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

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

Subd. 5a. Retrospective review. 
(a) The commissioner shall retrospectively review each major spending commitment and notify the provider of the results of the review. The commissioner shall determine whether the major spending commitment was appropriate.
(b) The commissioner may not prevent or prohibit a major spending commitment subject to retrospective review. However, if the provider fails the retrospective review, any major spending commitments by that provider for the five-year period following the commissioner’s decision are subject to prospective review under subdivision 6a.

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

62Q.675 HEARING AIDS; PERSONS 18 OR YOUNGER.
A health plan must cover hearing aids for all individuals 18 years of age or younger for hearing loss that is not correctable by other covered procedures. Coverage required under this section is limited to one hearing aid in each ear every three years. No special deductible, coinsurance, co-payment, or other limitation on the coverage under this section that is not generally applicable to other coverages under the plan may be imposed.

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

Subd. 11. Restricted uses of the all-payer claims data. 
(a) Notwithstanding subdivision 4, paragraph (b), and subdivision 5, paragraph (b), the commissioner or the commissioner’s designee shall only use the data submitted under subdivisions 4 and 5 for the following purposes:
(1) to evaluate the performance of the health care home program as authorized under section 62U.03, subdivision 7;

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

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

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

(5) to compile one or more public use files of summary data or tables that must:
   (i) be available to the public for no or minimal cost by March 1, 2016, and available by web-based electronic data download by June 30, 2019;
   (ii) not identify individual patients, payers, or providers;
   (iii) be updated by the commissioner, at least annually, with the most current data available;

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

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

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

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

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

(e) (d) The commissioner shall consult with the all-payer claims database work group established under subdivision 12 regarding the technical considerations necessary to create the public use files of summary data described in paragraph (a), clause (5).
Sec. 4. Minnesota Statutes 2022, section 144.1481, subdivision 1, is amended to read:

Subdivision 1. Establishment; membership. The commissioner of health shall establish a 16-member Rural Health Advisory Committee. The committee shall consist of the following:

1. two members from the house of representatives of the state of Minnesota, one from the majority party and one from the minority party;
2. two members from the senate of the state of Minnesota, one from the majority party and one from the minority party;
3. a volunteer member of an ambulance service based outside the seven-county metropolitan area;
4. a representative of a hospital located outside the seven-county metropolitan area;
5. a representative of a nursing home located outside the seven-county metropolitan area;
6. a medical doctor or doctor of osteopathic medicine licensed under chapter 147;
7. a dentist licensed under chapter 150A;
8. an allied dental personnel as defined in Minnesota Rules, part 3100.0100, subpart 5;
9. a midlevel practitioner;
10. a registered nurse or licensed practical nurse;
11. a licensed health care professional from an occupation not otherwise represented on the committee;
12. a representative of an institution of higher education located outside the seven-county metropolitan area that provides training for rural health care providers; and
13. a member of a Tribal Nation;
14. a representative of a local public health agency or community health board;
15. a health professional or advocate with experience working with people with mental illness;
16. a representative of a community organization that works with individuals experiencing health disparities.
Subdivision 1. Filing Registration. A fetal death record of birth for each birth resulting
in a stillbirth in this state, on or after August 1, 2005, must be established for which a each
fetal death report is required reported and registered under section 144.222, subdivision 1.
Subd. 2. Information to parents. The party responsible for filing a fetal death report
under section 144.222, subdivision 1, shall advise the parent or parents of a stillbirth:
(1) that they may request preparation of a record of birth resulting in stillbirth;
(2) that preparation of the record is optional; and
(3) how to obtain a certified copy of the record if one is requested and prepared.
(1) that the parent or parents may choose to provide a full name or provide only a last
name for the record;
(2) that the parent or parents may request a certificate of birth resulting in stillbirth after
the fetal death record is established;
(3) that the parent who gave birth may request an informational copy of the fetal death
record; and
(4) that the parent or parents named on the fetal death record and the party responsible
for reporting the fetal death may correct or amend the record to protect the integrity and
accuracy of vital records.

