

NOTE: ALL HOUSE SECTIONS BELOW WERE COPIED INTO THIS DOCUMENT AND ALSO APPEAR IN THE S2995-3/UES2995-2/H0238-3 SIDE BY SIDES.

THE FOLLOWING SECTION IS FROM UES2995-2, ARTICLE 3, AND APPEARS IN THE ARTICLE 4 SIDE-BY-SIDE

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

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

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

2.15 Sec. 2. Minnesota Statutes 2022, section 62Q.675, is amended to read:

2.16 **62Q.675 HEARING AIDS; PERSONS 18 OR YOUNGER.**

2.17 A health plan must cover hearing aids for all individuals 18 years of age or younger for
2.18 hearing loss that is not correctable by other covered procedures. Coverage required under
2.19 this section is limited to one hearing aid in each ear every three years. No special deductible,
2.20 coinsurance, co-payment, or other limitation on the coverage under this section that is not
2.21 generally applicable to other coverages under the plan may be imposed.

2.22 Sec. 3. Minnesota Statutes 2022, section 62U.04, subdivision 11, is amended to read:

2.23 Subd. 11. **Restricted uses of the all-payer claims data.** (a) Notwithstanding subdivision
2.24 4, paragraph (b), and subdivision 5, paragraph (b), the commissioner or the commissioner's
2.25 designee shall only use the data submitted under subdivisions 4 and 5 for the following
2.26 purposes:

2.27 (1) to evaluate the performance of the health care home program as authorized under
2.28 section 62U.03, subdivision 7;

95.9 Sec. 4. Minnesota Statutes 2022, section 62J.17, subdivision 5a, is amended to read:

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

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

A SIMILAR BUT NOT IDENTICAL AMENDMENT TO SECTION 62U.04,
SUBDIVISION 11, APPEARS IN THE ARTICLE 2 SIDE-BY-SIDE (SEE S2995-3,
ARTICLE 2, SECTION 40, AND UES2995-2, ARTICLE 3, SECTION 32)

2.29 (2) to study, in collaboration with the reducing avoidable readmissions effectively
2.30 (RARE) campaign, hospital readmission trends and rates;

3.1 (3) to analyze variations in health care costs, quality, utilization, and illness burden based
3.2 on geographical areas or populations;

3.3 (4) to evaluate the state innovation model (SIM) testing grant received by the Departments
3.4 of Health and Human Services, including the analysis of health care cost, quality, and
3.5 utilization baseline and trend information for targeted populations and communities; and

3.6 (5) to compile one or more public use files of summary data or tables that must:

3.7 (i) be available to the public for no or minimal cost by March 1, 2016, and available by
3.8 web-based electronic data download by June 30, 2019;

3.9 (ii) not identify individual patients, payers, or providers;

3.10 (iii) be updated by the commissioner, at least annually, with the most current data
3.11 available;

3.12 (iv) contain clear and conspicuous explanations of the characteristics of the data, such
3.13 as the dates of the data contained in the files, the absence of costs of care for uninsured
3.14 patients or nonresidents, and other disclaimers that provide appropriate context; and

3.15 (v) not lead to the collection of additional data elements beyond what is authorized under
3.16 this section as of June 30, 2015.

3.17 (b) The commissioner may publish the results of the authorized uses identified in
3.18 paragraph (a) so long as the data released publicly do not contain information or descriptions
3.19 in which the identity of individual hospitals, clinics, or other providers may be discerned.

3.20 (c) Nothing in this subdivision shall be construed to prohibit the commissioner from
3.21 using the data collected under subdivision 4 to complete the state-based risk adjustment
3.22 system assessment due to the legislature on October 1, 2015.

3.23 (d) The commissioner or the commissioner's designee may use the data submitted under
3.24 subdivisions 4 and 5 for the purpose described in paragraph (a), clause (3), until July 1,
3.25 2023.

3.26 (e) (d) The commissioner shall consult with the all-payer claims database work group
3.27 established under subdivision 12 regarding the technical considerations necessary to create
3.28 the public use files of summary data described in paragraph (a), clause (5).

THE FOLLOWING SECTIONS ARE FROM UES2995-2, ARTICLE 3, AND
APPEAR IN THE ARTICLE 4 SIDE-BY-SIDE

3.29 Sec. 4. Minnesota Statutes 2022, section 144.1481, subdivision 1, is amended to read:

3.30 Subdivision 1. **Establishment; membership.** The commissioner of health shall establish
 3.31 a ~~16~~-member Rural Health Advisory Committee. The committee shall consist of the following
 4.1 ~~22~~ members, all of whom must reside outside the seven-county metropolitan area, as defined
 4.2 in section 473.121, subdivision 2:

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

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

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

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

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

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

4.13 (7) a dentist licensed under chapter 150A;

4.14 (8) an allied dental personnel as defined in Minnesota Rules, part 3100.0100, subpart
 4.15 5;

4.16 (8) (9) ~~a midlevel practitioner~~ an advanced practice professional;

4.17 (9) (10) a registered nurse or licensed practical nurse;

4.18 (10) (11) a licensed health care professional from an occupation not otherwise represented
 4.19 on the committee;

4.20 (11) (12) a representative of an institution of higher education located outside the
 4.21 seven-county metropolitan area that provides training for rural health care providers; ~~and~~

4.22 (13) a member of a Tribal Nation;

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

4.24 (15) a health professional or advocate with experience working with people with mental
 4.25 illness;

4.26 (16) a representative of a community organization that works with individuals
 4.27 experiencing health disparities;

140.23 Sec. 46. Minnesota Statutes 2022, section 144.1481, subdivision 1, is amended to read:

140.24 Subdivision 1. **Establishment; membership.** The commissioner of health shall establish
 140.25 a ~~16~~-member Rural Health Advisory Committee. The committee shall consist of the following
 140.26 ~~22~~ members, all of whom must reside outside the seven-county metropolitan area, as defined
 140.27 in section 473.121, subdivision 2:

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

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

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

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

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

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

141.5 (7) a dentist licensed under chapter 150A;

141.6 (8) an allied dental personnel as defined in Minnesota Rules, part 3100.0100, subpart
 141.7 5;

141.8 (8) a midlevel practitioner;

141.9 (9) an advanced practice professional;

141.10 (9) (10) a registered nurse or licensed practical nurse;

141.11 (10) (11) a licensed health care professional from an occupation not otherwise represented
 141.12 on the committee;

141.13 (11) (12) a representative of an institution of higher education located outside the
 141.14 seven-county metropolitan area that provides training for rural health care providers; ~~and~~

141.15 (13) a member of a Tribal Nation;

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

141.17 (15) a health professional or advocate with experience working with people with mental
 141.18 illness;

141.19 (16) a representative of a community organization that works with individuals
 141.20 experiencing health disparities;

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

5.1 (12) three (18) two consumers, at least one of whom must be an advocate for persons
 5.2 who are mentally ill or developmentally disabled from a community experiencing health
 5.3 disparities; and

5.4 (19) one consumer who is an advocate for persons who are developmentally disabled.

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

5.11 Sec. 5. Minnesota Statutes 2022, section 144.2151, is amended to read:

5.12 **144.2151 FETAL DEATH RECORD AND CERTIFICATE OF BIRTH**
 5.13 **RESULTING IN STILLBIRTH.**

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

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

5.21 (1) that they may request preparation of a record of birth resulting in stillbirth;
 5.22 (2) that preparation of the record is optional; and
 5.23 (3) how to obtain a certified copy of the record if one is requested and prepared.

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

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

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

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

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

141.23 (12) three (18) two consumers, at least one of whom must be an advocate for persons
 141.24 who are mentally ill or developmentally disabled, from a community experiencing health
 141.25 disparities; and

141.26 (19) one consumer who is an advocate for persons who are developmentally disabled.

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

155.4 Sec. 55. Minnesota Statutes 2022, section 144.2151, is amended to read:

155.5 **144.2151 FETAL DEATH RECORD AND CERTIFICATE OF BIRTH**
 155.6 **RESULTING IN STILLBIRTH.**

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

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

155.14 (1) that they may request preparation of a record of birth resulting in stillbirth;
 155.15 (2) that preparation of the record is optional; and
 155.16 (3) how to obtain a certified copy of the record if one is requested and prepared.

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

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

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

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

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

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

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

6.13 The state registrar shall:

6.14 (1) prescribe the process to:

6.15 (i) register a fetal death;

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

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

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

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

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

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

6.31 Subd. 4. **Retroactive application Delayed registration.** Notwithstanding subdivisions
 6.32 1 to 3, If a birth that fetal death occurred in this state at any time resulted in a stillbirth for
 7.1 which a fetal death report was required under section 144.222, subdivision 1, but a record
 7.2 of birth resulting in stillbirth was not prepared under subdivision 3, a parent of the stillbirth
 7.3 may submit to the state registrar, on or after August 1, 2005, a written request for preparation
 7.4 of a record of birth resulting in stillbirth and evidence of the facts of the stillbirth in the
 7.5 form and manner specified by the state registrar. The state registrar shall prepare and file
 7.6 the record of birth resulting in stillbirth within 30 days after receiving satisfactory evidence
 7.7 of the facts of the stillbirth. fetal death was not registered and a record was not established,

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

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

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

156.4 The state registrar shall:

156.5 (1) prescribe the process to:

156.6 (i) register a fetal death;

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

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

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

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

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

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

156.22 Subd. 4. **Retroactive application Delayed registration.** Notwithstanding subdivisions
 156.23 1 to 3, If a birth that fetal death occurred in this state at any time resulted in a stillbirth for
 156.24 which a fetal death report was required under section 144.222, subdivision 1, but a record
 156.25 of birth resulting in stillbirth was not prepared under subdivision 3, a parent of the stillbirth
 156.26 may submit to the state registrar, on or after August 1, 2005, a written request for preparation
 156.27 of a record of birth resulting in stillbirth and evidence of the facts of the stillbirth in the
 156.28 form and manner specified by the state registrar. The state registrar shall prepare and file
 156.29 the record of birth resulting in stillbirth within 30 days after receiving satisfactory evidence
 156.30 of the facts of the stillbirth. fetal death was not registered and a record was not established,

7.8 a person responsible for registering the fetal death, the medical examiner or coroner with
 7.9 jurisdiction, or a parent may submit to the state registrar a written request to register the
 7.10 fetal death and submit the evidence to support the request.

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

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

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

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

7.20 (i) a record of birth resulting in stillbirth has been prepared and filed under subdivision
 7.21 3 or 4; and

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

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

7.28 Sec. 6. Minnesota Statutes 2022, section 144.222, is amended to read:

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

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

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

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

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

156.31 a person responsible for registering the fetal death, the medical examiner or coroner with
 156.32 jurisdiction, or a parent may submit to the state registrar a written request to register the
 156.33 fetal death and submit the evidence to support the request.

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

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

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

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

157.10 (i) a record of birth resulting in stillbirth has been prepared and filed under subdivision
 157.11 3 or 4; and

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

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

157.18 Sec. 56. Minnesota Statutes 2022, section 144.222, is amended to read:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

9.12 Sec. 13. Minnesota Statutes 2022, section 144.382, is amended by adding a subdivision
 9.13 to read:

9.14 **Subd. 3f. Nonlead service line.** "Nonlead service line" means a service line determined
 9.15 through an evidence-based record, method, or technique not to be a lead service line or

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

159.14 Sec. 61. Minnesota Statutes 2022, section 144.382, is amended by adding a subdivision
 159.15 to read:

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

159.19 Sec. 62. Minnesota Statutes 2022, section 144.382, is amended by adding a subdivision
 159.20 to read:

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

159.25 Sec. 63. Minnesota Statutes 2022, section 144.382, is amended by adding a subdivision
 159.26 to read:

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

160.1 Sec. 64. Minnesota Statutes 2022, section 144.382, is amended by adding a subdivision
 160.2 to read:

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

160.4 Sec. 65. Minnesota Statutes 2022, section 144.382, is amended by adding a subdivision
 160.5 to read:

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

160.9 Sec. 66. Minnesota Statutes 2022, section 144.382, is amended by adding a subdivision
 160.10 to read:

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

160.15 Sec. 67. Minnesota Statutes 2022, section 144.382, is amended by adding a subdivision
 160.16 to read:

160.17 **Subd. 3f. Nonlead service line.** "Nonlead service line" means a service line determined
 160.18 through an evidence-based record, method, or technique not to be a lead service line or

9.16 galvanized service line requiring replacement. Most nonlead service lines ~~will be copper~~
 9.17 or plastic.

9.18 Sec. 14. Minnesota Statutes 2022, section 144.382, is amended by adding a subdivision
 9.19 to read:

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

9.24 Sec. 15. **[144.3853] CLASSIFICATION OF SERVICE LINES.**

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

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

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

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

10.10 Sec. 16. Minnesota Statutes 2022, section 144.55, subdivision 3, is amended to read:

10.11 Subd. 3. Standards for licensure. (a) Notwithstanding the provisions of section 144.56,
 10.12 for the purpose of hospital licensure, the commissioner of health shall use as minimum
 10.13 standards the hospital certification regulations promulgated pursuant to title XVIII of the
 10.14 Social Security Act, United States Code, title 42, section 1395, et seq. The commissioner
 10.15 may use as minimum standards changes in the federal hospital certification regulations
 10.16 promulgated after May 7, 1981, if the commissioner finds that such changes are reasonably
 10.17 necessary to protect public health and safety. The commissioner shall also promulgate in
 10.18 rules additional minimum standards for new construction.

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

160.19 galvanized service line requiring replacement. Most nonlead service lines ~~are made of copper~~
 160.20 or plastic.

160.21 Sec. 68. Minnesota Statutes 2022, section 144.382, is amended by adding a subdivision
 160.22 to read:

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

160.27 Sec. 69. **[144.3853] CLASSIFICATION OF SERVICE LINES.**

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

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

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

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

162.20 Sec. 71. Minnesota Statutes 2022, section 144.55, subdivision 3, is amended to read:

162.21 Subd. 3. Standards for licensure. (a) Notwithstanding the provisions of section 144.56,
 162.22 for the purpose of hospital licensure, the commissioner of health shall use as minimum
 162.23 standards the hospital certification regulations promulgated pursuant to title XVIII of the
 162.24 Social Security Act, United States Code, title 42, section 1395, et seq. The commissioner
 162.25 may use as minimum standards changes in the federal hospital certification regulations
 162.26 promulgated after May 7, 1981, if the commissioner finds that such changes are reasonably
 162.27 necessary to protect public health and safety. The commissioner shall also promulgate in
 162.28 rules additional minimum standards for new construction.

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

10.23 the purposes of this subdivision, "Facility Guidelines Institute Guidelines for Design and
 10.24 Construction of Hospitals" does not include any appendices to the guidelines.

