ARTICLE 14

CHILD SUPPORT, SAFETY, AND PERMANENCY

Section 1. [245.0962] QUALITY PARENTING INITIATIVE GRANT PROGRAM.

Subdivision 1. Establishment. The commissioner of human services must establish a quality parenting initiative grant program to implement quality parenting initiative principles and practices to support children and families experiencing foster care placements.

Subd. 2. Eligible applicants. To be eligible for a grant under this section, applicants must be a nonprofit organization or a nongovernmental organization and must have experience providing training and technical assistance on how to implement quality parenting initiative principles and practices.

Subd. 3. Application. An organization seeking a grant under this section must apply to the commissioner in the time and manner specified by the commissioner.

Subd. 4. Grant activities. Grant money must be used to provide training and technical assistance to county and Tribal agencies, community-based agencies, and other stakeholders on:

1. conducting initial foster care telephone calls under section 260C.219, subdivision 6;
2. supporting practices that create birth family to foster family partnerships; and
3. informing child welfare practices by supporting youth leadership and the participation of individuals with experience in the foster care system.

ARTICLE 2

CHILD SAFETY AND PERMANENCY

THE FOLLOWING PARAGRAPH WAS COPIED FROM H0238-3 ARTICLE 8, SECTION 2, SUBD. 18.

(h) Quality Parenting Initiative. $100,000 in fiscal year 2024 and $100,000 in fiscal year 2025 are for a grant to Quality Parenting Initiative Minnesota to implement quality parenting initiative principles and practices and support children and families experiencing foster care placements.

Section 1. [256.4792] SUPPORT BEYOND 21 GRANT PROGRAM.

Subdivision 1. Establishment and authority. The commissioner shall establish the support beyond 21 grant program to distribute grants to one or more community-based organizations to provide services and financial support to youth eligible for the support beyond 21 program under section 260C.451, subdivision 8b.

Subd. 2. Distribution of money by the grantee. (a) The grantee shall distribute support beyond 21 grant program money to eligible youth to be used for basic well-being needs and housing as determined solely by the youth.

(b) The grantee shall distribute support beyond 21 grant money to eligible youth on a monthly basis for 12 months.
Once a youth has completed the program, the youth must receive a stipend to complete an exit survey on the youth's experiences in the program.

A grantee may not deny funding to a youth based on any criteria beyond a youth's eligibility for the support beyond 21 program under section 260C.451, subdivision 8b.

Subd. 3. Reporting. The selected grantee or grantees must report quarterly to the commissioner of human services in order to receive the quarterly payment. The selected grantee or grantees must include the following information in a quarterly report:

1. A list of eligible youth who have been referred;
2. The amount of money that has been distributed to each youth per month;
3. Any surveys completed by youth leaving the support beyond 21 program; and
4. Other data as determined by the commissioner.

Sec. 2. [256.4793] FAMILY FIRST PREVENTION SERVICES ACT SUPPORT AND DEVELOPMENT GRANT PROGRAM.

Subdivision 1. Authorization. The commissioner shall establish a grant program to support prevention and early intervention services provided by community-based agencies to implement and build upon Minnesota's Family First Prevention Services Act Title IV-E prevention services plan.

Subd. 2. Uses. Funds granted to community-based agencies must be used to:

1. Implement or expand any Family First Prevention Services Act service or program that is included in Minnesota's prevention services plan;
2. Implement or expand any proposed future Family First Prevention Services Act service or program;
3. Implement or expand any prevention or family preservation service or programming; or
4. Evaluate any of the above programs or services.

Subd. 3. Special revenue account established. Funds appropriated under this section shall be transferred to a special revenue account. The commissioner shall retain federal reimbursement generated under this section. Federal reimbursement shall be transferred to the special revenue account.

Sec. 4. Minnesota Statutes 2022, section 256N.24, subdivision 12, is amended to read:

Subd. 12. Approval of initial assessments, special assessments, and reassessments. (a) Any agency completing initial assessments, special assessments, or reassessments must designate one or more supervisors or other staff to examine and approve assessments.
completed by others in the agency under subdivision 2. The person approving an assessment 

must not be the case manager or staff member completing that assessment.

(b) In cases where a special assessment or reassessment for Northstar kinship assistance 

and adoption assistance is required under subdivision 8 or 11, the commissioner shall review 

and approve the assessment as part of the eligibility determination process outlined in section 

256N.22, subdivision 7, for Northstar kinship assistance, or section 256N.23, subdivision 

7, for adoption assistance. The assessment determines the maximum of the negotiated 

agreement amount under section 256N.25.

(e) The effective date of the new rate is effective the calendar month that the assessment 

is approved, or the effective date of the agreement, whichever is later, determined as follows:

(1) for initial assessments of children in foster care, the new rate is effective based on 

the emergency foster care rate for initial placement pursuant to section 256N.26, subdivision 

6;

(2) for special assessments, the new rate is effective on the date of the finalized adoption 

decree or the date of the court order that transfers permanent legal and physical custody to 

a relative;

(3) for postpermanency reassessments, the new rate is effective on the date that the 

commissioner signs the amendment to the Northstar Adoption Assistance or Northstar 

Kinship Assistance benefit agreement.

Sec. 30. DIRECTION TO COMMISSIONER OF HUMAN SERVICES; FOSTER 

CARE FEDERAL CASH ASSISTANCE BENEFITS PRESERVATION.

(a) The commissioner of human services must develop a plan to preserve and make 

available the income and resources attributable to a child in foster care to meet the best 

interests of the child. The plan must include recommendations on:

(1) policies for youth and caregiver access to preserved federal cash assistance benefit 

payments;

(2) representative payees for children in voluntary foster care for treatment pursuant to 

Minnesota Statutes, chapter 260D; and

(3) family preservation and reunification;
(b) For purposes of this section, “income and resources attributed to a child” means all
benefits from programs administered by the Social Security Administration, including but
not limited to retirement, survivors benefits, disability insurance programs, Supplemental
Security Income, veterans benefits, and railroad retirement benefits.

(c) When developing the plan under this section, the commissioner shall consult or
engage with:

(1) individuals or entities with experience in managing trusts and investment;
(2) individuals or entities with expertise in providing tax advice;
(3) individuals or entities with expertise in preserving assets to avoid any negative impact
on public assistance eligibility;
(4) other relevant state agencies;
(5) Tribal social services agencies;
(6) counties;
(7) the Children’s Justice Initiative;
(8) organizations that serve and advocate for children and families in the child protection
system;
(9) parents, legal custodians, foster families, and kinship caregivers, to the extent possible;
(10) youth who have been or are currently in out-of-home placement; and
(11) other relevant stakeholders.

(d) By December 15, 2023, each county shall provide the following data for fiscal years
2018 and 2021 to the commissioner or the commissioner’s designee in a form prescribed
by the commissioner:

(1) the nonduplicated number of children in foster care in the county who received
income and resources attributable to a child as defined in paragraph (b);
(2) the number of children for whom the county was the representative payee for income
and resources attributable to a child;
(3) the amount of money that the county received from income and resources attributable
to children in out-of-home placement for whom the county served as the representative
payee;
(4) the county’s policies and standards regarding collection and use of this money,
including:

(i) how long after a child is in out-of-home placement does the county agency become
the representative payee;
(ii) the disposition of any money that exceeds the costs for out-of-home placement for a child;

(iii) how the county complies with federal reporting requirements related to the use of income and resources attributable to a child;

(iv) whether the county uses income and resources attributable to a child for out-of-home placement costs for other children who do not receive federal cash assistance benefit payments; and

(v) whether the county seeks repayment of federal income and resources attributable to a child from the child's parents, who may have received such payments or resources while the child is in out-of-home placement, and the ratio of requests for repayment to money collected on an annual basis; and

(5) other information as determined by the commissioner.

(e) By January 15, 2025, the commissioner shall submit a report to the chairs and ranking minority members of the legislative committees with jurisdiction over human services and child welfare outlining the plan developed under this section. The report must include a projected timeline for implementing the plan, estimated implementation costs, and any legislative actions that may be required to implement the plan. The report must also include data provided by counties related to the requirements for the parent or custodian of a child to reimburse a county for the cost of care, examination, or treatment in subdivision (f), and a list of counties that failed to provide complete information and data to the commissioner or the commissioner's designee as required under paragraph (d).

(f) By December 15, 2023, every county shall provide the commissioner of human services with the following data from fiscal years 2018 and 2021 in a form prescribed by the commissioner:

(1) the nonduplicated number of cases in which the county received payments from a parent or custodian of a child to reimburse the cost of care, examination, or treatment; and

(2) the total amount in payments that the county collected from a parent or custodian of a child to reimburse the cost of care, examination, or treatment.

(g) The commissioner may contract with an individual or entity to collect and analyze financial data reported by counties in paragraphs (d) and (f).
(a) "Cash benefits" means all sources of income a child in foster care is entitled to, including death benefits; survivor benefits; crime victim impact payments; federal cash benefits from programs administered by the Social Security Administration, including from the Supplemental Security Income and the Retirement, Survivors, Disability Insurance programs; and any other eligible income as determined by the Office of the Foster Youth Ombudsperson.

Subd. 2. Establishment. (a) The foster children benefits trust is established. The trust must be funded by appropriations to the Office of the Foster Youth Ombudsperson to compensate beneficiaries for cash benefits taken by a financially responsible agency to pay for the beneficiaries' care. The trust must be managed to ensure the stability and growth of the trust.

(b) All assets of the trust are held in trust for the exclusive benefit of beneficiaries. Assets must be held in a separate account in the state treasury to be known as the foster children benefits trust account or in accounts with the third-party provider selected pursuant to subdivision 9.

Subd. 3. Requirements of financially responsible agencies. (a) A financially responsible agency must assess whether each child the agency is responsible for is eligible to receive any cash benefits as soon as the custody of the child is transferred to a child placing agency or responsible social services agency pursuant to section 260C.201, subdivision 1, or custody of the child is otherwise transferred to the state.

(b) If a child placed in foster care is eligible to receive cash benefits, the financially responsible agency must:

(1) apply to be the payee for the child for the duration of the child's placement in foster care;

(2) at least monthly, transfer all cash benefits received on behalf of a beneficiary to the Office of the Foster Youth Ombudsperson to be deposited in the trust;

(3) at least annually, notify the Office of the Foster Youth Ombudsperson of all cash benefits received for each beneficiary along with documentation identifying the beneficiary and amounts received for the child;

(4) notify each beneficiary 18 years of age or older that the beneficiary may be entitled to disbursements pursuant to the foster children benefits trust and inform the child how to contact the Office of the Foster Youth Ombudsperson about the trust; and

(5) retain all documentation related to cash benefits received for a beneficiary for at least five years after the agency is no longer the beneficiary's financially responsible agency.

(c) The financially responsible agency is liable to a beneficiary for any benefit payment that the agency receives as payee for a beneficiary that is not included in the documentation sent to the Office of the Foster Youth Ombudsperson as required by this subdivision.
Subd. 4. Deposits. The Office of the Foster Youth Ombudsperson must deposit an amount equal to the cash benefits received by a financially responsible agency in a separate account for each beneficiary.

Subd. 5. Ombudsperson’s duties. (a) The Office of the Foster Youth Ombudsperson must keep a record of the amounts deposited pursuant to subdivision 4 and all disbursements for each beneficiary's account.

(b) Annually, the Office of the Foster Youth Ombudsperson must determine the annual interest earnings of the trust, which include realized capital gains and losses.

(c) The Office of the Foster Youth Ombudsperson must apportion any annual capital gains earnings to the separate beneficiaries' accounts. The rate to be used in this apportionment, computed to the last full quarter percent, must be determined by dividing the capital gains earnings by the total invested assets of the trust.

(d) For each beneficiary between the ages of 14 and 18, the Office of the Foster Youth Ombudsperson must notify the beneficiary of the amount of cash benefits received on the beneficiary's behalf in the prior calendar year and the tax implications of those benefits by February 1 of each year.

Account owner data, account data, and data on beneficiaries of accounts are private data on individuals or nonpublic data as defined in section 13.02.

Subd. 6. Account protections. (a) Trust assets are not subject to claims by creditors of the state, are not part of the general fund, and are not subject to appropriation by the state.

(b) Trust assets may not be used as collateral, as a part of a structured settlement, or in any way contracted to be paid to anyone who is not the beneficiary.

(c) Trust assets are not subject to seizure or garnishment as assets or income of the beneficiary.

Subd. 7. Reports. (a) By December 1, 2024, the Office of the Foster Youth Ombudsperson must submit a report to the legislative committees with jurisdiction over human services on the potential tax and state and federal benefit impacts of the trust and disbursements on beneficiaries and include recommendations on how best to minimize any increased tax burden or benefit reduction due to the trust.

(b) By December 1 of each year, the Office of the Foster Youth Ombudsperson must submit a report to the legislative committees with jurisdiction over foster youth on the cost of depositing into the trust pursuant to subdivision 4 and a projection for future costs.

Subd. 8. Disbursements. (a) Once a beneficiary has reached 18 years of age, the Office of the Foster Youth Ombudsperson must disburse $700 each month to the beneficiary until the beneficiary's account is depleted. If the total amount remaining in a beneficiary's account
is less than $700, the Office of the Foster Youth Ombudsperson must disburse that total amount remaining to the beneficiary.

(b) With each disbursement, the Office of the Foster Youth Ombudsperson must include information about the potential tax and benefits consequences of the disbursement.

c) On petition of a minor beneficiary who is 14 years of age or older, a court may order the Office of the Foster Youth Ombudsperson to deliver or pay to the beneficiary or expend for the beneficiary's benefit the amount of the beneficiary's trust account as the court considers advisable for the use and benefit of the beneficiary.

Subd. 9. Administration. The Office of the Foster Youth Ombudsperson must administer the program pursuant to this section. The Office of the Foster Youth Ombudsperson may contract with one or more third parties to carry out some or all of these administrative duties, including managing the assets of the trust and ensuring that records are maintained.

Subd. 10. Repayment program. (a) No later than January 1, 2025, the Office of the Foster Youth Ombudsperson must identify every person for whom a financially responsible agency received cash benefits as the person's representative payee between August 1, 2018, and July 31, 2023, and the amount of money diverted to the financially responsible agency during that time. The Office of the Foster Youth Ombudsperson must attempt to notify every individual identified in this paragraph of the individual's potential eligibility for repayment pursuant to this subdivision no later than July 1, 2025.

(b) No later than January 1, 2026, the Office of the Foster Youth Ombudsperson must begin accepting applications for individuals described in paragraph (a) to receive compensation for cash benefits diverted to the financially responsible agency between August 1, 2018, and July 31, 2023. The Office of the Foster Youth Ombudsperson must develop a system to process the applications and approve all applications that can show that the applicant had cash benefits diverted to a financially responsible agency between August 1, 2018, and July 31, 2023.

(c) For every beneficiary already enrolled in the foster youth benefits trust that the Office of the Foster Youth Ombudsperson determines had cash benefits diverted to a financially responsible agency between August 1, 2018, and July 31, 2023, the Office of the Foster Youth Ombudsperson must deposit an amount equal to the cash benefits diverted to a financially responsible agency between August 1, 2018, and July 31, 2023, into the beneficiary's trust account. The Office of the Foster Youth Ombudsperson must screen beneficiaries for eligibility under this paragraph automatically without requiring an application from the beneficiaries.

(d) For every applicant under paragraph (b) who is not already enrolled in the foster youth benefits trust, the Office of the Foster Youth Ombudsperson must directly award the applicant an amount equal to the cash benefits diverted to a financially responsible agency between August 1, 2018, and July 31, 2023.
(e) No later than January 31, 2025, the Office of the Foster Youth Ombudsperson must issue a report to the chairs and ranking minority members of the legislative committees with jurisdiction over foster youth. The report must include:

(1) the number of persons identified for whom a financially responsible agency received cash benefits as the person's representative payee between August 1, 2018, and July 31, 2023; and

(2) the Office of the Foster Youth Ombudsperson's plan for notifying eligible persons described in paragraphs (a).

Subd. 11. Rulemaking authority. The Office of the Foster Youth Ombudsperson is authorized, subject to the provisions of chapter 14, to make rules necessary to the operation of the foster youth benefits trust and repayment program and to aid in performing its administrative duties and ensuring an equitable result for beneficiaries and former foster youth.

Sec. 4. [260.014] FAMILY FIRST PREVENTION AND EARLY INTERVENTION ALLOCATION PROGRAM.

Subdivision 1. Authorization. The commissioner shall establish a program that allocates money to counties and federally recognized Tribes in Minnesota to provide prevention and early intervention services.

Subd. 2. Uses. (a) Money allocated to counties and Tribes may be used for the following purposes:

(1) to implement or expand any Family First Prevention Services Act service or program that is included in the state's prevention plan;

(2) to implement or expand any proposed Family First Prevention Services Act service or program;

(3) to implement or expand any existing Family First Prevention Services Act service or programming; and

(4) any other use approved by the commissioner.

A county or a Tribe must use at least ten percent of the allocation to provide services and supports directly to families.

Subd. 3. Payments. (a) The commissioner shall allocate state money appropriated under this section to each county board or Tribe on a calendar-year basis using a formula established by the commissioner.

(b) Notwithstanding this subdivision, to the extent that money is available, no county or Tribe shall be allocated less than:
(1) $25,000 in calendar year 2024;
(2) $50,000 in calendar year 2025; and
(3) $75,000 in calendar year 2026 and each year thereafter.

(c) A county agency or an initiative Tribe must submit a plan and report the use of money as determined by the commissioner.

