properly evaluate
330.17 the request for the waiver.
- 330.18 (b) The decision to grant or deny a variance or waiver must be based on the
330.19 commissioner's evaluation of the following criteria:
- 330.20 (1) whether the waiver will adversely affect the health, treatment, comfort, safety, or
330.21 well-being of a resident;
- 330.22 (2) whether the alternative measures to be taken, if any, are equivalent to or superior to
330.23 those permitted under section 144G.81, subdivision 5; ~~and~~
- 330.24 (3) whether compliance with the requirements would impose an undue burden on the
330.25 facility; and
- 330.26 (4) notwithstanding clauses (1) to (3), when an existing building is proposed to be
330.27 repurposed to meet a critical community need for additional assisted living facility capacity,
330.28 whether the waiver will adequately protect the health and safety of the residents.
- 330.29 (c) The commissioner must notify the facility in writing of the decision. If a variance or
330.30 waiver is granted, the notification must specify the period of time for which the variance
331.1 or waiver is effective and the alternative measures or conditions, if any, to be met by the
331.2 facility.
- 331.3 (d) Alternative measures or conditions attached to a variance or waiver have the force
331.4 and effect of this chapter and are subject to the issuance of correction orders and fines in
331.5 accordance with sections 144G.30, subdivision 7, and 144G.31. The amount of fines for a
331.6 violation of this subdivision is that specified for the specific requirement for which the
331.7 variance or waiver was requested.
- 331.8 (e) A request for renewal of a variance or waiver must be submitted in writing at least
331.9 45 days before its expiration date. Renewal requests must contain the information specified
331.10 in paragraph (b). A variance or waiver must be renewed by the commissioner if the facility
331.11 continues to satisfy the criteria in paragraph (a) and demonstrates compliance with the

147.16 Sec. 46. Minnesota Statutes 2020, section 144G.50, subdivision 2, is amended to read:

147.17 Subd. 2. **Contract information.** (a) The contract must include in a conspicuous place
147.18 and manner on the contract the legal name and the ~~license number~~ health facility identification
147.19 of the facility.

147.20 (b) The contract must include the name, telephone number, and physical mailing address,
147.21 which may not be a public or private post office box, of:

147.22 (1) the facility and contracted service provider when applicable;

147.23 (2) the licensee of the facility;

147.24 (3) the managing agent of the facility, if applicable; and

147.25 (4) the authorized agent for the facility.

147.26 (c) The contract must include:

147.27 (1) a disclosure of the category of assisted living facility license held by the facility and,
147.28 if the facility is not an assisted living facility with dementia care, a disclosure that it does
147.29 not hold an assisted living facility with dementia care license;

148.1 (2) a description of all the terms and conditions of the contract, including a description
148.2 of and any limitations to the housing or assisted living services to be provided for the
148.3 contracted amount;

148.4 (3) a delineation of the cost and nature of any other services to be provided for an
148.5 additional fee;

148.6 (4) a delineation and description of any additional fees the resident may be required to
148.7 pay if the resident's condition changes during the term of the contract;

331.12 alternative measures or conditions imposed at the time the original variance or waiver was
331.13 granted.

331.14 (f) The commissioner must deny, revoke, or refuse to renew a variance or waiver if it
331.15 is determined that the criteria in paragraph (a) are not met. The facility must be notified in
331.16 writing of the reasons for the decision and informed of the right to appeal the decision.

331.17 (g) A facility may contest the denial, revocation, or refusal to renew a variance or waiver
331.18 by requesting a contested case hearing under chapter 14. The facility must submit, within
331.19 15 days of the receipt of the commissioner's decision, a written request for a hearing. The
331.20 request for hearing must set forth in detail the reasons why the facility contends the decision
331.21 of the commissioner should be reversed or modified. At the hearing, the facility has the
331.22 burden of proving by a preponderance of the evidence that the facility satisfied the criteria
331.23 specified in paragraph (b), except in a proceeding challenging the revocation of a variance
331.24 or waiver.

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

- 148.8 (5) a delineation of the grounds under which the resident may be ~~discharged, evicted,~~
148.9 ~~or transferred or have housing or services terminated or be subject to an emergency~~
148.10 relocation;
- 148.11 (6) billing and payment procedures and requirements; and
- 148.12 (7) disclosure of the facility's ability to provide specialized diets.
- 148.13 (d) The contract must include a description of the facility's complaint resolution process
148.14 available to residents, including the name and contact information of the person representing
148.15 the facility who is designated to handle and resolve complaints.
- 148.16 (e) The contract must include a clear and conspicuous notice of:
- 148.17 (1) the right under section 144G.54 to appeal the termination of an assisted living contract;
- 148.18 (2) the facility's policy regarding transfer of residents within the facility, under what
148.19 circumstances a transfer may occur, and the circumstances under which resident consent is
148.20 required for a transfer;
- 148.21 (3) contact information for the Office of Ombudsman for Long-Term Care, the
148.22 Ombudsman for Mental Health and Developmental Disabilities, and the Office of Health
148.23 Facility Complaints;
- 148.24 (4) the resident's right to obtain services from an unaffiliated service provider;
- 148.25 (5) a description of the facility's policies related to medical assistance waivers under
148.26 chapter 256S and section 256B.49 and the housing support program under chapter 256I,
148.27 including:
- 148.28 (i) whether the facility is enrolled with the commissioner of human services to provide
148.29 customized living services under medical assistance waivers;
- 148.30 (ii) whether the facility has an agreement to provide housing support under section
148.31 256I.04, subdivision 2, paragraph (b);
- 149.1 (iii) whether there is a limit on the number of people residing at the facility who can
149.2 receive customized living services or participate in the housing support program at any
149.3 point in time. If so, the limit must be provided;
- 149.4 (iv) whether the facility requires a resident to pay privately for a period of time prior to
149.5 accepting payment under medical assistance waivers or the housing support program, and
149.6 if so, the length of time that private payment is required;
- 149.7 (v) a statement that medical assistance waivers provide payment for services, but do not
149.8 cover the cost of rent;
- 149.9 (vi) a statement that residents may be eligible for assistance with rent through the housing
149.10 support program; and

- 149.11 (vii) a description of the rent requirements for people who are eligible for medical
149.12 assistance waivers but who are not eligible for assistance through the housing support
149.13 program;
- 149.14 (6) the contact information to obtain long-term care consulting services under section
149.15 256B.0911; and
- 149.16 (7) the toll-free phone number for the Minnesota Adult Abuse Reporting Center.
- 149.17 **EFFECTIVE DATE.** This section is effective the day following final enactment, except
149.18 that the amendment to paragraph (a) is effective for assisted living contracts executed on
149.19 or after August 1, 2022.
- 149.20 Sec. 47. Minnesota Statutes 2020, section 144G.52, subdivision 2, is amended to read:
- 149.21 Subd. 2. **Prerequisite to termination of a contract.** (a) Before issuing a notice of
149.22 termination of an assisted living contract, a facility must schedule and participate in a meeting
149.23 with the resident and the resident's legal representative and designated representative. The
149.24 purposes of the meeting are to:
- 149.25 (1) explain in detail the reasons for the proposed termination; and
- 149.26 (2) identify and offer reasonable accommodations or modifications, interventions, or
149.27 alternatives to avoid the termination or enable the resident to remain in the facility, including
149.28 but not limited to securing services from another provider of the resident's choosing that
149.29 may allow the resident to avoid the termination. A facility is not required to offer
149.30 accommodations, modifications, interventions, or alternatives that fundamentally alter the
149.31 nature of the operation of the facility.
- 150.1 (b) The meeting must be scheduled to take place at least seven days before a notice of
150.2 termination is issued. The facility must make reasonable efforts to ensure that the resident,
150.3 legal representative, and designated representative are able to attend the meeting.
- 150.4 (c) The facility must notify the resident that the resident may invite family members,
150.5 relevant health professionals, a representative of the Office of Ombudsman for Long-Term
150.6 Care, a representative of the Office of Ombudsman for Mental Health and Developmental
150.7 Disabilities, or other persons of the resident's choosing to participate in the meeting. For
150.8 residents who receive home and community-based waiver services under chapter 256S and
150.9 section 256B.49, the facility must notify the resident's case manager of the meeting.
- 150.10 (d) In the event of an emergency relocation under subdivision 9, where the facility intends
150.11 to issue a notice of termination and an in-person meeting is impractical or impossible, the
150.12 facility ~~may attempt to schedule and participate in a meeting under this subdivision via~~ must
150.13 use telephone, video, or other electronic means to conduct and participate in the meeting
150.14 required under this subdivision and rules within Minnesota Rules, chapter 4659.