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

11.3 (d) Hospitals shall be in compliance with all applicable state and local governing laws,
 11.4 regulations, standards, ordinances, and codes for fire safety, building, and zoning
 11.5 requirements. The commissioner shall develop guidance to outline how the commissioner
 11.6 will resolve conflicts between the guidelines and other applicable state and local governing
 11.7 laws, regulations, standards, ordinances, and codes for fire safety, building, and zoning.
 11.8 Guidance must be made publicly available at the time a new edition of the guidelines
 11.9 becomes effective and shall be periodically updated.

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

11.17 (f) An outpatient surgical center must establish and maintain a comprehensive
 11.18 tuberculosis infection control program according to the most current tuberculosis infection
 11.19 control guidelines issued by the United States Centers for Disease Control and Prevention
 11.20 (CDC), Division of Tuberculosis Elimination, as published in CDC's Morbidity and Mortality
 11.21 Weekly Report (MMWR). This program must include a tuberculosis infection control plan
 11.22 that covers all paid and unpaid employees, contractors, students, and volunteers. The
 11.23 Department of Health shall provide technical assistance regarding implementation of the
 11.24 guidelines.

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

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

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

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

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

163.23 (f) An outpatient surgical center must establish and maintain a comprehensive
 163.24 tuberculosis infection control program according to the most current tuberculosis infection
 163.25 control guidelines issued by the United States Centers for Disease Control and Prevention
 163.26 (CDC), Division of Tuberculosis Elimination, as published in CDC's Morbidity and Mortality
 163.27 Weekly Report (MMWR). This program must include a tuberculosis infection control plan
 163.28 that covers all paid and unpaid employees, contractors, students, and volunteers. The
 163.29 Department of Health shall provide technical assistance regarding implementation of the
 163.30 guidelines.

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

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

11.28 Sec. 17. Minnesota Statutes 2022, section 144.6535, subdivision 1, is amended to read:

11.29 Subdivision 1. **Request for variance or waiver.** A hospital may request that the
 11.30 commissioner grant a variance or waiver from the provisions of ~~Minnesota Rules, chapter~~
 11.31 ~~4640 or 4645~~ section 144.55, subdivision 3, paragraph (b). A request for a variance or waiver
 11.32 must be submitted to the commissioner in writing. Each request must contain:

- 11.33 (1) the specific ~~rule or rules~~ requirement for which the variance or waiver is requested;
- 12.1 (2) the reasons for the request;
- 12.2 (3) the alternative measures that will be taken if a variance or waiver is granted;
- 12.3 (4) the length of time for which the variance or waiver is requested; and
- 12.4 (5) other relevant information deemed necessary by the commissioner to properly evaluate
 12.5 the request for the variance or waiver.

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

12.7 Sec. 18. Minnesota Statutes 2022, section 144.6535, subdivision 2, is amended to read:

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

- 12.10 (1) whether the variance or waiver will adversely affect the health, treatment, comfort,
 12.11 safety, or well-being of a patient;
- 12.12 (2) whether the alternative measures to be taken, if any, are equivalent to or superior to
 12.13 those prescribed in ~~Minnesota Rules, chapter 4640 or 4645~~ section 144.55, subdivision 3,
 12.14 paragraph (b); and
- 12.15 (3) whether compliance with the ~~rule or rules~~ requirements would impose an undue
 12.16 burden upon the applicant.

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

12.18 Sec. 19. Minnesota Statutes 2022, section 144.6535, subdivision 4, is amended to read:

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

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

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

183.19 Sec. 81. Minnesota Statutes 2022, section 144.6535, subdivision 1, is amended to read:

183.20 Subdivision 1. **Request for variance or waiver.** A hospital may request that the
 183.21 commissioner grant a variance or waiver from the provisions of ~~Minnesota Rules, chapter~~
 183.22 ~~4640 or 4645~~ section 144.55, subdivision 3, paragraph (b). A request for a variance or waiver
 183.23 must be submitted to the commissioner in writing. Each request must contain:

- 183.24 (1) the specific ~~rule or rules~~ requirement for which the variance or waiver is requested;
- 183.25 (2) the reasons for the request;
- 183.26 (3) the alternative measures that will be taken if a variance or waiver is granted;
- 183.27 (4) the length of time for which the variance or waiver is requested; and
- 183.28 (5) other relevant information deemed necessary by the commissioner to properly evaluate
 183.29 the request for the variance or waiver.

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

184.1 Sec. 82. Minnesota Statutes 2022, section 144.6535, subdivision 2, is amended to read:

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

- 184.4 (1) whether the variance or waiver will adversely affect the health, treatment, comfort,
 184.5 safety, or well-being of a patient;
- 184.6 (2) whether the alternative measures to be taken, if any, are equivalent to or superior to
 184.7 those prescribed in ~~Minnesota Rules, chapter 4640 or 4645~~ section 144.55, subdivision 3,
 184.8 paragraph (b); and
- 184.9 (3) whether compliance with the ~~rule or rules~~ requirements would impose an undue
 184.10 burden upon the applicant.

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

184.12 Sec. 83. Minnesota Statutes 2022, section 144.6535, subdivision 4, is amended to read:

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

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

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

12.27 Sec. 20. Minnesota Statutes 2022, section 144.9501, subdivision 17, is amended to read:

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

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

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

13.8 (1) less than 20 square feet (two square meters) on exterior surfaces; or
13.9 (2) less than two square feet (0.2 square meters) in an interior room.

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

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

13.12 (1) abatement;

13.13 (2) interim controls;

13.14 (3) a clearance inspection;

13.15 (4) a lead hazard screen;

13.16 (5) a lead inspection;

13.17 (6) a lead risk assessment;

13.18 (7) lead project designer services;

13.19 (8) lead sampling technician services;

13.20 (9) swab team services;

13.21 (10) renovation activities; ~~or~~

13.22 (11) lead hazard reduction; or

13.23 ~~(11) (12) activities performed to comply with lead orders issued by a community health~~
13.24 ~~board an assessing agency.~~

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

13.27 (1) 20 square feet (two square meters) on exterior surfaces; or

198.18 Sec. 95. Minnesota Statutes 2022, section 144.9501, subdivision 17, is amended to read:

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

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

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

198.28 (1) less than 20 square feet (two square meters) on exterior surfaces; or
198.29 (2) less than two square feet (0.2 square meters) in an interior room.

199.1 Sec. 96. Minnesota Statutes 2022, section 144.9501, subdivision 26a, is amended to read:

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

199.3 (1) abatement;

199.4 (2) interim controls;

199.5 (3) a clearance inspection;

199.6 (4) a lead hazard screen;

199.7 (5) a lead inspection;

199.8 (6) a lead risk assessment;

199.9 (7) lead project designer services;

199.10 (8) lead sampling technician services;

199.11 (9) swab team services;

199.12 (10) renovation activities; ~~or~~

199.13 (11) lead hazard reduction; or

199.14 ~~(11) (12) activities performed to comply with lead orders issued by a community health~~
199.15 ~~board an assessing agency.~~

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

199.18 (1) 20 square feet (two square meters) on exterior surfaces; or

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

14.1 Sec. 22. Minnesota Statutes 2022, section 144.9501, subdivision 26b, is amended to read:

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

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

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

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

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

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

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

14.26 Sec. 24. Minnesota Statutes 2022, section 144.9501, is amended by adding a subdivision
 14.27 to read:

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

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

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

15.5 ~~(b) Persons shall not advertise or otherwise present themselves as lead supervisors, lead~~
 15.6 ~~workers, lead inspectors, lead risk assessors, lead sampling technicians, lead project designers,~~

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

199.20 Sec. 97. Minnesota Statutes 2022, section 144.9501, subdivision 26b, is amended to read:

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

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

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

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

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

200.11 Sec. 98. Minnesota Statutes 2022, section 144.9501, is amended by adding a subdivision
 200.12 to read:

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

200.16 Sec. 99. Minnesota Statutes 2022, section 144.9501, is amended by adding a subdivision
 200.17 to read:

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

200.19 Sec. 100. Minnesota Statutes 2022, section 144.9505, subdivision 1, is amended to read:

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

200.23 ~~(b) Persons shall not advertise or otherwise present themselves as lead supervisors, lead~~
 200.24 ~~workers, lead inspectors, lead risk assessors, lead sampling technicians, lead project designers,~~

15.7 renovation firms, or lead firms unless they have licenses or certificates issued by the
 15.8 commissioner under this section.

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

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

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

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

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

16.11 Sec. 27. Minnesota Statutes 2022, section 144.9505, subdivision 1h, is amended to read:

16.12 Subd. 1h. **Certified renovation firm.** A person who performs or employs individuals
 16.13 to perform renovation activities ~~outside of the person's property for compensation~~ must
 16.14 obtain certification as a renovation firm. The certificate must be in writing, contain an

200.25 renovation firms, or lead firms unless they have licenses or certificates issued by the
 200.26 commissioner under this section.

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

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

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

201.19 Sec. 101. Minnesota Statutes 2022, section 144.9505, subdivision 1g, is amended to read:

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

201.29 Sec. 102. Minnesota Statutes 2022, section 144.9505, subdivision 1h, is amended to read:

201.30 Subd. 1h. **Certified renovation firm.** A person who performs or employs individuals
 201.31 to perform renovation activities ~~outside of the person's property for compensation~~ must
 201.32 obtain certification as a renovation firm. The certificate must be in writing, contain an

16.15 expiration date, be signed by the commissioner, and give the name and address of the person
16.16 to whom it is issued. A renovation firm certificate is valid for two years. The certification
16.17 fee is \$100, is nonrefundable, and must be submitted with each application. The renovation
16.18 firm certificate or a copy of the certificate must be readily available at the worksite for
16.19 review by the contracting entity, the commissioner, and other public health officials charged
16.20 with the health, safety, and welfare of the state's citizens.

16.21 Sec. 28. Minnesota Statutes 2022, section 144.9508, subdivision 2, is amended to read:

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

16.27 (b) In the rules required by this section, the commissioner shall require lead hazard
16.28 reduction of intact paint only if the commissioner finds that the intact paint is on a chewable
16.29 or lead-dust producing surface that is a known source of actual lead exposure to a specific
16.30 individual. The commissioner shall prohibit methods that disperse lead dust into the air that
16.31 could accumulate to a level that would exceed the lead dust standard specified under this
16.32 section. The commissioner shall work cooperatively with the commissioner of administration
16.33 to determine which lead hazard reduction methods adopted under this section may be used
17.1 for lead-safe practices including prohibited practices, preparation, disposal, and cleanup.
17.2 The commissioner shall work cooperatively with the commissioner of the Pollution Control
17.3 Agency to develop disposal procedures. In adopting rules under this section, the
17.4 commissioner shall require the best available technology for regulated lead work methods,
17.5 paint stabilization, and repainting.

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

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

17.17 (e) The commissioner shall adopt lead hazard reduction standards and methods for lead
17.18 in drinking water both at the tap and public water supply system or private well in a manner
17.19 to protect the public health and the environment. The commissioner may adopt the rules
17.20 for controlling lead in drinking water as contained in Code of Federal Regulations, title 40,

201.33 expiration date, be signed by the commissioner, and give the name and address of the person
202.1 to whom it is issued. A renovation firm certificate is valid for two years. The certification
202.2 fee is \$100, is nonrefundable, and must be submitted with each application. The renovation
202.3 firm certificate or a copy of the certificate must be readily available at the worksite for
202.4 review by the contracting entity, the commissioner, and other public health officials charged
202.5 with the health, safety, and welfare of the state's citizens.

202.6 Sec. 103. Minnesota Statutes 2022, section 144.9508, subdivision 2, is amended to read:

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

202.12 (b) In the rules required by this section, the commissioner shall require lead hazard
202.13 reduction of intact paint only if the commissioner finds that the intact paint is on a chewable
202.14 or lead-dust producing surface that is a known source of actual lead exposure to a specific
202.15 individual. The commissioner shall prohibit methods that disperse lead dust into the air that
202.16 could accumulate to a level that would exceed the lead dust standard specified under this
202.17 section. The commissioner shall work cooperatively with the commissioner of administration
202.18 to determine which lead hazard reduction methods adopted under this section may be used
202.19 for lead-safe practices including prohibited practices, preparation, disposal, and cleanup.
202.20 The commissioner shall work cooperatively with the commissioner of the Pollution Control
202.21 Agency to develop disposal procedures. In adopting rules under this section, the
202.22 commissioner shall require the best available technology for regulated lead work methods,
202.23 paint stabilization, and repainting.

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

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

203.1 (e) The commissioner shall adopt lead hazard reduction standards and methods for lead
203.2 in drinking water both at the tap and public water supply system or private well in a manner
203.3 to protect the public health and the environment. The commissioner may adopt the rules
203.4 for controlling lead in drinking water as contained in Code of Federal Regulations, title 40,

17.21 part 141. Drinking water lead hazard reduction methods may include an educational approach
 17.22 of minimizing lead exposure from lead in drinking water.

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

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

17.29 (h) No unit of local government shall have an ordinance or regulation governing regulated
 17.30 lead work standards or methods for lead in paint, dust, drinking water, or soil that require
 17.31 a different regulated lead work standard or method than the standards or methods established
 17.32 under this section.

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

18.4 (j) The commissioner shall adopt rules for issuing lead orders required under section
 18.5 144.9504, rules for notification of abatement or interim control activities requirements, and
 18.6 other rules necessary to implement sections 144.9501 to 144.9512.

18.7 (k) The commissioner shall adopt rules consistent with section 402(c)(3) of the Toxic
 18.8 Substances Control Act and all regulations adopted thereunder to ensure that renovation in
 18.9 a pre-1978 affected property where a child or pregnant female resides is conducted in a
 18.10 manner that protects health and the environment. Notwithstanding sections 14.125 and
 18.11 14.128, the authority to adopt these rules does not expire.

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

18.15 Sec. 29. Minnesota Statutes 2022, section 148.512, subdivision 10a, is amended to read:

18.16 Subd. 10a. **Hearing aid.** "Hearing aid" means ~~an instrument~~ a prescribed aid, or any of
 18.17 its parts, worn in the ear canal and designed to or represented as being able to aid ~~or enhance~~
 18.18 human hearing. "Hearing aid" includes the aid's parts, attachments, or accessories, including,
 18.19 but not limited to, ear molds and behind the ear (BTE) devices with or without an ear mold.
 18.20 Batteries and cords are not parts, attachments, or accessories of a hearing aid. Surgically
 18.21 implanted hearing aids, and assistive listening devices not worn within the ear canal, are
 18.22 not hearing aids.

18.23 Sec. 30. Minnesota Statutes 2022, section 148.512, subdivision 10b, is amended to read:

18.24 Subd. 10b. **Hearing aid dispensing.** "Hearing aid dispensing" means making ear mold
 18.25 impressions, prescribing, or recommending a hearing aid, assisting the consumer in

203.5 part 141. Drinking water lead hazard reduction methods may include an educational approach
 203.6 of minimizing lead exposure from lead in drinking water.