(d) The commissioner may distribute money under this section for a two-year period.

Subd. 3. Prohibition on supplanting existing money.

Money must not be used to supplant current county or Tribal expenditures for these purposes:

Subdivision 1. Establishment. The commissioner of human services must establish a kinship navigator grant program as outlined by the federal Family First Prevention Services Act.

Subd. 2. Uses. Eligible grantees must use grant funds to assess and provide support to meet kinship caregiver needs, provide connection to local and statewide resources, and provide case management to assist with complex cases.

Subdivision 2. Notice to Tribes of services or court proceedings involving an Indian child. (a) When a child-placing agency has information that a family assessment or investigation, or noncaregiver sex trafficking assessment being conducted may involve an Indian child, the child-placing agency shall notify the Indian child's Tribe of the family assessment or investigation, or noncaregiver sex trafficking assessment according to section 260F.18. The child-placing agency shall provide initial notice by telephone and by email or facsimile and shall include the child's full name and date of birth; the full names and dates of birth of the child's biological parents; and if known the full names and dates of birth of the child's grandparents and of the child's Indian custodian. If information regarding the child's grandparents or Indian custodian is not immediately available, the child-placing agency shall continue to request this information and shall notify the Tribe when it is received. Notice shall be provided to all Tribes to which the child may have any Tribal lineage. The child-placing agency shall request that the Tribe or a designated Tribal
A Tribe, the Indian child's parents, or the Indian custodian may request up to 20 additional days to prepare for the admit-deny hearing. The court shall allow appearances by telephone or video conference for Tribal representatives, parents, and Indian custodians.

A Tribe, the Indian child's parents, or the Indian custodian may request up to 20 additional days to prepare for the admit-deny hearing. The court shall allow appearances by telephone or video conference for Tribal representatives, parents, and Indian custodians.

A Tribe, the Indian child's parents, or the Indian custodian may request up to 20 additional days to prepare for the admit-deny hearing. The court shall allow appearances by telephone or video conference for Tribal representatives, parents, and Indian custodians.

(c) In all child placement proceedings, when a court has reason to believe that a child placed in emergency protective care is an Indian child, the court administrator or a designee shall, as soon as possible and before a hearing takes place, notify the Tribal social services agency by telephone and by email or facsimile of the date, time, and location of the emergency protective care or other initial hearing. The court shall make efforts to allow appearances by telephone or video conference for Tribal representatives, parents, and Indian custodians.

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the Indian child. Nothing in this subdivision relieves the child-placing agency of satisfying
the notice requirements in state or federal law.

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

Sec. 7. [260.786] CHILD WELFARE STAFF ALLOCATION FOR TRIBES.

Subdivision 1. Allocations. The commissioner shall allocate $80,000 annually to each
of Minnesota's federally recognized Tribes that, at the beginning of the fiscal year, have not
joined the American Indian Child welfare initiative under section 256.01, subdivision 14b.

Tribes not participating in or planning to join the initiative as of July 1, 2023, are: Bois Fort
Band of Chippewa, Fond du Lac Band of Lake Superior Chippewa, Grand Portage Band
of Lake Superior Chippewa, Lower Sioux Indian Community, Prairie Island Indian
Community, and Upper Sioux Indian Community.

Subd. 2. Purposes. Money must be used to address staffing for responding to notifications
under the Indian Child Welfare Act and the Minnesota Indian Family Preservation Act, to
the extent necessary, or to provide other child protection and child welfare services. Money
must not be used to supplant current Tribal expenditures for these purposes.

Subd. 3. Reporting. By June 1 each year, Tribes receiving this money shall provide a
report to the commissioner. The report shall be written in a manner prescribed by the
commissioner and must include an accounting of money spent, staff hired, job duties, and
other information as required by the commissioner.

Subd. 4. Redistribution of money. If a Tribe joins the American Indian child welfare
initiative, the payment for that Tribe shall be distributed equally among the remaining Tribes
receiving an allocation under this section.

Sec. 7. Minnesota Statutes 2022, section 260C.007, subdivision 6, is amended to read:

Subd. 6. Child in need of protection or services. "Child in need of protection or
services" means a child who is in need of protection or services because the child:

1. is abandoned or without parent, guardian, or custodian;

2. (i) has been a victim of physical or sexual abuse as defined in section 260E.03;
   (ii) resides with or has resided with a victim of child abuse as defined
   in subdivision 5 or domestic child abuse as defined in subdivision 13; (iii) resides with or
   would reside with a perpetrator of domestic child abuse as defined in subdivision 13 or child
   abuse as defined in subdivision 5 or 13; or (iv) is a victim of emotional maltreatment as
   defined in subdivision 15;

3. is without necessary food, clothing, shelter, education, or other required care for the
   child's physical or mental health or morals because the child's parent, guardian, or custodian
   is unable or unwilling to provide that care.
(4) is without the special care made necessary by a physical, mental, or emotional condition because the child's parent, guardian, or custodian is unable or unwilling to provide that care. Parents of children reported to be in an emergency department or hospital setting due to mental health or a disability who cannot be safely discharged to their family and are unable to access necessary services must not be viewed as unable or unwilling to provide care unless there are other factors present.

(5) is medically neglected, which includes, but is not limited to, the withholding of medically indicated treatment from an infant with a disability with a life-threatening condition. The term "withholding of medically indicated treatment" means the failure to respond to the infant's life-threatening conditions by providing treatment, including appropriate nutrition; hydration; and medication which, in the treating physician's; advanced practice registered nurse's; or physician assistant's reasonable medical judgment, will be most likely to be effective in ameliorating or correcting all conditions, except that the term does not include the failure to provide treatment other than appropriate nutrition, hydration, or medication to an infant when, in the treating physician's; advanced practice registered nurse's; or physician assistant's reasonable medical judgment:

(i) the infant is chronically and irreversibly comatose;

(ii) the provision of the treatment would merely prolong dying, not be effective in ameliorating or correcting all of the infant's life-threatening conditions, or otherwise be futile in terms of the survival of the infant; or

(iii) the provision of the treatment would be virtually futile in terms of the survival of the infant and the treatment itself under the circumstances would be inhumane;

(6) is one whose parent, guardian, or other custodian for good cause desires to be relieved of the child's care and custody, including a child who entered foster care under a voluntary placement agreement between the parent and the responsible social services agency under section 260C.227;

(7) has been placed for adoption or care in violation of law;

(8) is without proper parental care because of the emotional, mental, or physical disability, or state of immaturity of the child's parent, guardian, or other custodian;

(9) is one whose behavior, condition, or environment is such as to be injurious or dangerous to the child or others. An injurious or dangerous environment may include, but is not limited to, the exposure of a child to criminal activity in the child's home;

(10) is experiencing growth delays, which may be referred to as failure to thrive, that have been diagnosed by a physician and are due to parental neglect;

(11) is a sexually exploited youth;

(12) has committed a delinquent act or a juvenile petty offense before becoming ten years old;
(13) is a runaway;
(14) is a habitual truant;
(15) has been found incompetent to proceed or has been found not guilty by reason of mental illness or mental deficiency in connection with a delinquency proceeding; a certification under section 260B.125; an extended jurisdiction juvenile prosecution, or a proceeding involving a juvenile petty offense; or
(16) has a parent whose parental rights to one or more other children were involuntarily terminated or whose custodial rights to another child have been involuntarily transferred to a relative and there is a case plan prepared by the responsible social services agency documenting a compelling reason why filing the termination of parental rights petition under section 260C.503, subdivision 2, is not in the best interests of the child.

Subd. 14. Egregious harm. "Egregious harm" means the infliction of bodily harm to a child or neglect of a child which demonstrates a grossly inadequate ability to provide minimally adequate parental care. The egregious harm need not have occurred in the state or in the county where a termination of parental rights action has proper venue. Egregious harm includes, but is not limited to:

(1) conduct toward a child that constitutes a violation of sections 609.185 to 609.2114, subdivision 2, 609.22, or any other similar law of any other state;
(2) the infliction of "substantial bodily harm" to a child, as defined in section 609.02, subdivision 7a;
(3) conduct toward a child that constitutes felony malicious punishment of a child under section 609.397;
(4) conduct toward a child that constitutes felony unreasonable restraint of a child under section 609.255, subdivision 3;
(5) conduct toward a child that constitutes felony neglect or endangerment of a child under section 609.378;
(6) conduct toward a child that constitutes assault under section 609.221, 609.222, or 609.223;
(7) conduct toward a child that constitutes sex trafficking, solicitation, inducement, or promotion of, or receiving profit derived from prostitution under section 609.322;
(8) conduct toward a child that constitutes murder or voluntary manslaughter as defined by United States Code, title 18, section 1111(a) or 1112(a);

Sec. 8. Minnesota Statutes 2022, section 260C.007, subdivision 14, is amended to read:

Subd. 14. Egregious harm. "Egregious harm" means the infliction of bodily harm to a child or neglect of a child which demonstrates a grossly inadequate ability to provide minimally adequate parental care. The egregious harm need not have occurred in the state or in the county where a termination of parental rights action has proper venue. Egregious harm includes, but is not limited to:

(1) conduct toward a child that constitutes a violation of sections 609.185 to 609.2114, subdivision 2, 609.22, or any other similar law of any other state;
(2) the infliction of "substantial bodily harm" to a child, as defined in section 609.02, subdivision 7a;
(3) conduct toward a child that constitutes felony malicious punishment of a child under section 609.397;
(4) conduct toward a child that constitutes felony unreasonable restraint of a child under section 609.255, subdivision 3;
(5) conduct toward a child that constitutes felony neglect or endangerment of a child under section 609.378;
(6) conduct toward a child that constitutes assault under section 609.221, 609.222, or 609.223;
(7) conduct toward a child that constitutes sex trafficking, solicitation, inducement, or promotion of, or receiving profit derived from prostitution under section 609.322;
(8) conduct toward a child that constitutes murder or voluntary manslaughter as defined by United States Code, title 18, section 1111(a) or 1112(a);
(9) conduct towards a child that constitutes aiding or abetting, attempting, conspiring, or soliciting to commit a murder or voluntary manslaughter that constitutes a violation of United States Code, title 18, section 1111(a) or 1112(a); or

(10) conduct toward a child that constitutes criminal sexual conduct under sections 609.342 to 609.345 or sexual extortion under section 609.3458.

Sec. 9. Minnesota Statutes 2022, section 260C.221, subdivision 1, is amended to read:

Subdivision 1. Relative search requirements.
(a) The responsible social services agency shall exercise due diligence to identify and notify adult relatives, as defined in section 260C.007, subdivision 27, and current caregivers of a child's sibling, prior to placement or within 30 days after the child's removal from the parent, regardless of whether a child is placed in a relative's home, as required under subdivision 2. The relative search required by this section shall be comprehensive in scope.
(b) The relative search required by this section shall include both maternal and paternal adult relatives of the child; all adult grandparents; all legal parents, guardians, or custodians of the child's siblings; and any other adult relatives suggested by the child's parents, subject to the exceptions due to family violence in subdivision 5, paragraph (b). The search shall also include getting information from the child in an age-appropriate manner about who the child considers to be family members and important friends with whom the child has resided or had significant contact. The relative search required under this section must fulfill the agency's duties under the Indian Child Welfare Act regarding active efforts to prevent the breakup of the Indian family under United States Code, title 25, section 1912(d), and to meet placement preferences under United States Code, title 25, section 1915.
(c) The responsible social services agency has a continuing responsibility to search for and identify relatives of a child and send the notice to relatives that is required under subdivision 2, unless the court has relieved the agency of this duty under subdivision 5, paragraph (e).

Sec. 10. Minnesota Statutes 2022, section 260C.317, subdivision 3, is amended to read:

Subd. 3. Order; retention of jurisdiction.
(a) A certified copy of the findings and the order terminating parental rights, and a summary of the court's information concerning the child shall be furnished by the court to the commissioner or the agency to which guardianship is transferred.
(b) The orders shall be on a document separate from the findings. The court shall furnish the guardian a copy of the order terminating parental rights.
(c) When the court orders guardianship pursuant to this section, the guardian ad litem and counsel for the child shall continue on the case until an adoption decree is entered. An in-court appearance hearing must be held every 90 days following termination of parental rights for the court to review progress toward an adoptive placement and the specific recruitment efforts the agency has taken to find an adoptive family for the child and to
finalize the adoption or other permanency plan. Review of the progress toward adoption of
a child under guardianship of the commissioner of human services shall be conducted
according to section 260C.607.

(d) Upon terminating parental rights or upon a parent's consent to adoption under
Minnesota Statutes 2010, section 260C.201, subdivision 11, or section 260C.515, subdivision
2, resulting in an order for guardianship to the commissioner of human services, the court
shall retain jurisdiction:

(1) until the child is adopted;

(2) through the child's minority, or

(3) as long as the child continues in or reenters foster care, until the individual becomes
21 years of age according to sections 260C.193, subdivision 6, and 260C.451.

Sec. 11. Minnesota Statutes 2022, section 260C.451, is amended by adding a subdivision
to read:

Subd. 8a. Transition planning. (a) For a youth who will be discharged from foster care
at 21 years of age or older, the responsible social services agency must develop an individual
transition plan as directed by the youth during the 180-day period immediately prior to the
youth's expected date of discharge according to section 260C.452, subdivision 4. The youth's
individual transition plan may be shared with a contracted agency providing case management
services to the youth under section 260C.452.

(b) As part of transition planning, the responsible social services agency must inform a
youth preparing to leave extended foster care of the youth's eligibility for the support beyond
21 program under subdivision 8b and must include that program in the individual transition
plan for the eligible youth. Consistent with section 13.46, the local social services agency
or initiative Tribe must refer a youth to the support beyond 21 program by providing the
contracted agency with the youth's contact information.

Sec. 12. Minnesota Statutes 2022, section 260C.451, is amended by adding a subdivision
to read:

Subd. 8b. Support beyond 21 program. (a) The commissioner shall establish the support
beyond 21 program to provide financial assistance to a youth leaving foster care to help
ensure that the youth's basic needs are met as the youth transitions into adulthood.

(b) An individual who has left extended foster care and was discharged at the age of 21
under subdivision 3 is eligible for the support beyond 21 program.

(c) An eligible youth receiving benefits under the support beyond 21 program is also
eligible for the successful transition to adulthood program under section 260C.452.
(d) A youth who transitions to adult residential services under section 256B.092 or
256B.49 or a youth in a correctional facility licensed under section 241.021 is not eligible
for the support beyond 21 program.

(e) To the extent that money is available under section 256.4792, an eligible youth who
participates in the support beyond 21 program must receive monthly financial assistance
for 12 months after the youth is discharged from extended foster care under subdivision 3.
The money is available to assist the youth in meeting basic well-being and housing needs
as determined solely by the youth. A grantee must reduce monthly payments quarterly.
Payments must be made by a grantee according to the requirements of section 256.4792.

Sec. 13. Minnesota Statutes 2022, section 260C.704, is amended to read:

260C.704 REQUIREMENTS FOR THE QUALIFIED INDIVIDUAL'S
ASSESSMENT OF THE CHILD FOR PLACEMENT IN A QUALIFIED
RESIDENTIAL TREATMENT PROGRAM.

(a) A qualified individual must complete an assessment of the child prior to the child's
placement in a qualified residential treatment program in a format approved by the
commissioner of human services unless, due to a crisis, the child must immediately be
placed in a qualified residential treatment program. When a child must immediately be
placed in a qualified residential treatment program without an assessment, the qualified
individual must complete the child's assessment within 30 days of the child's placement.
The qualified individual must:

(1) assess the child's needs and strengths, using an age-appropriate, evidence-based,
validated, functional assessment approved by the commissioner of human services;

(2) determine whether the child's needs can be met by the child's family members or
through placement in a family foster home; or, if not, determine which residential setting
would provide the child with the most effective and appropriate level of care to the child
in the least restrictive environment;

(3) develop a list of short- and long-term mental and behavioral health goals for the
child; and

(4) work with the child's family and permanency team using culturally competent
practices.

If a level of care determination was conducted under section 245.4885, that information
must be shared with the qualified individual and the juvenile treatment screening team.

(b) The child and the child's parents, when appropriate, may request that a specific
culturally competent qualified individual complete the child's assessment. The agency shall
make efforts to refer the child to the identified qualified individual to complete the
assessment. The assessment must not be delayed for a specific qualified individual to
complete the assessment.
(c) The qualified individual must provide the assessment, when complete, to the responsible social services agency. If the assessment recommends placement of the child in a qualified residential treatment facility, the agency must distribute the assessment to the child's parent or legal guardian and file the assessment with the court report as required in section 260C.71, subdivision 2. If the assessment does not recommend placement in a qualified residential treatment facility, the agency must provide a copy of the assessment to the parents or legal guardians and the guardian ad litem and file the assessment determination with the court at the next required hearing as required in section 260C.71, subdivision 5. If court rules and chapter 13 permit disclosure of the results of the child's assessment, the agency may share the results of the child's assessment with the child's foster care provider, other members of the child's family, and the family and permanency team. The agency must not share the child's private medical data with the family and permanency team unless: (1) chapter 13 permits the agency to disclose the child's private medical data to the family and permanency team; or (2) the child's parent has authorized the agency to disclose the child's private medical data to the family and permanency team.

(d) For an Indian child, the assessment of the child must follow the order of placement preferences in the Indian Child Welfare Act of 1978, United States Code, title 25, section 1915.