150.15 Sec. 48. Minnesota Statutes 2020, section 144G.52, subdivision 8, is amended to read:

150.16 Subd. 8. **Content of notice of termination.** The notice required under subdivision 7
150.17 must contain, at a minimum:

150.18 (1) the effective date of the termination of the assisted living contract;

150.19 (2) a detailed explanation of the basis for the termination, including the clinical or other
150.20 supporting rationale;

150.21 (3) a detailed explanation of the conditions under which a new or amended contract may
150.22 be executed;

150.23 (4) a statement that the resident has the right to appeal the termination by requesting a
150.24 hearing, and information concerning the time frame within which the request must be
150.25 submitted and the contact information for the agency to which the request must be submitted;

150.26 (5) a statement that the facility must participate in a coordinated move to another provider
150.27 or caregiver, as required under section 144G.55;

150.28 (6) the name and contact information of the person employed by the facility with whom
150.29 the resident may discuss the notice of termination;

150.30 (7) information on how to contact the Office of Ombudsman for Long-Term Care and
150.31 the Office of Ombudsman for Mental Health and Developmental Disabilities to request an
150.32 advocate to assist regarding the termination;

151.1 (8) information on how to contact the Senior LinkAge Line under section 256.975,
151.2 subdivision 7, and an explanation that the Senior LinkAge Line may provide information
151.3 about other available housing or service options; and

151.4 (9) if the termination is only for services, a statement that the resident may remain in
151.5 the facility and may secure any necessary services from another provider of the resident's
151.6 choosing.

151.7 Sec. 49. Minnesota Statutes 2020, section 144G.52, subdivision 9, is amended to read:

151.8 Subd. 9. **Emergency relocation.** (a) A facility may remove a resident from the facility
151.9 in an emergency if necessary due to a resident's urgent medical needs or an imminent risk
151.10 the resident poses to the health or safety of another facility resident or facility staff member.
151.11 An emergency relocation is not a termination.

151.12 (b) In the event of an emergency relocation, the facility must provide a written notice
151.13 that contains, at a minimum:

151.14 (1) the reason for the relocation;

151.15 (2) the name and contact information for the location to which the resident has been
151.16 relocated and any new service provider;

151.17 (3) contact information for the Office of Ombudsman for Long-Term Care and the Office
151.18 of Ombudsman for Mental Health and Developmental Disabilities;

151.19 (4) if known and applicable, the approximate date or range of dates within which the
151.20 resident is expected to return to the facility, or a statement that a return date is not currently
151.21 known; and

151.22 (5) a statement that, if the facility refuses to provide housing or services after a relocation,
151.23 the resident has the right to appeal under section 144G.54. The facility must provide contact
151.24 information for the agency to which the resident may submit an appeal.

151.25 (c) The notice required under paragraph (b) must be delivered as soon as practicable to:

151.26 (1) the resident, legal representative, and designated representative;

151.27 (2) for residents who receive home and community-based waiver services under chapter
151.28 256S and section 256B.49, the resident's case manager; and

151.29 (3) the Office of Ombudsman for Long-Term Care if the resident has been relocated
151.30 and has not returned to the facility within four days.

152.1 (d) Following an emergency relocation, a facility's refusal to provide housing or services
152.2 constitutes a termination and triggers the termination process in this section.

152.3 Sec. 50. Minnesota Statutes 2020, section 144G.53, is amended to read:

152.4 **144G.53 NONRENEWAL OF HOUSING.**

152.5 (a) If a facility decides to not renew a resident's housing under a contract, the facility
152.6 must either (1) provide the resident with 60 calendar days' notice of the nonrenewal and
152.7 assistance with relocation planning, or (2) follow the termination procedure under section
152.8 144G.52.

152.9 (b) The notice must include the reason for the nonrenewal and contact information of
152.10 the Office of Ombudsman for Long-Term Care and the Office of Ombudsman for Mental
152.11 Health and Developmental Disabilities.

152.12 (c) A facility must:

152.13 (1) provide notice of the nonrenewal to the Office of Ombudsman for Long-Term Care;

152.14 (2) for residents who receive home and community-based waiver services under chapter
152.15 256S and section 256B.49, provide notice to the resident's case manager;

152.16 (3) ensure a coordinated move to a safe location, as defined in section 144G.55,
152.17 subdivision 2, that is appropriate for the resident;

152.18 (4) ensure a coordinated move to an appropriate service provider identified by the facility,
152.19 if services are still needed and desired by the resident;

152.20 (5) consult and cooperate with the resident, legal representative, designated representative,
152.21 case manager for a resident who receives home and community-based waiver services under
152.22 chapter 256S and section 256B.49, relevant health professionals, and any other persons of
152.23 the resident's choosing to make arrangements to move the resident, including consideration
152.24 of the resident's goals; and

152.25 (6) prepare a written plan to prepare for the move.

152.26 (d) A resident may decline to move to the location the facility identifies or to accept
152.27 services from a service provider the facility identifies, and may instead choose to move to
152.28 a location of the resident's choosing or receive services from a service provider of the
152.29 resident's choosing within the timeline prescribed in the nonrenewal notice.

153.1 Sec. 51. Minnesota Statutes 2020, section 144G.55, subdivision 1, is amended to read:

153.2 Subdivision 1. **Duties of facility.** (a) If a facility terminates an assisted living contract,
153.3 reduces services to the extent that a resident needs to move or obtain a new service provider
153.4 or the facility has its license restricted under section 144G.20, or the facility conducts a
153.5 planned closure under section 144G.57, the facility:

153.6 (1) must ensure, subject to paragraph (c), a coordinated move to a safe location that is
153.7 appropriate for the resident and that is identified by the facility prior to any hearing under
153.8 section 144G.54;

153.9 (2) must ensure a coordinated move of the resident to an appropriate service provider
153.10 identified by the facility prior to any hearing under section 144G.54, provided services are
153.11 still needed and desired by the resident; and

153.12 (3) must consult and cooperate with the resident, legal representative, designated
153.13 representative, case manager for a resident who receives home and community-based waiver
153.14 services under chapter 256S and section 256B.49, relevant health professionals, and any
153.15 other persons of the resident's choosing to make arrangements to move the resident, including
153.16 consideration of the resident's goals.

153.17 (b) A facility may satisfy the requirements of paragraph (a), clauses (1) and (2), by
153.18 moving the resident to a different location within the same facility, if appropriate for the
153.19 resident.

153.20 (c) A resident may decline to move to the location the facility identifies or to accept
153.21 services from a service provider the facility identifies, and may choose instead to move to
153.22 a location of the resident's choosing or receive services from a service provider of the
153.23 resident's choosing within the timeline prescribed in the termination notice.

153.24 (d) Sixty days before the facility plans to reduce or eliminate one or more services for
153.25 a particular resident, the facility must provide written notice of the reduction that includes:

153.26 (1) a detailed explanation of the reasons for the reduction and the date of the reduction;

153.27 (2) the contact information for the Office of Ombudsman for Long-Term Care, the Office
153.28 of Ombudsman for Mental Health and Developmental Disabilities, and the name and contact
153.29 information of the person employed by the facility with whom the resident may discuss the
153.30 reduction of services;

153.31 (3) a statement that if the services being reduced are still needed by the resident, the
153.32 resident may remain in the facility and seek services from another provider; and

154.1 (4) a statement that if the reduction makes the resident need to move, the facility must
154.2 participate in a coordinated move of the resident to another provider or caregiver, as required
154.3 under this section.

154.4 (e) In the event of an unanticipated reduction in services caused by extraordinary
154.5 circumstances, the facility must provide the notice required under paragraph (d) as soon as
154.6 possible.

154.7 (f) If the facility, a resident, a legal representative, or a designated representative
154.8 determines that a reduction in services will make a resident need to move to a new location,
154.9 the facility must ensure a coordinated move in accordance with this section, and must provide
154.10 notice to the Office of Ombudsman for Long-Term Care.

154.11 (g) Nothing in this section affects a resident's right to remain in the facility and seek
154.12 services from another provider.

154.13 Sec. 52. Minnesota Statutes 2020, section 144G.55, subdivision 3, is amended to read:

154.14 Subd. 3. **Relocation plan required.** The facility must prepare a relocation plan to prepare
154.15 for the move to ~~the~~ a new safe location or appropriate service provider, as required by this
154.16 section.

154.17 Sec. 53. Minnesota Statutes 2020, section 144G.56, subdivision 3, is amended to read:

154.18 Subd. 3. **Notice required.** (a) A facility must provide at least 30 calendar days' advance
154.19 written notice to the resident and the resident's legal and designated representative of a
154.20 facility-initiated transfer. The notice must include:

154.21 (1) the effective date of the proposed transfer;

154.22 (2) the proposed transfer location;

154.23 (3) a statement that the resident may refuse the proposed transfer, and may discuss any
154.24 consequences of a refusal with staff of the facility;

154.25 (4) the name and contact information of a person employed by the facility with whom
154.26 the resident may discuss the notice of transfer; and

154.27 (5) contact information for the Office of Ombudsman for Long-Term Care and the Office
154.28 of Ombudsman for Mental Health and Developmental Disabilities.