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

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

203.13 (h) No unit of local government shall have an ordinance or regulation governing regulated
 203.14 lead work standards or methods for lead in paint, dust, drinking water, or soil that require
 203.15 a different regulated lead work standard or method than the standards or methods established
 203.16 under this section.

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

203.20 (j) The commissioner shall adopt rules for issuing lead orders required under section
 203.21 144.9504, rules for notification of abatement or interim control activities requirements, and
 203.22 other rules necessary to implement sections 144.9501 to 144.9512.

203.23 (k) The commissioner shall adopt rules consistent with section 402(c)(3) of the Toxic
 203.24 Substances Control Act and all regulations adopted thereunder to ensure that renovation in
 203.25 a pre-1978 affected property where a child or pregnant female resides is conducted in a
 203.26 manner that protects health and the environment. Notwithstanding sections 14.125 and
 203.27 14.128, the authority to adopt these rules does not expire.

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

232.26 Sec. 131. Minnesota Statutes 2022, section 148.512, subdivision 10a, is amended to read:

232.27 Subd. 10a. **Hearing aid.** "Hearing aid" means ~~an instrument~~ a prescribed aid, or any of
 232.28 its parts, worn in the ear canal and designed to or represented as being able to aid ~~or enhance~~
 232.29 human hearing. "Hearing aid" includes the aid's parts, attachments, or accessories, including,
 232.30 but not limited to, ear molds and behind the ear (BTE) devices with or without an ear mold.
 232.31 Batteries and cords are not parts, attachments, or accessories of a hearing aid. Surgically
 232.32 implanted hearing aids, and assistive listening devices not worn within the ear canal, are
 232.33 not hearing aids.

233.3 Sec. 132. Minnesota Statutes 2022, section 148.512, subdivision 10b, is amended to read:

233.4 Subd. 10b. **Hearing aid dispensing.** "Hearing aid dispensing" means making ear mold
 233.5 impressions, prescribing, or recommending a hearing aid, assisting the consumer in

18.26 ~~prescription aid selection, selling hearing aids at retail, or testing human hearing in connection~~
 18.27 with these activities regardless of whether the person conducting these activities has a
 18.28 monetary interest in the dispensing of ~~prescription~~ hearing aids to the consumer. Hearing
 18.29 aid dispensing does not include selling over-the-counter hearing aids.

19.1 Sec. 31. Minnesota Statutes 2022, section 148.512, is amended by adding a subdivision
 19.2 to read:

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

19.6 Sec. 32. Minnesota Statutes 2022, section 148.512, is amended by adding a subdivision
 19.7 to read:

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

19.11 Sec. 33. Minnesota Statutes 2022, section 148.513, is amended by adding a subdivision
 19.12 to read:

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

19.15 Sec. 34. Minnesota Statutes 2022, section 148.515, subdivision 6, is amended to read:

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

19.19 (b) After July 31, 2005, all applicants for audiologist licensure under sections 148.512
 19.20 to 148.5198 must achieve a passing score on the practical tests of proficiency described in
 19.21 section 153A.14, subdivision 2h, paragraph (a), clause (2), within the time period described
 19.22 in section 153A.14, subdivision 2h, paragraph (c).

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

20.1 (d) An applicant for an audiology license who obtains a temporary license under section
 20.2 148.5175 may dispense ~~prescription~~ hearing aids only under supervision of a licensed
 20.3 audiologist who dispenses ~~prescription~~ hearing aids.

233.6 ~~prescription aid selection, selling hearing aids at retail, or testing human hearing in connection~~
 233.7 with these activities regardless of whether the person conducting these activities has a
 233.8 monetary interest in the dispensing of ~~prescription~~ hearing aids to the consumer. Hearing
 233.9 aid dispensing does not include selling over-the-counter hearing aids.

233.10 Sec. 133. Minnesota Statutes 2022, section 148.512, is amended by adding a subdivision
 233.11 to read:

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

233.15 Sec. 134. Minnesota Statutes 2022, section 148.512, is amended by adding a subdivision
 233.16 to read:

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

233.20 Sec. 135. Minnesota Statutes 2022, section 148.513, is amended by adding a subdivision
 233.21 to read:

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

233.24 Sec. 136. Minnesota Statutes 2022, section 148.515, subdivision 6, is amended to read:

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

233.28 (b) After July 31, 2005, all applicants for audiologist licensure under sections 148.512
 233.29 to 148.5198 must achieve a passing score on the practical tests of proficiency described in
 234.1 section 153A.14, subdivision 2h, paragraph (a), clause (2), within the time period described
 234.2 in section 153A.14, subdivision 2h, paragraph (c).

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

234.11 (d) An applicant for an audiology license who obtains a temporary license under section
 234.12 148.5175 may dispense ~~prescription~~ hearing aids only under supervision of a licensed
 234.13 audiologist who dispenses ~~prescription~~ hearing aids.

20.4 Sec. 35. Minnesota Statutes 2022, section 148.5175, is amended to read:

20.5 **148.5175 TEMPORARY LICENSURE.**

20.6 (a) The commissioner shall issue temporary licensure as a speech-language pathologist, 20.7 an audiologist, or both, to an applicant who:

20.8 (1) submits a signed and dated affidavit stating that the applicant is not the subject of a 20.9 disciplinary action or past disciplinary action in this or another jurisdiction and is not 20.10 disqualified on the basis of section 148.5195, subdivision 3; and

20.11 (2) either:

20.12 (i) provides a copy of a current credential as a speech-language pathologist, an audiologist, 20.13 or both, held in the District of Columbia or a state or territory of the United States; or

20.14 (ii) provides a copy of a current certificate of clinical competence issued by the American 20.15 Speech-Language-Hearing Association or board certification in audiology by the American 20.16 Board of Audiology.

20.17 (b) A temporary license issued to a person under this subdivision expires 90 days after 20.18 it is issued or on the date the commissioner grants or denies licensure, whichever occurs 20.19 first.

20.20 (c) Upon application, a temporary license shall be renewed twice to a person who is able 20.21 to demonstrate good cause for failure to meet the requirements for licensure within the 20.22 initial temporary licensure period and who is not the subject of a disciplinary action or 20.23 disqualified on the basis of section 148.5195, subdivision 3. Good cause includes but is not 20.24 limited to inability to take and complete the required practical exam for dispensing 20.25 prescription hearing instruments aids.

20.26 (d) Upon application, a temporary license shall be issued to a person who meets the 20.27 requirements of section 148.515, subdivisions 2a and 4, but has not completed the 20.28 requirement in section 148.515, subdivision 6.

20.29 Sec. 36. Minnesota Statutes 2022, section 148.5195, subdivision 3, is amended to read:

20.30 **Subd. 3. Grounds for disciplinary action by commissioner.** The commissioner may 20.31 take any of the disciplinary actions listed in subdivision 4 on proof that the individual has:

21.1 (1) intentionally submitted false or misleading information to the commissioner or the 21.2 advisory council;

21.3 (2) failed, within 30 days, to provide information in response to a written request by the 21.4 commissioner or advisory council;

21.5 (3) performed services of a speech-language pathologist or audiologist in an incompetent 21.6 or negligent manner;

21.7 (4) violated sections 148.511 to 148.5198;

234.14 Sec. 137. Minnesota Statutes 2022, section 148.5175, is amended to read:

234.15 **148.5175 TEMPORARY LICENSURE.**

234.16 (a) The commissioner shall issue temporary licensure as a speech-language pathologist, 234.17 an audiologist, or both, to an applicant who:

234.18 (1) submits a signed and dated affidavit stating that the applicant is not the subject of a 234.19 disciplinary action or past disciplinary action in this or another jurisdiction and is not 234.20 disqualified on the basis of section 148.5195, subdivision 3; and

234.21 (2) either:

234.22 (i) provides a copy of a current credential as a speech-language pathologist, an audiologist, 234.23 or both, held in the District of Columbia or a state or territory of the United States; or

234.24 (ii) provides a copy of a current certificate of clinical competence issued by the American 234.25 Speech-Language-Hearing Association or board certification in audiology by the American 234.26 Board of Audiology.

234.27 (b) A temporary license issued to a person under this subdivision expires 90 days after 234.28 it is issued or on the date the commissioner grants or denies licensure, whichever occurs 234.29 first.

234.30 (c) Upon application, a temporary license shall be renewed twice to a person who is able 234.31 to demonstrate good cause for failure to meet the requirements for licensure within the 234.32 initial temporary licensure period and who is not the subject of a disciplinary action or 235.1 disqualified on the basis of section 148.5195, subdivision 3. Good cause includes but is not 235.2 limited to inability to take and complete the required practical exam for dispensing 235.3 prescription hearing instruments aids.

235.4 (d) Upon application, a temporary license shall be issued to a person who meets the 235.5 requirements of section 148.515, subdivisions 2a and 4, but has not completed the 235.6 requirement in section 148.515, subdivision 6.

235.7 Sec. 138. Minnesota Statutes 2022, section 148.5195, subdivision 3, is amended to read:

235.8 **Subd. 3. Grounds for disciplinary action by commissioner.** The commissioner may 235.9 take any of the disciplinary actions listed in subdivision 4 on proof that the individual has:

235.10 (1) intentionally submitted false or misleading information to the commissioner or the 235.11 advisory council;

235.12 (2) failed, within 30 days, to provide information in response to a written request by the 235.13 commissioner or advisory council;

235.14 (3) performed services of a speech-language pathologist or audiologist in an incompetent 235.15 or negligent manner;

235.16 (4) violated sections 148.511 to 148.5198;

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

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

21.15 (7) aided or abetted another person in violating any provision of sections 148.511 to
21.16 148.5198;

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

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

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

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

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

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

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

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

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

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

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

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

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

235.24 (7) aided or abetted another person in violating any provision of sections 148.511 to
235.25 148.5198;

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

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

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

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

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

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

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

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

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

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

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

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

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

22.16 (i) prescribed ~~or otherwise recommended~~ to a consumer or potential consumer the use
 22.17 of a prescription hearing instrument aid, unless the prescription from a physician ~~or~~
 22.18 ~~recommendation from~~, an audiologist, or a certified dispenser is in writing, is based on an
 22.19 audiogram that is delivered to the consumer or potential consumer when the prescription
 22.20 ~~or recommendation~~ is made, and bears the following information in all capital letters of
 22.21 12-point or larger boldface type: "THIS PRESCRIPTION ~~OR~~ RECOMMENDATION
 22.22 MAY BE FILLED BY, AND PRESCRIPTION HEARING INSTRUMENTS AIDS MAY
 22.23 BE PURCHASED FROM, THE LICENSED AUDIOLOGIST OR CERTIFIED DISPENSER
 22.24 OF YOUR CHOICE";

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

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

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

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

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

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

23.5 (viii) delegated prescription hearing instrument aid dispensing authority to a person not
 23.6 authorized to dispense a prescription hearing instrument aid under this chapter or chapter
 23.7 153A;

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

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

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

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

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

236.25 (i) prescribed ~~or otherwise recommended~~ to a consumer or potential consumer the use
 236.26 of a prescription hearing instrument aid, unless the prescription from a physician ~~or~~
 236.27 ~~recommendation from~~, an audiologist, or a certified dispenser is in writing, is based on an
 236.28 audiogram that is delivered to the consumer or potential consumer when the prescription
 236.29 ~~or recommendation~~ is made, and bears the following information in all capital letters of
 236.30 12-point or larger boldface type: "THIS PRESCRIPTION ~~OR~~ RECOMMENDATION
 236.31 MAY BE FILLED BY, AND PRESCRIPTION HEARING INSTRUMENTS AIDS MAY
 236.32 BE PURCHASED FROM, THE LICENSED AUDIOLOGIST OR CERTIFIED DISPENSER
 236.33 OF YOUR CHOICE";

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

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

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

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

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

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

237.14 (viii) delegated prescription hearing instrument aid dispensing authority to a person not
 237.15 authorized to dispense a prescription hearing instrument aid under this chapter or chapter
 237.16 153A;

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

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

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

23.15 Sec. 37. Minnesota Statutes 2022, section 148.5196, subdivision 1, is amended to read:

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

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

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

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

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

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

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

24.11 Sec. 38. Minnesota Statutes 2022, section 148.5197, is amended to read:

24.12 **148.5197 HEARING AID DISPENSING.**

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

237.24 Sec. 139. Minnesota Statutes 2022, section 148.5196, subdivision 1, is amended to read:

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

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

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

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

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

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

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

238.21 Sec. 140. Minnesota Statutes 2022, section 148.5197, is amended to read:

238.22 **148.5197 HEARING AID DISPENSING.**

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

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

24.21 Subd. 3. **Consumer rights information.** An audiologist or certified dispenser shall, at
 24.22 the time of the recommendation or prescription, give a consumer rights brochure, prepared
 24.23 by the commissioner and containing information about legal requirements pertaining to
 24.24 dispensing of prescription hearing aids, to each potential consumer of a prescription hearing
 24.25 aid. The brochure must contain information about the consumer information center described
 24.26 in section 153A.18. A contract for a prescription hearing aid must note the receipt of the
 24.27 brochure by the consumer, along with the consumer's signature or initials.

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

25.4 Sec. 39. Minnesota Statutes 2022, section 148.5198, is amended to read:

25.5 **148.5198 RESTRICTION ON SALE OF PRESCRIPTION HEARING AIDS.**

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

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

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

238.31 Subd. 3. **Consumer rights information.** An audiologist or certified dispenser shall, at
 238.32 the time of the recommendation or prescription, give a consumer rights brochure, prepared
 238.33 by the commissioner and containing information about legal requirements pertaining to
 239.1 dispensing of prescription hearing aids, to each potential consumer of a prescription hearing
 239.2 aid. The brochure must contain information about the consumer information center described
 239.3 in section 153A.18. A contract for a prescription hearing aid must note the receipt of the
 239.4 brochure by the consumer, along with the consumer's signature or initials.

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

239.14 Sec. 141. Minnesota Statutes 2022, section 148.5198, is amended to read:

239.15 **148.5198 RESTRICTION ON SALE OF PRESCRIPTION HEARING AIDS.**

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

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

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

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

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

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

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

26.22 Subd. 5. **Additional.** In addition to the penalty provided in subdivision 4, a person found
 26.23 to have violated this section is subject to the penalties and remedies provided in section
 26.24 325F.69, subdivision 1.

26.25 Subd. 6. **Estimates.** Upon the request of the owner of a prescription hearing aid or the
 26.26 owner's representative for a written estimate and prior to the commencement of repairs, a
 26.27 repairing audiologist, certified dispenser, or company shall provide the customer with a
 26.28 written estimate of the price of repairs. If a repairing audiologist, certified dispenser, or
 26.29 company provides a written estimate of the price of repairs, it must not charge more than

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

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

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

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

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

241.1 Subd. 5. **Additional.** In addition to the penalty provided in subdivision 4, a person found
 241.2 to have violated this section is subject to the penalties and remedies provided in section
 241.3 325F.69, subdivision 1.