(e) In the assessment determination, the qualified individual must specify in writing:

(1) the reasons why the child's needs cannot be met by the child's family or in a family foster home. A shortage of family foster homes is not an acceptable reason for determining that a family foster home cannot meet a child's needs;

(2) why the recommended placement in a qualified residential treatment program will provide the child with the most effective and appropriate level of care to meet the child's needs in the least restrictive environment possible and how placing the child at the treatment program is consistent with the short-term and long-term goals of the child's permanency plan; and

(3) if the qualified individual's placement recommendation is not the placement setting that the parent, family and permanency team, child, or tribe prefer, the qualified individual must identify the reasons why the qualified individual does not recommend the parent's, family and permanency team's, child's, or tribe's placement preferences. The out-of-home placement plan under section 260C.708 must also include reasons why the qualified individual did not recommend the preferences of the parents, family and permanency team, child, or tribe.

(f) If the qualified individual determines that the child's family or a family foster home or other less restrictive placement may meet the child's needs, the agency must move the child out of the qualified residential treatment program and transition the child to a less restrictive setting within 30 days of the determination. If the responsible social services agency has placement authority of the child, the agency must make a plan for the child's
placement according to section 260C.212, subdivision 2. The agency must file the child's
assessment determination with the court at the next required hearing.

(g) If the qualified individual recommends placing the child in a qualified residential
treatment program and if the responsible social services agency has placement authority of
the child, the agency shall make referrals to appropriate qualified residential treatment
programs and, upon acceptance by an appropriate program, place the child in an approved
or certified qualified residential treatment program.

(h) The commissioner shall establish a review process for a qualified individual's
completed assessment of a child. The commissioner must develop the review process with
county and Tribal agency representatives. The review process must ensure that the qualified
individual's assessment is an independent, objective assessment that recommends the least
restrictive setting to meet the child's needs.

Sec. 14. Minnesota Statutes 2022, section 260C.708, is amended to read:

260C.708 OUT-OF-HOME PLACEMENT PLAN FOR QUALIFIED
RESIDENTIAL TREATMENT PROGRAM PLACEMENTS.

(a) When the responsible social services agency places a child in a qualified residential
treatment program as defined in section 260C.007, subdivision 26d, the out-of-home
placement plan must include:

(1) the case plan requirements in section 260C.212;

(2) the reasonable and good faith efforts of the responsible social services agency to
identify and include all of the individuals required to be on the child's family and permanency
team under section 260C.007;

(3) all contact information for members of the child's family and permanency team
for other relatives who are not part of the family and permanency team;

(4) evidence that the agency scheduled meetings of the family and permanency team,
including meetings relating to the assessment required under section 260C.704, at a time
and place convenient for the family;

(5) evidence that the family and permanency team is involved in the assessment required
under section 260C.704 to determine the appropriateness of the child's placement in a
qualified residential treatment program;

(6) the family and permanency team's placement preferences for the child in the
assessment required under section 260C.704. When making a decision about the child's
placement preferences, the family and permanency team must recognize:

(i) that the agency should place a child with the child's siblings unless a court finds that
placing a child with the child's siblings is not possible due to a child's specialized placement
needs or is otherwise contrary to the child's best interests; and
(ii) that the agency should place an Indian child according to the requirements of the Indian Child Welfare Act; the Minnesota Family Preservation Act under sections 260.751 to 260.835; and section 260C.193, subdivision 3, paragraph (g);

(7) when reunification of the child with the child's parent or legal guardian is the agency's goal, evidence demonstrating that the parent or legal guardian provided input about the members of the family and permanency team under section 260C.705;

(8) when the agency's permanency goal is to reunify the child with the child's parent or legal guardian, the out-of-home placement plan must identify services and supports that maintain the parent-child relationship and the parent's legal authority, decision-making, and responsibility for ongoing planning for the child. In addition, the agency must assist the parent with visiting and contacting the child;

(9) when the agency's permanency goal is to transfer permanent legal and physical custody of the child to a proposed guardian or to finalize the child's adoption, the case plan must document the agency's steps to transfer permanent legal and physical custody of the child or finalize adoption, as required in section 260C.212, subdivision 1; paragraph (e), clauses (6) and (7); and

(10) the qualified individual's recommendation regarding the child's placement in a qualified residential treatment program and the court approval or disapproval of the placement as required in section 260C.71.

(b) If the placement preferences of the family and permanency team, child, and tribe, if applicable, are not consistent with the placement setting that the qualified individual recommends, the case plan must include the reasons why the qualified individual did not recommend following the preferences of the family and permanency team, child, and the tribe.

(c) The agency must file the out-of-home placement plan with the court as part of the 60-day court order under section 260C.71.

(d) The agency must provide aftercare services as defined by the federal Family First Prevention Services Act to the child for the six months following discharge from the qualified residential treatment program. The services may include clinical care consultation, as defined in section 256B.0671, subdivision 7, and family and youth peer specialists under section 256B.0616.

Sec. 15. Minnesota Statutes 2022, section 260C.80, subdivision 1, is amended to read:

Subdivision 1. Office of the Foster Youth Ombudsperson.
The Office of the Foster Youth Ombudsperson is hereby created. The ombudsperson serves at the pleasure of the governor in the unclassified service, must be selected without regard to political affiliation, and must be a person highly competent and qualified to work to improve the lives of youth in the foster care system, while understanding the administration and public policy related to youth in the foster care system. The ombudsperson may be removed only for just cause.
No person may serve as the foster youth ombudsperson while holding any other public office. The foster youth ombudsperson is accountable to the governor and may investigate decisions, acts, and other matters related to the health, safety, and welfare of youth in foster care to promote the highest attainable standards of competence, efficiency, and justice for youth who are in the care of the state.

Sec. 10. Minnesota Statutes 2022, section 260E.01, is amended to read:

260E.01 POLICY.

(a) The legislature hereby declares that the public policy of this state is to protect children whose health or welfare may be jeopardized through maltreatment. While it is recognized that most parents want to keep their children safe, sometimes circumstances or conditions interfere with their ability to do so. When this occurs, the health and safety of the children must be of paramount concern. Intervention and prevention efforts must address immediate concerns for child safety and the ongoing risk of maltreatment and should engage the protective capacities of families. In furtherance of this public policy, it is the intent of the legislature under this chapter to:

(1) protect children and promote child safety;

(2) strengthen the family;

(3) make the home, school, and community safe for children by promoting responsible child care in all settings; and

(4) provide, when necessary, a safe temporary or permanent home environment for maltreated children.

(b) In addition, it is the policy of this state to:

(1) require the reporting of maltreatment of children in the home, school, and community settings;

(2) provide for the voluntary reporting of maltreatment of children;

(3) require an investigation when the report alleges sexual abuse or substantial child endangerment, except when the report alleges sex trafficking by a noncaregiver sex trafficker;

(4) provide a family assessment, if appropriate, when the report does not allege sexual abuse or substantial child endangerment; and

(5) provide a noncaregiver sex trafficking assessment when the report alleges sex trafficking by a noncaregiver sex trafficker; and

(6) provide protective, family support, and family preservation services when needed in appropriate cases.

Senate Language S2995-3

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House Language H0238-3

The legislature hereby declares that the public policy of this state is to protect children whose health or welfare may be jeopardized through maltreatment. While it is recognized that most parents want to keep their children safe, sometimes circumstances or conditions interfere with their ability to do so. When this occurs, the health and safety of the children must be of paramount concern. Intervention and prevention efforts must address immediate concerns for child safety and the ongoing risk of maltreatment and should engage the protective capacities of families. In furtherance of this public policy, it is the intent of the legislature under this chapter to:

(1) protect children and promote child safety;

(2) strengthen the family;

(3) make the home, school, and community safe for children by promoting responsible child care in all settings, including through the reporting of child maltreatment; and

(4) provide protective, family support, and family preservation services when appropriate, and

(5) provide, when necessary, a safe temporary or permanent home environment for maltreated children.

(b) In addition, it is the policy of this state to:

(1) require the reporting of maltreatment of children in the home, school, and community settings;

(2) provide for the voluntary reporting of maltreatment of children;

(3) require an investigation when the report alleges sexual abuse or substantial child endangerment, and

(4) provide a family assessment, if appropriate, when the report does not allege sexual abuse or substantial child endangerment; and

(5) provide protective, family support, and family preservation services when needed in appropriate cases.

REVISOR FULL-TEXT SIDE-BY-SIDE
Section 11. Minnesota Statutes 2022, section 260E.02, subdivision 1, is amended to read:

"Noncaregiver sex trafficker." "Noncaregiver sex trafficker" means an individual who is alleged to have engaged in the act of sex trafficking a child and who is not a person responsible for the child's care, who does not have a significant relationship with the child as defined in section 609.341, and who is not a person in a current or recent position of authority as defined in section 609.341, subdivision 10.

Section 12. Minnesota Statutes 2022, section 260E.03, is amended by adding a subdivision to read:

Subdivision 1. Noncaregiver sex trafficking assessment. "Noncaregiver sex trafficking assessment" is a comprehensive assessment of child safety, the risk of subsequent child maltreatment, and strengths and needs of the child and family. The local welfare agency shall only perform a noncaregiver sex trafficking assessment when a maltreatment report alleges sex trafficking of a child by someone other than the child's caregiver. A noncaregiver sex trafficking assessment does not include a determination of whether child maltreatment occurred. A noncaregiver sex trafficking assessment includes a determination of a family's need for services to address the safety of the child or children, the safety of family members, and the risk of subsequent child maltreatment.

Subdivision 2. Substantial child endangerment. "Substantial child endangerment" means that a person responsible for a child's care, by act or omission, commits or attempts to
commit an act against a child under their care that constitutes any of the following:

- egregious harm under subdivision 5;
- abandonment under section 260C.301, subdivision 2;
- neglect under subdivision 15, paragraph (a), clause (2), that substantially endangers the child's physical or mental health, including a growth delay, which may be referred to as failure to thrive, that has been diagnosed by a physician and is due to parental neglect;
- murder in the first, second, or third degree under section 609.185, 609.19, or 609.195;
- manslaughter in the first or second degree under section 609.20 or 609.205;
- assault in the first, second, or third degree under section 609.221, 609.222, or 609.223;
- (7) sex trafficking, solicitation, inducement, and or promotion of prostitution under section 609.322,
- (8) criminal sexual conduct under sections 609.342 to 609.3451;
- (9) sexual extortion under section 609.3458;
- (10) solicitation of children to engage in sexual conduct under section 609.352;
- (11) malicious punishment or neglect or endangerment of a child under section 609.377 or 609.378;
- (12) use of a minor in sexual performance under section 617.246 or
- (13) parental behavior, status, or condition that mandates that requiring the county attorney to file a termination of parental rights petition under section 260C.303, subdivision 2.

Subd. 2. Sexual abuse. (a) The local welfare agency is the agency responsible for investigating an allegation of sexual abuse if the alleged offender is the parent, guardian, sibling, or an individual functioning within the family unit as a person responsible for the child's care, or a person with a significant relationship to the child if that person resides in the child's household.

(b) The local welfare agency is also responsible for assessing or investigating when a child is identified as a victim of sex trafficking.

EFFECTIVE DATE. This section is effective July 1, 2024.
Sec. 22. Minnesota Statutes 2022, section 260E.14, subdivision 5, is amended to read: (f) The local welfare agency shall conduct a noncaregiver sex trafficking assessment if a violation of a criminal statute is alleged.

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House Language H0238-3

(f) The local welfare agency shall conduct a noncaregiver sex trafficking assessment if a violation of a criminal statute is alleged.
or household member allegedly engaged in the act of sex trafficking a child or was alleged to have engaged in any conduct requiring the agency to conduct an investigation.

**EFFECTIVE DATE.** This section is effective July 1, 2024.

Sec. 18. Minnesota Statutes 2022, section 260E.18, is amended to read:

**260E.18 NOTICE TO CHILD'S TRIBE.**

The local welfare agency shall provide immediate notice, according to section 260.761, subdivision 2, to an Indian child's tribe when the agency has reason to believe that the family assessment, investigation, or noncaregiver sex trafficking assessment may involve an Indian child. For purposes of this section, "immediate notice" means notice provided within 24 hours.

**EFFECTIVE DATE.** This section is effective July 1, 2024.

Sec. 19. Minnesota Statutes 2022, section 260E.20, subdivision 2, is amended to read:

**Subd. 2. Face-to-face contact.** (a) Upon receipt of a screened in report, the local welfare agency shall conduct a face-to-face contact with the child reported to be maltreated and with the child's primary caregiver sufficient to complete a safety assessment and ensure the immediate safety of the child. When it is possible and the report alleges substantial child endangerment or sexual abuse, the local welfare agency is not required to provide notice before conducting the initial face-to-face contact with the child and the child's primary caregiver.

(b) Except in a noncaregiver sex trafficking assessment, the local welfare agency shall have face-to-face contact with the child and primary caregiver immediately after the agency screens in a report if sexual abuse or substantial child endangerment is alleged and within five calendar days of a screened in report for all other reports. If the alleged offender was not already interviewed as the primary caregiver, the local welfare agency shall also conduct a face-to-face interview with the alleged offender in the early stages of the assessment or investigation, except in a noncaregiver sex trafficking assessment.

Face-to-face contact with the child and primary caregiver in response to a report alleging sexual abuse or substantial child endangerment may involve an Indian child's tribe when the agency has reason to believe that the family assessment, investigation, or noncaregiver sex trafficking assessment may involve an Indian child. For purposes of this section, "immediate notice" means notice provided within 24 hours.

**EFFECTIVE DATE.** This section is effective July 1, 2024.

Sec. 25. Minnesota Statutes 2022, section 260E.20, subdivision 2, is amended to read:

**Subd. 2. Face-to-face contact.** (a) Upon receipt of a screened in report, the local welfare agency shall conduct a face-to-face contact with the child reported to be maltreated and with the child's primary caregiver sufficient to complete a safety assessment and ensure the immediate safety of the child. When it is possible and the report alleges substantial child endangerment or sexual abuse, the local welfare agency is not required to provide notice before conducting the initial face-to-face contact with the child and the child's primary caregiver.

(b) Except in a noncaregiver sex trafficking assessment, the local welfare agency shall have face-to-face contact with the child and primary caregiver immediately after the agency screens in a report if sexual abuse or substantial child endangerment is alleged and within five calendar days of a screened in report for all other reports. If the alleged offender was not already interviewed as the primary caregiver, the local welfare agency shall also conduct a face-to-face interview with the alleged offender in the early stages of the assessment or investigation, except in a noncaregiver sex trafficking assessment.

Face-to-face contact with the child and primary caregiver in response to a report alleging sexual abuse or substantial child endangerment may involve an Indian child's tribe when the agency has reason to believe that the family assessment, investigation, or noncaregiver sex trafficking assessment may involve an Indian child. For purposes of this section, "immediate notice" means notice provided within 24 hours.

**EFFECTIVE DATE.** This section is effective July 1, 2024.

Sec. 26. Minnesota Statutes 2022, section 260E.22, subdivision 5, is amended to read:

**52.10 Family assessment.** (a) Upon receipt of a screened in report, the local welfare agency shall conduct a family assessment after the family assessment, investigation, or noncaregiver sex trafficking assessment may involve an Indian child. For purposes of this section, "immediate notice" means notice provided within 24 hours.

**EFFECTIVE DATE.** This section is effective July 1, 2024.

Sec. 27. Minnesota Statutes 2022, section 260E.22, subdivision 5, is amended to read:

**52.10 Family assessment.** (a) Upon receipt of a screened in report, the local welfare agency shall conduct a family assessment after the family assessment, investigation, or noncaregiver sex trafficking assessment may involve an Indian child. For purposes of this section, "immediate notice" means notice provided within 24 hours.

**EFFECTIVE DATE.** This section is effective July 1, 2024.

Sec. 28. Minnesota Statutes 2022, section 260E.22, subdivision 5, is amended to read:

**52.10 Family assessment.** (a) Upon receipt of a screened in report, the local welfare agency shall conduct a family assessment after the family assessment, investigation, or noncaregiver sex trafficking assessment may involve an Indian child. For purposes of this section, "immediate notice" means notice provided within 24 hours.

**EFFECTIVE DATE.** This section is effective July 1, 2024.

Sec. 29. Minnesota Statutes 2022, section 260E.22, subdivision 5, is amended to read:

**52.10 Family assessment.** (a) Upon receipt of a screened in report, the local welfare agency shall conduct a family assessment after the family assessment, investigation, or noncaregiver sex trafficking assessment may involve an Indian child. For purposes of this section, "immediate notice" means notice provided within 24 hours.

**EFFECTIVE DATE.** This section is effective July 1, 2024.

Sec. 30. Minnesota Statutes 2022, section 260E.22, subdivision 5, is amended to read:

**52.10 Family assessment.** (a) Upon receipt of a screened in report, the local welfare agency shall conduct a family assessment after the family assessment, investigation, or noncaregiver sex trafficking assessment may involve an Indian child. For purposes of this section, "immediate notice" means notice provided within 24 hours.

**EFFECTIVE DATE.** This section is effective July 1, 2024.
In a noncaregiver sex trafficking assessment, the local child welfare agency is not required to inform or interview the alleged offender.

(d) The local welfare agency or the agency responsible for assessing or investigating the report must provide the alleged offender with an opportunity to make a statement, except in a noncaregiver sex trafficking assessment. The alleged offender may submit supporting documentation relevant to the assessment or investigation.

**EFFECTIVE DATE.** This section is effective July 1, 2024.

Sec. 20. Minnesota Statutes 2022, section 260E.24, subdivision 2, is amended to read:

Subd. 7.

under this chapter shall be destroyed as provided in paragraphs (b) to (e) by the responsible documentation relevant to the assessment or investigation.