154.29 (b) Notwithstanding paragraph (a), a facility may conduct a facility-initiated transfer of
154.30 a resident with less than 30 days' written notice if the transfer is necessary due to:

155.1 (1) conditions that render the resident's room or private living unit uninhabitable;

155.2 (2) the resident's urgent medical needs; or

155.3 (3) a risk to the health or safety of another resident of the facility.

155.4 Sec. 54. Minnesota Statutes 2020, section 144G.56, subdivision 5, is amended to read:

155.5 Subd. 5. **Changes in facility operations.** (a) In situations where there is a curtailment,
155.6 reduction, or capital improvement within a facility necessitating transfers, the facility must:

155.7 (1) minimize the number of transfers it initiates to complete the project or change in
155.8 operations;

155.9 (2) consider individual resident needs and preferences;

155.10 (3) provide reasonable accommodations for individual resident requests regarding the
155.11 transfers; and

155.12 (4) in advance of any notice to any residents, legal representatives, or designated
155.13 representatives, provide notice to the Office of Ombudsman for Long-Term Care and, ~~when~~
155.14 ~~appropriate,~~ the Office of Ombudsman for Mental Health and Developmental Disabilities
155.15 of the curtailment, reduction, or capital improvement and the corresponding needed transfers.

155.16 Sec. 55. Minnesota Statutes 2020, section 144G.57, subdivision 1, is amended to read:

155.17 Subdivision 1. **Closure plan required.** In the event that an assisted living facility elects
155.18 to voluntarily close the facility, the facility must notify the commissioner ~~and~~ the Office
155.19 of Ombudsman for Long-Term Care, and the Office of Ombudsman for Mental Health and
155.20 Developmental Disabilities in writing by submitting a proposed closure plan.

155.21 Sec. 56. Minnesota Statutes 2020, section 144G.57, subdivision 3, is amended to read:

155.22 Subd. 3. **Commissioner's approval required prior to implementation.** (a) The plan
155.23 shall be subject to the commissioner's approval and subdivision 6. The facility shall take
155.24 no action to close the residence prior to the commissioner's approval of the plan. The
155.25 commissioner shall approve or otherwise respond to the plan as soon as practicable.

155.26 (b) The commissioner may require the facility to work with a transitional team comprised
155.27 of department staff, staff of the Office of Ombudsman for Long-Term Care, the Office of
155.28 Ombudsman for Mental Health and Developmental Disabilities, and other professionals the
155.29 commissioner deems necessary to assist in the proper relocation of residents.

156.1 Sec. 57. Minnesota Statutes 2020, section 144G.57, subdivision 5, is amended to read:

156.2 Subd. 5. **Notice to residents.** After the commissioner has approved the relocation plan
156.3 and at least 60 calendar days before closing, except as provided under subdivision 6, the

156.4 facility must notify residents, designated representatives, and legal representatives of the
156.5 closure, the proposed date of closure, the contact information of the ombudsman for long-term
156.6 care and the ombudsman for mental health and developmental disabilities, and that the
156.7 facility will follow the termination planning requirements under section 144G.55, and final
156.8 accounting and return requirements under section 144G.42, subdivision 5. For residents
156.9 who receive home and community-based waiver services under chapter 256S and section
156.10 256B.49, the facility must also provide this information to the resident's case manager.

156.11 Sec. 58. Minnesota Statutes 2020, section 144G.70, subdivision 2, is amended to read:

156.12 Subd. 2. **Initial reviews, assessments, and monitoring.** (a) Residents who are not
156.13 receiving any assisted living services shall not be required to undergo an initial nursing
156.14 assessment.

156.15 (b) An assisted living facility shall conduct a nursing assessment by a registered nurse
156.16 of the physical and cognitive needs of the prospective resident and propose a temporary
156.17 service plan prior to the date on which a prospective resident executes a contract with a
156.18 facility or the date on which a prospective resident moves in, whichever is earlier. If
156.19 necessitated by either the geographic distance between the prospective resident and the
156.20 facility, or urgent or unexpected circumstances, the assessment may be conducted using
156.21 telecommunication methods based on practice standards that meet the resident's needs and
156.22 reflect person-centered planning and care delivery.

156.23 (c) Resident reassessment and monitoring must be conducted no more than 14 calendar
156.24 days after initiation of services. Ongoing resident reassessment and monitoring must be
156.25 conducted as needed based on changes in the needs of the resident and cannot exceed 90
156.26 calendar days from the last date of the assessment.

156.27 (d) For residents only receiving assisted living services specified in section 144G.08,
156.28 subdivision 9, clauses (1) to (5), the facility shall complete an individualized initial review
156.29 of the resident's needs and preferences. The initial review must be completed within 30
156.30 calendar days of the start of services. Resident monitoring and review must be conducted
156.31 as needed based on changes in the needs of the resident and cannot exceed 90 calendar days
156.32 from the date of the last review.

157.1 (e) A facility must inform the prospective resident of the availability of and contact
157.2 information for long-term care consultation services under section 256B.0911, prior to the
157.3 date on which a prospective resident executes a contract with a facility or the date on which
157.4 a prospective resident moves in, whichever is earlier.

157.5 Sec. 59. Minnesota Statutes 2020, section 144G.70, subdivision 4, is amended to read:

157.6 Subd. 4. **Service plan, implementation, and revisions to service plan.** (a) No later
157.7 than 14 calendar days after the date that services are first provided, an assisted living facility
157.8 shall finalize a current written service plan.

157.9 (b) The service plan and any revisions must include a signature or other authentication
157.10 by the facility and by the resident documenting agreement on the services to be provided.
157.11 The service plan must be revised, if needed, based on resident reassessment under subdivision
157.12 2. The facility must provide information to the resident about changes to the facility's fee
157.13 for services and how to contact the Office of Ombudsman for Long-Term Care and the
157.14 Office of Ombudsman for Mental Health and Developmental Disabilities.

157.15 (c) The facility must implement and provide all services required by the current service
157.16 plan.

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

157.19 (e) Staff providing services must be informed of the current written service plan.

157.20 (f) The service plan must include:

157.21 (1) a description of the services to be provided, the fees for services, and the frequency
157.22 of each service, according to the resident's current assessment and resident preferences;

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

157.24 (3) the schedule and methods of monitoring assessments of the resident;

157.25 (4) the schedule and methods of monitoring staff providing services; and

157.26 (5) a contingency plan that includes:

157.27 (i) the action to be taken if the scheduled service cannot be provided;

157.28 (ii) information and a method to contact the facility;

157.29 (iii) the names and contact information of persons the resident wishes to have notified
157.30 in an emergency or if there is a significant adverse change in the resident's condition,
158.1 including identification of and information as to who has authority to sign for the resident
158.2 in an emergency; and

158.3 (iv) the circumstances in which emergency medical services are not to be summoned
158.4 consistent with chapters 145B and 145C, and declarations made by the resident under those
158.5 chapters.

158.6 Sec. 60. Minnesota Statutes 2020, section 144G.80, subdivision 2, is amended to read:

158.7 Subd. 2. **Demonstrated capacity.** (a) An applicant for licensure as an assisted living
158.8 facility with dementia care must have the ability to provide services in a manner that is
158.9 consistent with the requirements in this section. The commissioner shall consider the
158.10 following criteria, including, but not limited to:

158.11 (1) the experience of the ~~applicant in~~ applicant's assisted living director, managerial
158.12 official, and clinical nurse supervisor managing residents with dementia or previous long-term
158.13 care experience; and

158.14 (2) the compliance history of the applicant in the operation of any care facility licensed,
158.15 certified, or registered under federal or state law.

158.16 (b) If the ~~applicant does~~ applicant's assisted living director and clinical nurse supervisor
158.17 do not have experience in managing residents with dementia, the applicant must employ a
158.18 consultant for at least the first six months of operation. The consultant must meet the
158.19 requirements in paragraph (a), clause (1), and make recommendations on providing dementia
158.20 care services consistent with the requirements of this chapter. The consultant must (1) have
158.21 two years of work experience related to dementia, health care, gerontology, or a related
158.22 field, and (2) have completed at least the minimum core training requirements in section
158.23 144G.64. The applicant must document an acceptable plan to address the consultant's
158.24 identified concerns and must either implement the recommendations or document in the
158.25 plan any consultant recommendations that the applicant chooses not to implement. The
158.26 commissioner must review the applicant's plan upon request.

158.27 (c) The commissioner shall conduct an on-site inspection prior to the issuance of an
158.28 assisted living facility with dementia care license to ensure compliance with the physical
158.29 environment requirements.

158.30 (d) The label "Assisted Living Facility with Dementia Care" must be identified on the
158.31 license.

331.26 Sec. 14. Minnesota Statutes 2021 Supplement, section 144G.81, subdivision 3, is amended
331.27 to read:

331.28 Subd. 3. **Assisted living facilities with dementia care and secured dementia care**
331.29 **unit; Life Safety Code.** (a) All assisted living facilities with dementia care and a secured
331.30 dementia care unit must meet the applicable provisions of the 2018 edition of the NFPA
331.31 Standard 101, Life Safety Code, Healthcare (limited care) chapter. The minimum design
331.32 standards shall be met for all new licenses with a licensed resident capacity of six or more,
331.33 or new construction.