(17) an individual with expertise in economic development, or an employer working
outside the seven-county metropolitan area;
(12) three (18) two consumers, at least one of whom must be an advocate for persons
who are mentally ill or developmentally disabled from a community experiencing health
disparities; and
(19) one consumer who is an advocate for persons who are developmentally disabled.
The commissioner will make recommendations for committee membership. Committee
members will be appointed by the governor. In making appointments, the governor shall
ensure that appointments provide geographic balance among those areas of the state outside
the seven-county metropolitan area. The chair of the committee shall be elected by the
members. The advisory committee is governed by section 15.059, except that the members
do not receive per diem compensation.

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

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

Subd. 1. Filing Registration. A fetal death record of birth for each birth resulting
in a stillbirth in this state, on or after August 1, 2005, must be established for which a each
fetal death report is required reported and registered under section 144.222, subdivision 1;
shall be filed with the state registrar within five days after the birth if the parent or parents
of the stillbirth request to have a record of birth resulting in stillbirth prepared.
Subd. 2. Information to parents. The party responsible for filing a fetal death report
under section 144.222, subdivision 1, shall advise the parent or parents of a stillbirth:
(1) that they may request preparation of a record of birth resulting in stillbirth;
(2) that preparation of the record is optional; and
(3) how to obtain a certified copy of the record if one is requested and prepared.
(1) that the parent or parents may choose to provide a full name or provide only a last
name for the record;
(2) that the parent or parents may request a certificate of birth resulting in stillbirth after
the fetal death record is established;
(3) that the parent who gave birth may request an informational copy of the fetal death
record; and
(4) that the parent or parents named on the fetal death record and the party responsible
for reporting the fetal death may correct or amend the record to protect the integrity and
accuracy of vital records.

(17) an individual with expertise in economic development, or an employer working
outside the seven-county metropolitan area;
(12) three (18) two consumers, at least one of whom must be an advocate for persons
who are mentally ill or developmentally disabled from a community experiencing health
disparities; and
(19) one consumer who is an advocate for persons who are developmentally disabled.
The commissioner will make recommendations for committee membership. Committee
members will be appointed by the governor. In making appointments, the governor shall
ensure that appointments provide geographic balance among those areas of the state outside
the seven-county metropolitan area. The chair of the committee shall be elected by the
members. The advisory committee is governed by section 15.059, except that the members
do not receive per diem compensation.

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

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

Subd. 1. Filing Registration. A fetal death record of birth for each birth resulting
in a stillbirth in this state, on or after August 1, 2005, must be established for which a each
fetal death report is required reported and registered under section 144.222, subdivision 1;
shall be filed with the state registrar within five days after the birth if the parent or parents
of the stillbirth request to have a record of birth resulting in stillbirth prepared.
Subd. 2. Information to parents. The party responsible for filing a fetal death report
under section 144.222, subdivision 1, shall advise the parent or parents of a stillbirth:
(1) that they may request preparation of a record of birth resulting in stillbirth;
(2) that preparation of the record is optional; and
(3) how to obtain a certified copy of the record if one is requested and prepared.
(1) that the parent or parents may choose to provide a full name or provide only a last
name for the record;
(2) that the parent or parents may request a certificate of birth resulting in stillbirth after
the fetal death record is established;
(3) that the parent who gave birth may request an informational copy of the fetal death
record; and
(4) that the parent or parents named on the fetal death record and the party responsible
for reporting the fetal death may correct or amend the record to protect the integrity and
accuracy of vital records.