**EFFECTIVE DATE.** This section is effective July 1, 2024.

Sec. 21. Minnesota Statutes 2022, section 260E.24, subdivision 7, is amended to read:

Subd. 1. Following a family assessment or a noncaregiver sex trafficking assessment, Administrative reconsideration is not applicable to a family assessment or noncaregiver sex trafficking assessment since no determination concerning maltreatment is made:

**EFFECTIVE DATE.** This section is effective July 1, 2024.

Sec. 22. Minnesota Statutes 2022, section 260E.33, subdivision 1, is amended to read:

Subdivision 1. Following a family assessment or a noncaregiver sex trafficking assessment, Administrative reconsideration is not applicable to a family assessment or noncaregiver sex trafficking assessment since no determination concerning maltreatment is made:

**EFFECTIVE DATE.** This section is effective July 1, 2024.

Sec. 23. Minnesota Statutes 2022, section 260E.35, subdivision 6, is amended to read:

Subd. 6. Data retention. (a) Notwithstanding sections 138.163 and 138.17, a record maintained or a record derived from a report of maltreatment by a local welfare agency, agency responsible for assessing or investigating the report, court services agency, or school under this chapter shall be destroyed as provided in paragraphs (b) to (e) by the responsible authority.

**EFFECTIVE DATE.** This section is effective July 1, 2024.

Sec. 24. Minnesota Statutes 2022, section 260E.35, subdivision 6, is amended to read:

Subd. 6. Data retention. (a) Notwithstanding sections 138.163 and 138.17, a record maintained or a record derived from a report of maltreatment by a local welfare agency, agency responsible for assessing or investigating the report, court services agency, or school under this chapter shall be destroyed as provided in paragraphs (b) to (e) by the responsible authority.

This section is effective July 1, 2024.

Sec. 25. Minnesota Statutes 2022, section 260E.33, subdivision 1, is amended to read:

Subdivision 1. Following a family assessment or a noncaregiver sex trafficking assessment, Administrative reconsideration is not applicable to a family assessment or noncaregiver sex trafficking assessment since no determination concerning maltreatment is made:

**EFFECTIVE DATE.** This section is effective July 1, 2024.

Sec. 26. Minnesota Statutes 2022, section 260E.24, subdivision 2, is amended to read:

Subd. 2.

In a noncaregiver sex trafficking assessment, the local child welfare agency is not required to inform or interview the alleged offender.

(d) The local welfare agency or the agency responsible for assessing or investigating the report must provide the alleged offender with an opportunity to make a statement, except in a noncaregiver sex trafficking assessment. The alleged offender may submit supporting documentation relevant to the assessment or investigation.

**EFFECTIVE DATE.** This section is effective July 1, 2024.

Sec. 27. Minnesota Statutes 2022, section 260E.24, subdivision 7, is amended to read:

Subd. 2.

In a noncaregiver sex trafficking assessment, the local child welfare agency is not required to inform or interview the alleged offender.

(d) The local welfare agency or the agency responsible for assessing or investigating the report must provide the alleged offender with an opportunity to make a statement, except in a noncaregiver sex trafficking assessment. The alleged offender may submit supporting documentation relevant to the assessment or investigation.

**EFFECTIVE DATE.** This section is effective July 1, 2024.

Sec. 28. Minnesota Statutes 2022, section 260E.33, subdivision 1, is amended to read:

Subd. 6.

In a noncaregiver sex trafficking assessment, the local child welfare agency is not required to inform or interview the alleged offender.

(d) The local welfare agency or the agency responsible for assessing or investigating the report must provide the alleged offender with an opportunity to make a statement, except in a noncaregiver sex trafficking assessment. The alleged offender may submit supporting documentation relevant to the assessment or investigation.

**EFFECTIVE DATE.** This section is effective July 1, 2024.

Sec. 29. Minnesota Statutes 2022, section 260E.35, subdivision 6, is amended to read:

Subd. 6.

In a noncaregiver sex trafficking assessment, the local child welfare agency is not required to inform or interview the alleged offender.

(d) The local welfare agency or the agency responsible for assessing or investigating the report must provide the alleged offender with an opportunity to make a statement, except in a noncaregiver sex trafficking assessment. The alleged offender may submit supporting documentation relevant to the assessment or investigation.
(b) For a report alleging maltreatment that was not accepted for an assessment or an investigation, a family assessment case, a noncaregiver sex trafficking assessment case, and a case where an investigation results in no determination of maltreatment or the need for child protective services, the record must be maintained for a period of five years after the date that the report was not accepted for assessment or investigation or the date of the final entry in the case record. A record of a report that was not accepted must contain sufficient information to identify the subjects of the report, the nature of the alleged maltreatment, and the reasons why the report was not accepted. Records under this paragraph may not be used for employment, background checks, or purposes other than to assist in future screening decisions and risk and safety assessments.

(c) All records relating to reports that, upon investigation, indicate either maltreatment or a need for child protective services shall be maintained for ten years after the date of the final entry in the case record.

(d) All records regarding a report of maltreatment, including a notification of intent to interview that was received by a school under section 260E.22, subdivision 7, shall be destroyed by the school when ordered to do so by the agency conducting the assessment or investigation. The agency shall order the destruction of the notification when other records relating to the report under investigation or assessment are destroyed under this subdivision.

(e) Private or confidential data released to a court services agency under subdivision 3, paragraph (d), must be destroyed by the court services agency when ordered to do so by the local welfare agency that released the data. The local welfare agency or agency responsible for assessing or investigating the report shall order destruction of the data when other records relating to the assessment or investigation are destroyed under this subdivision.

**EFFECTIVE DATE.** This section is effective July 1, 2024.

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509.31 SOCIAL SECURITY OR VETERANS’ BENEFIT PAYMENTS

509.24 (a) The amount of the monthly Social Security benefits or apportioned veterans’ benefits provided for a joint child shall be included in the gross income of the parent on whose eligibility the benefits are based.

(b) The amount of the monthly survivors’ and dependents’ educational assistance provided for a joint child shall be included in the gross income of the parent on whose eligibility the benefits are based.

(c) If Social Security or apportioned veterans’ benefits are provided for a joint child based on the eligibility of the obligor, and are received by the obligee as a representative

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518A.31 SOCIAL SECURITY OR VETERANS’ BENEFIT PAYMENTS

518.30 RECEIVED ON BEHALF OF THE CHILD.

518.26 (a) The amount of the monthly Social Security benefits or apportioned veterans’ benefits provided for a joint child shall be included in the gross income of the parent on whose eligibility the benefits are based.

(b) The amount of the monthly survivors’ and dependents’ educational assistance provided for a joint child shall be included in the gross income of the parent on whose eligibility the benefits are based.

(c) If Social Security or apportioned veterans’ benefits are provided for a joint child based on the eligibility of the obligor, and are received by the obligee as a representative
payee for the child or by the child attending school, then the amount of the benefits shall also be subtracted from the obligor's net child support obligation as calculated pursuant to section 518A.34.

(d) If the survivors' and dependents' educational assistance is provided for a joint child based on the eligibility of the obligor, and is received by the obligee as a representative payee for the child or by the child attending school, then the amount of the assistance shall also be subtracted from the obligor's net child support obligation as calculated under section 518A.34.

(e) Upon a motion to modify child support, any regular or lump sum payment of Social Security or apportioned veterans' benefit received by the obligee for the benefit of the joint child based on the eligibility of the obligor, and is received by the obligee as a representative payee for the child or by the child attending school, then the amount of the assistance shall also be subtracted from the obligor's net child support obligation as calculated under section 518A.34.

EFFECTIVE DATE. This section is effective January 1, 2025.
Minnesota family investment program (MFIP) benefits, no potential income is to be imputed to that parent.

EFFECTIVE DATE. This section is effective January 1, 2025.

Sec. 27. Minnesota Statutes 2022, section 518A.34, is amended to read:

518A.34 COMPUTATION OF CHILD SUPPORT OBLIGATIONS.

(a) To determine the presumptive child support obligation of a parent, the court shall follow the procedure set forth in this section.

(b) To determine the obligor's basic support obligation, the court shall:

(1) determine the gross income of each parent under section 518A.29;

(2) calculate the parental income for determining child support (PICS) of each parent, by subtracting from the gross income the credit, if any, for each parent's nonjoint children under section 518A.33;

(3) determine the percentage contribution of each parent to the combined PICS by dividing the combined PICS into each parent's PICS;

(4) determine the combined basic support obligation by application of the guidelines in section 518A.35;

(5) determine each parent's share of the combined basic support obligation by multiplying the percentage figure from clause (3) by the combined basic support obligation in clause (4); and

(6) apply the parenting expense adjustment formula provided in section 518A.36 to determine the obligor's basic support obligation.

(c) If the parents have split custody of joint children, child support must be calculated for each joint child as follows:

(1) the court shall determine each parent's basic support obligation under paragraph (b) and include the amount of each parent's obligation in the court order. If the basic support calculation results in each parent owing support to the other, the court shall offset the higher basic support obligation with the lower basic support obligation to determine the amount to be paid by the parent with the higher obligation to the parent with the lower obligation.

For the purpose of the cost-of-living adjustment required under section 518A.75, the adjustment must be based on each parent's basic support obligation prior to offset. For the purposes of this paragraph, "split custody" means that there are two or more joint children and each parent has at least one joint child more than 50 percent of the time;

(2) if each parent pays all child care expenses for at least one joint child, the court shall calculate child care support for each joint child as provided in section 518A.40. The court shall determine each parent's child care support obligation and include the amount of each

This section is effective January 1, 2025.
The court shall determine each parent's medical support obligation and include the amount of each parent's obligation in the court order. If the medical support calculation results in each parent owing support to the other, the court shall offset the higher medical support obligation with the lower medical support obligation to determine the amount to be paid by the parent with the higher obligation to the parent with the lower obligation. Unreimbursed and uninsured medical expenses are not included in the presumptive amount of support owed by a parent and are calculated and collected as provided in section 518A.41.

(d) The court shall determine the child care support obligation for the obligor as provided in section 518A.40.

(e) The court shall determine the medical support obligation for each parent as provided in section 518A.41. Unreimbursed and uninsured medical expenses are not included in the presumptive amount of support owed by a parent and are calculated and collected as described in section 518A.41.

(f) The court shall determine each parent's total child support obligation by adding together each parent's basic support, child care support, and health care coverage obligations as provided in this section.

(g) If Social Security benefits or veterans' benefits are received by one parent as a representative payee for a joint child based on the other parent's eligibility, the court shall subtract the amount of benefits from the other parent's net child support obligation, if any. Any benefit received by the obligee for the benefit of the joint child based upon the obligor's disability or past earnings in any given month in excess of the child support obligation must not be treated as an arrearage payment or a future payment.

(h) The final child support order shall separately designate the amount owed for basic support, child care support, and medical support. If applicable, the court shall use the self-support adjustment and minimum support adjustment under section 518A.42 to determine the obligor's child support obligation.

EFFECTIVE DATE. This section is effective January 1, 2025.
Health care coverage means medical, dental, or other health care benefits that are provided by one or more health plans. Health care coverage does not include any form of public coverage, private health care coverage, including fee for service, health maintenance organization, preferred provider organization, and other types of private health care coverage.

Public health care coverage means health care benefits provided by any form of public coverage, including fee for service, health maintenance organization, preferred provider organization, and other types of private health care coverage.

Health care coverage also means public health care coverage under which medical or dental services could be provided to a dependent child.

Health carrier means a carrier as defined in sections 62A.011, subdivision 2, and sections 62L.02, subdivision 16.

(c) "Health plan" (b) "Private health care coverage" means a health plan, other than any form of public coverage, that provides medical, dental, or other health care benefits and is:

1. provided on an individual or group basis;
2. provided by an employer or union;
3. purchased in the private market;
4. provided through MinnesotaCare under chapter 256L; or
5. available to a person eligible to carry insurance for the joint child, including a party's spouse or parent.

Health plan Private health care coverage includes, but is not limited to, a health plan meeting the definition under section 62A.011, subdivision 3, except that the exclusion of coverage designed solely to provide dental or vision care under section 62A.011, subdivision 3, clause (6), does not apply to the definition of health plan private health care coverage under this section; a group health plan governed under the federal Employee Retirement Income Security Act of 1974 (ERISA); a self-insured plan under sections 43A.23 to 43A.317 and 471.617; and a policy, contract, or certificate issued by a community-integrated service network licensed under chapter 62N.

"Public health care coverage" means health care benefits provided by any form of medical assistance under chapter 256B. Public health care coverage does not include MinnesotaCare or health plans subsidized by federal premium tax credits or federal cost-sharing reductions.

(d) "Medical support" means providing health care coverage for a joint child by carrying health care coverage for the joint child or by contributing to the cost of health care coverage, public coverage, unreimbursed medical health-related expenses, and uninsured medical health-related expenses of the joint child.

(e) "National medical support notice" means an administrative notice issued by the public authority to enforce health insurance provisions of a support order in accordance with Code of Federal Regulations, title 45, section 303.32, in cases where the public authority provides support enforcement services.
"Public coverage" means health care benefits provided by any form of medical assistance under chapter 256B. Public coverage does not include MinnesotaCare or health plans subsidized by federal premium tax credits or federal cost-sharing reductions.

"Uninsured medical health-related expenses" means a joint child's reasonable and necessary health-related medical and dental expenses if the joint child is not covered by a health plan or public coverage private health insurance care when the expenses are incurred.

Unreimbursed medical health-related expenses means a joint child's reasonable and necessary health-related medical and dental expenses if a joint child is covered by a health plan or public coverage health care coverage and the plan or health care coverage does not pay for the total cost of the expenses when the expenses are incurred. Unreimbursed medical health-related expenses do not include the cost of premiums. Unreimbursed medical health-related expenses include, but are not limited to, deductibles, co-payments, and expenses for orthodontia, and prescription eyeglasses and contact lenses, but not over-the-counter medications if coverage is under a health plan provided through health care coverage.

Subd. 2. Order. (a) A completed national medical support notice issued by the public authority or a court order that complies with this section is a qualified medical child support order under the federal Employee Retirement Income Security Act of 1974 (ERISA), United States Code, title 29, section 1169(a).

(b) Every order addressing child support must state:

1. the names, last known addresses, and Social Security numbers of the parents and the joint child that is a subject of the order unless the court prohibits the inclusion of an address or Social Security number and orders the parents to provide the address and Social Security number to the administrator of the health plan;

2. if the joint child is not presently enrolled in health care coverage, whether appropriate health care coverage for the joint child is available and, if so, state:
   
   i. the parents' responsibilities for carrying health care coverage;
   
   ii. the cost of premiums and how the cost is allocated between the parents; and
   
   iii. the circumstances, if any, under which an obligation to provide private health care coverage for the joint child will shift from one parent to the other; and

   3. if appropriate health care coverage is not available for the joint child, (iv) whether a contribution for medical support public health care coverage is required; and

   4. (3) how unreimbursed or uninsured medical health-related expenses will be allocated between the parents.

Subd. 2. Order. (a) A completed national medical support notice issued by the public authority or a court order that complies with this section is a qualified medical child support order under the federal Employee Retirement Income Security Act of 1974 (ERISA), United States Code, title 29, section 1169(a).

(b) Every order addressing child support must state:

1. the names, last known addresses, and Social Security numbers of the parents and the joint child that is a subject of the order unless the court prohibits the inclusion of an address or Social Security number and orders the parents to provide the address and Social Security number to the administrator of the health plan;

2. if the joint child is not presently enrolled in health care coverage, whether appropriate health care coverage for the joint child is available and, if so, state:
   
   i. the parents' responsibilities for carrying health care coverage;
   
   ii. the cost of premiums and how the cost is allocated between the parents; and
   
   iii. the circumstances, if any, under which an obligation to provide private health care coverage for the joint child will shift from one parent to the other; and

   3. if appropriate health care coverage is not available for the joint child, (iv) whether a contribution for medical support public health care coverage is required; and

   4. (3) how unreimbursed or uninsured medical health-related expenses will be allocated between the parents.
Subd. 3. Determining appropriate health care coverage. Public health care coverage for the joint child, the court must consider the following factors:

1. comprehensiveness of private health care coverage providing medical benefits.

2. accessibility. Dependent private health care coverage is accessible if the covered joint child can obtain services from a health plan provider with reasonable effort by the parent with whom the joint child resides. Private health care coverage is presumed accessible if:

   (i) primary care is available within 30 minutes or 30 miles of the joint child's residence and specialty care is available within 60 minutes or 60 miles of the joint child's residence;

   (ii) the private health care coverage is accessible if the covered joint child does not exceed five percent of the parents' combined monthly PICS. A court may additionally consider high deductibles and the cost to enroll the parent if the parent must enroll themselves in private health care coverage to access private health care coverage for the child.