241.4 Subd. 6. **Estimates.** Upon the request of the owner of a prescription hearing aid or the
 241.5 owner's representative for a written estimate and prior to the commencement of repairs, a
 241.6 repairing audiologist, certified dispenser, or company shall provide the customer with a
 241.7 written estimate of the price of repairs. If a repairing audiologist, certified dispenser, or
 241.8 company provides a written estimate of the price of repairs, it must not charge more than

26.30 the total price stated in the estimate for the repairs. If the repairing audiologist, certified
 26.31 dispenser, or company after commencing repairs determines that additional work is necessary
 26.32 to accomplish repairs that are the subject of a written estimate and if the repairing audiologist,
 26.33 certified dispenser, or company did not unreasonably fail to disclose the possible need for
 26.34 the additional work when the estimate was made, the repairing audiologist, certified
 27.1 dispenser, or company may charge more than the estimate for the repairs if the repairing
 27.2 audiologist, certified dispenser, or company immediately provides the owner or owner's
 27.3 representative a revised written estimate pursuant to this section and receives authorization
 27.4 to continue with the repairs. If continuation of the repairs is not authorized, the repairing
 27.5 audiologist, certified dispenser, or company shall return the prescription hearing aid as close
 27.6 as possible to its former condition and shall release the prescription hearing aid to the owner
 27.7 or owner's representative upon payment of charges for repairs actually performed and not
 27.8 in excess of the original estimate.

27.9 Sec. 40. Minnesota Statutes 2022, section 151.37, subdivision 12, is amended to read:

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

27.14 (1) an emergency medical responder registered pursuant to section 144E.27;
 27.15 (2) a peace officer as defined in section 626.84, subdivision 1, paragraphs (c) and (d);
 27.16 (3) correctional employees of a state or local political subdivision;
 27.17 (4) staff of community-based health disease prevention or social service programs;
 27.18 (5) a volunteer firefighter; and
 27.19 (6) a licensed school nurse or certified public health nurse any other personnel employed
 27.20 by, or under contract with, a school board under section 121A.21 charter, public, or private
 27.21 school.

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

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

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

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

241.9 the total price stated in the estimate for the repairs. If the repairing audiologist, certified
 241.10 dispenser, or company after commencing repairs determines that additional work is necessary
 241.11 to accomplish repairs that are the subject of a written estimate and if the repairing audiologist,
 241.12 certified dispenser, or company did not unreasonably fail to disclose the possible need for
 241.13 the additional work when the estimate was made, the repairing audiologist, certified
 241.14 dispenser, or company may charge more than the estimate for the repairs if the repairing
 241.15 audiologist, certified dispenser, or company immediately provides the owner or owner's
 241.16 representative a revised written estimate pursuant to this section and receives authorization
 241.17 to continue with the repairs. If continuation of the repairs is not authorized, the repairing
 241.18 audiologist, certified dispenser, or company shall return the prescription hearing aid as close
 241.19 as possible to its former condition and shall release the prescription hearing aid to the owner
 241.20 or owner's representative upon payment of charges for repairs actually performed and not
 241.21 in excess of the original estimate.

241.22 Sec. 142. Minnesota Statutes 2022, section 151.37, subdivision 12, is amended to read:

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

241.27 (1) an emergency medical responder registered pursuant to section 144E.27;
 241.28 (2) a peace officer as defined in section 626.84, subdivision 1, paragraphs (c) and (d);
 241.29 (3) correctional employees of a state or local political subdivision;
 241.30 (4) staff of community-based health disease prevention or social service programs;
 241.31 (5) a volunteer firefighter; and
 242.1 (6) a licensed school nurse or certified public health nurse any other personnel employed
 242.2 by, or under contract with, a school board under section 121A.21 charter, public, or private
 242.3 school.

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

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

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

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

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

28.4 Sec. 41. Minnesota Statutes 2022, section 152.29, subdivision 3a, is amended to read:

28.5 Subd. 3a. **Transportation of medical cannabis; transport staffing.** (a) A medical
 28.6 cannabis manufacturer may staff a transport motor vehicle with only one employee if the
 28.7 medical cannabis manufacturer is transporting medical cannabis to either a certified
 28.8 laboratory for the purpose of testing or a facility for the purpose of disposal. If the medical
 28.9 cannabis manufacturer is transporting medical cannabis for any other purpose or destination,
 28.10 the transport motor vehicle must be staffed with a minimum of two employees as required
 28.11 by rules adopted by the commissioner.

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

28.15 (c) A medical cannabis manufacturer may contract with a third party for armored car
 28.16 services for deliveries of medical cannabis from its production facility to distribution
 28.17 facilities. A medical cannabis manufacturer that contracts for armored car services remains
 28.18 responsible for the transportation manifest and inventory tracking requirements in rules
 28.19 adopted by the commissioner.

28.20 (d) Department of Health staff may transport medical cannabis for the purposes of
 28.21 delivering medical cannabis and other samples to a laboratory for testing under rules adopted
 28.22 by the commissioner and in cases of special investigations when the commissioner has
 28.23 determined there is a potential threat to public health. The transport motor vehicle must be
 28.24 staffed with a minimum of two Department of Health employees. The employees must carry
 28.25 with them their Department of Health identification card and a transport manifest.

28.26 Sec. 42. Minnesota Statutes 2022, section 153A.13, subdivision 3, is amended to read:

28.27 Subd. 3. **Hearing instrument aid.** "Hearing instrument aid" means an instrument, or
 28.28 any of its parts, worn in the ear canal and designed to or represented as being able to aid or
 28.29 enhance human hearing. "Hearing instrument" includes the instrument's parts, attachments,
 28.30 or accessories, including, but not limited to, ear molds and behind the ear (BTE) devices
 28.31 with or without an ear mold. Batteries and cords are not parts, attachments, or accessories
 28.32 of a hearing instrument. Surgically implanted hearing instruments, and assistive listening
 29.1 devices not worn within the ear canal, are not hearing instruments, as defined in section
 29.2 148.512, subdivision 10a.

29.3 Sec. 43. Minnesota Statutes 2022, section 153A.13, subdivision 4, is amended to read:

29.4 Subd. 4. **Hearing instrument aid dispensing.** "Hearing instrument aid dispensing"
 29.5 means making ear mold impressions, prescribing, or recommending a hearing instrument,
 29.6 assisting the consumer in instrument selection, selling hearing instruments at retail, or testing

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

242.16 Sec. 143. Minnesota Statutes 2022, section 153A.13, subdivision 3, is amended to read:

242.17 Subd. 3. **Hearing instrument aid.** "Hearing instrument aid" means an instrument, or
 242.18 any of its parts, worn in the ear canal and designed to or represented as being able to aid or
 242.19 enhance human hearing. "Hearing instrument" includes the instrument's parts, attachments,
 242.20 or accessories, including, but not limited to, ear molds and behind the ear (BTE) devices
 242.21 with or without an ear mold. Batteries and cords are not parts, attachments, or accessories
 242.22 of a hearing instrument. Surgically implanted hearing instruments, and assistive listening
 242.23 devices not worn within the ear canal, are not hearing instruments, as defined in section
 242.24 148.512, subdivision 10a.

242.25 Sec. 144. Minnesota Statutes 2022, section 153A.13, subdivision 4, is amended to read:

242.26 Subd. 4. **Hearing instrument aid dispensing.** "Hearing instrument aid dispensing"
 242.27 means making ear mold impressions, prescribing, or recommending a hearing instrument,
 242.28 assisting the consumer in instrument selection, selling hearing instruments at retail, or testing

29.7 ~~human hearing in connection with these activities regardless of whether the person conducting~~
 29.8 ~~these activities has a monetary interest in the sale of hearing instruments to the consumer.~~
 29.9 has the meaning given in section 148.512, subdivision 10b.

29.10 Sec. 44. Minnesota Statutes 2022, section 153A.13, subdivision 5, is amended to read:

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

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

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

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

29.26 Sec. 45. Minnesota Statutes 2022, section 153A.13, subdivision 6, is amended to read:

29.27 **Subd. 6. Advisory council.** "Advisory council" means the Minnesota Hearing Instrument
 29.28 Aid Dispenser Advisory Council, or a committee of ~~#~~ the council, established under section
 29.29 153A.20.

30.1 Sec. 46. Minnesota Statutes 2022, section 153A.13, subdivision 7, is amended to read:

30.2 **Subd. 7. ANSI.** "ANSI" means ~~ANSI S3.6-1989~~, American National Standard
 30.3 Specification for Audiometers from the American National Standards Institute. This
 30.4 document is available through the Minitex interlibrary loan system as defined in the United
 30.5 States Food and Drug Administration, Code of Federal Regulations, title 21, section
 30.6 874.1050.

30.7 Sec. 47. Minnesota Statutes 2022, section 153A.13, subdivision 9, is amended to read:

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

30.10 Sec. 48. Minnesota Statutes 2022, section 153A.13, subdivision 10, is amended to read:

30.11 **Subd. 10. Direct supervision or directly supervised.** "Direct supervision" or "directly
 30.12 supervised" means the on-site and contemporaneous location of a supervisor and trainee,

242.29 ~~human hearing in connection with these activities regardless of whether the person conducting~~
 242.30 ~~these activities has a monetary interest in the sale of hearing instruments to the consumer.~~
 242.31 has the meaning given in section 148.512, subdivision 10b.

243.1 Sec. 145. Minnesota Statutes 2022, section 153A.13, subdivision 5, is amended to read:

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

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

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

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

243.16 Sec. 146. Minnesota Statutes 2022, section 153A.13, subdivision 6, is amended to read:

243.17 **Subd. 6. Advisory council.** "Advisory council" means the Minnesota Hearing Instrument
 243.18 Aid Dispenser Advisory Council, or a committee of ~~#~~ the council, established under section
 243.19 153A.20.

243.20 Sec. 147. Minnesota Statutes 2022, section 153A.13, subdivision 7, is amended to read:

243.21 **Subd. 7. ANSI.** "ANSI" means ~~ANSI S3.6-1989~~, American National Standard
 243.22 Specification for Audiometers from the American National Standards Institute. This
 243.23 document is available through the Minitex interlibrary loan system as defined in the United
 243.24 States Food and Drug Administration, Code of Federal Regulations, title 21, section
 243.25 874.1050.

243.26 Sec. 148. Minnesota Statutes 2022, section 153A.13, subdivision 9, is amended to read:

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

244.1 Sec. 149. Minnesota Statutes 2022, section 153A.13, subdivision 10, is amended to read:

244.2 **Subd. 10. Direct supervision or directly supervised.** "Direct supervision" or "directly
 244.3 supervised" means the on-site and contemporaneous location of a supervisor and trainee,

30.13 when the supervisor observes the trainee engaging in prescription hearing instrument aid
 30.14 dispensing with a consumer.

30.15 Sec. 49. Minnesota Statutes 2022, section 153A.13, subdivision 11, is amended to read:

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

30.20 Sec. 50. Minnesota Statutes 2022, section 153A.13, is amended by adding a subdivision
 30.21 to read:

30.22 **Subd. 12. Over-the-counter hearing aid or OTC hearing aid.** "Over-the-counter
 30.23 hearing aid" or "OTC hearing aid" has the meaning given in section 148.512, subdivision
 30.24 10c.

30.25 Sec. 51. Minnesota Statutes 2022, section 153A.13, is amended by adding a subdivision
 30.26 to read:

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

31.1 Sec. 52. Minnesota Statutes 2022, section 153A.14, subdivision 1, is amended to read:

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

31.3 (1) be 21 years of age or older;

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

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

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

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

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

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

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

244.4 when the supervisor observes the trainee engaging in prescription hearing instrument aid
 244.5 dispensing with a consumer.

244.6 Sec. 150. Minnesota Statutes 2022, section 153A.13, subdivision 11, is amended to read:

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

244.11 Sec. 151. Minnesota Statutes 2022, section 153A.13, is amended by adding a subdivision
 244.12 to read:

244.13 **Subd. 12. Over-the-counter hearing aid or OTC hearing aid.** "Over-the-counter
 244.14 hearing aid" or "OTC hearing aid" has the meaning given in section 148.512, subdivision
 244.15 10c.

244.16 Sec. 152. Minnesota Statutes 2022, section 153A.13, is amended by adding a subdivision
 244.17 to read:

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

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

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

244.22 (1) be 21 years of age or older;

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

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

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

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

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

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

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

31.19 (9) consent to a fingerprint-based criminal history records check required under section
 31.20 144.0572, pay all required fees, and cooperate with all requests for information. An applicant
 31.21 must complete a new criminal background check if more than one year has elapsed since
 31.22 the applicant last applied for a license.

31.23 Sec. 53. Minnesota Statutes 2022, section 153A.14, subdivision 2, is amended to read:

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

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

32.6 Sec. 54. Minnesota Statutes 2022, section 153A.14, subdivision 2h, is amended to read:

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

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

32.10 (1) A written examination approved by the commissioner covering the following areas
 32.11 as they pertain to prescription hearing instrument aid selling:
 32.12 (i) basic physics of sound;
 32.13 (ii) the anatomy and physiology of the ear;
 32.14 (iii) the function of prescription hearing instruments aids; and
 32.15 (iv) the principles of prescription hearing instrument aid selection.

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

32.18 (i) pure tone audiometry, including air conduction testing and bone conduction testing;
 32.19 (ii) live voice or recorded voice speech audiometry including speech recognition
 32.20 (discrimination) testing, most comfortable loudness level, and uncomfortable loudness
 32.21 measurements of tolerance thresholds;
 32.22 (iii) masking when indicated;

245.9 (9) consent to a fingerprint-based criminal history records check required under section
 245.10 144.0572, pay all required fees, and cooperate with all requests for information. An applicant
 245.11 must complete a new criminal background check if more than one year has elapsed since
 245.12 the applicant last applied for a license.

245.13 Sec. 154. Minnesota Statutes 2022, section 153A.14, subdivision 2, is amended to read:

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

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

245.26 Sec. 155. Minnesota Statutes 2022, section 153A.14, subdivision 2h, is amended to read:

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

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

245.30 (1) A written examination approved by the commissioner covering the following areas
 245.31 as they pertain to prescription hearing instrument aid selling:
 246.1 (i) basic physics of sound;
 246.2 (ii) the anatomy and physiology of the ear;
 246.3 (iii) the function of prescription hearing instruments aids; and
 246.4 (iv) the principles of prescription hearing instrument aid selection.