332.1 (b) If the commissioner decides to update the Life Safety Code for purposes of this
332.2 subdivision, the commissioner must notify the chairs and ranking minority members of the
332.3 legislative committees and divisions with jurisdiction over health care and public safety of
332.4 the planned update by January 15 of the year in which the new Life Safety Code will become
332.5 effective. Following notice from the commissioner, the new edition shall become effective
332.6 for assisted living facilities with dementia care and a secured dementia care unit beginning
332.7 August 1 of that year, unless provided otherwise in law. The commissioner shall, by
332.8 publication in the State Register, specify a date by which these facilities must comply with

332.9 the updated Life Safety Code. The date by which these facilities must comply shall not be
332.10 sooner than six months after publication of the commissioner's notice in the State Register.

159.1 Sec. 61. Minnesota Statutes 2020, section 144G.90, subdivision 1, is amended to read:

159.2 Subdivision 1. **Assisted living bill of rights; notification to resident.** (a) An assisted
159.3 living facility must provide the resident a written notice of the rights under section 144G.91
159.4 before the initiation of services to that resident. The facility shall make all reasonable efforts
159.5 to provide notice of the rights to the resident in a language the resident can understand.

159.6 (b) In addition to the text of the assisted living bill of rights in section 144G.91, the
159.7 notice shall also contain the following statement describing how to file a complaint or report
159.8 suspected abuse:

159.9 "If you want to report suspected abuse, neglect, or financial exploitation, you may contact
159.10 the Minnesota Adult Abuse Reporting Center (MAARC). If you have a complaint about
159.11 the facility or person providing your services, you may contact the Office of Health Facility
159.12 Complaints, Minnesota Department of Health. If you would like to request advocacy services,
159.13 you may also contact the Office of Ombudsman for Long-Term Care or the Office of
159.14 Ombudsman for Mental Health and Developmental Disabilities."

159.15 (c) The statement must include contact information for the Minnesota Adult Abuse
159.16 Reporting Center and the telephone number, website address, e-mail address, mailing
159.17 address, and street address of the Office of Health Facility Complaints at the Minnesota
159.18 Department of Health, the Office of Ombudsman for Long-Term Care, and the Office of
159.19 Ombudsman for Mental Health and Developmental Disabilities. The statement must include
159.20 the facility's name, address, e-mail, telephone number, and name or title of the person at
159.21 the facility to whom problems or complaints may be directed. It must also include a statement
159.22 that the facility will not retaliate because of a complaint.

159.23 (d) A facility must obtain written acknowledgment from the resident of the resident's
159.24 receipt of the assisted living bill of rights or shall document why an acknowledgment cannot
159.25 be obtained. Acknowledgment of receipt shall be retained in the resident's record.

159.26 Sec. 62. Minnesota Statutes 2020, section 144G.90, is amended by adding a subdivision
159.27 to read:

159.28 Subd. 6. **Notice to residents.** For any notice to a resident, legal representative, or
159.29 designated representative provided under this chapter or under Minnesota Rules, chapter
159.30 4659, that is required to include information regarding the Office of Ombudsman for
159.31 Long-Term Care and the Office of Ombudsman for Mental Health and Developmental
159.32 Disabilities, the notice must contain the following language: "You may contact the
159.33 Ombudsman for Long-Term Care for questions about your rights as an assisted living facility
160.1 resident and to request advocacy services. As an assisted living facility resident, you may
160.2 contact the Ombudsman for Mental Health and Developmental Disabilities to request

160.3 advocacy regarding your rights, concerns, or questions on issues relating to services for
160.4 mental health, developmental disabilities, or chemical dependency."

160.5 Sec. 63. Minnesota Statutes 2020, section 144G.91, subdivision 13, is amended to read:

160.6 Subd. 13. **Personal and treatment privacy.** (a) Residents have the right to consideration
160.7 of their privacy, individuality, and cultural identity as related to their social, religious, and
160.8 psychological well-being. Staff must respect the privacy of a resident's space by knocking
160.9 on the door and seeking consent before entering, except in an emergency or ~~where clearly~~
160.10 ~~inadvisable~~ or unless otherwise documented in the resident's service plan.

160.11 (b) Residents have the right to have and use a lockable door to the resident's unit. The
160.12 facility shall provide locks on the resident's unit. Only a staff member with a specific need
160.13 to enter the unit shall have keys. This right may be restricted in certain circumstances if
160.14 necessary for a resident's health and safety and documented in the resident's service plan.

160.15 (c) Residents have the right to respect and privacy regarding the resident's service plan.
160.16 Case discussion, consultation, examination, and treatment are confidential and must be
160.17 conducted discreetly. Privacy must be respected during toileting, bathing, and other activities
160.18 of personal hygiene, except as needed for resident safety or assistance.

160.19 Sec. 64. Minnesota Statutes 2020, section 144G.91, subdivision 21, is amended to read:

160.20 Subd. 21. **Access to counsel and advocacy services.** Residents have the right to the
160.21 immediate access by:

160.22 (1) the resident's legal counsel;

160.23 (2) any representative of the protection and advocacy system designated by the state
160.24 under Code of Federal Regulations, title 45, section 1326.21; or

160.25 (3) any representative of the Office of Ombudsman for Long-Term Care or the Office
160.26 of Ombudsman for Mental Health and Developmental Disabilities.

160.27 Sec. 65. Minnesota Statutes 2020, section 144G.92, subdivision 1, is amended to read:

160.28 Subdivision 1. **Retaliation prohibited.** A facility or agent of a facility may not retaliate
160.29 against a resident or employee if the resident, employee, or any person acting on behalf of
160.30 the resident:

161.1 (1) files a good faith complaint or grievance, makes a good faith inquiry, or asserts any
161.2 right;

161.3 (2) indicates a good faith intention to file a complaint or grievance, make an inquiry, or
161.4 assert any right;

161.5 (3) files, in good faith, or indicates an intention to file a maltreatment report, whether
161.6 mandatory or voluntary, under section 626.557;

161.7 (4) seeks assistance from or reports a reasonable suspicion of a crime or systemic
161.8 problems or concerns to the director or manager of the facility, the Office of Ombudsman
161.9 for Long-Term Care, the Office of Ombudsman for Mental Health and Developmental
161.10 Disabilities, a regulatory or other government agency, or a legal or advocacy organization;

161.11 (5) advocates or seeks advocacy assistance for necessary or improved care or services
161.12 or enforcement of rights under this section or other law;

161.13 (6) takes or indicates an intention to take civil action;

161.14 (7) participates or indicates an intention to participate in any investigation or
161.15 administrative or judicial proceeding;

161.16 (8) contracts or indicates an intention to contract to receive services from a service
161.17 provider of the resident's choice other than the facility; or

161.18 (9) places or indicates an intention to place a camera or electronic monitoring device in
161.19 the resident's private space as provided under section 144.6502.

161.20 Sec. 66. Minnesota Statutes 2020, section 144G.93, is amended to read:

161.21 **144G.93 CONSUMER ADVOCACY AND LEGAL SERVICES.**

161.22 Upon execution of an assisted living contract, every facility must provide the resident
161.23 with the names and contact information, including telephone numbers and e-mail addresses,
161.24 of:

161.25 (1) nonprofit organizations that provide advocacy or legal services to residents including
161.26 but not limited to the designated protection and advocacy organization in Minnesota that
161.27 provides advice and representation to individuals with disabilities; and

161.28 (2) the Office of Ombudsman for Long-Term Care, ~~including both the state and regional~~
161.29 ~~contact information~~ and the Office of Ombudsman for Mental Health and Developmental
161.30 Disabilities.

162.1 Sec. 67. Minnesota Statutes 2020, section 144G.95, is amended to read:

162.2 **144G.95 OFFICE OF OMBUDSMAN FOR LONG-TERM CARE AND OFFICE**
162.3 **OF OMBUDSMAN FOR MENTAL HEALTH AND DEVELOPMENTAL**
162.4 **DISABILITIES.**

162.5 Subdivision 1. **Immunity from liability.** (a) The Office of Ombudsman for Long-Term
162.6 Care and representatives of the office are immune from liability for conduct described in
162.7 section 256.9742, subdivision 2.

162.8 (b) The Office of Ombudsman for Mental Health and Developmental Disabilities and
162.9 representatives of the office are immune from liability for conduct described in section
162.10 245.96.