3. the joint child's special medical needs, if any; and

4. affordability. Dependent private health care coverage is presumed affordable if:

   (i) primary care is available within 30 minutes or 30 miles of the joint child's residence and specialty care is available within 60 minutes or 60 miles of the joint child's residence;

   (ii) the private health care coverage is available through an employer and the employee can be expected to remain employed for a reasonable amount of time and:

   (iii) no preexisting conditions exist to unduly delay enrollment in private health care coverage;

   (iv) the joint child's special medical needs, if any; and

   (v) affordability. Dependent private health care coverage is presumed affordable if:

   (i) primary care is available within 30 minutes or 30 miles of the joint child's residence and specialty care is available within 60 minutes or 60 miles of the joint child's residence;

   (ii) the joint child's special medical needs, if any; and

   (iii) affordability. Dependent private health care coverage is presumed affordable if:

   (i) primary care is available within 30 minutes or 30 miles of the joint child's residence and specialty care is available within 60 minutes or 60 miles of the joint child's residence;

   (ii) the joint child's special medical needs, if any; and

   (iii) affordability. Dependent private health care coverage is presumed affordable if:

   (i) primary care is available within 30 minutes or 30 miles of the joint child's residence and specialty care is available within 60 minutes or 60 miles of the joint child's residence;

   (ii) the joint child's special medical needs, if any; and

   (iii) affordability. Dependent private health care coverage is presumed affordable if:

   (i) primary care is available within 30 minutes or 30 miles of the joint child's residence and specialty care is available within 60 minutes or 60 miles of the joint child's residence;

   (ii) the joint child's special medical needs, if any; and

   (iii) affordability. Dependent private health care coverage is presumed affordable if:

   (i) primary care is available within 30 minutes or 30 miles of the joint child's residence and specialty care is available within 60 minutes or 60 miles of the joint child's residence;

   (ii) the joint child's special medical needs, if any; and

   (iii) affordability. Dependent private health care coverage is presumed affordable if:

   (i) primary care is available within 30 minutes or 30 miles of the joint child's residence and specialty care is available within 60 minutes or 60 miles of the joint child's residence;

   (ii) the joint child's special medical needs, if any; and

   (iii) affordability. Dependent private health care coverage is presumed affordable if:

   (i) primary care is available within 30 minutes or 30 miles of the joint child's residence and specialty care is available within 60 minutes or 60 miles of the joint child's residence;

   (ii) the joint child's special medical needs, if any; and

   (iii) affordability. Dependent private health care coverage is presumed affordable if:

   (i) primary care is available within 30 minutes or 30 miles of the joint child's residence and specialty care is available within 60 minutes or 60 miles of the joint child's residence;

   (ii) the joint child's special medical needs, if any; and

   (iii) affordability. Dependent private health care coverage is presumed affordable if:

   (i) primary care is available within 30 minutes or 30 miles of the joint child's residence and specialty care is available within 60 minutes or 60 miles of the joint child's residence;

   (ii) the joint child's special medical needs, if any; and

   (iii) affordability. Dependent private health care coverage is presumed affordable if:

   (i) primary care is available within 30 minutes or 30 miles of the joint child's residence and specialty care is available within 60 minutes or 60 miles of the joint child's residence;

   (ii) the joint child's special medical needs, if any; and

   (iii) affordability. Dependent private health care coverage is presumed affordable if:

   (i) primary care is available within 30 minutes or 30 miles of the joint child's residence and specialty care is available within 60 minutes or 60 miles of the joint child's residence;

   (ii) the joint child's special medical needs, if any; and

   (iii) affordability. Dependent private health care coverage is presumed affordable if:

   (i) primary care is available within 30 minutes or 30 miles of the joint child's residence and specialty care is available within 60 minutes or 60 miles of the joint child's residence;
one or both parents have appropriate health care coverage providing medical benefits for
the joint child.
(a) If a joint child is presently enrolled in health care coverage, the court shall order that
the parent who currently has the joint child enrolled in health care coverage continue that
enrollment if the health care coverage is appropriate as defined under subdivision 3.
(b) If only one parent has appropriate health care coverage providing medical benefits
available, the court must order that parent to carry the coverage for the joint child.
(c) If both parents have appropriate health care coverage providing medical benefits
available, the court must order the parent with whom the joint child resides to carry the
health care coverage for the joint child, unless:
(1) a party expresses a preference for private health care coverage providing medical
benefits available through the parent with whom the joint child does not reside;
(2) the parent with whom the joint child does not reside is already carrying dependent
private health care coverage providing medical benefits for other children and the cost of
contributing to the premiums of the other parent's health care coverage would cause the
parent with whom the joint child does not reside extreme hardship; or
(3) the parties agree as to which parent will carry health care coverage providing medical
benefits and agree on the allocation of costs.
(d) If the exception in paragraph (c), clause (1) or (2), applies, the court must
determine which parent has the most appropriate health care coverage providing medical
benefits available and order that parent to carry health care coverage for the joint child.
(e) If neither parent has appropriate health care coverage available, the court must
order the parents to
(1) contribute toward the actual health care costs of the joint children based on a pro
rata share; or
(2) if the joint child is receiving any form of public coverage, the parent with whom the
joint child does not reside shall contribute a monthly amount toward the actual cost of public
coverage. The amount of the noncustodial parent’s contribution is determined by applying
the noncustodial parent’s PICS to the premium scale for MinnesotaCare under section
517.15, subdivision 2, paragraph (d). If the noncustodial parent’s PICS meets the eligibility
requirements for MinnesotaCare, the contribution is the amount the noncustodial parent
would pay for the child’s premium. If the noncustodial parent’s PICS exceeds the eligibility
requirements, the contribution is the amount of the premium for the highest eligible income
on the premium scale for MinnesotaCare under section 517.15, subdivision 2, paragraph
(d). For purposes of determining the premium amount, the noncustodial parent’s household
size is equal to one parent plus the child or children who are the subject of the child support
requirements for MinnesotaCare, the contribution is the amount the noncustodial parent’s
would pay for the child’s premium. If the noncustodial parent’s PICS exceeds the eligibility
requirements, the contribution is the amount of the premium for the highest eligible income
on the premium scale for MinnesotaCare under section 517.15, subdivision 2, paragraph
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would pay for the child’s premium. If the noncustodial parent’s PICS exceeds the eligibility
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(d). For purposes of determining the premium amount, the noncustodial parent’s household
size is equal to one parent plus the child or children who are the subject of the child support
requirements for MinnesotaCare, the contribution is the amount the noncustodial parent’s
would pay for the child’s premium. If the noncustodial parent’s PICS exceeds the eligibility
requirements, the contribution is the amount of the premium for the highest eligible income
on the premium scale for MinnesotaCare under section 517.15, subdivision 2, paragraph
(d). For purposes of determining the premium amount, the noncustodial parent’s household
size is equal to one parent plus the child or children who are the subject of the child support
order. The custodial parent's obligation is determined under the requirements for public
coverage as set forth in chapter 256B, or

(2) if the noncustodial parent's PICS meet the eligibility requirement for public coverage
under chapter 256B or the noncustodial parent receives public assistance, the noncustodial
parent must not be ordered to contribute toward the cost of public coverage.

(a) If neither parent has appropriate health care coverage available, the court may
order the parent with whom the child resides to apply for public health care coverage for
the child.

(b) The commissioner of human services must publish a table with the premium schedule
for public health care coverage and update the chart for changes to the schedule by July 1 of each year.

(i) If a joint child is not presently enrolled in private health care coverage providing
dental benefits, upon motion of a parent or the public authority, the court may determine
whether one or both parents have appropriate private health care coverage providing

dental benefits for the joint child, and the court may order a parent with appropriate
private health care coverage providing dental benefits available to carry the health care
coverage for the joint child.

(ii) If a joint child is not presently enrolled in available private health care coverage
providing benefits other than medical benefits or dental benefits, upon motion of a parent
or the public authority, the court may determine whether other private health care
coverage providing other health benefits for the joint child is appropriate, and the court may
order a parent with that appropriate private health care coverage available to carry the
health care coverage for the joint child.

Subd. 5. Medical support costs; unreimbursed and uninsured medical health-related
expenses. (a) Unless otherwise agreed to by the parties and approved by the court, the court
must order that the cost of private health care coverage and all unreimbursed and uninsured
medical health-related expenses under the health plan be divided between the obligor and
obligee based on their proportionate share of the parties' combined monthly PICS. The
amount allocated for medical support is considered child support but is not subject to a
cost-of-living adjustment under section 518A.75.

(b) If a party owes a joint child basic support obligation for a joint child and is ordered
to carry private health care coverage for the joint child, and the other party is ordered to
contribute to the carrying party's cost for coverage, the carrying party's basic support
payment must be reduced by the amount of the contributing party's contribution.

(c) If a party owes a joint child basic support obligation for a joint child and is ordered
to contribute to the other party's cost for carrying private health care coverage for the joint
child, the contributing party's child support payment must be increased by the amount of
the contribution. The contribution toward private health care coverage must not be charged

Subd. 5. Medical support costs; unreimbursed and uninsured medical health-related
expenses. (a) Unless otherwise agreed to by the parties and approved by the court, the court
must order that the cost of private health care coverage and all unreimbursed and uninsured
medical health-related expenses under the health plan be divided between the obligor and
obligee based on their proportionate share of the parties' combined monthly PICS. The
amount allocated for medical support is considered child support but is not subject to a
cost-of-living adjustment under section 518A.75.

(b) If a party owes a joint child basic support obligation for a joint child and is ordered
to carry private health care coverage for the joint child, and the other party is ordered to
contribute to the carrying party's cost for coverage, the carrying party's basic support
payment must be reduced by the amount of the contributing party's contribution.

(c) If a party owes a joint child basic support obligation for a joint child and is ordered
to contribute to the other party's cost for carrying private health care coverage for the joint
child, the contributing party's child support payment must be increased by the amount of
the contribution. The contribution toward private health care coverage must not be charged
in any month in which the party ordered to carry private health care coverage fails to maintain private

518.33 in any month in which the party ordered to carry private health care coverage fails to maintain private

519.34 in any month in which the party ordered to carry private health care coverage fails to maintain private

519.1 (d) If the party ordered to carry private health care coverage for the joint child already carries dependent private health care coverage for other dependents and would incur no additional premium costs to add the joint child to the existing health care coverage, the court must not order the other party to contribute to the premium costs for health care coverage of the joint child.

519.6 (e) If a party ordered to carry private health care coverage for the joint child does not already carry dependent private health care coverage but has other dependents who may be added to the ordered health care coverage, the full premium costs of the dependent private health care coverage must be allocated between the parties in proportion to the party's share of the parties' combined monthly PICS, unless the parties agree otherwise.

519.11 (f) If a party ordered to carry private health care coverage for the joint child is required to enroll in a health plan so that the joint child can be enrolled in dependent private health care coverage under the plan, the court must allocate the costs of the dependent private health care coverage between the parties. The costs of the private health care coverage for the party ordered to carry the health care coverage for the joint child must not be allocated between the parties.

519.17 (g) If the joint child is receiving any form of public health care coverage:

519.18 (1) the parent with whom the joint child does not reside shall contribute a monthly amount toward the actual cost of public health care coverage. The amount of the noncustodial parent's contribution is determined by applying the noncustodial parent's PICS to the premium scale for MinnesotaCare under section 256L.15, subdivision 2, paragraph (d). If the noncustodial parent's PICS meets the eligibility requirements for MinnesotaCare, the contribution is the amount that the noncustodial parent would pay for the child's premium;

519.24 (2) if the noncustodial parent's PICS exceeds the eligibility requirements, the contribution is the amount of the premium for the highest eligible income on the premium scale for MinnesotaCare under section 256L.15, subdivision 2, paragraph (d). For purposes of determining the premium amount, the noncustodial parent's household size is equal to one parent plus the child or children who are the subject of the order.

519.29 (3) the custodial parent's obligation is determined under the requirements for public health care coverage in chapter 256B.

519.31 (d) if the noncustodial parent's PICS is less than 200 percent of the federal poverty guidelines for one person or the noncustodial parent receives public assistance, the noncustodial parent must not be ordered to contribute toward the cost of public health care coverage.

519.34 in any month in which the party ordered to carry private health care coverage fails to maintain private

519.35 in any month in which the party ordered to carry private health care coverage fails to maintain private

519.4 (d) If the party ordered to carry private health care coverage for the joint child already carries dependent private health care coverage for other dependents and would incur no additional premium costs to add the joint child to the existing health care coverage, the court must not order the other party to contribute to the premium costs for health care coverage of the joint child.

519.10 (e) If a party ordered to carry private health care coverage for the joint child does not already carry dependent private health care coverage but has other dependents who may be added to the ordered health care coverage, the full premium costs of the dependent private health care coverage must be allocated between the parties in proportion to the party's share of the parties' combined monthly PICS, unless the parties agree otherwise.

519.11 (f) If a party ordered to carry private health care coverage for the joint child is required to enroll in a health plan so that the joint child can be enrolled in dependent private health care coverage under the plan, the court must allocate the costs of the dependent private health care coverage between the parties. The costs of the private health care coverage for the party ordered to carry the health care coverage for the joint child must not be allocated between the parties.

519.17 (g) If the joint child is receiving any form of public health care coverage:

519.18 (1) the parent with whom the joint child does not reside shall contribute a monthly amount toward the actual cost of public health care coverage. The amount of the noncustodial parent's contribution is determined by applying the noncustodial parent's PICS to the premium scale for MinnesotaCare under section 256L.15, subdivision 2, paragraph (d). If the noncustodial parent's PICS meets the eligibility requirements for MinnesotaCare, the contribution is the amount that the noncustodial parent would pay for the child's premium;

519.24 (2) if the noncustodial parent's PICS exceeds the eligibility requirements, the contribution is the amount of the premium for the highest eligible income on the premium scale for MinnesotaCare under section 256L.15, subdivision 2, paragraph (d). For purposes of determining the premium amount, the noncustodial parent's household size is equal to one parent plus the child or children who are the subject of the order.

519.29 (3) the custodial parent's obligation is determined under the requirements for public health care coverage in chapter 256B.

519.31 (d) if the noncustodial parent's PICS is less than 200 percent of the federal poverty guidelines for one person or the noncustodial parent receives public assistance, the noncustodial parent must not be ordered to contribute toward the cost of public health care coverage.
(h) The commissioner of human services must publish a table for section 256L.15, subdivision 2, paragraph (d), and update the table with changes to the schedule by July 1 of each year.

Subd. 6. Notice or court order sent to party's employer, union, or health carrier. (a) The public authority must forward a copy of the national medical support notice or court order for private health care coverage to the party's employer within two business days after the date the party is entered into the work reporting system under section 256.998.

(b) The public authority or a party seeking to enforce an order for private health care coverage must forward a copy of the national medical support notice or court order to the obligor's employer or union, or to the health carrier under the following circumstances:

(1) the party ordered to carry private health care coverage for the joint child fails to provide written proof to the other party or the public authority, within 30 days of the effective date of the court order, that the party has applied for private health care coverage for the joint child;

(2) the party seeking to enforce the order or the public authority gives written notice to the party ordered to carry private health care coverage for the joint child of its intent to enforce medical support. The party seeking to enforce the order or public authority must mail the written notice to the last known address of the party ordered to carry private health care coverage for the joint child; and

(3) the party ordered to carry private health care coverage for the joint child fails, within 15 days after the date on which the written notice under clause (2) was mailed, to provide written proof to the other party or the public authority that the party has applied for private health care coverage for the joint child.

(c) The public authority is not required to forward a copy of the national medical support notice or court order to the obligor's employer or union, or to the health carrier, if the court orders private health care coverage for the joint child that is not employer-based or union-based coverage.

Subd. 7. Employer or union requirements. (a) An employer or union must forward the national medical support notice or court order to its health plan within 20 business days after the date on the national medical support notice or after receipt of the court order.

(b) Upon determination by an employer's or union's health plan administrator that a joint child is eligible to be covered under the health plan, the employer or union and health plan must enroll the joint child as a beneficiary in the health plan, and the employer must withhold any required premiums from the income or wages of the party ordered to carry health care coverage for the joint child.

(c) If enrollment of the party ordered to carry private health care coverage for a joint child is necessary to obtain dependent private health care coverage under the plan, and the

(h) The commissioner of human services must publish a table for section 256L.15, subdivision 2, paragraph (d), and update the table with changes to the schedule by July 1 of each year.

Subd. 6. Notice or court order sent to party's employer, union, or health carrier. (a) The public authority must forward a copy of the national medical support notice or court order for private health care coverage to the party's employer within two business days after the date the party is entered into the work reporting system under section 256.998.

(b) The public authority or a party seeking to enforce an order for private health care coverage must forward a copy of the national medical support notice or court order to the obligor's employer or union, or to the health carrier under the following circumstances:

(1) the party ordered to carry private health care coverage for the joint child fails to provide written proof to the other party or the public authority, within 30 days of the effective date of the court order, that the party has applied for private health care coverage for the joint child;

(2) the party seeking to enforce the order or the public authority gives written notice to the party ordered to carry private health care coverage for the joint child of its intent to enforce medical support. The party seeking to enforce the order or public authority must mail the written notice to the last known address of the party ordered to carry private health care coverage for the joint child; and

(3) the party ordered to carry private health care coverage for the joint child fails, within 15 days after the date on which the written notice under clause (2) was mailed, to provide written proof to the other party or the public authority that the party has applied for private health care coverage for the joint child.

(c) The public authority is not required to forward a copy of the national medical support notice or court order to the obligor's employer or union, or to the health carrier, if the court orders private health care coverage for the joint child that is not employer-based or union-based coverage.

Subd. 7. Employer or union requirements. (a) An employer or union must forward the national medical support notice or court order to its health plan within 20 business days after the date on the national medical support notice or after receipt of the court order.

(b) Upon determination by an employer's or union's health plan administrator that a joint child is eligible to be covered under the health plan, the employer or union and health plan must enroll the joint child as a beneficiary in the health plan, and the employer must withhold any required premiums from the income or wages of the party ordered to carry health care coverage for the joint child.