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

246.7 (i) pure tone audiometry, including air conduction testing and bone conduction testing;
 246.8 (ii) live voice or recorded voice speech audiometry including speech recognition
 246.9 (discrimination) testing, most comfortable loudness level, and uncomfortable loudness
 246.10 measurements of tolerance thresholds;
 246.11 (iii) masking when indicated;

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

32.25 (v) taking ear mold impressions;

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

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

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

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

33.9 Sec. 55. Minnesota Statutes 2022, section 153A.14, subdivision 2i, is amended to read:

33.10 Subd. 2i. **Continuing education requirement.** On forms provided by the commissioner,
 33.11 each certified dispenser must submit with the application for renewal of certification evidence
 33.12 of completion of ten course hours of continuing education earned within the 12-month
 33.13 period of November 1 to October 31, between the effective and expiration dates of
 33.14 certification. Continuing education courses must be directly related to prescription hearing
 33.15 instrument aid dispensing and approved by the International Hearing Society, the American
 33.16 Speech-Language-Hearing Association, or the American Academy of Audiology. Evidence
 33.17 of completion of the ten course hours of continuing education must be submitted by
 33.18 December 1 of each year. This requirement does not apply to dispensers certified for less
 33.19 than one year.

33.20 Sec. 56. Minnesota Statutes 2022, section 153A.14, subdivision 2j, is amended to read:

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

33.24 Sec. 57. Minnesota Statutes 2022, section 153A.14, subdivision 4, is amended to read:

33.25 Subd. 4. **Dispensing of prescription hearing instruments aids without**
 33.26 **certificate.** Except as provided in subdivisions 4a and 4c, and in sections 148.512 to
 33.27 148.5198, it is unlawful for any person not holding a valid certificate to dispense a
 33.28 prescription hearing instrument aid as defined in section 153A.13, subdivision 3. A person
 33.29 who dispenses a prescription hearing instrument aid without the certificate required by this
 33.30 section is guilty of a gross misdemeanor.

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

246.14 (v) taking ear mold impressions;

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

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

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

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

246.27 Sec. 156. Minnesota Statutes 2022, section 153A.14, subdivision 2i, is amended to read:

246.28 Subd. 2i. **Continuing education requirement.** On forms provided by the commissioner,
 246.29 each certified dispenser must submit with the application for renewal of certification evidence
 246.30 of completion of ten course hours of continuing education earned within the 12-month
 246.31 period of November 1 to October 31, between the effective and expiration dates of
 247.1 certification. Continuing education courses must be directly related to prescription hearing
 247.2 instrument aid dispensing and approved by the International Hearing Society, the American
 247.3 Speech-Language-Hearing Association, or the American Academy of Audiology. Evidence
 247.4 of completion of the ten course hours of continuing education must be submitted by
 247.5 December 1 of each year. This requirement does not apply to dispensers certified for less
 247.6 than one year.

247.7 Sec. 157. Minnesota Statutes 2022, section 153A.14, subdivision 2j, is amended to read:

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

247.11 Sec. 158. Minnesota Statutes 2022, section 153A.14, subdivision 4, is amended to read:

247.12 Subd. 4. **Dispensing of prescription hearing instruments aids without**
 247.13 **certificate.** Except as provided in subdivisions 4a and 4c, and in sections 148.512 to
 247.14 148.5198, it is unlawful for any person not holding a valid certificate to dispense a
 247.15 prescription hearing instrument aid as defined in section 153A.13, subdivision 3. A person
 247.16 who dispenses a prescription hearing instrument aid without the certificate required by this
 247.17 section is guilty of a gross misdemeanor.

34.1 Sec. 58. Minnesota Statutes 2022, section 153A.14, subdivision 4a, is amended to read:

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

- 34.5 (1) submits an application on forms provided by the commissioner;
- 34.6 (2) is under the supervision of a certified dispenser meeting the requirements of this
 34.7 subdivision;
- 34.8 (3) meets all requirements for certification except passage of the examination required
 34.9 by this section; and
- 34.10 (4) uses the title "dispenser trainee" in contacts with the patients, clients, or consumers.

34.11 (b) A certified prescription hearing instrument aid dispenser may not supervise more
 34.12 than two trainees at the same time and may not directly supervise more than one trainee at
 34.13 a time. The certified dispenser is responsible for all actions or omissions of a trainee in
 34.14 connection with the dispensing of prescription hearing instruments aids. A certified dispenser
 34.15 may not supervise a trainee if there are any commissioner, court, or other orders, currently
 34.16 in effect or issued within the last five years, that were issued with respect to an action or
 34.17 omission of a certified dispenser or a trainee under the certified dispenser's supervision.

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

34.27 Sec. 59. Minnesota Statutes 2022, section 153A.14, subdivision 4b, is amended to read:

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

34.30 (1) comply with the United States Food and Drug Administration warning regarding
 34.31 potential medical conditions required by Code of Federal Regulations, title 21, section
 34.32 801.420 801.422;

- 35.1 (2) complete a case history of the client's hearing;
- 35.2 (3) inspect the client's ears with an otoscope; and
- 35.3 (4) conduct the following tests on both ears of the client and document the results, and
 35.4 if for any reason one of the following tests cannot be performed pursuant to the United

247.18 Sec. 159. Minnesota Statutes 2022, section 153A.14, subdivision 4a, is amended to read:

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

- 247.22 (1) submits an application on forms provided by the commissioner;
- 247.23 (2) is under the supervision of a certified dispenser meeting the requirements of this
 247.24 subdivision;
- 247.25 (3) meets all requirements for certification except passage of the examination required
 247.26 by this section; and
- 247.27 (4) uses the title "dispenser trainee" in contacts with the patients, clients, or consumers.

247.28 (b) A certified hearing instrument aid dispenser may not supervise more than two trainees
 247.29 at the same time and may not directly supervise more than one trainee at a time. The certified
 247.30 dispenser is responsible for all actions or omissions of a trainee in connection with the
 247.31 dispensing of prescription hearing instruments aids. A certified dispenser may not supervise
 248.1 a trainee if there are any commissioner, court, or other orders, currently in effect or issued
 248.2 within the last five years, that were issued with respect to an action or omission of a certified
 248.3 dispenser or a trainee under the certified dispenser's supervision.

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

248.13 Sec. 160. Minnesota Statutes 2022, section 153A.14, subdivision 4b, is amended to read:

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

248.16 (1) comply with the United States Food and Drug Administration warning regarding
 248.17 potential medical conditions required by Code of Federal Regulations, title 21, section
 248.18 801.420 801.422;

- 248.19 (2) complete a case history of the client's hearing;
- 248.20 (3) inspect the client's ears with an otoscope; and
- 248.21 (4) conduct the following tests on both ears of the client and document the results, and
 248.22 if for any reason one of the following tests cannot be performed pursuant to the United

35.5 States Food and Drug Administration guidelines, an audiologist shall evaluate the hearing
 35.6 and the need for a prescription hearing instrument aid:

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

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

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

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

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

35.17 Sec. 60. Minnesota Statutes 2022, section 153A.14, subdivision 4c, is amended to read:

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

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

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

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

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

36.1 Sec. 61. Minnesota Statutes 2022, section 153A.14, subdivision 4e, is amended to read:

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

36.6 Sec. 62. Minnesota Statutes 2022, section 153A.14, subdivision 6, is amended to read:

36.7 Subd. 6. **Prescription hearing instruments aids to comply with federal and state**
 36.8 **requirements.** The commissioner shall ensure that prescription hearing instruments aids
 36.9 are dispensed in compliance with state requirements and the requirements of the United

248.23 States Food and Drug Administration guidelines, an audiologist shall evaluate the hearing
 248.24 and the need for a prescription hearing instrument aid:

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

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

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

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

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

249.4 Sec. 161. Minnesota Statutes 2022, section 153A.14, subdivision 4c, is amended to read:

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

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

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

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

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

249.18 Sec. 162. Minnesota Statutes 2022, section 153A.14, subdivision 4e, is amended to read:

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

249.23 Sec. 163. Minnesota Statutes 2022, section 153A.14, subdivision 6, is amended to read:

249.24 Subd. 6. **Prescription hearing instruments aids to comply with federal and state**
 249.25 **requirements.** The commissioner shall ensure that prescription hearing instruments aids
 249.26 are dispensed in compliance with state requirements and the requirements of the United

36.10 States Food and Drug Administration. Failure to comply with state or federal regulations
 36.11 may be grounds for enforcement actions under section 153A.15, subdivision 2.

36.12 Sec. 63. Minnesota Statutes 2022, section 153A.14, subdivision 9, is amended to read:

36.13 Subd. 9. **Consumer rights.** A prescription hearing instrument aid dispenser shall comply
 36.14 with the requirements of sections 148.5195, subdivision 3, clause (20); 148.5197; and
 36.15 148.5198.

36.16 Sec. 64. Minnesota Statutes 2022, section 153A.14, subdivision 11, is amended to read:

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

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

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

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

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

36.26 Sec. 65. Minnesota Statutes 2022, section 153A.14, is amended by adding a subdivision
 36.27 to read:

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

37.1 Sec. 66. Minnesota Statutes 2022, section 153A.15, subdivision 1, is amended to read:

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

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

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

37.10 (3) presenting advertising that is false or misleading;

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

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

249.27 States Food and Drug Administration. Failure to comply with state or federal regulations
 249.28 may be grounds for enforcement actions under section 153A.15, subdivision 2.

250.1 Sec. 164. Minnesota Statutes 2022, section 153A.14, subdivision 9, is amended to read:

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

250.4 Sec. 165. Minnesota Statutes 2022, section 153A.14, subdivision 11, is amended to read:

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

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

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

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

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

250.14 Sec. 166. Minnesota Statutes 2022, section 153A.14, is amended by adding a subdivision
 250.15 to read:

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

250.18 Sec. 167. Minnesota Statutes 2022, section 153A.15, subdivision 1, is amended to read:

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

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

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

250.27 (3) presenting advertising that is false or misleading;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

38.14 (18) misrepresenting the purpose of hearing tests, or in any way communicating that the
38.15 hearing test or hearing test protocol required by section 153A.14, subdivision 4b, is a medical
38.16 evaluation, a diagnostic hearing evaluation conducted by an audiologist, or is other than a
38.17 test to select a prescription hearing instrument aid, except that the prescription hearing
38.18 instrument aid dispenser can determine the need for or recommend the consumer obtain a

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

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

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

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

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

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

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

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

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

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

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

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

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

38.19 medical evaluation consistent with requirements of the United States Food and Drug
38.20 Administration;

38.21 (19) violating any of the provisions of sections 148.5195, subdivision 3, clause (20);
38.22 148.5197; 148.5198; and 153A.13 to 153A.18; and

38.23 (20) aiding or abetting another person in violating any of the provisions of sections
38.24 148.5195, subdivision 3, clause (20); 148.5197; 148.5198; and 153A.13 to 153A.18.

38.25 Sec. 67. Minnesota Statutes 2022, section 153A.15, subdivision 2, is amended to read:

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

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

38.30 (2) revoke the certificate;

38.31 (3) suspend the certificate;

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

39.8 (5) censure or reprimand the dispenser;

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

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

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

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

39.13 Sec. 68. Minnesota Statutes 2022, section 153A.15, subdivision 4, is amended to read:

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

252.7 (19) violating any of the provisions of sections 148.5195, subdivision 3, clause (20);
252.8 148.5197; 148.5198; and 153A.13 to 153A.18; and

252.9 (20) aiding or abetting another person in violating any of the provisions of sections
252.10 148.5195, subdivision 3, clause (20); 148.5197; 148.5198; and 153A.13 to 153A.18.

252.11 Sec. 168. Minnesota Statutes 2022, section 153A.15, subdivision 2, is amended to read:

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

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

252.16 (2) revoke the certificate;

252.17 (3) suspend the certificate;

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

252.25 (5) censure or reprimand the dispenser;

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

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

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

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

253.1 Sec. 169. Minnesota Statutes 2022, section 153A.15, subdivision 4, is amended to read:

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

39.19 Sec. 69. Minnesota Statutes 2022, section 153A.17, is amended to read:

39.20 **153A.17 EXPENSES; FEES.**

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

39.29 (b) The fees are as follows:

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

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

40.1 (3) the initial examination fee for the practical portion is \$1,200, and \$600 for each time
 40.2 it is taken, thereafter; for individuals meeting the requirements of section 148.515, subdivision
 40.3 2, the fee for the practical portion of the prescription hearing instrument aid dispensing
 40.4 examination is \$600 each time it is taken;

40.5 (4) the trainee application fee is \$230;

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

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

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

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

40.12 (e) Hearing instrument dispensers who were certified before January 1, 2018, shall pay
 40.13 a onetime surcharge of \$22.50 to renew their certification when it expires after October 31,
 40.14 2020. The surcharge shall cover the commissioner's costs associated with criminal
 40.15 background checks.

40.16 Sec. 70. Minnesota Statutes 2022, section 153A.175, is amended to read:

40.17 **153A.175 PENALTY FEES.**

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

253.7 Sec. 170. Minnesota Statutes 2022, section 153A.17, is amended to read:

253.8 **153A.17 EXPENSES; FEES.**

253.9 (a) The expenses for administering the certification requirements, including the complaint
 253.10 handling system for hearing aid dispensers in sections 153A.14 and 153A.15, and the
 253.11 Consumer Information Center under section 153A.18, must be paid from initial application
 253.12 and examination fees, renewal fees, penalties, and fines. The commissioner shall only use
 253.13 fees collected under this section for the purposes of administering this chapter. The legislature
 253.14 must not transfer money generated by these fees from the state government special revenue
 253.15 fund to the general fund. ~~Surcharges collected by the commissioner of health under section~~
 253.16 ~~16E.22 are not subject to this paragraph.~~

253.17 (b) The fees are as follows:

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

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

253.20 (3) the initial examination fee for the practical portion is \$1,200, and \$600 for each time
 253.21 it is taken, thereafter; for individuals meeting the requirements of section 148.515, subdivision
 253.22 2, the fee for the practical portion of the prescription hearing instrument aid dispensing
 253.23 examination is \$600 each time it is taken;

253.24 (4) the trainee application fee is \$230;

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

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

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

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

254.1 (e) Hearing instrument dispensers who were certified before January 1, 2018, shall pay
 254.2 a onetime surcharge of \$22.50 to renew their certification when it expires after October 31,
 254.3 2020. The surcharge shall cover the commissioner's costs associated with criminal
 254.4 background checks.

254.5 Sec. 171. Minnesota Statutes 2022, section 153A.175, is amended to read:

254.6 **153A.175 PENALTY FEES.**

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

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

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

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

41.8 Sec. 71. Minnesota Statutes 2022, section 153A.18, is amended to read:

41.9 **153A.18 CONSUMER INFORMATION CENTER.**

41.10 The commissioner shall establish a Consumer Information Center to assist actual and
 41.11 potential purchasers of prescription hearing aids by providing them with information
 41.12 regarding prescription hearing instrument aid sales. The Consumer Information Center shall
 41.13 disseminate information about consumers' legal rights related to prescription hearing
 41.14 instrument aid sales, provide information relating to complaints about dispensers of
 41.15 prescription hearing instruments aids, and provide information about outreach and advocacy
 41.16 services for consumers of prescription hearing instruments aids. In establishing the center
 41.17 and developing the information, the commissioner shall consult with representatives of
 41.18 prescription hearing instrument aid dispensers, audiologists, physicians, and consumers.