(17) an individual with expertise in economic development, or an employer working
outside the seven-county metropolitan area;
(12) three (18) two consumers, at least one of whom must be an advocate for persons
who are mentally ill or developmentally disabled from a community experiencing health
disparities; and
(19) one consumer who is an advocate for persons who are developmentally disabled.
The commissioner will make recommendations for committee membership. Committee
members will be appointed by the governor. In making appointments, the governor shall
ensure that appointments provide geographic balance among those areas of the state outside
the seven-county metropolitan area. The chair of the committee shall be elected by the
members. The advisory committee is governed by section 15.059, except that the members
do not receive per diem compensation.

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

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

Subd. 1. Filing Registration. A fetal death record of birth for each birth resulting
in a stillbirth in this state, on or after August 1, 2005, must be established for which a each
fetal death report is required reported and registered under section 144.222, subdivision 1;
shall be filed with the state registrar within five days after the birth if the parent or parents
of the stillbirth request to have a record of birth resulting in stillbirth prepared.
Subd. 2. Information to parents. The party responsible for filing a fetal death report
under section 144.222, subdivision 1, shall advise the parent or parents of a stillbirth:
(1) that they may request preparation of a record of birth resulting in stillbirth;
(2) that preparation of the record is optional; and
(3) how to obtain a certified copy of the record if one is requested and prepared.
(1) that the parent or parents may choose to provide a full name or provide only a last
name for the record;
(2) that the parent or parents may request a certificate of birth resulting in stillbirth after
the fetal death record is established;
(3) that the parent who gave birth may request an informational copy of the fetal death
record; and
(4) that the parent or parents named on the fetal death record and the party responsible
for reporting the fetal death may correct or amend the record to protect the integrity and
accuracy of vital records.

(17) an individual with expertise in economic development, or an employer working
outside the seven-county metropolitan area;
(12) three (18) two consumers, at least one of whom must be an advocate for persons
who are mentally ill or developmentally disabled from a community experiencing health
disparities; and
(19) one consumer who is an advocate for persons who are developmentally disabled.
The commissioner will make recommendations for committee membership. Committee
members will be appointed by the governor. In making appointments, the governor shall
ensure that appointments provide geographic balance among those areas of the state outside
the seven-county metropolitan area. The chair of the committee shall be elected by the
members. The advisory committee is governed by section 15.059, except that the members
do not receive per diem compensation.

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

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

Subd. 1. Filing Registration. A fetal death record of birth for each birth resulting
in a stillbirth in this state, on or after August 1, 2005, must be established for which a each
fetal death report is required reported and registered under section 144.222, subdivision 1;
shall be filed with the state registrar within five days after the birth if the parent or parents
of the stillbirth request to have a record of birth resulting in stillbirth prepared.
Subd. 2. Information to parents. The party responsible for filing a fetal death report
under section 144.222, subdivision 1, shall advise the parent or parents of a stillbirth:
(1) that they may request preparation of a record of birth resulting in stillbirth;
(2) that preparation of the record is optional; and
(3) how to obtain a certified copy of the record if one is requested and prepared.
(1) that the parent or parents may choose to provide a full name or provide only a last
name for the record;
(2) that the parent or parents may request a certificate of birth resulting in stillbirth after
the fetal death record is established;
(3) that the parent who gave birth may request an informational copy of the fetal death
record; and
(4) that the parent or parents named on the fetal death record and the party responsible
for reporting the fetal death may correct or amend the record to protect the integrity and
accuracy of vital records.
Notwithstanding subdivisions 1 to 3, to the parent or parents named on the fetal death record upon the parent's proper completion of an attestation provided by the commissioner and payment of the required fee; and (c) Upon receipt of the request to have a record of birth resulting in stillbirth prepared, the state registrar shall:

(1) register a fetal death; (ii) request the certificate of birth resulting in stillbirth; and (iii) request the informational copy of a fetal death record; (2) prescribe a standardized format for the certificate of birth resulting in stillbirth, which shall integrate security features and be as similar as possible to a birth certificate; (3) issue a certificate of birth resulting in stillbirth or a statement of no vital record found to the parent or parents named on the fetal death record upon the parent's proper completion of an attestation provided by the commissioner and payment of the required fee; (4) correct or amend the fetal death record upon a request from the parent who gave birth, parents, or the person who registered the fetal death or filed the report; and (5) refuse to amend or correct the fetal death record when an applicant does not submit the minimum documentation required to amend the record or when the state registrar has cause to question the validity or completeness of the applicant's statements or any documentary evidence and the deficiencies are not corrected. The state registrar shall advise the applicant of the reason for this action and shall further advise the applicant of the right of appeal to a court with competent jurisdiction over the Department of Health.
a person responsible for registering the fetal death, the medical examiner or coroner with
jurisdiction, or a parent may submit to the state registrar a written request to register the
fetal death and submit the evidence to support the request.

Subdiv. 5. Responsibilities of state registrar. The state registrar shall:

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

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

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

(a) a record of birth resulting in stillbirth has been prepared and filed under subdivision
2, and

(b) the parent requesting a certified copy of the record submits the request in writing,
and

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

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

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

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

(1) a person in charge of an institution or that person’s authorized designee if a fetus is
delivered in the institution or en route to the institution;
(2) a physician, certified nurse midwife, or other licensed medical personnel in attendance
at or immediately after the delivery if a fetus is delivered outside an institution; or
(3) a parent or other person in charge of the disposition of the remains if a fetal death
occurred without medical attendance at or immediately after the delivery.
Subd. 2. Sudden infant death. Each infant death which is diagnosed as sudden infant death syndrome shall be reported within five days to the state registrar.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Subd. 3g. Nonlead status unknown service line or unknown service line. "Nonlead status unknown service line" or "unknown service line" means a service line that has not been demonstrated to meet or does not meet the definition of lead free in section 1417 of the Safe Drinking Water Act.

Sec. 15. Minnesota Statutes 2022, section 144.382, is amended by adding a subdivision to read:

Subd. 3h. Lead connector. "Lead connector" means a connector made of lead.

Sec. 16. Minnesota Statutes 2022, section 144.382, is amended by adding a subdivision to read:

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

Sec. 17. Minnesota Statutes 2022, section 144.382, is amended by adding a subdivision to read:

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

May 05, 2023 01:35 PM

House Language UES2995-2

PAGE R7/DHP

REVISOR FULL-TEXT SIDE-BY-SIDE
Galvanized service line requiring replacement. Most nonlead service lines will be copper or plastic.

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

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

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

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

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

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

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

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

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

(b) Hospitals must meet the applicable provisions of the 2022 edition of the Facility Guidelines Institute Guidelines for Design and Construction of Hospitals. This minimum design standard must be met for all new licenses, new construction, change of use, or change of occupancy for which plan review packages are received on or after January 1, 2024.
the purposes of this subdivision, "Facility Guidelines Institute Guidelines for Design and
Construction of Hospitals" does not include any appendices to the guidelines.

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

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

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

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

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

EFFECTIVE DATE. This section is effective January 1, 2024.
Sec. 81. Minnesota Statutes 2022, section 144.6535, subdivision 1, is amended to read:

the particular

Subd. 2.

(1) the specific

whether the alternative measures to be taken, if any, are equivalent to or superior to

(2) whether the reasons for the request;

(3) the alternative measures that will be taken if a variance or waiver is granted;

(4) the length of time for which the variance or waiver is requested; and

(5) other relevant information deemed necessary by the commissioner to properly evaluate

paragraph (b)

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

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

This section is effective January 1, 2024.

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

Subd. 1. Request for variance or waiver. A hospital may request that the

commissioner grant a variance or waiver from the provisions of Minnesota Rules, chapter

4640 or 4645 section 144.55, subdivision 3, paragraph (b). A request for a variance or waiver

must be submitted to the commissioner in writing. Each request must contain:

(1) the specific rule or rules requirement for which the variance or waiver is requested;

(2) the reasons for the request;

(3) the alternative measures that will be taken if a variance or waiver is granted;

(4) the length of time for which the variance or waiver is requested; and

(5) other relevant information deemed necessary by the commissioner to properly evaluate

paragraph (b)

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

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

This section is effective January 1, 2024.