(c) If enrollment of the party ordered to carry private health care coverage for a joint child is necessary to obtain dependent private health care coverage under the plan, and the
party is not enrolled in the health plan, the employer or union must enroll the party in the plan.

d) Enrollment of dependents and, if necessary, the party ordered to carry private health care coverage for the joint child must be immediate and not dependent upon open enrollment periods. Enrollment is not subject to the underwriting policies under section 62A.048.

e) Failure of the party ordered to carry private health care coverage for the joint child to execute any documents necessary to enroll the dependent in the health plan does not affect the obligation of the employer or union and health plan to enroll the dependent in a plan. Information and authorization provided by the public authority, or by a party or guardian, is valid for the purposes of meeting enrollment requirements of the health plan.

(f) An employer or union that is included under the federal Employee Retirement Income Security Act of 1974 (ERISA), United States Code, title 29, section 1169(a), may not deny enrollment to the joint child or to the parent if necessary to enroll the joint child based on exclusionary clauses described in section 62A.048.

(g) A new employer or union of a party who is ordered to provide private health care coverage for a joint child must enroll the joint child in the party's health plan as required by a national medical support notice or court order.

Subd. 8. Health plan requirements. (a) If a health plan administrator receives a completed national medical support notice or court order, the plan administrator must notify the parties, and the public authority if the public authority provides support enforcement services, within 40 business days after the date of the notice or after receipt of the court order, of the following:

1. whether health care coverage is available to the joint child under the terms of the health plan and, if not, the reason why health care coverage is not available;

2. whether the joint child is covered under the health plan;

3. the effective date of the joint child's coverage under the health plan; and

4. what steps, if any, are required to effectuate the joint child's coverage under the health plan.

(b) If the employer or union offers more than one plan and the national medical support notice or court order does not specify the plan to be carried, the plan administrator must notify the parents and the public authority if the public authority provides support enforcement services. When there is more than one option available under the plan, the public authority, in consultation with the parent with whom the joint child resides, must promptly select from available plan options.

c) The plan administrator must provide the parents and public authority, if the public authority provides support enforcement services, with a notice of the joint child's enrollment, description of the health care coverage, and any documents necessary to effectuate coverage.

d) Enrollment of dependents and, if necessary, the party ordered to carry private health care coverage for the joint child must be immediate and not dependent upon open enrollment periods. Enrollment is not subject to the underwriting policies under section 62A.048.

e) Failure of the party ordered to carry private health care coverage for the joint child to execute any documents necessary to enroll the dependent in the health plan does not affect the obligation of the employer or union and health plan to enroll the dependent in a plan. Information and authorization provided by the public authority, or by a party or guardian, is valid for the purposes of meeting enrollment requirements of the health plan.

(f) An employer or union that is included under the federal Employee Retirement Income Security Act of 1974 (ERISA), United States Code, title 29, section 1169(a), may not deny enrollment to the joint child or to the parent if necessary to enroll the joint child based on exclusionary clauses described in section 62A.048.

(g) A new employer or union of a party who is ordered to provide private health care coverage for a joint child must enroll the joint child in the party's health plan as required by a national medical support notice or court order.

Subd. 8. Health plan requirements. (a) If a health plan administrator receives a completed national medical support notice or court order, the plan administrator must notify the parties, and the public authority if the public authority provides support enforcement services, within 40 business days after the date of the notice or after receipt of the court order, of the following:

1. whether health care coverage is available to the joint child under the terms of the health plan and, if not, the reason why health care coverage is not available;

2. whether the joint child is covered under the health plan;

3. the effective date of the joint child's coverage under the health plan; and

4. what steps, if any, are required to effectuate the joint child's coverage under the health plan.

(b) If the employer or union offers more than one plan and the national medical support notice or court order does not specify the plan to be carried, the plan administrator must notify the parents and the public authority if the public authority provides support enforcement services. When there is more than one option available under the plan, the public authority, in consultation with the parent with whom the joint child resides, must promptly select from available plan options.

c) The plan administrator must provide the parents and public authority, if the public authority provides support enforcement services, with a notice of the joint child's enrollment, description of the health care coverage, and any documents necessary to effectuate coverage.
The health plan must send copies of all correspondence regarding the private health care coverage to the parents.

Subd. 10. Employer or union liability. (a) An employer or union that willfully fails to comply with the order or notice is liable for any uninsured health-related expenses incurred by the dependents while the dependents were eligible to be enrolled in the health plan and for any other premium costs incurred because the employer or union willfully failed to comply with the order or notice.

Subd. 11. Contesting enrollment. (a) A party may contest a joint child's enrollment in a health plan on the limited grounds that the enrollment is improper due to mistake of fact or that the enrollment meets the requirements of section 518.145. 

(b) If the party chooses to contest the enrollment, the party must do so no later than 15 days after the employer notifies the party of the enrollment by doing the following:

(1) filing a motion in district court or according to section 484.702 and the expedited child support process rules if the public authority provides support enforcement services; and

(2) serving the motion on the other party and public authority if the public authority provides support enforcement services; and

(c) The enrollment must remain in place while the party contests the enrollment.

Subd. 11. Disenrollment; continuation of coverage; coverage options. (a) Unless a court order provides otherwise, a child for whom a party is required to provide private health care coverage under this section must be covered as a dependent of the party until the child is emancipated, until further order of the court, or as consistent with the terms of the health care coverage.

(b) The health carrier, employer, or union may not disenroll or eliminate health care coverage for the child unless:

(1) the health carrier, employer, or union is provided satisfactory written evidence that the court order is no longer in effect;

(d) The health plan must send copies of all correspondence regarding the private health care coverage to the parents.

Subd. 19. Employer or union liability. (a) An employer or union that willfully fails to comply with the order or notice is liable for any uninsured health-related expenses incurred by the dependents while the dependents were eligible to be enrolled in the health plan and for any other premium costs incurred because the employer or union willfully failed to comply with the order or notice. 

Subd. 20. Employer or union liability. (a) An employer or union that fails to comply with the order or notice is subject to a contempt finding, a $250 civil penalty under section 518A.73, and is subject to a civil penalty of $500 to be paid to the party entitled to reimbursement or the public authority. Penalties paid to the public authority are designated for child support enforcement services.

Subd. 21. Subd. 10. Contesting enrollment. (a) A party may contest a joint child's enrollment in a health plan on the limited grounds that the enrollment is improper due to mistake of fact or that the enrollment meets the requirements of section 518.145. 

(b) If the party chooses to contest the enrollment, the party must do so no later than 15 days after the employer notifies the party of the enrollment by doing the following:

(1) filing a motion in district court or according to section 484.702 and the expedited child support process rules if the public authority provides support enforcement services; and

(2) serving the motion on the other party and public authority if the public authority provides support enforcement services; and

(c) The enrollment must remain in place while the party contests the enrollment.

Subd. 11. Disenrollment; continuation of coverage; coverage options. (a) Unless a court order provides otherwise, a child for whom a party is required to provide private health care coverage under this section must be covered as a dependent of the party until the child is emancipated, until further order of the court, or as consistent with the terms of the health care coverage.

(b) The health carrier, employer, or union may not disenroll or eliminate health care coverage for the child unless:

(1) the health carrier, employer, or union is provided satisfactory written evidence that the court order is no longer in effect;
523.13 (2) the joint child is or will be enrolled in comparable private health care coverage
523.14 through another health plan that will take effect no later than the effective date of the
disenrollment;
523.15 (3) the employee is no longer eligible for dependent health care coverage; or
523.16 (4) the required premium has not been paid by or on behalf of the joint child.
523.18 (c) The health plan must provide 30 days' written notice to the joint child's parents, and
523.19 the public authority if the public authority provides support enforcement services, before
523.20 the health plan disenrolls or eliminates the joint child's health care coverage.
523.21 (d) A joint child enrolled in private health care coverage under a qualified medical child
523.22 support order, including a national medical support notice, under this section is a dependent
523.23 and a qualified beneficiary under the Consolidated Omnibus Budget and Reconciliation Act
523.24 of 1985 (COBRA), Public Law 99-272. Upon expiration of the order, the joint child is
523.25 entitled to the opportunity to elect continued health care coverage that is available under
523.26 the health plan. The employer or union must provide notice to the parties and the public
523.27 authority, if it provides support services, within ten days of the termination date.
523.28 (e) If the public authority provides support enforcement services and a plan administrator
523.29 reports to the public authority that there is more than one coverage option available under
523.30 the health plan, the public authority, in consultation with the parent with whom the joint
523.31 child resides, must promptly select health care coverage from the available options.
524.1 Subd. 12. Spousal or former spousal coverage. The court must require the parent with
524.2 whom the joint child does not reside to provide dependent private health care coverage for
524.3 the benefit of the parent with whom the joint child resides if the parent with whom the child
does not reside is ordered to provide dependent private health care coverage for the parties' joint child and adding the other parent to the health care coverage results in no additional
524.6 premium cost.
524.7 Subd. 13. Disclosure of information. (a) If the public authority provides support
524.8 enforcement services, the parties must provide the public authority with the following
524.9 information:
524.10 (1) information relating to dependent health care coverage or public coverage available
524.11 for the benefit of the joint child for whom support is sought, including all information
524.12 required to be included in a medical support order under this section;
524.13 (2) verification that application for court-ordered health care coverage was made within
524.14 30 days of the court's order; and
524.15 (3) the reason that a joint child is not enrolled in court-ordered health care coverage, if
524.16 a joint child is not enrolled in health care coverage or subsequently loses health care coverage.
524.17 (b) Upon request from the public authority under section 256.978, an employer, union,
or plan administrator, including an employer subject to the federal Employee Retirement

75.19 (2) the joint child is or will be enrolled in comparable private health care coverage
75.20 through another health plan that will take effect no later than the effective date of the
disenrollment;
75.21 (3) the employee is no longer eligible for dependent health care coverage; or
75.23 (4) the required premium has not been paid by or on behalf of the joint child.
75.24 (c) The health plan must provide 30 days' written notice to the joint child's parents, and
75.25 the public authority if the public authority provides support enforcement services, before
75.26 the health plan disenrolls or eliminates the joint child's health care coverage.
75.27 (d) A joint child enrolled in private health care coverage under a qualified medical child
75.28 support order, including a national medical support notice, under this section is a dependent
75.29 and a qualified beneficiary under the Consolidated Omnibus Budget and Reconciliation Act
75.30 of 1985 (COBRA), Public Law 99-272. Upon expiration of the order, the joint child is
75.31 entitled to the opportunity to elect continued health care coverage that is available under
75.32 the health plan. The employer or union must provide notice to the parties and the public
75.32 authority, if it provides support services, within ten days of the termination date.
75.33 (e) If the public authority provides support enforcement services and a plan administrator
75.34 reports to the public authority that there is more than one coverage option available under
75.35 the health plan, the public authority, in consultation with the parent with whom the joint
75.36 child resides, must promptly select health care coverage from the available options.
75.37 Subd. 12. Spousal or former spousal coverage. The court must require the parent with
75.38 whom the joint child does not reside to provide dependent private health care coverage for
75.39 the benefit of the parent with whom the joint child resides if the parent with whom the child
does not reside is ordered to provide dependent private health care coverage for the parties' joint child and adding the other parent to the health care coverage results in no additional
75.39 premium cost.
75.40 Subd. 13. Disclosure of information. (a) If the public authority provides support
75.41 enforcement services, the parties must provide the public authority with the following
75.42 information:
75.43 (1) information relating to dependent health care coverage or public coverage available
75.44 for the benefit of the joint child for whom support is sought, including all information
75.46 required to be included in a medical support order under this section;
75.49 (2) verification that application for court-ordered health care coverage was made within
75.50 30 days of the court's order; and
75.52 (3) the reason that a joint child is not enrolled in court-ordered health care coverage, if
75.54 a joint child is not enrolled in health care coverage or subsequently loses health care coverage.
75.56 (b) Upon request from the public authority under section 256.978, an employer, union,
or plan administrator, including an employer subject to the federal Employee Retirement
Income Security Act of 1974 (ERISA), United States Code, title 29, section 1169(a), must provide the public authority the following information:

(1) information relating to dependent private health care coverage available to a party for the benefit of the joint child for whom support is sought, including all information required to be included in a medical support order under this section; and

(2) information that will enable the public authority to determine whether a health plan is appropriate for a joint child, including, but not limited to, all available plan options, any geographic service restrictions, and the location of service providers.

(e) The employer, union, or plan administrator must not release information regarding parties with insurance identification cards and all necessary written information to enable the parties to utilize the insurance benefits for the covered dependent.

(d) The public authority is authorized to release to a party's employer, union, or health plan information necessary to verify availability of dependent private health care coverage, or to establish, modify, or enforce medical support.

(e) An employee must disclose to an employer if medical support is required to be withheld under this section and the employer must begin withholding according to the terms of the order and under section 518A.53. If an employee discloses an obligation to obtain private health care coverage and health care coverage is available through the employer, the employer must make all application processes known to the individual and enroll the employee and dependent in the plan.

Subd. 14. Child support enforcement services. The public authority must take necessary steps to establish, enforce, and modify an order for medical support if the joint child receives public assistance or a party completes an application for services from the public authority under section 518A.51.

Subd. 15. Enforcement. (a) Remedies available for collecting and enforcing child support apply to medical support.

(b) For the purpose of enforcement, the following are additional support:

(1) the costs of individual or group health or hospitalization coverage;

(2) dental coverage;

(3) medical costs ordered by the court to be paid by either party, including health care coverage premiums paid by the obligee because of the obligor's failure to obtain health care coverage as ordered; and

(4) liabilities established under this subdivision.

(c) A party who fails to carry court-ordered dependent private health care coverage is liable for the joint child's uninsured medical health-related expenses unless a court order for medical support is in effect.

Income Security Act of 1974 (ERISA), United States Code, title 29, section 1169(a), must provide the public authority the following information:

(1) information relating to dependent private health care coverage available to a party for the benefit of the joint child for whom support is sought, including all information required to be included in a medical support order under this section; and

(2) information that will enable the public authority to determine whether a health plan is appropriate for a joint child, including, but not limited to, all available plan options, any geographic service restrictions, and the location of service providers.

(e) The employer, union, or plan administrator must not release information regarding parties with insurance identification cards and all necessary written information to enable the parties to utilize the insurance benefits for the covered dependent.

(d) The public authority is authorized to release to a party's employer, union, or health plan information necessary to verify availability of dependent private health care coverage, or to establish, modify, or enforce medical support.

(e) An employee must disclose to an employer if medical support is required to be withheld under this section and the employer must begin withholding according to the terms of the order and under section 518A.53. If an employee discloses an obligation to obtain private health care coverage and health care coverage is available through the employer, the employer must make all application processes known to the individual and enroll the employee and dependent in the plan.

Subd. 14. Child support enforcement services. The public authority must take necessary steps to establish, enforce, and modify an order for medical support if the joint child receives public assistance or a party completes an application for services from the public authority under section 518A.51.

Subd. 15. Enforcement. (a) Remedies available for collecting and enforcing child support apply to medical support.

(b) For the purpose of enforcement, the following are additional support:

(1) the costs of individual or group health or hospitalization coverage;

(2) dental coverage;

(3) medical costs ordered by the court to be paid by either party, including health care coverage premiums paid by the obligee because of the obligor's failure to obtain health care coverage as ordered; and

(4) liabilities established under this subdivision.

(c) A party who fails to carry court-ordered dependent private health care coverage is liable for the joint child's uninsured medical health-related expenses unless a court order
provides otherwise. A party's failure to carry court-ordered health care coverage, or to provide other medical support as ordered, is a basis for modification of medical support under section 518A.39, subdivision 8, unless it meets the presumption in section 518A.39, subdivision 2.

(d) Payments by the health carrier or employer for services rendered to the dependents that are directed to a party not owed reimbursement must be endorsed over to and forwarded to the vendor or appropriate party or the public authority. A party retaining insurance reimbursement not owed to the party is liable for the amount of the reimbursement.

Subd. 16. Offset, (a) If a party is the parent with primary physical custody as defined in section 518A.26, subdivision 17, and is an obligor ordered to contribute to the other party's cost for carrying health care coverage for the joint child, the other party's child support and spousal maintenance obligations are subject to an offset under subdivision 5.

(b) The public authority, if the public authority provides child support enforcement services, may resume the offset to a party's child support obligation when:

(1) the party's court-ordered private health care coverage for the joint child terminates; or

(2) the party does not enroll the joint child in other private health care coverage; and

(3) a modification motion is not pending.

The public authority must provide notice to the parties of the action. If neither party requests a hearing, the public authority must remove the offset effective the first day of the month following certification that private health care coverage is in place for the joint child.

(d) A party may contest the public authority's action to remove or resume the offset to the child support obligation if the party makes a written request for a hearing within 30 days after receiving written notice. If a party makes a timely request for a hearing, the public authority must schedule a hearing and send written notice of the hearing to the parties by mail to the parties' last known addresses at least 14 days before the hearing. The hearing must be conducted in district court or in the expedited child support process if section 484.702 applies. The district court or child support magistrate must determine whether removing or resuming the offset is appropriate and, if appropriate, the effective date for the removal or resumption.

Subd. 16a. Suspension or reinstatement of medical support contribution, (a) If a party is the parent with primary physical custody, as defined in section 518A.26, subdivision

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17, and is ordered to carry private health care coverage for the joint child but fails to carry the court-ordered private health care coverage, the public authority may suspend the medical support obligation of the other party if that party has been court-ordered to contribute to the cost of the private health care coverage carried by the parent with primary physical custody of the joint child.

(b) If the public authority provides child support enforcement services, the public authority may suspend the other party's medical support contribution toward private health care coverage when:

(1) the party's court-ordered private health care coverage for the joint child terminates;

(2) the party does not enroll the joint child in other private health care coverage; and

(3) a modification motion is not pending.