- 162.11 Subd. 2. **Data classification.** (a) All forms and notices received by the Office of
 162.12 Ombudsman for Long-Term Care under this chapter are classified under section 256.9744.
- 162.13 (b) All data collected or received by the Office of Ombudsman for Mental Health and
 162.14 Developmental Disabilities are classified under section 245.94.
- 162.15 Sec. 68. **[145.9231] HEALTH EQUITY ADVISORY AND LEADERSHIP (HEAL)**
 162.16 **COUNCIL.**
- 162.17 Subdivision 1. **Establishment; composition of advisory council.** (a) The commissioner
 162.18 shall establish and appoint a Health Equity Advisory and Leadership (HEAL) Council to
 162.19 provide guidance to the commissioner of health regarding strengthening and improving the
 162.20 health of communities most impacted by health inequities across the state. The council shall
 162.21 consist of 18 members who will provide representation from the following groups:
- 162.22 (1) African American and African heritage communities;
- 162.23 (2) Asian American and Pacific Islander communities;
- 162.24 (3) Latina/o/x communities;
- 162.25 (4) American Indian communities and Tribal Government/Nations;
- 162.26 (5) disability communities;
- 162.27 (6) lesbian, gay, bisexual, transgender, and queer (LGBTQ) communities; and
- 162.28 (7) representatives who reside outside the seven-county metropolitan area.
- 162.29 (b) No members shall be employees of the Minnesota Department of Health.
- 163.1 Subd. 2. **Organization and meetings.** The advisory council shall be organized and
 163.2 administered under section 15.059, except that the members do not receive per diem
 163.3 compensation. Meetings shall be held at least quarterly and hosted by the department.
 163.4 Subcommittees may be developed as necessary. Advisory council meetings are subject to
 163.5 Open Meeting Law under chapter 13D.
- 163.6 Subd. 3. **Duties.** The advisory council shall:
- 163.7 (1) advise the commissioner on health equity issues and the health equity priorities and
 163.8 concerns of the populations specified in subdivision 1;
- 163.9 (2) assist the agency in efforts to advance health equity, including consulting in specific
 163.10 agency policies and programs, providing ideas and input about potential budget and policy
 163.11 proposals, and recommending review of particular agency policies, standards, or procedures
 163.12 that may create or perpetuate health inequities; and
- 163.13 (3) assist the agency in developing and monitoring meaningful performance measures
 163.14 related to advancing health equity.

163.15 Subd. 4. **Expiration.** Notwithstanding section 15.059, subdivision 6, the advisory council
163.16 shall remain in existence until health inequities in the state are eliminated. Health inequities
163.17 will be considered eliminated when race, ethnicity, income, gender, gender identity,
163.18 geographic location, or other identity or social marker will no longer be predictors of health
163.19 outcomes in the state. Section 145.928 describes nine health disparities that must be
163.20 considered when determining whether health inequities have been eliminated in the state.

163.21 Sec. 69. Minnesota Statutes 2020, section 146B.04, subdivision 1, is amended to read:

163.22 Subdivision 1. **General.** Before an individual may work as a guest artist, the
163.23 commissioner shall issue a temporary license to the guest artist. The guest artist shall submit
163.24 an application to the commissioner on a form provided by the commissioner. The
163.25 commissioner must receive the application at least 14 calendar days before the guest artist
163.26 applicant conducts a body art procedure. The form must include:

163.27 (1) the name, home address, and date of birth of the guest artist;

163.28 (2) the name of the licensed technician sponsoring the guest artist;

163.29 (3) proof of having satisfactorily completed coursework within the year preceding
163.30 application and approved by the commissioner on bloodborne pathogens, the prevention of
163.31 disease transmission, infection control, and aseptic technique;

163.32 (4) the starting and anticipated completion dates the guest artist will be working; and

164.1 (5) a copy of any current body art credential or licensure issued by another local or state
164.2 jurisdiction.

164.3 Sec. 70. Minnesota Statutes 2020, section 152.22, subdivision 8, is amended to read:

164.4 Subd. 8. **Medical cannabis product paraphernalia.** "Medical cannabis ~~product~~
164.5 ~~paraphernalia~~" means any delivery device or related supplies and educational materials used
164.6 in the administration of medical cannabis for a patient with a qualifying medical condition
164.7 enrolled in the registry program.

164.8 Sec. 71. Minnesota Statutes 2020, section 152.25, subdivision 1, is amended to read:

164.9 Subdivision 1. **Medical cannabis manufacturer registration.** (a) The commissioner
164.10 shall register two in-state manufacturers for the production of all medical cannabis within
164.11 the state. A registration agreement between the commissioner and a manufacturer is
164.12 nontransferable. The commissioner shall register new manufacturers or reregister the existing
164.13 manufacturers by December 1 every two years, using the factors described in this subdivision.
164.14 The commissioner shall accept applications after December 1, 2014, if one of the
164.15 manufacturers registered before December 1, 2014, ceases to be registered as a manufacturer.
164.16 The commissioner's determination that no manufacturer exists to fulfill the duties under
164.17 sections 152.22 to 152.37 is subject to judicial review in Ramsey County District Court.
164.18 Data submitted during the application process are private data on individuals or nonpublic
164.19 data as defined in section 13.02 until the manufacturer is registered under this section. Data

164.20 on a manufacturer that is registered are public data, unless the data are trade secret or security
164.21 information under section 13.37.

164.22 (b) As a condition for registration, a manufacturer must agree to:

164.23 (1) begin supplying medical cannabis to patients ~~by July 1, 2015~~ within eight months
164.24 of its initial registration; and

164.25 (2) comply with all requirements under sections 152.22 to 152.37.

164.26 (c) The commissioner shall consider the following factors when determining which
164.27 manufacturer to register:

164.28 (1) the technical expertise of the manufacturer in cultivating medical cannabis and
164.29 converting the medical cannabis into an acceptable delivery method under section 152.22,
164.30 subdivision 6;

164.31 (2) the qualifications of the manufacturer's employees;

165.1 (3) the long-term financial stability of the manufacturer;

165.2 (4) the ability to provide appropriate security measures on the premises of the
165.3 manufacturer;

165.4 (5) whether the manufacturer has demonstrated an ability to meet the medical cannabis
165.5 production needs required by sections 152.22 to 152.37; and

165.6 (6) the manufacturer's projection and ongoing assessment of fees on patients with a
165.7 qualifying medical condition.

165.8 (d) If an officer, director, or controlling person of the manufacturer pleads or is found
165.9 guilty of intentionally diverting medical cannabis to a person other than allowed by law
165.10 under section 152.33, subdivision 1, the commissioner may decide not to renew the
165.11 registration of the manufacturer, provided the violation occurred while the person was an
165.12 officer, director, or controlling person of the manufacturer.

165.13 (e) The commissioner shall require each medical cannabis manufacturer to contract with
165.14 an independent laboratory to test medical cannabis produced by the manufacturer. The
165.15 commissioner shall approve the laboratory chosen by each manufacturer and require that
165.16 the laboratory report testing results to the manufacturer in a manner determined by the
165.17 commissioner.

165.18 (f) The commissioner shall implement a state-centralized medical cannabis electronic
165.19 database to monitor and track the manufacturers' medical cannabis inventories from the
165.20 seed or clone source through cultivation, processing, testing, and distribution or disposal.
165.21 The inventory tracking database must allow for information regarding medical cannabis to
165.22 be updated instantaneously. Any manufacturer or third-party laboratory licensed under this
165.23 chapter must submit to the commissioner any information the commissioner deems necessary
165.24 for maintaining the inventory tracking database. The commissioner may contract with a

165.25 ~~separate entity to establish and maintain all or any part of the inventory tracking database.~~

165.26 ~~The provisions of section 13.05, subdivision 11, apply to a contract entered between the~~

165.27 ~~commissioner and a third party under this paragraph.~~

165.28 Sec. 72. Minnesota Statutes 2021 Supplement, section 152.27, subdivision 2, is amended
165.29 to read:

165.30 Subd. 2. **Commissioner duties.** (a) The commissioner shall:

165.31 (1) give notice of the program to health care practitioners in the state who are eligible
165.32 to serve as health care practitioners and explain the purposes and requirements of the
165.33 program;

166.1 (2) allow each health care practitioner who meets or agrees to meet the program's
166.2 requirements and who requests to participate, to be included in the registry program to
166.3 collect data for the patient registry;

166.4 (3) provide explanatory information and assistance to each health care practitioner in
166.5 understanding the nature of therapeutic use of medical cannabis within program requirements;

166.6 (4) create and provide a certification to be used by a health care practitioner for the
166.7 practitioner to certify whether a patient has been diagnosed with a qualifying medical
166.8 condition ~~and include in the certification an option for the practitioner to certify whether~~
166.9 ~~the patient, in the health care practitioner's medical opinion, is developmentally or physically~~
166.10 ~~disabled and, as a result of that disability, the patient requires assistance in administering~~
166.11 ~~medical cannabis or obtaining medical cannabis from a distribution facility;~~

166.12 (5) supervise the participation of the health care practitioner in conducting patient
166.13 treatment and health records reporting in a manner that ensures stringent security and
166.14 record-keeping requirements and that prevents the unauthorized release of private data on
166.15 individuals as defined by section 13.02;

166.16 (6) develop safety criteria for patients with a qualifying medical condition as a
166.17 requirement of the patient's participation in the program, to prevent the patient from
166.18 undertaking any task under the influence of medical cannabis that would constitute negligence
166.19 or professional malpractice on the part of the patient; and

166.20 (7) conduct research and studies based on data from health records submitted to the
166.21 registry program and submit reports on intermediate or final research results to the legislature
166.22 and major scientific journals. The commissioner may contract with a third party to complete
166.23 the requirements of this clause. Any reports submitted must comply with section 152.28,
166.24 subdivision 2.