May 05, 2023 01:35 PM

House Language UES2995-2

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

Subd. 4. Effect of alternative measures or conditions. (a) Alternative measures or

conditions attached to a variance or waiver have the same force and effect as the rules

requirement under Minnesota Rules, chapter 4640 or 4645 section 144.55, subdivision 3,

paragraph (b), and are subject to the issuance of correction orders and penalty assessments

in accordance with section 144.55.

(b) Fines for a violation of this section shall be in the same amount as that specified for

the particular rule or rules requirement for which the variance or waiver was requested.

EFFECTIVE DATE. This section is effective January 1, 2024.
Sec. 20. Minnesota Statutes 2022, section 144.9501, subdivision 17, is amended to read:

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

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

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

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

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

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

1. abatement;
2. interim controls;
3. a clearance inspection;
4. a lead hazard screen;
5. a lead inspection;
6. a lead risk assessment;
7. lead project designer services;
8. lead sampling technician services;
9. swab team services;
10. renovation activities;
11. lead hazard reduction; or
12. activities performed to comply with lead orders issued by a community health board or an assessing agency.

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

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

REVISOR FULL-TEXT SIDE-BY-SIDE
Sec. 22. Minnesota Statutes 2022, section 144.9501, subdivision 26b, is amended to read:

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

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

1. less than 20 square feet (two square meters) on exterior surfaces; or
2. less than six square feet (0.6 square meters) in an interior room.

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

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

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

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

Subd. 34. Individual. "Individual" means a natural person.

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

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

(b) Persons shall not advertise or otherwise present themselves as lead supervisors, lead workers, lead inspectors, lead risk assessors, lead sampling technicians, lead project designers, lead abatement contractors, lead risk assessors, lead project designers, lead sampling technicians, lead abatement contractors, or workers as lead inspectors, lead risk assessors, lead sampling technicians, lead project designers, lead abatement contractors, or lead inspectors.

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

Subd. 33. "Renovation" means the modification of any pre-1978 affected property for compensation that results in the disturbance of known or presumed lead-containing painted surfaces defined under section 144.9508, unless that activity is performed as lead hazard reduction. A renovation performed for the purpose of converting a building or part of a building into an affected property is a renovation under this subdivision.

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

1. less than 20 square feet (two square meters) on exterior surfaces; or
2. less than six square feet (0.6 square meters) in an interior room.

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

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

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

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

Subd. 34. Individual. "Individual" means a natural person.

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

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

(b) Persons shall not advertise or otherwise present themselves as lead supervisors, lead workers, lead inspectors, lead risk assessors, lead sampling technicians, lead project designers, lead abatement contractors, or lead inspectors.
renovation firms, or lead firms unless they have licenses or certificates issued by the
commissioner under this section.

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

(d) An individual who is the owner of property on which regulated lead work is to be
performed or an adult individual who is related to the property owner, as defined under
section 245A.02, subdivision 13, is exempt from the requirements to obtain a license and
pay a fee according to this section. Individual residential property owners or an adult
individual who is related to the property owner who performs regulated lead work on the
residence are exempt from the licensure and firm certification requirements of this section.

Notwithstanding the provisions of paragraphs (a) to (c), this exemption does not apply when
the regulated lead work is a renovation performed for compensation, when a child with an
elevated blood level has been identified in the residence or the building in which the residence
is located, or when the residence is occupied by one or more individuals who are not related to
the property owner, as defined under section 245A.02, subdivision 13.