41.19 Sec. 72. Minnesota Statutes 2022, section 153A.20, is amended to read:

41.20 **153A.20 HEARING INSTRUMENT AID DISPENSER ADVISORY COUNCIL.**

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

41.23 (b) The seven persons must include:

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

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

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

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

254.29 Sec. 172. Minnesota Statutes 2022, section 153A.18, is amended to read:

254.30 **153A.18 CONSUMER INFORMATION CENTER.**

254.31 The commissioner shall establish a Consumer Information Center to assist actual and
 254.32 potential purchasers of prescription hearing aids by providing them with information
 255.1 regarding prescription hearing instrument aid sales. The Consumer Information Center shall
 255.2 disseminate information about consumers' legal rights related to prescription hearing
 255.3 instrument aid sales, provide information relating to complaints about dispensers of
 255.4 prescription hearing instruments aids, and provide information about outreach and advocacy
 255.5 services for consumers of prescription hearing instruments aids. In establishing the center
 255.6 and developing the information, the commissioner shall consult with representatives of
 255.7 hearing instrument aid dispensers, audiologists, physicians, and consumers.

255.8 Sec. 173. Minnesota Statutes 2022, section 153A.20, is amended to read:

255.9 **153A.20 HEARING INSTRUMENT AID DISPENSER ADVISORY COUNCIL.**

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

255.12 (b) The seven persons must include:

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

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

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

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

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

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

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

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

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

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

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

42.20 Sec. 73. Minnesota Statutes 2022, section 245.4661, subdivision 9, is amended to read:

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

42.23 (1) mental health crisis services;

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

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

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

42.27 (1) community education and prevention;

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

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

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

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

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

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

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

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

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

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

THE FOLLOWING SECTIONS ARE FROM UES2995-2, ARTICLE 8, AND
 APPEAR IN THE HOUSE-ONLY ARTICLE 8 SIDE-BY-SIDE

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

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

419.24 (1) mental health crisis services;

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

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

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

419.28 (1) community education and prevention;

42.28 (2) client outreach;
42.29 (3) early identification and intervention;
42.30 (4) adult outpatient diagnostic assessment and psychological testing;
43.1 (5) peer support services;
43.2 (6) community support program services (CSP);
43.3 (7) adult residential crisis stabilization;
43.4 (8) supported employment;
43.5 (9) assertive community treatment (ACT);
43.6 (10) housing subsidies;
43.7 (11) basic living, social skills, and community intervention;
43.8 (12) emergency response services;
43.9 (13) adult outpatient psychotherapy;
43.10 (14) adult outpatient medication management;
43.11 (15) adult mobile crisis services;
43.12 (16) adult day treatment;
43.13 (17) partial hospitalization;
43.14 (18) adult residential treatment;
43.15 (19) adult mental health targeted case management; and
43.16 ~~(20) intensive community rehabilitative services (ICRS); and~~
43.17 ~~(21)~~ (20) transportation.

43.18 Sec. 74. Minnesota Statutes 2022, section 245.469, subdivision 3, is amended to read:

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

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

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

419.29 (2) client outreach;
419.30 (3) early identification and intervention;
420.1 (4) adult outpatient diagnostic assessment and psychological testing;
420.2 (5) peer support services;
420.3 (6) community support program services (CSP);
420.4 (7) adult residential crisis stabilization;
420.5 (8) supported employment;
420.6 (9) assertive community treatment (ACT);
420.7 (10) housing subsidies;
420.8 (11) basic living, social skills, and community intervention;
420.9 (12) emergency response services;
420.10 (13) adult outpatient psychotherapy;
420.11 (14) adult outpatient medication management;
420.12 (15) adult mobile crisis services;
420.13 (16) adult day treatment;
420.14 (17) partial hospitalization;
420.15 (18) adult residential treatment;
420.16 (19) adult mental health targeted case management; and
420.17 ~~(20) intensive community rehabilitative services (ICRS); and~~
420.18 ~~(21)~~ (20) transportation.

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

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

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

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

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

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

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

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

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

THE NEWLY CODED CULTURAL AND ETHNIC MINORITY
 INFRASTRUCTURE GRANT PROGRAM ALSO APPEARS IN S2995-3,
 ARTICLE 9, SECTION 3, AND APPEARS IN THE ARTICLE 9 SIDE-BY-SIDE

44.15 Sec. 75. **[245.4903] CULTURAL AND ETHNIC MINORITY INFRASTRUCTURE**
 44.16 **GRANT PROGRAM.**

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

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

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

44.27 (2) provides, or is qualified and has the capacity to provide, clinical supervision and
 44.28 support to members of culturally diverse and ethnic minority communities so they may
 44.29 become qualified mental health and substance use disorder treatment providers; or

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

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

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

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

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

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

THE FOLLOWING SECTION IS FROM UES2995-2, ARTICLE 8, AND
 APPEARS IN THE ARTICLE 9 SIDE-BY-SIDE

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

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

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

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

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

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

45.1 **Subd. 3. Allowable grant activities.** (a) Grantees must engage in activities and provide
 45.2 supportive services to ensure and increase equitable access to culturally specific and
 45.3 responsive care and build organizational and professional capacity for licensure and
 45.4 certification for the communities served. Allowable grant activities include but are not
 45.5 limited to:

45.6 (1) providing workforce development activities focused on recruiting, supporting,
 45.7 training, and supervising mental health and substance use disorder practitioners and
 45.8 professionals from diverse racial, cultural, and ethnic communities;

45.9 (2) helping members of culturally diverse and ethnic minority communities become
 45.10 qualified mental health and substance use disorder professionals, practitioners, clinical
 45.11 supervisors, recovery peer specialists, mental health certified peer specialists, and mental
 45.12 health certified family peer specialists;

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

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

45.18 (5) expanding mental health and substance use disorder services, particularly in greater
 45.19 Minnesota;

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

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

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

422.3 **Subd. 3. Allowable grant activities.** (a) The cultural and ethnic minority infrastructure
 422.4 grant program grantees must engage in activities and provide supportive services to ensure
 422.5 and increase equitable access to culturally specific and responsive care and to build
 422.6 organizational and professional capacity for licensure and certification for the communities
 422.7 served. Allowable grant activities include but are not limited to:

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

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

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

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

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

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

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

422.28 (8) providing interpreter services at intensive residential treatment facilities, children's
 422.29 residential treatment centers, or psychiatric residential treatment facilities in order for
 422.30 children or adults with limited English proficiency or children or adults who are fluent in
 422.31 another language to be able to access treatment; and

423.1 (9) paying for case-specific consultation between a mental health professional and the
 423.2 appropriate diverse mental health professional in order to facilitate the provision of services
 423.3 that are culturally appropriate to a client's needs.

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

45.30 **Subd. 4. Data collection and outcomes.** (a) Grantees must provide monthly data
 45.31 summaries to the commissioner for the purposes of evaluating the effectiveness of the grant
 45.32 program. The commissioner must evaluate program activities by analyzing whether the
 45.33 program:

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

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

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

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

46.9 (5) increased the number of mental health and substance use disorder treatment
 46.10 organizations owned, managed, or led by individuals who are Black, Indigenous, or People
 46.11 of Color;

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

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

46.16 (b) The commissioner must submit the results of the evaluation to the chairs and ranking
 46.17 minority members of the legislative committees with jurisdiction over mental health.

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

46.19 Sec. 76. **[245.4906] MENTAL HEALTH CERTIFIED PEER SPECIALIST GRANT
 46.20 PROGRAM.**

46.21 Subdivision 1. **Establishment.** The commissioner of human services must establish a
 46.22 mental health certified peer specialist grant program to provide funding for the training of
 46.23 mental health certified peer specialists who provide services to support individuals with
 46.24 lived experience of mental illness under section 256B.0615.

46.25 Subd. 2. **Eligible applicants.** An eligible applicant is a licensed entity or provider who
 46.26 employs a mental health certified peer specialist qualified under section 245I.04, subdivision
 46.27 10, and who provides services to individuals receiving assertive community treatment or

423.8 **Subd. 4. Data collection and outcomes.** Grantees must provide regular data summaries
 423.9 to the commissioner for purposes of evaluating the effectiveness of the cultural and ethnic
 423.10 minority infrastructure grant program. The commissioner must use identified culturally
 423.11 appropriate outcome measures instruments to evaluate outcomes and must evaluate program
 423.12 activities by analyzing whether the program:

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

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

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

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

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

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

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

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

THE FOLLOWING SECTIONS ARE FROM UES2995-2, ARTICLE 8, AND
 APPEAR IN THE HOUSE-ONLY ARTICLE 8 SIDE-BY-SIDE

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

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

46.28 intensive residential treatment services under section 256B.0622, adult rehabilitative mental
 46.29 health services under section 256B.0623, or crisis response services under section 256B.0624.

46.30 Subd. 3. **Allowable grant activities.** Grantees must use grant funding to provide training
 46.31 for mental health certified peer specialists as specified in section 256B.0615, subdivision
 46.32 5.

47.1 Subd. 4. **Outcomes.** (a) Grantees must provide an annual report to the commissioner
 47.2 for the purposes of evaluating the effectiveness of the grant program. The report must
 47.3 include:

47.4 (1) the number of mental health certified peer specialists who received training using
 47.5 the grant funds under this section; and

47.6 (2) the extent to which individuals receiving peer services experienced progress on
 47.7 achieving treatment goals and experienced a reduction in hospital admissions.

47.8 (b) The commissioner must submit the results of the evaluation to the chairs and ranking
 47.9 minority members of the legislative committees with jurisdiction over mental health.

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

47.11 **Sec. 77. [245.4907] MENTAL HEALTH CERTIFIED FAMILY PEER SPECIALIST**
 47.12 **GRANT PROGRAM.**

47.13 Subdivision 1. **Establishment.** The commissioner of human services must establish a
 47.14 mental health certified peer family specialist grant program to provide funding for training
 47.15 for mental health certified peer family specialists who provide services to support individuals
 47.16 with lived experience of mental illness under section 256B.0616.

47.17 Subd. 2. **Eligible applicants.** An eligible applicant is a licensed entity or provider who
 47.18 employs a mental health certified peer family specialist qualified under section 245I.04,
 47.19 subdivision 12, and who provides services to families who have a child:

47.20 (1) with an emotional disturbance or severe emotional disturbance under chapter 245;

47.21 (2) receiving inpatient hospitalization under section 256B.0625, subdivision 1;

47.22 (3) admitted to a residential treatment facility under section 245.4882;

47.23 (4) receiving children's intensive behavioral health services under section 256B.0946;

47.24 (5) receiving day treatment or children's therapeutic services and supports under section
 47.25 256B.0943; or

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

424.7 subdivision 10, and mental health certified peer specialists' scope of practice is defined in
 424.8 section 245I.04, subdivision 11.

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

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

424.13 (1) experience progress on achieving treatment goals; and

424.14 (2) experience a reduction in hospital admissions.

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

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

424.18 Subdivision 1. **Establishment.** The mental health certified peer family specialist grant
 424.19 program is established in the Department of Human Services to provide funding for training
 424.20 for mental health certified peer family specialists who provide services to support individuals
 424.21 with lived experience of mental illness under section 256B.0616. Certified family peer
 424.22 specialists provide services to families who have a child with an emotional disturbance or
 424.23 severe emotional disturbance under chapter 245. Certified family peer specialists provide
 424.24 services to families whose children are receiving inpatient hospitalization under section
 424.25 256B.0625, subdivision 1; partial hospitalization under Minnesota Rules, parts 9505.0370,
 424.26 subpart 24, and 9505.0372, subpart 9; residential treatment under section 245.4882; children's
 424.27 intensive behavioral health services under section 256B.0946; and day treatment, children's
 424.28 therapeutic services and supports, or crisis response services under section 256B.0624.

424.29 Mental health certified family peer specialist qualifications are defined in section 245I.04,
 424.30 subdivision 12, and mental health certified family peer specialists' scope of practice is
 424.31 defined in section 245I.04, subdivision 13.

47.27 Subd. 3. **Allowable grant activities.** Grantees must use grant funding to provide training
 47.28 for mental health certified family peer specialists as specified in section 256B.0616,
 47.29 subdivision 5.

48.1 Subd. 4. **Outcomes.** (a) Grantees must provide an annual report to the commissioner
 48.2 for the purposes of evaluating the effectiveness of the grant program. The report must
 48.3 include:

48.4 (1) the number of mental health certified peer specialists who received training using
 48.5 the grant funds under this section; and

48.6 (2) the extent to which individuals receiving family peer services experienced progress
 48.7 on achieving treatment goals and experienced a reduction in hospital admissions.

48.8 (b) The commissioner must submit the results of the evaluation to the chairs and ranking
 48.9 minority members of the legislative committees with jurisdiction over mental health.

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

48.11 Sec. 78. **[245.991] PROJECTS FOR ASSISTANCE IN TRANSITION FROM
 48.12 HOMELESSNESS PROGRAM.**

48.13 Subdivision 1. **Establishment.** The commissioner of human services must establish
 48.14 projects for assistance in transition from homelessness program to prevent or end
 48.15 homelessness for people with serious mental illness or co-occurring substance use disorder
 48.16 and ensure the commissioner achieves the goals of the housing mission statement in section
 48.17 245.461, subdivision 4.

48.18 Subd. 2. **Eligible applicants.** An applicant for a grant under this section must be a
 48.19 nonprofit organization, county, or other entity who provides services to help individuals
 48.20 transition from homelessness.

48.21 Subd. 3. **Allowable grant activities.** Grantees must provide homeless outreach and case
 48.22 management services. Projects may provide clinical assessment, habilitation and rehabilitation
 48.23 services, community mental health services, substance use disorder treatment, housing
 48.24 transition and sustaining services, or direct assistance funding. Services must be provided
 48.25 to individuals with a serious mental illness, or with a co-occurring substance use disorder,
 48.26 and who are homeless or at imminent risk of homelessness. Individuals receiving homeless
 48.27 outreach services may be presumed eligible until a serious mental illness can be verified.

48.28 Subd. 4. **Outcomes.** (a) Grantees must submit an annual report to the commissioner for
 48.29 the purposes of evaluating the effectiveness of the grant program. The report must include:

48.30 (1) the number of individuals to whom the grantee provided homeless outreach services;

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

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

425.3 (1) progress on achieving treatment goals; and

425.4 (2) experience a reduction in hospital admissions.

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

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

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

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

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

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

425.23 (1) grantees contact individuals through homeless outreach services;

48.31 (2) the number of individuals the grantee enrolled in case management services;

49.1 (3) the number of individuals that were able to access mental health and substance use

49.2 disorder treatment services; and

49.3 (4) the number of individuals that were able to transition from homelessness to housing.

49.4 (b) The commissioner must submit the results of the evaluation to the chairs and ranking

49.5 minority members of the legislative committees with jurisdiction over mental health and

49.6 homelessness.