The public authority must provide notice to the parties of the action. If neither party requests a hearing, the public authority may suspend the medical support contribution effective the first day of the month following the termination of the joint child's private health care coverage.

(c) If the public authority provides child support enforcement services, the public authority may reinstate the medical support contribution when the party ordered to provide private health care coverage for the joint child has resumed the joint child's court-ordered private health care coverage or has enrolled the joint child in other private health care coverage. The public authority must provide notice to the parties of the action. If neither party requests a hearing, the public authority must reinstate the medical support contribution effective the first day of the month following certification that the joint child is enrolled in private health care coverage.

(d) A party may contest the public authority's action to suspend or reinstate the medical support contribution if the party makes a written request for a hearing within 30 days after receiving written notice. If a party makes a timely request for a hearing, the public authority must schedule a hearing and send written notice of the hearing to the parties by mail to the parties' last known addresses at least 14 days before the hearing. The hearing must be conducted in district court or in the expedited child support process if section 484.702 applies. The district court or child support magistrate must determine whether suspending or reinstating the medical support contribution is appropriate and, if appropriate, the effective date of the removal or reinstatement of the medical support contribution.

(b) A party requesting reimbursement of unreimbursed or uninsured medical health-related expenses must initiate a request to the other party within two years of the date of the removal or reinstatement of the medical support contribution.
date that the requesting party incurred the unreimbursed or uninsured medical health-related expenses. If a court order has been signed ordering the contribution towards toward
unreimbursed or uninsured expenses, a two-year limitations provision must be applied to
any requests made on or after January 1, 2007. The provisions of this section apply
retroactively to court orders signed before January 1, 2007. Requests for unreimbursed or
uninsured expenses made on or after January 1, 2007, may include expenses incurred before
January 1, 2007, and on or after January 1, 2005.

(c) A requesting party must mail a written notice of intent to collect the unreimbursed
or uninsured medical health-related expenses and a copy of an affidavit of health care
expenses to the other party at the other party's last known address.

d) The written notice must include a statement that the other party has 30 days from
the date the notice was mailed to (1) pay in full; (2) agree to a payment schedule; or (3) file
a motion requesting a hearing to contest the amount due or to set a court-ordered monthly
payment amount. If the public authority provides services, the written notice also must
include a statement that, if the other party does not respond within the 30 days, the requesting
party may submit the amount due to the public authority for collection.

(e) The affidavit of health care expenses must itemize and document the joint child's
unreimbursed or uninsured medical health-related expenses and include copies of all bills,
receipts, and insurance company explanations of benefits.

(f) If the other party does not respond to the request for reimbursement within 30 days,
the requesting party may commence enforcement against the other party under subdivision
18; file a motion for a court-ordered monthly payment amount under paragraph (i); or notify
the public authority, if the public authority provides services, that the other party has not
responded.

(g) The notice to the public authority must include: a copy of the written notice, a copy
of the affidavit of health care expenses, and copies of all bills, receipts, and insurance
company explanations of benefits.

(h) If noticed under paragraph (f), the public authority must serve the other party with
a notice of intent to enforce unreimbursed and uninsured medical health-related expenses
and file an affidavit of service by mail with the district court administrator. The notice must
state that the other party has 14 days to (1) pay in full; or (2) file a motion to contest the
amount due or to set a court-ordered monthly payment amount. The notice must also state
that if there is no response within 14 days, the public authority will commence enforcement
of the expenses as arrears under subdivision 18.

(i) To contest the amount due or set a court-ordered monthly payment amount, a party
must file a timely motion and schedule a hearing in district court or in the expedited child
support process if section 484.702 applies. The moving party must provide the other party
and the public authority, if the public authority provides services, with written notice at
least 14 days before the hearing by mailing notice of the hearing to the public authority and

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80.7 date that the requesting party incurred the unreimbursed or uninsured medical health-related
80.8 expenses. If a court order has been signed ordering the contribution towards toward
80.9 unreimbursed or uninsured expenses, a two-year limitations provision must be applied to
80.10 any requests made on or after January 1, 2007. The provisions of this section apply
80.11 retroactively to court orders signed before January 1, 2007. Requests for unreimbursed or
80.12 uninsured expenses made on or after January 1, 2007, may include expenses incurred before
80.13 January 1, 2007, and on or after January 1, 2005.

80.14 (c) A requesting party must mail a written notice of intent to collect the unreimbursed
80.15 or uninsured medical health-related expenses and a copy of an affidavit of health care
80.16 expenses to the other party at the other party’s last known address.

80.17 (d) The written notice must include a statement that the other party has 30 days from
80.18 the date the notice was mailed to (1) pay in full; (2) agree to a payment schedule; or (3) file
80.19 a motion requesting a hearing to contest the amount due or to set a court-ordered monthly
80.20 payment amount. If the public authority provides services, the written notice also must
80.21 include a statement that, if the other party does not respond within the 30 days, the requesting
80.22 party may submit the amount due to the public authority for collection.

80.23 (e) The affidavit of health care expenses must itemize and document the joint child's
80.24 unreimbursed or uninsured medical health-related expenses and include copies of all bills,
80.25 receipts, and insurance company explanations of benefits.

80.26 (f) If the other party does not respond to the request for reimbursement within 30 days,
80.27 the requesting party may commence enforcement against the other party under subdivision
80.28 18; file a motion for a court-ordered monthly payment amount under paragraph (i); or notify
80.29 the public authority, if the public authority provides services, that the other party has not
80.30 responded.

80.31 (g) The notice to the public authority must include: a copy of the written notice, a copy
80.32 of the affidavit of health care expenses, and copies of all bills, receipts, and insurance
80.33 company explanations of benefits.

80.34 (h) If noticed under paragraph (f), the public authority must serve the other party with
80.35 a notice of intent to enforce unreimbursed and uninsured medical health-related expenses
80.36 and file an affidavit of service by mail with the district court administrator. The notice must
80.37 state that the other party has 14 days to (1) pay in full; or (2) file a motion to contest the
80.38 amount due or to set a court-ordered monthly payment amount. The notice must also state
80.39 that if there is no response within 14 days, the public authority will commence enforcement
80.40 of the expenses as arrears under subdivision 18.

80.41 (i) To contest the amount due or set a court-ordered monthly payment amount, a party
80.42 must file a timely motion and schedule a hearing in district court or in the expedited child
80.43 support process if section 484.702 applies. The moving party must provide the other party
80.44 and the public authority, if the public authority provides services, with written notice at
80.45 least 14 days before the hearing by mailing notice of the hearing to the public authority and

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to the requesting party at the requesting party's last known address. The moving party must
file the affidavit of health care expenses with the court at least five days before the hearing.
81.9 The district court or child support magistrate must determine liability for the expenses and
81.10 order that the liable party is subject to enforcement of the expenses as arrears under
81.11 subdivision 18 or set a court-ordered monthly payment amount.
81.12 Subd. 18. Enforcing unreimbursed or uninsured medical health-related expenses
81.13 as arrears. (a) Unreimbursed or uninsured medical health-related expenses enforced under
81.14 this subdivision are collected as arrears.
81.15 (b) If the liable party is the parent with primary physical custody as defined in section
81.16 518A.26, subdivision 17, the unreimbursed or uninsured medical health-related expenses
81.17 must be deducted from any arrears the requesting party owes the liable party. If unreimbursed
81.18 or uninsured expenses remain after the deduction, the expenses must be collected as follows:
81.19 (1) If the requesting party owes a current child support obligation to the liable party, 20
81.20 percent of each payment received from the requesting party must be returned to the requesting
81.21 party. The total amount returned to the requesting party each month must not exceed 20
81.22 percent of the current monthly support obligation.
81.23 (2) If the requesting party does not owe current child support or arrears, a payment
81.24 agreement under section 518A.69 is required. If the liable party fails to enter into or comply
81.25 with a payment agreement, the requesting party or the public authority, if the public authority
81.26 provides services, may schedule a hearing to set a court-ordered payment. The requesting
81.27 party or the public authority must provide the liable party with written notice of the hearing
81.28 at least 14 days before the hearing.
81.29 (c) If the liable party is not the parent with primary physical custody as defined in section
81.30 518A.26, subdivision 17, the unreimbursed or uninsured medical health-related expenses
81.31 must be deducted from any arrears the requesting party owes the liable party. If unreimbursed
81.32 or uninsured expenses remain after the deduction, the expenses must be added and collected
81.33 as arrears owed by the liable party.
81.34 EFFECTIVE DATE. This section is effective January 1, 2025.
81.35 Sec. 29. Minnesota Statutes 2022, section 518A.42, subdivision 1, is amended to read:
81.36 Subdivision 1. Ability to pay. (a) It is a rebuttable presumption that a child support
81.37 order should not exceed the obligor's ability to pay. To determine the amount of child support
81.38 the obligor has the ability to pay, the court shall follow the procedure set out in section 3.
81.39 (b) The court shall calculate the obligor's income available for support by subtracting a
81.40 monthly self-support reserve equal to 120 percent of the federal poverty guidelines for one
81.41 person from the obligor's parental income for determining child support (PICS). If benefits
81.42 under section 518A.31 are received by the obligee as a representative payee for a joint child
81.43 or are received by the child attending school, based on the other parent's eligibility, the court
81.44 shall subtract the amount of benefits from the obligee's PICS before subtracting the
81.45 to the requesting party at the requesting party's last known address. The moving party must
81.46 file the affidavit of health care expenses with the court at least five days before the hearing.
81.47 The district court or child support magistrate must determine liability for the expenses and
81.48 order that the liable party is subject to enforcement of the expenses as arrears under
81.49 subdivision 18 or set a court-ordered monthly payment amount.
81.50 Subd. 18. Enforcing unreimbursed or uninsured medical health-related expenses
81.51 as arrears. (a) Unreimbursed or uninsured medical health-related expenses enforced under
81.52 this subdivision are collected as arrears.
81.53 (b) If the liable party is the parent with primary physical custody as defined in section
81.54 518A.26, subdivision 17, the unreimbursed or uninsured medical health-related expenses
81.55 must be deducted from any arrears the requesting party owes the liable party. If unreimbursed
81.56 or uninsured expenses remain after the deduction, the expenses must be collected as follows:
81.57 (1) If the requesting party owes a current child support obligation to the liable party, 20
81.58 percent of each payment received from the requesting party must be returned to the requesting
81.59 party. The total amount returned to the requesting party each month must not exceed 20
81.60 percent of the current monthly support obligation.
81.61 (2) If the requesting party does not owe current child support or arrears, a payment
81.62 agreement under section 518A.69 is required. If the liable party fails to enter into or comply
81.63 with a payment agreement, the requesting party or the public authority, if the public authority
81.64 provides services, may schedule a hearing to set a court-ordered payment. The requesting
81.65 party or the public authority must provide the liable party with written notice of the hearing
81.66 at least 14 days before the hearing.
81.67 (c) If the liable party is not the parent with primary physical custody as defined in section
81.68 518A.26, subdivision 17, the unreimbursed or uninsured medical health-related expenses
81.69 must be deducted from any arrears the requesting party owes the liable party. If unreimbursed
81.70 or uninsured expenses remain after the deduction, the expenses must be added and collected
81.71 as arrears owed by the liable party.
81.72 EFFECTIVE DATE. This section is effective January 1, 2025.
81.73 Sec. 6. Minnesota Statutes 2022, section 518A.42, subdivision 1, is amended to read:
81.74 Subdivision 1. Ability to pay. (a) It is a rebuttable presumption that a child support
81.75 order should not exceed the obligor's ability to pay. To determine the amount of child support
81.76 the obligor has the ability to pay, the court shall follow the procedure set out in this section.
81.77 (b) The court shall calculate the obligor's income available for support by subtracting a
81.78 monthly self-support reserve equal to 120 percent of the federal poverty guidelines for one
81.79 person from the obligor's parental income for determining child support (PICS). If benefits
81.80 under section 518A.31 are received by the obligee as a representative payee for a joint child
81.81 or are received by the child attending school, based on the other parent's eligibility, the court
81.82 shall subtract the amount of benefits from the obligee's PICS before subtracting the

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self-support reserve. If the obligor's income available for support calculated under this paragraph is equal to or greater than the obligor's support obligation calculated under section 518A.34, the court shall order child support under section 518A.34.

(c) If the obligor's income available for support calculated under paragraph (b) is more than the minimum support amount under subdivision 2, but less than the guideline amount under section 518A.34, then the court shall apply a reduction to the child support obligation in the following order, until the support order is equal to the obligor's income available for support:

(1) medical support obligation;

(2) child care support obligation; and

(3) basic support obligation.

(d) If the obligor's income available for support calculated under paragraph (b) is equal to or less than the minimum support amount under subdivision 2 or if the obligor's gross income is less than 120 percent of the federal poverty guidelines for one person, the minimum support amount under subdivision 2 applies.

EFFECTIVE DATE. This section is effective January 1, 2025.

Sec. 30. Minnesota Statutes 2022, section 518A.42, subdivision 3, is amended to read:

Subd. 3. Exception. (a) This section does not apply to an obligor who is incarcerated or is a recipient of a general assistance grant, Supplemental Security Income, temporary assistance for needy families (TANF) grant, or comparable state-funded Minnesota family investment program (MFIP) benefits.

(b) If the court finds the obligor receives no income and completely lacks the ability to earn income, the minimum basic support amount under this subdivision does not apply.

(c) If the obligor's basic support amount is reduced below the minimum basic support amount due to the application of the parenting expense adjustment, the minimum basic support amount under this subdivision does not apply and the lesser amount is the guideline basic support.

EFFECTIVE DATE. This section is effective January 1, 2025.
If a court finds that the obligor has been or may be issued a driver's license by the commissioner of public safety and the obligor is in arrears in court-ordered child support or maintenance payments, or both, in an amount equal to or greater than three times the obligor's total monthly support and maintenance payments and is not in compliance with a written payment agreement pursuant to section 518A.69 that is approved by the court, the court may order the commissioner of public safety to suspend the obligor's driver's license. The court may consider the circumstances in paragraph (i) to determine whether driver's license suspension is an appropriate remedy that is likely to induce the payment of child support. The court may consider whether driver's license suspension would have a direct harmful effect on the obligor or joint children that would make driver's license suspension an inappropriate remedy. The public authority may not administratively reinstate a driver's license suspended by the court unless specifically authorized in the court order. This paragraph expires December 31, 2025.

(a) This paragraph is effective July 1, 2023. Upon motion of an obligee, which has been properly served on the obligor and upon which there has been an opportunity for hearing, if a court finds that the obligor has been or may be issued a driver's license by the commissioner of public safety and the obligor is in arrears in court-ordered child support or maintenance payments, or both, in an amount equal to or greater than three times the obligor's total monthly support and maintenance payments and is not in compliance with a written payment agreement pursuant to section 518A.69 that is approved by the court, the child support magistrate, or the public authority, the court shall order the commissioner of public safety to suspend the obligor's driver's license. The court may consider the circumstances in paragraph (i) to determine whether driver's license suspension is an appropriate remedy that is likely to induce the payment of child support. The court may consider whether driver's license suspension would have a direct harmful effect on the obligor or joint children that would make driver's license suspension an inappropriate remedy. The public authority may not administratively reinstate a driver's license suspended by the court unless specifically authorized in the court order. This paragraph expires December 31, 2025.

(b) This paragraph is effective January 1, 2026. Upon motion of an obligee, which has been properly served on the obligor and upon which there has been an opportunity for hearing, if a court finds that the obligor has a valid driver's license issued by the commissioner of public safety and the obligor is in arrears in court-ordered child support or maintenance payments, or both, in an amount equal to or greater than three times the obligor's total monthly support and maintenance payments and is not in compliance with a written payment agreement pursuant to section 518A.69 that is approved by the court, the child support magistrate, or the public authority, the court shall order the commissioner of public safety to suspend the obligor's driver's license. The court may consider the circumstances in paragraph (i) to determine whether driver's license suspension is an appropriate remedy that is likely to induce the payment of child support. The court may consider whether driver's license suspension would have a direct harmful effect on the obligor or joint children that would make driver's license suspension an inappropriate remedy. The public authority may not administratively reinstate a driver's license suspended by the court unless specifically authorized in the court order. This paragraph expires December 31, 2025.

(c) The court's order must be stayed for 90 days in order to allow the obligor to execute a written payment agreement pursuant to section 518A.69. The payment agreement must be approved by either the court or the public authority responsible for child support.
enforcement. If the obligor has not executed or is not in compliance with a written payment
agreement pursuant to section 518A.69 after the 90 days expires, the court's order becomes
effectively and the commissioner of public safety shall suspend the obligor's driver's license.

The remedy under this section is in addition to any other enforcement remedy available to
the court. An obligee may not bring a motion under this paragraph within 12 months of a
denial of a previous motion under this paragraph.

If a public authority responsible for child support enforcement determines that
the obligor has been or may be issued a driver's license by the commissioner of public safety
and that the obligor is in arrears in court-ordered child support or maintenance payments or
both in an amount equal to or greater than three times the obligor's total monthly support
and maintenance payments and not in compliance with a written payment agreement pursuant
to section 518A.69 that is approved by the court, a child support magistrate, or the public
authority, the public authority shall direct the obligor's driver's license unless exercising
administrative discretion under paragraph (i). The remedy under this paragraph is in addition
to any other enforcement remedy available to the public authority. This paragraph expires
December 31, 2025.