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

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

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

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

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

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

Subd. 1g. Certified lead firm. A person who performs or employs individuals to perform
regulated lead work, with the exception of renovation, outside of the person's property must
obtain certification as a lead firm. The certificate must be in writing, contain an expiration
date, be signed by the commissioner, and give the name and address of the person to whom
it is issued. A lead firm certificate is valid for one year. The certification fee is $100, is
nonrefundable, and must be submitted with each application. The lead firm certificate or a
copy of the certificate must be readily available at the worksite for review by the contracting
entity, the commissioner, and other public health officials charged with the health, safety,
and welfare of the state's citizens.
subsection. The commissioner shall work cooperatively with the commissioner of the Pollution Control Agency to develop disposal procedures. In adopting rules under this section, the commissioner shall work cooperatively with the commissioner of administration to determine which lead hazard reduction methods adopted under this section may be used for lead-safe practices including prohibited practices, preparation, disposal, and cleanup.

The commissioner shall work cooperatively with the commissioner of the Pollution Control Agency to develop disposal procedures. In adopting rules under this section, the commissioner shall require the best available technology for regulated lead work methods, paint stabilization, and repainting.

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

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

(e) The commissioner shall adopt lead hazard reduction standards and methods for lead in drinking water both at the tap and public water supply system or private well in a manner to protect the public health and the environment. The commissioner may adopt the rules for controlling lead in drinking water as contained in Code of Federal Regulations, title 40,
part 141. Drinking water lead hazard reduction methods may include an educational approach
of minimizing lead exposure from lead in drinking water.

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

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

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

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

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

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

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

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

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

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

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

May 05, 2023 01:35 PM
House Language UES2995-2

PAGE R15DHP

REVISOR FULL-TEXT SIDE-BY-SIDE
prescription aid selection; selling hearing aids at retail, or testing human hearing in connection with these activities regardless of whether the person conducting these activities has a monetary interest in the dispensing of prescription hearing aids to the consumer. Hearing aid dispensing does not include selling over-the-counter hearing aids.

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

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

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

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

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

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

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

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

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

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

(d) An applicant for an audiology license who obtains a temporary license under section 148.5175 may dispense prescription hearing aids only under supervision of a licensed audiologist who dispenses prescription hearing aids.
Sec. 137. Minnesota Statutes 2022, section 148.5175, is amended to read:

148.5175 TEMPORARY LICENSURE.

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

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

(2) either:

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

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

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

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

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

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

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

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

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

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

(4) violated sections 148.511 to 148.5198;
(5) failed to perform services with reasonable judgment, skill, or safety due to the use of alcohol or drugs, or other physical or mental impairment;

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

(7) aided or abetted another person in violating any provision of sections 148.511 to 148.519;

(8) been or is being disciplined by another jurisdiction, if any of the grounds for the discipline is the same or substantially equivalent to those under sections 148.511 to 148.519;

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

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

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

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

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

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

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

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

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

(18) used the term doctor of audiology, doctor of speech-language pathology, AuD, or SLPD without having obtained the degree from an institution accredited by the North Central Association of Colleges and Secondary Schools, the Council on Academic Accreditation in Audiology and Speech-Language Pathology, the United States Department of Education, or an equivalent;
(19) failed to comply with the requirements of section 148.5192 regarding supervision of speech-language pathology assistants; or

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

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

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

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

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

(v) failed to follow Food and Drug Administration or Federal Trade Commission regulations relating to dispensing prescription hearing instrument aids;

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

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

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

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

(xi) failed to include on the audiogram the practitioner's printed name, credential type, credential number, signature, and date.
Sec. 139. Minnesota Statutes 2022, section 148.5196, subdivision 1, is amended to read:

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

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

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

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

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

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

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

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

148.5197 HEARING AID DISPENSING.

Subdivision 1. Content of contracts. Oral statements made by an audiologist or certified dispenser regarding the provision of warranties, refunds, and service on the prescription hearing aid or aids dispensed must be written on, and become part of, the contract of sale, specify the item or items covered, and indicate the person or business entity obligated to provide the warranty, refund, or service.
Subd. 2. Required use of license number. The audiologist's license number or certified dispenser's certificate number must appear on all contracts, bills of sale, and receipts used in the sale of prescription hearing aids.