166.25 (b) The commissioner may add a delivery method under section 152.22, subdivision 6,
166.26 or add, remove, or modify a qualifying medical condition under section 152.22, subdivision
166.27 14, upon a petition from a member of the public or the task force on medical cannabis
166.28 therapeutic research or as directed by law. The commissioner shall evaluate all petitions to
166.29 add a qualifying medical condition or to remove or modify an existing qualifying medical

166.30 condition submitted by the task force on medical cannabis therapeutic research or as directed
166.31 by law and may make the addition, removal, or modification if the commissioner determines
166.32 the addition, removal, or modification is warranted based on the best available evidence
166.33 and research. If the commissioner wishes to add a delivery method under section 152.22,
166.34 subdivision 6, or add or remove a qualifying medical condition under section 152.22,
167.1 subdivision 14, the commissioner must notify the chairs and ranking minority members of
167.2 the legislative policy committees having jurisdiction over health and public safety of the
167.3 addition or removal and the reasons for its addition or removal, including any written
167.4 comments received by the commissioner from the public and any guidance received from
167.5 the task force on medical cannabis research, by January 15 of the year in which the
167.6 commissioner wishes to make the change. The change shall be effective on August 1 of that
167.7 year, unless the legislature by law provides otherwise.

167.8 Sec. 73. Minnesota Statutes 2021 Supplement, section 152.29, subdivision 1, is amended
167.9 to read:

167.10 Subdivision 1. **Manufacturer; requirements.** (a) A manufacturer may operate eight
167.11 distribution facilities, which may include the manufacturer's single location for cultivation,
167.12 harvesting, manufacturing, packaging, and processing but is not required to include that
167.13 location. The commissioner shall designate the geographical service areas to be served by
167.14 each manufacturer based on geographical need throughout the state to improve patient
167.15 access. A manufacturer shall not have more than two distribution facilities in each
167.16 geographical service area assigned to the manufacturer by the commissioner. A manufacturer
167.17 shall operate only one location where all cultivation, harvesting, manufacturing, packaging,
167.18 and processing of medical cannabis shall be conducted. This location may be one of the
167.19 manufacturer's distribution facility sites. The additional distribution facilities may dispense
167.20 medical cannabis and medical cannabis ~~products~~ paraphernalia but may not contain any
167.21 medical cannabis in a form other than those forms allowed under section 152.22, subdivision
167.22 6, and the manufacturer shall not conduct any cultivation, harvesting, manufacturing,
167.23 packaging, or processing at the other distribution facility sites. Any distribution facility
167.24 operated by the manufacturer is subject to all of the requirements applying to the
167.25 manufacturer under sections 152.22 to 152.37, including, but not limited to, security and
167.26 distribution requirements.

167.27 (b) A manufacturer may acquire hemp grown in this state from a hemp grower, and may
167.28 acquire hemp products produced by a hemp processor. A manufacturer may manufacture
167.29 or process hemp and hemp products into an allowable form of medical cannabis under
167.30 section 152.22, subdivision 6. Hemp and hemp products acquired by a manufacturer under
167.31 this paragraph are subject to the same quality control program, security and testing
167.32 requirements, and other requirements that apply to medical cannabis under sections 152.22
167.33 to 152.37 and Minnesota Rules, chapter 4770.

168.1 (c) A medical cannabis manufacturer shall contract with a laboratory approved by the
168.2 commissioner, subject to any additional requirements set by the commissioner, for purposes
168.3 of testing medical cannabis manufactured or hemp or hemp products acquired by the medical

168.4 cannabis manufacturer as to content, contamination, and consistency to verify the medical
168.5 cannabis meets the requirements of section 152.22, subdivision 6. The laboratory must
168.6 collect, or contract with a third party that is not a manufacturer to collect, from the
168.7 manufacturer's production facility the medical cannabis samples it will test. The cost of
168.8 collecting samples and laboratory testing shall be paid by the manufacturer.

168.9 (d) The operating documents of a manufacturer must include:

168.10 (1) procedures for the oversight of the manufacturer and procedures to ensure accurate
168.11 record keeping;

168.12 (2) procedures for the implementation of appropriate security measures to deter and
168.13 prevent the theft of medical cannabis and unauthorized entrance into areas containing medical
168.14 cannabis; and

168.15 (3) procedures for the delivery and transportation of hemp between hemp growers and
168.16 manufacturers and for the delivery and transportation of hemp products between hemp
168.17 processors and manufacturers.

168.18 (e) A manufacturer shall implement security requirements, including requirements for
168.19 the delivery and transportation of hemp and hemp products, protection of each location by
168.20 a fully operational security alarm system, facility access controls, perimeter intrusion
168.21 detection systems, and a personnel identification system.

168.22 (f) A manufacturer shall not share office space with, refer patients to a health care
168.23 practitioner, or have any financial relationship with a health care practitioner.

168.24 (g) A manufacturer shall not permit any person to consume medical cannabis on the
168.25 property of the manufacturer.

168.26 (h) A manufacturer is subject to reasonable inspection by the commissioner.

168.27 (i) For purposes of sections 152.22 to 152.37, a medical cannabis manufacturer is not
168.28 subject to the Board of Pharmacy licensure or regulatory requirements under chapter 151.

168.29 (j) A medical cannabis manufacturer may not employ any person who is under 21 years
168.30 of age or who has been convicted of a disqualifying felony offense. An employee of a
168.31 medical cannabis manufacturer must submit a completed criminal history records check
168.32 consent form, a full set of classifiable fingerprints, and the required fees for submission to
168.33 the Bureau of Criminal Apprehension before an employee may begin working with the
169.1 manufacturer. The bureau must conduct a Minnesota criminal history records check and
169.2 the superintendent is authorized to exchange the fingerprints with the Federal Bureau of
169.3 Investigation to obtain the applicant's national criminal history record information. The
169.4 bureau shall return the results of the Minnesota and federal criminal history records checks
169.5 to the commissioner.

169.6 (k) A manufacturer may not operate in any location, whether for distribution or
169.7 cultivation, harvesting, manufacturing, packaging, or processing, within 1,000 feet of a

169.8 public or private school existing before the date of the manufacturer's registration with the
169.9 commissioner.

169.10 (l) A manufacturer shall comply with reasonable restrictions set by the commissioner
169.11 relating to signage, marketing, display, and advertising of medical cannabis.

169.12 (m) Before a manufacturer acquires hemp from a hemp grower or hemp products from
169.13 a hemp processor, the manufacturer must verify that the hemp grower or hemp processor
169.14 has a valid license issued by the commissioner of agriculture under chapter 18K.

169.15 (n) Until a state-centralized, seed-to-sale system is implemented that can track a specific
169.16 medical cannabis plant from cultivation through testing and point of sale, the commissioner
169.17 shall conduct at least one unannounced inspection per year of each manufacturer that includes
169.18 inspection of:

169.19 (1) business operations;

169.20 (2) physical locations of the manufacturer's manufacturing facility and distribution
169.21 facilities;

169.22 (3) financial information and inventory documentation, including laboratory testing
169.23 results; and

169.24 (4) physical and electronic security alarm systems.

169.25 Sec. 74. Minnesota Statutes 2021 Supplement, section 152.29, subdivision 3, is amended
169.26 to read:

169.27 Subd. 3. **Manufacturer; distribution.** (a) A manufacturer shall require that employees
169.28 licensed as pharmacists pursuant to chapter 151 be the only employees to give final approval
169.29 for the distribution of medical cannabis to a patient. A manufacturer may transport medical
169.30 cannabis or medical cannabis ~~products~~ paraphernalia that have been cultivated, harvested,
169.31 manufactured, packaged, and processed by that manufacturer to another registered
169.32 manufacturer for the other manufacturer to distribute.

170.1 (b) A manufacturer may distribute medical cannabis ~~products~~ paraphernalia, whether
170.2 or not the ~~products~~ medical cannabis paraphernalia have been manufactured by that
170.3 manufacturer.