If a public authority responsible for child support enforcement determines that
the obligor has a valid driver's license issued by the commissioner of public safety;
the obligor is in arrears in court-ordered child support or maintenance payments or
both in an amount equal to or greater than three times the obligor's total monthly support
and maintenance payments; and

the obligor's mailing address is known to the public authority;
then the public authority shall direct the commissioner of public safety to suspend the
obligor's driver's license unless exercising administrative discretion under paragraph (i).

The remedy under this section is in addition to any other enforcement remedy available to
the public authority.

At least 90 days prior to notifying the commissioner of public safety according
to paragraph (d), the public authority must mail a written notice to the obligor at the
obligor's last known address, that it intends to seek suspension of the obligor's driver's
license and that the obligor must request a hearing within 30 days in order to contest the
suspension. If the obligor makes a written request for a hearing within 30 days of the date
of the notice, a court hearing must be held. Notwithstanding any law to the contrary, the
obligor must be served with 14 days' notice in writing specifying the time and place of the
hearing and the allegations against the obligor. The notice must include information that

The remedy under this section is in addition to any other enforcement remedy available to
the court. An obligee may not bring a motion under this paragraph within 12 months of a
denial of a previous motion under this paragraph.

If a public authority responsible for child support enforcement determines that
the obligor has been or may be issued a driver's license by the commissioner of public safety
and that the obligor is in arrears in court-ordered child support or maintenance payments or
both in an amount equal to or greater than three times the obligor's total monthly support
and maintenance payments and not in compliance with a written payment agreement pursuant
to section 518A.69 that is approved by the court, a child support magistrate, or the public
authority, the public authority shall direct the commissioner of public safety to suspend the
obligor's driver's license unless exercising administrative discretion under paragraph (i).

The remedy under this section is in addition to any other enforcement remedy available to
the public authority. This paragraph expires December 31, 2025.
apprises the obligor of the requirement to develop a written payment agreement that is
approved by a court, a child support magistrate, or the public authority responsible for child
support enforcement regarding child support, maintenance, and any arrearages in order to
avoid license suspension. The notice may be served personally or by mail. If the public
authority does not receive a request for a hearing within 30 days of the date of the notice,
and the obligor does not execute a written payment agreement pursuant to section 518A.69
that is approved by the public authority within 90 days of the date of the notice, the public
authority shall direct the commissioner of public safety to suspend the obligor's driver's
license under paragraph (d).

An obligor whose driver's license or operating privileges are suspended may:
(1) provide proof to the public authority responsible for child support enforcement that
the obligor is in compliance with all written payment agreements pursuant to section 518A.69;
(2) bring a motion for reinstatement of the driver's license. At the hearing, if the court
support magistrate orders reinstatement of the driver's license, the court or child
support magistrate must establish a written payment agreement pursuant to section 518A.69;
or
(3) seek a limited license under section 171.30. A limited license issued to an obligor
under section 171.30 expires 90 days after the date it is issued.

Within 15 days of the receipt of that proof or a court order, the public authority shall
inform the commissioner of public safety that the obligor's driver's license or operating
privileges should no longer be suspended.

(i) Prior to notifying the commissioner of public safety that an obligor's driver's license
should be suspended or after an obligor's driving privileges have been suspended, the public
authority responsible for child support enforcement may use administrative authority to end
the suspension process or inform the commissioner of public safety that the obligor's driving
circumstances of the obligor demonstrate the obligor's substantial intent to comply with the
child support order;
(4) the obligor receives public assistance;
(5) the case is being reviewed by the public authority for downward modification due
to changes in the obligor's financial circumstances or a party has filed a motion to modify
the child support order;
(6) the obligor no longer lives in the state and the child support case is in the process of
interstate enforcement;
(7) the obligor is currently incarcerated for one week or more or is receiving in-patient
treatment for physical health, mental health, chemical dependency, or other treatment. This
clause applies for six months after the obligor is no longer incarcerated or receiving in-patient
treatment;
(8) the obligor is temporarily or permanently disabled and unable to pay child support;
(9) the obligor has presented evidence to the public authority that the obligor needs
driving privileges to maintain or obtain the obligor's employment;
(10) the obligor has not had a meaningful opportunity to pay toward arrears; and
(11) other circumstances of the obligor indicate that a temporary condition exists for
which suspension of a driver's license for the nonpayment of child support is not appropriate.
When considering whether driver's license suspension is appropriate, the public authority
must assess: (i) whether suspension of the driver's license is likely to induce payment of
child support; and (ii) whether suspension of the driver's license would have direct harmful
effects on the obligor or joint children that make driver's license suspension an inappropriate
remedy.
The presence of circumstances in this paragraph does not prevent the public authority from
proceeding with a suspension of a driver's license.

In addition to the criteria established under this section for the suspension of an
obligor's driver's license, a court, a child support magistrate, or the public authority may
direct the commissioner of public safety to suspend the license of a party who has failed,
after receiving notice, to comply with a subpoena relating to a paternity or child support
proceeding. Notice to an obligor of intent to suspend must be served by first class mail at
the obligor's last known address. The notice must inform the obligor of the right to request
the suspension process or inform the commissioner of public safety that the obligor's driving
privileges should no longer be suspended under any of the following circumstances:
(1) the full amount of court-ordered payments have been received for at least one month;
(2) an income withholding notice has been sent to an employer or payor of money;
(3) payments less than the full court-ordered amount have been received and the
circumstances of the obligor demonstrate the obligor's substantial intent to comply with the
order;
(4) the obligor receives public assistance;
(5) the case is being reviewed by the public authority for downward modification due
to changes in the obligor's financial circumstances or a party has filed a motion to modify
the child support order;
(6) the obligor no longer lives in the state and the child support case is in the process of
interstate enforcement;
(7) the obligor is currently incarcerated for one week or more or is receiving in-patient
treatment for physical health, mental health, chemical dependency, or other treatment. This
clause applies for six months after the obligor is no longer incarcerated or receiving in-patient
treatment;
(8) the obligor is temporarily or permanently disabled and unable to pay child support;
(9) the obligor has presented evidence to the public authority that the obligor needs
driving privileges to maintain or obtain the obligor's employment;
(10) the obligor has not had a meaningful opportunity to pay toward arrears; or
(11) other circumstances of the obligor indicate that a temporary condition exists for
which suspension of the obligor's driver's license for the nonpayment of child support is
not appropriate. When considering whether suspension of the obligor's driver's license is
appropriate, the public authority must assess: (i) whether suspension of the obligor's driver's
license is likely to induce payment of child support; and (ii) whether suspension of the
obligor's driver's license would have direct harmful effects on the obligor or joint children
that make driver's license suspension an inappropriate remedy.
The presence of circumstances in this paragraph does not prevent the public authority from
proceeding with a suspension of the obligor's driver's license.
a hearing. If the obligor makes a written request within ten days of the date of the hearing, a hearing must be held. At the hearing, the only issues to be considered are mistake of fact and whether the obligor received the subpoena.

535.27 (h) The license of an obligor who fails to remain in compliance with an approved written payment agreement may be suspended. Prior to suspending a license for noncompliance with an approved written payment agreement, the public authority must mail to the obligor's last known address a written notice that (1) the public authority intends to seek suspension of the obligor's driver's license under this paragraph, and (2) the obligor must request a hearing, within 30 days of the date of the notice, to contest the suspension. If, within 30 days of the date of the notice, the public authority does not receive a written request for a hearing and the obligor does not comply with an approved written payment agreement, the public authority must direct the Department of Public Safety to suspend the obligor's license under paragraph 536.13.

536.12 EFFECTIVE DATE. This section is effective July 1, 2023, unless otherwise specified.

536.13 Sec. 32. Minnesota Statutes 2022, section 518A.77, is amended to read: 518A.77 GUIDELINES REVIEW.

536.15 (a) No later than 2006 and every four years after that, the Department of Human Services must conduct a review of the child support guidelines as required under Code of Federal Regulations, title 45, section 302.56(h).

536.16 (b) This section expires January 1, 2022.

536.17 The license of an obligor who fails to remain in compliance with an approved written payment agreement may be suspended. Prior to suspending a license for noncompliance with an approved written payment agreement, the public authority must mail to the obligor's last known address a written notice that (1) the public authority intends to seek suspension of the obligor's driver's license under this paragraph, and (2) the obligor must request a hearing, within 30 days of the date of the notice, to contest the suspension. If, within 30 days of the date of the notice, the public authority does not receive a written request for a hearing and the obligor does not comply with an approved written payment agreement, the public authority must direct the Department of Public Safety to suspend the obligor's license under paragraph 536.13.

536.18 (b) This section expires January 1, 2022.

536.19 The license of an obligor who fails to remain in compliance with an approved written payment agreement may be suspended. Prior to suspending a license for noncompliance with an approved written payment agreement, the public authority must mail to the obligor's last known address a written notice that (1) the public authority intends to seek suspension of the obligor's driver's license under this paragraph, and (2) the obligor must request a hearing, within 30 days of the date of the notice, to contest the suspension. If, within 30 days of the date of the notice, the public authority does not receive a written request for a hearing and the obligor does not comply with an approved written payment agreement, the public authority must direct the Department of Public Safety to suspend the obligor's license under paragraph 536.13.

Sec. 10. Minnesota Statutes 2022, section 518A.77, is amended to read: 518A.77 GUIDELINES REVIEW.

536.20 (a) No later than 2006 and every four years after that, the Department of Human Services must conduct a review of the child support guidelines as required under Code of Federal Regulations, title 45, section 302.56(h).

536.21 (b) This section expires January 1, 2022.

536.22 Sec. 11. REPEALER.

536.23 Minnesota Statutes 2022, section 518A.59, is repealed.

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

THE FINAL FIVE SECTIONS ARE FROM ARTICLE 2.
Sec. 31. DIRECTION TO THE COMMISSIONER OF HUMAN SERVICES; CHILD PROTECTION INFORMATION TECHNOLOGY SYSTEM REVIEW.

(a) The commissioner of human services must contract with an independent consultant to perform a thorough evaluation of the social services information system (SSIS) that supports the child protection system in Minnesota. The consultant must make recommendations for improving the current system for usability, system performance, and federal Comprehensive Child Welfare Information System compliance, and must address technical problems and identify any unnecessary or unduly burdensome data entry requirements that have contributed to system capacity issues. The consultant must assist the commissioner with selecting a platform for future development of an information technology system for child protection.

(b) The commissioner of human services must conduct a study and develop recommendations to streamline and reduce SSIS data entry requirements for child protection cases. The study must be completed in partnership with local social services agencies and other entities, as determined by the commissioner. By June 30, 2024, the commissioner must provide a status report to the chairs and ranking minority members of the legislative committees with jurisdiction over child protection. The status report must include information about the procedures used for soliciting ongoing user input from stakeholders, progress made on soliciting and hiring a consultant to conduct the system evaluation required under paragraph (a), and a report on progress and completed efforts to streamline data entry requirements and improve user experiences.

Sec. 32. DIRECTION TO THE COMMISSIONER OF HUMAN SERVICES; SURVEY OF OUT-OF-STATE CHILDREN'S RESIDENTIAL FACILITY PLACEMENTS.

(a) By September 1, 2023, the commissioner of human services shall develop and make available a survey of all county social services agencies, to gather the following data for fiscal years 2018 to 2022:

1. the aggregate number of children who were placed for any period in a children's residential facility under Minnesota Statutes, section 260.93, that is located in another state; and
2. the total cost for these placements, including county, state, and federal contributions.

(b) All county social services agencies shall complete the survey and submit responses as prescribed by the commissioner, by January 31, 2024.

(c) By March 1, 2024, the commissioner shall submit all survey responses and a list of counties that complied and failed to comply with the requirements under this section to the chairs and ranking minority members of the legislative committees with jurisdiction over human services and child protection.
Sec. 33. INDEPENDENT LIVING SKILLS FOR FOSTER YOUTH GRANTS.

Subdivision 1. Program established. The commissioner shall establish direct grants to local social service agencies, Tribes, and other organizations to provide independent living services to eligible foster youth as described under Minnesota Statutes, section 260C.452.

Subd. 2. Grant awards. The commissioner shall request proposals and make grants to eligible applicants. The commissioner shall determine the timing and form of the application and the criteria for making grant awards to eligible applicants.

Subd. 3. Program reporting. Grant recipients shall provide the commissioner with a report that describes all of the activities and outcomes of services funded by the grant program in a format and at a time determined by the commissioner.

Subd. 4. Undistributed funds. Undistributed funds must be reallocated by the commissioner for the goals of the grant program. Undistributed funds are available until expended.

Sec. 34. INFORMAL KINSHIP CAREGIVER SUPPORT GRANT PROGRAM.

Subdivision 1. Establishment. The informal caregiver support grant program is established in the Department of Human Services for an eligible community-based nonprofit organization to provide informal kinship caregivers, not restricted to familial status, with connection to local and statewide resources and support that reduces the need for child welfare involvement or risk of child welfare involvement.

Subd. 2. Eligible grantees. Eligible grantees are community-based nonprofit organizations with a demonstrated history of kinship caregiver support, ability to increase capacity of caregivers served, and ability to serve racially and geographically diverse populations. Grantees shall be capable of developing informal kinship caregiver support in alignment with a consistent set of replicable standards.

Subd. 3. Allowable uses of funds. Eligible grantees must use funds to assess informal kinship caregiver and child needs, provide connection to local and statewide resources, provide case management to assist with complex cases, and provide supports to reduce the need for child welfare involvement or risk of child welfare involvement.

Sec. 35. COMMUNITY RESOURCE CENTERS.

Subdivision 1. Definitions. (a) For purposes of this section, the following definitions apply:

(b) "Commissioner" means the commissioner of human services or the commissioner's designee.

(c) "Communities and families who lack opportunities" means any community or family that experiences inequities in accessing supports and services due to the community's or
family's circumstances, including but not limited to racism, income, disability, language, gender, and geography.

(d) "Community resource center" means a community-based coordinated point of entry that provides culturally responsive, relationship-based service navigation and other supportive services for expecting and parenting families and youth.

(e) "Culturally responsive, relationship-based service navigation" means the aiding of families in finding services and supports that are meaningful to them in ways that are built on trust and that use cultural values, beliefs, and practices of families, communities, indigenous families, and Tribal Nations for case planning, service design, and decision-making processes.

(f) "Expecting and parenting family" means any configuration of parents, grandparents, guardians, foster parents, kinship caregivers, and youth who are pregnant or expecting or have children and youth they care for and support.

(g) "Protective factors" means conditions, attributes, or strengths of individuals, families, and communities, and in society that mitigate risk, promote the healthy development and well-being of children, youth, and families, and help support families.

Subd. 2. Community resource centers established. The commissioner, in consultation with other state agencies, partners, and the Community Resource Center Advisory Council, may award grants to support community resource centers to provide culturally responsive, relationship-based service navigation, parent, family, and caregiver supports to expecting and parenting families with a focus on ensuring equitable access to programs and services that promote protective factors and support children and families.

Subd. 3. Commissioner's duties; related infrastructure. The commissioner, in consultation with the Community Resource Center Advisory Council, shall:

1. develop a request for proposals to support community resource centers;
2. provide outreach and technical assistance to support applicants with data or other matters pertaining to equity of access to funding;
3. provide technical assistance to grantees, including but not limited to skill building and professional development, trainings, evaluations, communities of practice, networking, and trauma informed mental health consultation;
4. provide data collection and IT support; and
5. provide grant coordination and management focused on promoting equity and accountability.

Subd. 4. Grantee duties. At a minimum, grantees shall:

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(1) provide culturally responsive, relationship-based service navigation and supports for expecting and parenting families;
(2) improve community engagement and feedback gathering to support continuous improvement and program planning to better promote protective factors;
(3) demonstrate community-based planning with multiple partners;
(4) develop or use an existing parent and family advisory council consisting of community members with lived expertise to advise the work of the grantee; and
(5) participate in program evaluation, data collection, and technical assistance activities.

Subd. 5. Eligibility. Organizations eligible to receive grant funding under this section include:
(1) community-based organizations, Tribal Nations, urban Indian organizations, local and county government agencies, schools, nonprofit agencies or any cooperative of these organizations; and
(2) organizations or cooperatives supporting communities and families who lack opportunities.

Subd. 6. Community Resource Center Advisory Council; establishment and duties. (a) The commissioner, in consultation with other relevant state agencies, shall appoint members to the Community Resource Center Advisory Council:
(b) Membership must be demographically and geographically diverse and include:
(1) parents and family members with lived experience who lack opportunities;
(2) community-based organizations serving families who lack opportunities;
(3) Tribal and urban American Indian representatives;
(4) county government representatives;
(5) school and school district representatives; and
(6) state partner representatives;
(c) Duties of the Community Resource Center Advisory Council include but are not limited to:
(1) advising the commissioner on the development and funding of a network of community resource centers;
(2) advising the commissioner on the development of requests for proposals and grant award processes.
(3) advising the commissioner on the development of program outcomes and accountability measures; and
(4) advising the commissioner on ongoing governance and necessary support in the implementation of community resource centers.

Subd. 7. Grantee reporting. Grantees must report program data and outcomes to the commissioner in a manner determined by the commissioner and the Community Resource Center Advisory Council.

Subd. 8. Evaluation. The commissioner, in partnership with the Community Resource Center Advisory Council, shall develop an outcome and evaluation plan. By July 1, 2025, the Community Resource Center Advisory Council must provide a report to the commissioner and the chairs and ranking minority members of the legislative committees with jurisdiction over health and human services that reflects the duties of the Community Resource Center Advisory Council in subdivision 6 and may describe outcomes and impacts related to equity, community partnerships, program and service availability, child development, family well-being, and child welfare system involvement.