49.7 Subd. 5. **Federal aid or grants.** The commissioner of human services must comply with

49.8 all conditions and requirements necessary to receive federal aid or grants with respect to

49.9 homeless services or programs as specified in section 245.70.

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

49.11 Sec. 79. **[245.992] HOUSING WITH SUPPORT FOR ADULTS WITH SERIOUS**

49.12 **MENTAL ILLNESS PROGRAM.**

49.13 Subdivision 1. **Establishment.** The commissioner of human services must establish a

49.14 housing with support for adults with serious mental illness program to prevent or end

49.15 homelessness for people with serious mental illness, to increase the availability of housing

49.16 with support, and to ensure the commissioner may achieve the goals of the housing mission

49.17 statement in section 245.461, subdivision 4.

49.18 Subd. 2. **Eligible applicants.** Program activities must be provided to people with a

49.19 serious mental illness, or with a co-occurring substance use disorder, who meet homeless

49.20 criteria determined by the commissioner.

49.21 Subd. 3. **Allowable grant activities.** Grantees must provide a range of activities and

49.22 supportive services that ensure individuals obtain and retain permanent supportive housing.

49.23 Program activities may include case management, site-based housing services, housing

49.24 transition and sustaining services, outreach services, community support services, or direct

49.25 assistance funding.

49.26 Subd. 4. **Outcomes.** (a) Grantees must submit an annual report to the commissioner for

49.27 the purposes of evaluating the effectiveness of the grant program. The report must include:

49.28 (1) whether the grantee's housing and activities utilized evidence-based practices;

49.29 (2) the number of individuals that were able to transition from homelessness to housing;

49.30 (3) the number of individuals that were able to retain housing; and

49.31 (4) whether the individuals were satisfied with their housing.

425.24 (2) grantees enroll individuals in case management services;

425.25 (3) individuals access behavioral health services; and

425.26 (4) individuals transition from homelessness to housing.

425.27 Subd. 5. **Federal aid or grants.** The commissioner of human services must comply with

425.28 all conditions and requirements necessary to receive federal aid or grants with respect to

425.29 homeless services or programs as specified in section 245.70.

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

426.1 Sec. 7. **[245.992] HOUSING WITH SUPPORT FOR ADULTS WITH SERIOUS**

426.2 **MENTAL ILLNESS PROGRAM.**

426.3 Subdivision 1. **Creation.** The housing with support for adults with serious mental illness

426.4 program is established in the Department of Human Services to prevent or end homelessness

426.5 for people with serious mental illness, increase the availability of housing with support, and

426.6 ensure the commissioner may achieve the goals of the housing mission statement in section

426.7 245.461, subdivision 4.

426.14 Subd. 3. **Eligibility.** Program activities must be provided to people with serious mental

426.15 illness, or with co-occurring substance use disorder, who meet homeless criteria determined

426.16 by the commissioner.

426.8 Subd. 2. **Activities.** The housing with support for adults with serious mental illness

426.9 program may provide a range of activities and supportive services to assure that people

426.10 obtain and retain permanent supportive housing. Program activities may include case

426.11 management, site-based housing services, housing transition and sustaining services, outreach

426.12 services, community support services, direct assistance funding, and other activities as

426.13 determined by the commissioner.

426.17 Subd. 4. **Outcomes.** Evaluation of program activities must utilize evidence-based

426.18 practices and must include the extent to which:

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

426.20 (2) individuals transition from homelessness to housing;

426.21 (3) individuals retain housing; and

426.22 (4) individuals are satisfied with their housing.

50.1 **(b)** The commissioner must submit the results of the evaluation to the chairs and ranking
 50.2 minority members of the legislative committees with jurisdiction over mental health and
 50.3 homelessness.

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

50.5 Sec. 80. Minnesota Statutes 2022, section 256.478, is amended by adding a subdivision
 50.6 to read:

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

- 50.9 (1) increasing access to home and community-based services for an individual;
- 50.10 (2) improving caregiver-child relationships and aiding progress toward treatment goals;
- 50.11 and
- 50.12 (3) reducing emergency department visits.

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

50.14 Sec. 81. Minnesota Statutes 2022, section 256.478, is amended by adding a subdivision
 50.15 to read:

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

- 50.18 (1) expediting discharges for individuals who no longer need hospital level of care;
- 50.19 (2) individuals obtaining and retaining housing;
- 50.20 (3) individuals maintaining community living by diverting admission to Anoka Metro
 50.21 Regional Treatment Center and Forensic Mental Health Program;
- 50.22 (4) reducing recidivism rates of individuals returning to state institutions; and
- 50.23 (5) individuals' ability to live in the least restrictive community setting.

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

50.25 Sec. 82. Minnesota Statutes 2022, section 256B.056, is amended by adding a subdivision
 50.26 to read:

50.27 **Subd. 5d. Medical assistance room and board rate.** "Medical assistance room and
 50.28 board rate" means an amount equal to 81 percent of the federal poverty guideline for a single
 50.29 individual living alone in the community less the medical assistance personal needs allowance
 51.1 under section 256B.35. The amount of the room and board rate, as defined in section 2561.03,
 51.2 subdivision 2, that exceeds the medical assistance room and board rate is considered a
 51.3 remedial care cost. A remedial care cost may be used to meet a spenddown obligation under

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

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

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

- 426.28 (1) increasing access to home and community-based services for an individual;
- 426.29 (2) improving caregiver-child relationships and aiding progress toward treatment goals;
- 426.30 and
- 426.31 (3) reducing emergency department visits.

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

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

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

- 427.6 (1) expediting discharges for individuals who no longer need hospital level of care;
- 427.7 (2) individuals obtaining and retaining housing;
- 427.8 (3) individuals maintaining community living by diverting admission to Anoka Metro
 427.9 Regional Treatment Center and Forensic Mental Health Program;
- 427.10 (4) reducing recidivism rates of individuals returning to state institutions; and
- 427.11 (5) individuals' ability to live in the least restrictive community setting.

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

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

427.15 **Subd. 5d. Medical assistance room and board rate.** "Medical assistance room and
 427.16 board rate" means an amount equal to 81 percent of the federal poverty guideline for a single
 427.17 individual living alone in the community less the medical assistance personal needs allowance
 427.18 under section 256B.35. The amount of the room and board rate, as defined in section 2561.03,
 427.19 subdivision 2, that exceeds the medical assistance room and board rate is considered a
 427.20 remedial care cost. A remedial care cost may be used to meet a spenddown obligation under

51.4 this section. The medical assistance room and board rate is to be adjusted on January 1 of
 51.5 each year.

51.6 Sec. 83. Minnesota Statutes 2022, section 256B.0622, subdivision 8, is amended to read:

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

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

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

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

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

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

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

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

427.21 this section. The medical assistance room and board rate is to be adjusted on January 1 of
 427.22 each year.

SECTION 256B.0622, SUBDIVISION 8, IS ALSO AMENDED BY UES2995-2,
 ARTICLE 7, SUBDIVISION 49, WHICH APPEARS IN THE ARTICLE 9
 SIDE-BY-SIDE

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

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

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

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

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

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

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

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

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

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

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

52.13 (3) the number of service units;

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

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

52.17 (d) The rate for intensive residential treatment services and assertive community treatment
52.18 must exclude the medical assistance room and board rate, as defined in section 2561.03,
52.19 subdivision 6 256B.056, subdivision 5d, and services not covered under this section, such
52.20 as partial hospitalization, home care, and inpatient services.

52.21 (e) Physician services that are not separately billed may be included in the rate to the
52.22 extent that a psychiatrist, or other health care professional providing physician services
52.23 within their scope of practice, is a member of the intensive residential treatment services
52.24 treatment team. Physician services, whether billed separately or included in the rate, may
52.25 be delivered by telehealth. For purposes of this paragraph, "telehealth" has the meaning
52.26 given to "mental health telehealth" in section 256B.0625, subdivision 46, when telehealth
52.27 is used to provide intensive residential treatment services.

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

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

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

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

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

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

428.32 (3) the number of service units;

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

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

429.4 (d) The rate for intensive residential treatment services and assertive community treatment
429.5 must exclude the medical assistance room and board rate, as defined in section 2561.03,
429.6 subdivision 6 256B.056, subdivision 5d, and services not covered under this section, such
429.7 as partial hospitalization, home care, and inpatient services.

429.8 (e) Physician services that are not separately billed may be included in the rate to the
429.9 extent that a psychiatrist, or other health care professional providing physician services
429.10 within their scope of practice, is a member of the intensive residential treatment services
429.11 treatment team. Physician services, whether billed separately or included in the rate, may
429.12 be delivered by telehealth. For purposes of this paragraph, "telehealth" has the meaning
429.13 given to "mental health telehealth" in section 256B.0625, subdivision 46, when telehealth
429.14 is used to provide intensive residential treatment services.

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

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

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

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

53.12 percent of total units of service reimbursed by the commissioner and must reflect a difference
 53.13 of greater than five percent.

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

53.16 Sec. 84. Minnesota Statutes 2022, section 256B.0625, subdivision 3a, is amended to read:

53.17 Subd. 3a. **Sex reassignment surgery** Gender affirming services. Sex reassignment
 53.18 surgery is not covered. Medical assistance covers gender affirming services.

53.19 Sec. 85. Minnesota Statutes 2022, section 256B.0946, subdivision 6, is amended to read:

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

53.23 (1) inpatient psychiatric hospital treatment;
 53.24 (2) mental health targeted case management;
 53.25 (3) partial hospitalization;
 53.26 (4) medication management;
 53.27 (5) children's mental health day treatment services;
 53.28 (6) crisis response services under section 256B.0624;
 53.29 (7) transportation; and
 53.30 (8) mental health certified family peer specialist services under section 256B.0616.

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

54.4 (1) psychotherapy and skills training components of children's therapeutic services and
 54.5 supports under section 256B.0943;
 54.6 (2) mental health behavioral aide services as defined in section 256B.0943, subdivision
 54.7 1, paragraph (1);
 54.8 (3) home and community-based waiver services;
 54.9 (4) mental health residential treatment; and

429.30 percent of total units of service reimbursed by the commissioner and must reflect a difference
 429.31 of greater than five percent.

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

**THE FOLLOWING SECTION IS FROM UES2995-2, ARTICLE 1, AND
APPEARS IN THE ARTICLE 1 SIDE-BY-SIDE**

15.19 Sec. 11. Minnesota Statutes 2022, section 256B.0625, subdivision 3a, is amended to read:

15.20 Subd. 3a. **Sex reassignment surgery** Gender-affirming services. Sex reassignment
 15.21 surgery is not covered. Medical assistance covers gender-affirming services.

**THE FOLLOWING SECTIONS ARE FROM UES2995-2, ARTICLE 8, AND
APPEAR IN THE HOUSE-ONLY ARTICLE 8 SIDE-BY-SIDE**

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

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

430.5 (1) inpatient psychiatric hospital treatment;
 430.6 (2) mental health targeted case management;
 430.7 (3) partial hospitalization;
 430.8 (4) medication management;
 430.9 (5) children's mental health day treatment services;
 430.10 (6) crisis response services under section 256B.0624;
 430.11 (7) transportation; and
 430.12 (8) mental health certified family peer specialist services under section 256B.0616.

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

430.16 (1) psychotherapy and skills training components of children's therapeutic services and
 430.17 supports under section 256B.0943;
 430.18 (2) mental health behavioral aide services as defined in section 256B.0943, subdivision
 430.19 1, paragraph (1);
 430.20 (3) home and community-based waiver services;
 430.21 (4) mental health residential treatment; and

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

54.12 Sec. 86. Minnesota Statutes 2022, section 256B.0947, subdivision 7a, is amended to read:

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

54.16 (1) inpatient psychiatric hospital treatment;
 54.17 (2) partial hospitalization;
 54.18 (3) children's mental health day treatment services;
 54.19 (4) physician services outside of care provided by a psychiatrist serving as a member of
 54.20 the treatment team;

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

54.23 (6) home and community-based waiver services; and
 54.24 (7) other mental health services identified in the child's individualized education program.

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

54.28 (1) mental health residential treatment; and
 54.29 (2) mental health behavioral aide services, as defined in section 256B.0943, subdivision
 54.30 1, paragraph (l).

55.1 Sec. 87. Minnesota Statutes 2022, section 256D.02, is amended by adding a subdivision
 55.2 to read:

55.3 Subd. 20. Date of application. "Date of application" has the meaning given in section
 55.4 256P.01, subdivision 2b.

55.5 Sec. 88. Minnesota Statutes 2022, section 256D.07, is amended to read:

55.6 **256D.07 TIME OF PAYMENT OF ASSISTANCE.**

55.7 An applicant for general assistance shall be deemed eligible if the application and the
 55.8 verification of the statement on that application demonstrate that the applicant is within the
 55.9 eligibility criteria established by sections 256D.01 to 256D.21 and any applicable rules of
 55.10 the commissioner. Any person requesting general assistance shall be permitted by the county
 55.11 agency to make an application for assistance as soon as administratively possible and in no
 55.12 event later than the fourth day following the date on which assistance is first requested, and
 55.13 no county agency shall require that a person requesting assistance appear at the offices of

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

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

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

430.28 (1) inpatient psychiatric hospital treatment;
 430.29 (2) partial hospitalization;
 431.1 (3) children's mental health day treatment services;
 431.2 (4) physician services outside of care provided by a psychiatrist serving as a member of
 431.3 the treatment team;

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

431.6 (6) home and community-based waiver services; and
 431.7 (7) other mental health services identified in the child's individualized education program.

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

431.11 (1) mental health residential treatment; and
 431.12 (2) mental health behavioral aide services, as defined in section 256B.0943, subdivision
 431.13 1, paragraph (l).

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

431.16 Subd. 20. Date of application. "Date of application" has the meaning given in section
 431.17 256P.01, subdivision 2b.