170.4 (c) Prior to distribution of any medical cannabis, the manufacturer shall:

170.5 (1) verify that the manufacturer has received the registry verification from the
170.6 commissioner for that individual patient;

170.7 (2) verify that the person requesting the distribution of medical cannabis is the patient,
170.8 the patient's registered designated caregiver, or the patient's parent, legal guardian, or spouse
170.9 listed in the registry verification using the procedures described in section 152.11, subdivision
170.10 2d;

170.11 (3) assign a tracking number to any medical cannabis distributed from the manufacturer;

170.12 (4) ensure that any employee of the manufacturer licensed as a pharmacist pursuant to
170.13 chapter 151 has consulted with the patient to determine the proper dosage for the individual
170.14 patient after reviewing the ranges of chemical compositions of the medical cannabis and
170.15 the ranges of proper dosages reported by the commissioner. For purposes of this clause, a
170.16 consultation may be conducted remotely by secure videoconference, telephone, or other
170.17 remote means, so long as the employee providing the consultation is able to confirm the
170.18 identity of the patient and the consultation adheres to patient privacy requirements that apply
170.19 to health care services delivered through telehealth. A pharmacist consultation under this
170.20 clause is not required when a manufacturer is distributing medical cannabis to a patient
170.21 according to a patient-specific dosage plan established with that manufacturer and is not
170.22 modifying the dosage or product being distributed under that plan and the medical cannabis
170.23 is distributed by a pharmacy technician;

170.24 (5) properly package medical cannabis in compliance with the United States Poison
170.25 Prevention Packing Act regarding child-resistant packaging and exemptions for packaging
170.26 for elderly patients, and label distributed medical cannabis with a list of all active ingredients
170.27 and individually identifying information, including:

170.28 (i) the patient's name and date of birth;

170.29 (ii) the name and date of birth of the patient's registered designated caregiver or, if listed
170.30 on the registry verification, the name of the patient's parent or legal guardian, if applicable;

170.31 (iii) the patient's registry identification number;

170.32 (iv) the chemical composition of the medical cannabis; and

171.1 (v) the dosage; and

171.2 (6) ensure that the medical cannabis distributed contains a maximum of a 90-day supply
171.3 of the dosage determined for that patient.

171.4 (d) A manufacturer shall require any employee of the manufacturer who is transporting
171.5 medical cannabis or medical cannabis ~~products~~ paraphernalia to a distribution facility or to
171.6 another registered manufacturer to carry identification showing that the person is an employee
171.7 of the manufacturer.

171.8 (e) A manufacturer shall distribute medical cannabis in dried raw cannabis form only
171.9 to a patient age 21 or older, or to the registered designated caregiver, parent, legal guardian,
171.10 or spouse of a patient age 21 or older.

171.11 Sec. 75. Minnesota Statutes 2020, section 152.29, subdivision 3a, is amended to read:

171.12 Subd. 3a. **Transportation of medical cannabis; transport staffing.** (a) A medical
171.13 cannabis manufacturer may staff a transport motor vehicle with only one employee if the
171.14 medical cannabis manufacturer is transporting medical cannabis to ~~either a certified~~

171.15 ~~laboratory for the purpose of testing or a facility for the purpose of disposal. If the medical~~
171.16 ~~cannabis manufacturer is transporting medical cannabis for any other purpose or destination,~~
171.17 ~~the transport motor vehicle must be staffed with a minimum of two employees as required~~
171.18 ~~by rules adopted by the commissioner.~~

171.19 (b) Notwithstanding paragraph (a), a medical cannabis manufacturer that is only
171.20 transporting hemp for any purpose may staff the transport motor vehicle with only one
171.21 employee.

171.22 (c) A medical cannabis manufacturer may contract with a third party for armored car
171.23 services for deliveries of medical cannabis from its production facility to distribution
171.24 facilities. A medical cannabis manufacturer that contracts for armored car services remains
171.25 responsible for compliance with transportation manifest and inventory tracking requirements
171.26 in rules adopted by the commissioner.

171.27 (d) A third-party testing laboratory may staff a transport motor vehicle with one or more
171.28 employees when transporting medical cannabis from a manufacturer's production facility
171.29 to the testing laboratory for the purpose of testing samples.

171.30 (e) Department of Health staff may transport medical cannabis for the purposes of
171.31 delivering medical cannabis and other samples to a laboratory for testing under rules adopted
171.32 by the commissioner and in cases of special investigations when the commissioner has
171.33 determined there is a potential threat to public health. The transport motor vehicle must be
172.1 staffed by a minimum of two Department of Health employees. The employees must carry
172.2 their Department of Health identification cards and a transport manifest that meets the
172.3 requirements in Minnesota Rules, part 4770.1100, subpart 2.

172.4 (f) A Tribal medical cannabis program operated by a federally recognized Indian Tribe
172.5 located within the state of Minnesota may transport samples of medical cannabis to testing
172.6 laboratories and to other Indian lands in the state. Transport vehicles must be staffed by at
172.7 least two employees of the Tribal medical cannabis program. Transporters must carry
172.8 identification identifying them as employees of the Tribal medical cannabis program and
172.9 a detailed transportation manifest that includes the place and time of departure, the address
172.10 of the destination, and a description and count of the medical cannabis being transported.

172.11 Sec. 76. Minnesota Statutes 2020, section 152.30, is amended to read:

172.12 **152.30 PATIENT DUTIES.**

172.13 (a) A patient shall apply to the commissioner for enrollment in the registry program by
172.14 submitting an application as required in section 152.27 and an annual registration fee as
172.15 determined under section 152.35.

172.16 (b) As a condition of continued enrollment, patients shall agree to:

172.17 (1) continue to receive regularly scheduled treatment for their qualifying medical
172.18 condition from their health care practitioner; and

172.19 (2) report changes in their qualifying medical condition to their health care practitioner.

172.20 (c) A patient shall only receive medical cannabis from a registered manufacturer but is

172.21 not required to receive medical cannabis ~~products~~ paraphernalia from only a registered

172.22 manufacturer.

172.23 Sec. 77. Minnesota Statutes 2020, section 152.32, subdivision 2, is amended to read:

172.24 Subd. 2. **Criminal and civil protections.** (a) Subject to section 152.23, the following

172.25 are not violations under this chapter:

172.26 (1) use or possession of medical cannabis or medical cannabis products by a patient

172.27 enrolled in the registry program, or possession by a registered designated caregiver or the

172.28 parent, legal guardian, or spouse of a patient if the parent, legal guardian, or spouse is listed

172.29 on the registry verification;

173.1 (2) possession, dosage determination, or sale of medical cannabis or medical cannabis

173.2 products by a medical cannabis manufacturer, employees of a manufacturer, a laboratory

173.3 conducting testing on medical cannabis, or employees of the laboratory; and

173.4 (3) possession of medical cannabis or medical cannabis ~~products~~ paraphernalia by any

173.5 person while carrying out the duties required under sections 152.22 to 152.37.

173.6 (b) Medical cannabis obtained and distributed pursuant to sections 152.22 to 152.37 and

173.7 associated property is not subject to forfeiture under sections 609.531 to 609.5316.

173.8 (c) The commissioner, the commissioner's staff, the commissioner's agents or contractors,

173.9 and any health care practitioner are not subject to any civil or disciplinary penalties by the

173.10 Board of Medical Practice, the Board of Nursing, or by any business, occupational, or

173.11 professional licensing board or entity, solely for the participation in the registry program

173.12 under sections 152.22 to 152.37. A pharmacist licensed under chapter 151 is not subject to

173.13 any civil or disciplinary penalties by the Board of Pharmacy when acting in accordance

173.14 with the provisions of sections 152.22 to 152.37. Nothing in this section affects a professional

173.15 licensing board from taking action in response to violations of any other section of law.

173.16 (d) Notwithstanding any law to the contrary, the commissioner, the governor of

173.17 Minnesota, or an employee of any state agency may not be held civilly or criminally liable

173.18 for any injury, loss of property, personal injury, or death caused by any act or omission

173.19 while acting within the scope of office or employment under sections 152.22 to 152.37.

173.20 (e) Federal, state, and local law enforcement authorities are prohibited from accessing

173.21 the patient registry under sections 152.22 to 152.37 except when acting pursuant to a valid

173.22 search warrant.

173.23 (f) Notwithstanding any law to the contrary, neither the commissioner nor a public

173.24 employee may release data or information about an individual contained in any report,

173.25 document, or registry created under sections 152.22 to 152.37 or any information obtained

173.26 about a patient participating in the program, except as provided in sections 152.22 to 152.37.

173.27 (g) No information contained in a report, document, or registry or obtained from a patient
173.28 under sections 152.22 to 152.37 may be admitted as evidence in a criminal proceeding
173.29 unless independently obtained or in connection with a proceeding involving a violation of
173.30 sections 152.22 to 152.37.

173.31 (h) Notwithstanding section 13.09, any person who violates paragraph (e) or (f) is guilty
173.32 of a gross misdemeanor.

174.1 (i) An attorney may not be subject to disciplinary action by the Minnesota Supreme
174.2 Court or professional responsibility board for providing legal assistance to prospective or
174.3 registered manufacturers or others related to activity that is no longer subject to criminal
174.4 penalties under state law pursuant to sections 152.22 to 152.37.

174.5 (j) Possession of a registry verification or application for enrollment in the program by
174.6 a person entitled to possess or apply for enrollment in the registry program does not constitute
174.7 probable cause or reasonable suspicion, nor shall it be used to support a search of the person
174.8 or property of the person possessing or applying for the registry verification, or otherwise
174.9 subject the person or property of the person to inspection by any governmental agency.

174.10 Sec. 78. Minnesota Statutes 2020, section 152.36, is amended to read:

174.11 **152.36 IMPACT ASSESSMENT OF MEDICAL CANNABIS THERAPEUTIC**
174.12 **RESEARCH.**

174.13 Subdivision 1. **Task force on medical cannabis therapeutic research.** (a) A 23-member
174.14 task force on medical cannabis therapeutic research is created to conduct an impact
174.15 assessment of medical cannabis therapeutic research. The task force shall consist of the
174.16 following members:

174.17 (1) two members of the house of representatives, one selected by the speaker of the
174.18 house, the other selected by the minority leader;

174.19 (2) two members of the senate, one selected by the majority leader, the other selected
174.20 by the minority leader;

174.21 (3) four members representing consumers or patients enrolled in the registry program,
174.22 including at least two parents of patients under age 18;

174.23 (4) four members representing health care providers, including one licensed pharmacist;

174.24 (5) four members representing law enforcement, one from the Minnesota Chiefs of
174.25 Police Association, one from the Minnesota Sheriff's Association, one from the Minnesota
174.26 Police and Peace Officers Association, and one from the Minnesota County Attorneys
174.27 Association;

174.28 (6) four members representing substance use disorder treatment providers; and

174.29 (7) the commissioners of health, human services, and public safety.

174.30 (b) Task force members listed under paragraph (a), clauses (3), (4), (5), and (6), shall
174.31 be appointed by the governor under the appointment process in section 15.0597. Members
174.32 shall serve on the task force at the pleasure of the appointing authority. ~~All members must~~
175.1 ~~be appointed by July 15, 2014, and the commissioner of health shall convene the first meeting~~
175.2 ~~of the task force by August 1, 2014.~~

175.3 (c) There shall be two cochair of the task force chosen from the members listed under
175.4 paragraph (a). One cochair shall be selected by the speaker of the house and the other cochair
175.5 shall be selected by the majority leader of the senate. The authority to convene meetings
175.6 shall alternate between the cochairs.

175.7 (d) Members of the task force other than those in paragraph (a), clauses (1), (2), and (7),
175.8 shall receive expenses as provided in section 15.059, subdivision 6.

175.9 Subd. 1a. **Administration.** The commissioner of health shall provide administrative and
175.10 technical support to the task force.

175.11 Subd. 2. **Impact assessment.** The task force shall hold hearings to evaluate the impact
175.12 of the use of medical cannabis and hemp and Minnesota's activities involving medical
175.13 cannabis and hemp, including, but not limited to:

175.14 (1) program design and implementation;

175.15 (2) the impact on the health care provider community;

175.16 (3) patient experiences;

175.17 (4) the impact on the incidence of substance abuse;

175.18 (5) access to and quality of medical cannabis, hemp, and medical cannabis ~~products,~~
175.19 ~~paraphernalia;~~

175.20 (6) the impact on law enforcement and prosecutions;

175.21 (7) public awareness and perception; and

175.22 (8) any unintended consequences.

175.23 Subd. 3. ~~**Cost assessment.** By January 15 of each year, beginning January 15, 2015,~~
175.24 ~~and ending January 15, 2019, the commissioners of state departments impacted by the~~
175.25 ~~medical cannabis therapeutic research study shall report to the cochairs of the task force on~~
175.26 ~~the costs incurred by each department on implementing sections 152.22 to 152.37. The~~
175.27 ~~reports must compare actual costs to the estimated costs of implementing these sections and~~
175.28 ~~must be submitted to the task force on medical cannabis therapeutic research.~~

175.29 Subd. 4. **Reports to the legislature.** (a) The cochairs of the task force shall submit ~~the~~
175.30 ~~following reports~~ an impact assessment report to the chairs and ranking minority members

176.1 of the legislative committees and divisions with jurisdiction over health and human services,
176.2 public safety, judiciary, and civil law;

176.3 ~~(1) by February 1, 2015, a report on the design and implementation of the registry~~
176.4 ~~program; and every two years thereafter, a complete impact assessment report; and.~~

176.5 ~~(2) upon receipt of a cost assessment from a commissioner of a state agency, the~~
176.6 ~~completed cost assessment.~~

176.7 (b) The task force may make recommendations to the legislature on whether to add or
176.8 remove conditions from the list of qualifying medical conditions.

176.9 Subd. 5. **No expiration.** The task force on medical cannabis therapeutic research does
176.10 not expire.

176.11 **Sec. 79. COMMISSIONER OF HEALTH; RECOMMENDATION REGARDING**
176.12 **EXCEPTION TO HOSPITAL CONSTRUCTION MORATORIUM.**

176.13 By February 1, 2023, the commissioner of health, in consultation with the commissioner
176.14 of human services, shall make a recommendation to the chairs and ranking minority members
176.15 of the legislative committees with jurisdiction over health and human services finance as
176.16 to whether Minnesota Statutes, section 144.551, subdivision 1, should be amended to
176.17 authorize exceptions, for hospitals in other counties and without a public interest review,
176.18 that are substantially similar to the exception in Minnesota Statutes, section 144.551,
176.19 subdivision 1, paragraph (b), clause (31).

176.20 **Sec. 80. REVISOR INSTRUCTION.**

176.21 (a) The revisor of statutes shall change the term "cancer surveillance system" to "cancer
176.22 reporting system" wherever it appears in Minnesota Statutes and Minnesota Rules.

176.23 (b) The revisor of statutes shall make any necessary cross-reference changes required
176.24 as a result of the amendments in this article to Minnesota Statutes, sections 144A.01;
176.25 144A.03, subdivision 1; 144A.04, subdivisions 4 and 6; and 144A.06.

336.5 **Sec. 21. DIRECTION TO COMMISSIONER OF HEALTH; J-1 VISA WAIVER**
336.6 **PROGRAM RECOMMENDATION.**

336.7 (a) For purposes of this section:

336.8 (1) "Department of Health recommendation" means a recommendation from the state
336.9 Department of Health that a foreign medical graduate should be considered for a J-1 visa
336.10 waiver under the J-1 visa waiver program; and

336.11 (2) "J-1 visa waiver program" means a program administered by the United States
336.12 Department of State under United States Code, title 8, section 1184(l), in which a waiver
336.13 is sought for the requirement that a foreign medical graduate with a J-1 visa must return to

336.14 the graduate's home country for two years at the conclusion of the graduate's medical study
 336.15 before applying for employment authorization in the United States.

336.16 (b) In administering the program to issue Department of Health recommendations for
 336.17 purposes of the J-1 visa waiver program, the commissioner of health shall allow an applicant
 336.18 to submit to the commissioner evidence that the foreign medical graduate for whom the
 336.19 waiver is sought is licensed to practice medicine in Minnesota in place of evidence that the
 336.20 foreign medical graduate has passed steps 1, 2, and 3 of the United States Medical Licensing
 336.21 Examination.

336.22 Sec. 22. TEMPORARY ASSISTED LIVING STAFF TRAINING REQUIREMENTS.

336.23 (a) Notwithstanding Minnesota Statutes, section 144G.60, subdivision 4, paragraphs (a)
 336.24 and (b), a person who registers for, completes, and passes the American Health Care
 336.25 Association's eight-hour online temporary nurse aide training course may be employed by
 336.26 a licensed assisted living facility to provide assisted living services or perform delegated
 336.27 nursing tasks. Assisted living facilities must maintain documentation that a person employed
 336.28 under the authority of this section to provide assisted living services or perform delegated
 336.29 nursing tasks completed the required training program.

336.30 (b) Whenever providing assisted living services, a person employed under the authority
 336.31 of this section must be directly supervised by another employee who meets the requirements
 336.32 of Minnesota Statutes, section 144G.60, subdivision 4, paragraph (a). If, during employment,
 337.1 the person meets the requirements of Minnesota Statutes, section 144G.60, subdivision 4,
 337.2 paragraph (a), the supervision described in this paragraph is no longer required.

337.3 (c) Whenever performing delegated nursing tasks, a person employed under the authority
 337.4 of this section must be directly supervised by another employee who meets the requirements
 337.5 of Minnesota Statutes, section 144G.60, subdivision 4, paragraph (b). If, during employment,
 337.6 the person meets the requirements of Minnesota Statutes, section 144G.60, subdivision 4,
 337.7 paragraph (b), the supervision described in this paragraph is no longer required.

337.8 (d) This section expires four months after the expiration of the blanket federal waiver
 337.9 of the nurse aides training and certification requirements under Code of Federal Regulations,
 337.10 title 42, section 483.35(d), by the Centers for Medicare and Medicaid Services as authorized
 337.11 by section 1135 of the Social Security Act.

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

176.26 Sec. 81. REPEALER.

176.27 Minnesota Statutes 2021 Supplement, section 144G.07, subdivision 6, is repealed.