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

431.19 **256D.07 TIME OF PAYMENT OF ASSISTANCE.**

431.20 An applicant for general assistance shall be deemed eligible if the application and the
 431.21 verification of the statement on that application demonstrate that the applicant is within the
 431.22 eligibility criteria established by sections 256D.01 to 256D.21 and any applicable rules of
 431.23 the commissioner. Any person requesting general assistance shall be permitted by the county
 431.24 agency to make an application for assistance as soon as administratively possible and in no
 431.25 event later than the fourth day following the date on which assistance is first requested, and
 431.26 no county agency shall require that a person requesting assistance appear at the offices of

55.14 the county agency more than once prior to the date on which the person is permitted to make
 55.15 the application. ~~The application shall be in writing in the manner and upon the form
 55.16 prescribed by the commissioner and attested to by the oath of the applicant or in lieu thereof
 55.17 shall contain the following declaration which shall be signed by the applicant: "I declare
 55.18 that this application has been examined by me and to the best of my knowledge and belief
 55.19 is a true and correct statement of every material point." Applications must be submitted
 55.20 according to section 256P.04, subdivision 1a. On the date that general assistance is first
 55.21 requested, the county agency shall inquire and determine whether the person requesting
 55.22 assistance is in immediate need of food, shelter, clothing, assistance for necessary
 55.23 transportation, or other emergency assistance pursuant to section 256D.06, subdivision 2.
 55.24 A person in need of emergency assistance shall be granted emergency assistance immediately,
 55.25 and necessary emergency assistance shall continue for up to 30 days following the date of
 55.26 application. A determination of an applicant's eligibility for general assistance shall be made
 55.27 by the county agency as soon as the required verifications are received by the county agency
 55.28 and in no event later than 30 days following the date that the application is made. Any
 55.29 verifications required of the applicant shall be reasonable, and the commissioner shall by
 55.30 rule establish reasonable verifications. General assistance shall be granted to an eligible
 55.31 applicant without the necessity of first securing action by the board of the county agency.
 55.32 The first month's grant must be computed to cover the time period starting with the date a
 55.33 ~~signed application form is received by the county agency of application, as defined by
 56.1 section 256P.01, subdivision 2b, or from the date that the applicant meets all eligibility
 56.2 factors, whichever occurs later.~~~~

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

56.9 Sec. 89. Minnesota Statutes 2022, section 256I.03, subdivision 15, is amended to read:

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

56.13 Sec. 90. Minnesota Statutes 2022, section 256I.03, is amended by adding a subdivision
 56.14 to read:

56.15 Subd. 16. **Date of application.** "Date of application" has the meaning given in section
 56.16 256P.01, subdivision 2b.

56.17 Sec. 91. Minnesota Statutes 2022, section 256I.04, subdivision 2, is amended to read:

56.18 Subd. 2. **Date of eligibility.** An individual who has met the eligibility requirements of
 56.19 subdivision 1, shall have a housing support payment made on the individual's behalf from

431.27 the county agency more than once prior to the date on which the person is permitted to make
 431.28 the application. ~~The application shall be in writing in the manner and upon the form
 431.29 prescribed by the commissioner and attested to by the oath of the applicant or in lieu thereof
 431.30 shall contain the following declaration which shall be signed by the applicant: "I declare
 431.31 that this application has been examined by me and to the best of my knowledge and belief
 432.1 is a true and correct statement of every material point." Applications must be submitted
 432.2 according to section 256P.04, subdivision 1a. On the date that general assistance is first
 432.3 requested, the county agency shall inquire and determine whether the person requesting
 432.4 assistance is in immediate need of food, shelter, clothing, assistance for necessary
 432.5 transportation, or other emergency assistance pursuant to section 256D.06, subdivision 2.
 432.6 A person in need of emergency assistance shall be granted emergency assistance immediately,
 432.7 and necessary emergency assistance shall continue for up to 30 days following the date of
 432.8 application. A determination of an applicant's eligibility for general assistance shall be made
 432.9 by the county agency as soon as the required verifications are received by the county agency
 432.10 and in no event later than 30 days following the date that the application is made. Any
 432.11 verifications required of the applicant shall be reasonable, and the commissioner shall by
 432.12 rule establish reasonable verifications. General assistance shall be granted to an eligible
 432.13 applicant without the necessity of first securing action by the board of the county agency.
 432.14 The first month's grant must be computed to cover the time period starting with the date a
 432.15 ~~signed application form is received by the county agency of application, as defined by
 432.16 section 256P.01, subdivision 2b, or from the date that the applicant meets all eligibility
 432.17 factors, whichever occurs later.~~~~

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

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

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

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

432.30 Subd. 16. **Date of application.** "Date of application" has the meaning given in section
 432.31 256P.01, subdivision 2b.

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

433.2 Subd. 2. **Date of eligibility.** An individual who has met the eligibility requirements of
 433.3 subdivision 1, shall have a housing support payment made on the individual's behalf from

56.20 the first day of the month ~~in which a signed of the date of application form is received by~~
 56.21 ~~a county agency, as defined by section 256P.01, subdivision 2b, or the first day of the month~~
 56.22 in which all eligibility factors have been met, whichever is later.

56.23 Sec. 92. Minnesota Statutes 2022, section 256I.06, subdivision 3, is amended to read:

56.24 **Subd. 3. Filing of application.** ~~The county agency must immediately provide an~~
 56.25 ~~application form to any person requesting housing support. Application for housing support~~
 56.26 ~~must be in writing on a form prescribed by the commissioner. Applications must be submitted~~
 56.27 ~~according to section 256P.04, subdivision 1a. The county agency must determine an~~
 56.28 ~~applicant's eligibility for housing support as soon as the required verifications are received~~
 56.29 ~~by the county agency and within 30 days after a signed application is received by the county~~
 56.30 ~~agency for the aged or blind or within 60 days for people with a disability.~~

57.1 Sec. 93. Minnesota Statutes 2022, section 256I.09, is amended to read:

57.2 **256I.09 COMMUNITY LIVING INFRASTRUCTURE.**

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

57.11 Sec. 94. Minnesota Statutes 2022, section 256J.08, subdivision 21, is amended to read:

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

57.16 Sec. 95. Minnesota Statutes 2022, section 256J.09, subdivision 3, is amended to read:

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

57.20 (1) inform the person that assistance begins on the date that ~~the of application is received~~
 57.21 ~~by the county agency either as a signed written application, an application submitted by~~
 57.22 ~~telephone, or an application submitted through Internet telepresence, as defined in section~~
 57.23 ~~256P.01, subdivision 2b, or on the date that all eligibility criteria are met, whichever is later;~~

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

433.4 the first day of the month ~~in which a signed of the date of application form is received by~~
 433.5 ~~a county agency, as defined by section 256P.01, subdivision 2b, or the first day of the month~~
 433.6 in which all eligibility factors have been met, whichever is later.

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

433.8 **Subd. 3. Filing of application.** ~~The county agency must immediately provide an~~
 433.9 ~~application form to any person requesting housing support. Application for housing support~~
 433.10 ~~must be in writing on a form prescribed by the commissioner. Applications must be submitted~~
 433.11 ~~according to section 256P.04, subdivision 1a. The county agency must determine an~~
 433.12 ~~applicant's eligibility for housing support as soon as the required verifications are received~~
 433.13 ~~by the county agency and within 30 days after a signed application is received by the county~~
 433.14 ~~agency for the aged or blind or within 60 days for people with a disability.~~

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

433.16 **256I.09 COMMUNITY LIVING INFRASTRUCTURE.**

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

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

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

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

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

434.5 (1) inform the person that assistance begins on the date that ~~the of application is received~~
 434.6 ~~by the county agency either as a signed written application, an application submitted by~~
 434.7 ~~telephone, or an application submitted through Internet telepresence, as defined in section~~
 434.8 ~~256P.01, subdivision 2b, or on the date that all eligibility criteria are met, whichever is later;~~

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

57.26 (3) inform a person that when the person submits the application by telephone or through
 57.27 ~~Internet telepresence, the county agency must receive a signed written application within~~
 57.28 ~~30 days of the date that the person submitted the application by telephone or through Internet~~
 57.29 ~~telepresence of the application submission requirements in section 256P.04, subdivision~~
 57.30 1a;

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

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

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

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

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

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

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

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

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

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

434.11 (3) inform a person that when the person submits the application by telephone or through
 434.12 ~~Internet telepresence, the county agency must receive a signed written application within~~
 434.13 ~~30 days of the date that the person submitted the application by telephone or through Internet~~
 434.14 ~~telepresence of the application submission requirements in section 256P.04, subdivision~~
 434.15 1a;

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

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

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

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

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

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

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

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

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

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

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

59.1 Sec. 96. Minnesota Statutes 2022, section 256J.95, subdivision 5, is amended to read:

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

59.19 Sec. 97. Minnesota Statutes 2022, section 256P.01, is amended by adding a subdivision
 59.20 to read:

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

59.25 Sec. 98. Minnesota Statutes 2022, section 256P.04, is amended by adding a subdivision
 59.26 to read:

59.27 **Subd. 1a. Application submission.** An agency must offer, in person or by mail, the
 59.28 application forms prescribed by the commissioner as soon as a person makes a written or
 59.29 oral inquiry about assistance. Applications must be received by the agency as a signed
 59.30 written application, an application submitted by telephone, or an application submitted
 59.31 through Internet telepresence. When a person submits an application by telephone or through
 59.32 Internet telepresence, the agency must receive a signed written application within 30 days
 60.1 of the date that the person submitted the application by telephone or through Internet
 60.2 telepresence.

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

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

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

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

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

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

436.12 **Subd. 1a. Application submission.** An agency must offer, in person or by mail, the
 436.13 application forms prescribed by the commissioner as soon as a person makes a written or
 436.14 oral inquiry about assistance. Applications must be received by the agency as a signed
 436.15 written application, an application submitted by telephone, or an application submitted
 436.16 through Internet telepresence. When a person submits an application by telephone or through
 436.17 Internet telepresence, the agency must receive a signed written application within 30 days
 436.18 of the date that the person submitted the application by telephone or through Internet
 436.19 telepresence.

60.3 Sec. 99. **REVISOR INSTRUCTION.**

60.4 The revisor of statutes shall renumber the subdivisions in Minnesota Statutes, sections
 60.5 256D.02 and 256I.03, in alphabetical order, excluding the first subdivision in each section,
 60.6 and correct any cross-reference changes that result.

60.7 Sec. 100. **REPEALER.**

60.8 (a) Minnesota Statutes 2022, section 144.9505, subdivision 3, is repealed.
 60.9 (b) Minnesota Statutes 2022, section 153A.14, subdivision 5, is repealed.
 60.10 (c) Minnesota Rules, parts 4640.1500; 4640.1600; 4640.1700; 4640.1800; 4640.1900;
 60.11 4640.2000; 4640.2100; 4640.2200; 4640.2300; 4640.2400; 4640.2500; 4640.2600;
 60.12 4640.2700; 4640.2800; 4640.2900; 4640.3000; 4640.3100; 4640.3200; 4640.3300;
 60.13 4640.3400; 4640.3500; 4640.3600; 4640.3700; 4640.3800; 4640.3900; 4640.4000;
 60.14 4640.4100; 4640.4200; 4640.4300; 4640.6100; 4640.6200; 4640.6300; 4640.6400;
 60.15 4645.0300; 4645.0400; 4645.0500; 4645.0600; 4645.0700; 4645.0800; 4645.0900;
 60.16 4645.1000; 4645.1100; 4645.1200; 4645.1300; 4645.1400; 4645.1500; 4645.1600;
 60.17 4645.1700; 4645.1800; 4645.1900; 4645.2000; 4645.2100; 4645.2200; 4645.2300;
 60.18 4645.2400; 4645.2500; 4645.2600; 4645.2700; 4645.2800; 4645.2900; 4645.3000;
 60.19 4645.3100; 4645.3200; 4645.3300; 4645.3400; 4645.3500; 4645.3600; 4645.3700;
 60.20 4645.3800; 4645.3805; 4645.3900; 4645.4000; 4645.4100; 4645.4200; 4645.4300;
 60.21 4645.4400; 4645.4500; 4645.4600; 4645.4700; 4645.4800; 4645.4900; 4645.5100; and
 60.22 4645.5200, are repealed effective August 1, 2023.

60.23 (d) Minnesota Statutes 2022, section 256I.03, subdivision 6, is repealed.

436.20 Sec. 26. **REVISOR INSTRUCTION.**

436.21 The revisor of statutes shall renumber the subdivisions in Minnesota Statutes, sections
 436.22 256D.02 and 256I.03, in alphabetical order, excluding the first subdivision in each section,
 436.23 and correct any cross-reference changes that result.

BOTH UES2995-2, ARTICLE 3, SECTION 203, AND ARTICLE 8, SECTION 27, HAVE PORTIONS OF OVERLAPPING REPEALERS WITH S2212-2, SECTION 100. BOTH SECTIONS WITH OVERLAPPING REPEALERS APPEAR BELOW.

297.1 Sec. 203. **REPEALER.**

297.2 (a) Minnesota Rules, parts 4640.1500; 4640.1600; 4640.1700; 4640.1800; 4640.1900;
 297.3 4640.2000; 4640.2100; 4640.2200; 4640.2300; 4640.2400; 4640.2500; 4640.2600;
 297.4 4640.2700; 4640.2800; 4640.2900; 4640.3000; 4640.3100; 4640.3200; 4640.3300;
 297.5 4640.3400; 4640.3500; 4640.3600; 4640.3700; 4640.3800; 4640.3900; 4640.4000;
 297.6 4640.4100; 4640.4200; 4640.4300; 4640.6100; 4640.6200; 4640.6300; 4640.6400;
 297.7 4645.0300; 4645.0400; 4645.0500; 4645.0600; 4645.0700; 4645.0800; 4645.0900;
 297.8 4645.1000; 4645.1100; 4645.1200; 4645.1300; 4645.1400; 4645.1500; 4645.1600;
 297.9 4645.1700; 4645.1800; 4645.1900; 4645.2000; 4645.2100; 4645.2200; 4645.2300;
 297.10 4645.2400; 4645.2500; 4645.2600; 4645.2700; 4645.2800; 4645.2900; 4645.3000;
 297.11 4645.3100; 4645.3200; 4645.3300; 4645.3400; 4645.3500; 4645.3600; 4645.3700;
 297.12 4645.3800; 4645.3805; 4645.3900; 4645.4000; 4645.4100; 4645.4200; 4645.4300;
 297.13 4645.4400; 4645.4500; 4645.4600; 4645.4700; 4645.4800; 4645.4900; 4645.5100; and
 297.14 4645.5200, are repealed effective January 1, 2024.

297.15 (b) Minnesota Statutes 2022, sections 62J.84, subdivision 5; 62U.10, subdivisions 6, 7,
 297.16 and 8; 144.059, subdivision 10; 144.9505, subdivision 3; 145.4235; and 153A.14, subdivision
 297.17 5, are repealed.

297.18 (c) Minnesota Rules, part 4615.3600, is repealed effective the day following final
 297.19 enactment.

297.20 (d) Minnesota Rules, parts 4700.1900; 4700.2000; 4700.2100; 4700.2210; 4700.2300,
 297.21 subparts 1, 3, 4, 4a, and 5; 4700.2410; 4700.2420; and 4700.2500, are repealed.

297.22 (e) Minnesota Statutes 2022, sections 62Q.145; 145.1621; 145.411, subdivisions 2 and
 297.23 4; 145.412; 145.413, subdivisions 2 and 3; 145.4131; 145.4132; 145.4133; 145.4134;
 297.24 145.4135; 145.4136; 145.415; 145.416; 145.423, subdivisions 2, 3, 4, 5, 6, 7, 8, and 9;
 297.25 145.4241; 145.4242; 145.4243; 145.4244; 145.4245; 145.4246; 145.4247; 145.4248;
 297.26 145.4249; 256B.011; 256B.40; 261.28; and 393.07, subdivision 11, are repealed effective
 297.27 the day following final enactment.

436.24 Sec. 27. **REPEALER.**

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