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

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

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

148.5198 RESTRICTION ON SALE OF PRESCRIPTION HEARING AIDS.

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

(b) The audiologist or certified dispenser must provide the buyer with a 45-calendar-day written money-back guarantee. The guarantee must permit the buyer to cancel the purchase for any reason within 45 calendar days after receiving the prescription hearing aid by giving or mailing written notice of cancellation to the audiologist or certified dispenser. If the buyer mails the notice of cancellation, the 45-calendar-day period is counted using the postmark date, to the date of receipt by the audiologist or certified dispenser. If the prescription hearing aid must be repaired, remade, or adjusted during the 45-calendar-day money-back guarantee period, the running of the 45-calendar-day period is suspended one day for each 24-hour period that the prescription hearing aid is not in the buyer's possession. A repaired, remade, or adjusted prescription hearing aid must be claimed by the buyer within three business days after notification of availability, after which time the running of the 45-calendar-day period resumes. The guarantee must entitle the buyer, upon cancellation, to receive a refund of payment within 30 days of return of the prescription hearing aid to the audiologist or certified dispenser. The audiologist or certified dispenser may retain as a cancellation fee no more than $250 of the buyer's total purchase price of the prescription hearing aid.
Subd. 3.

Misdemeanor.

Estimates.

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

Subd. 2. Itemized repair bill. Any audiologist, certified dispenser, or company who agrees to repair a prescription hearing aid must provide the owner of the prescription hearing aid, or the owner's representative, with a bill that describes the repair and services rendered. The bill must also include the repairing audiologist's, certified dispenser's, or company's name, address, and telephone number. This subdivision does not apply to an audiologist, certified dispenser, or company that repairs a prescription hearing aid pursuant to an express warranty covering the entire prescription hearing aid and the warranty covers the entire cost, both parts and labor, of the repair.

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

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

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

Subd. 6. Estimates. Upon the request of the owner of a prescription hearing aid or the owner's representative for a written estimate and prior to the commencement of repairs, a repairing audiologist, certified dispenser, or company shall provide the customer with a written estimate of the price of repairs. If a repairing audiologist, certified dispenser, or 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 in plain English, that contains uniform language and provisions that meet the requirements under the Plain Language Contract Act, sections 325G.29 to 325G.36. The contract must include, but is not limited to, the following: in immediate proximity to the space reserved for the signature of the buyer, or on the first page if there is no space reserved for the signature of the buyer, a clear and conspicuous disclosure of the following specific statement in all capital letters of no less than 12-point boldface type: “MINNESOTA STATE LAW GIVES THE BUYER THE RIGHT TO CANCEL THIS PURCHASE FOR ANY REASON AT ANY TIME PRIOR TO MIDNIGHT OF THE 45TH CALENDAR DAY AFTER RECEIPT OF THE PRESCRIPTION HEARING AID(S). THIS CANCELLATION MUST BE IN WRITING AND MUST BE GIVEN OR MAILED TO THE AUDIOLOGIST OR CERTIFIED DISPENSER. IF THE BUYER DECIDES TO RETURN THE PRESCRIPTION HEARING AID(S) WITHIN THIS 45-CALENDAR-DAY PERIOD, THE BUYER WILL RECEIVE A REFUND OF THE TOTAL PURCHASE PRICE OF THE AID(S) FROM WHICH THE AUDIOLOGIST OR CERTIFIED DISPENSER MAY RETAIN AS A CANCELLATION FEE NO MORE THAN $250.”

Subd. 2. Itemized repair bill. Any audiologist, certified dispenser, or company who agrees to repair a prescription hearing aid must provide the owner of the prescription hearing aid, or the owner's representative, with a bill that describes the repair and services rendered. The bill must also include the repairing audiologist's, certified dispenser's, or company's name, address, and telephone number. This subdivision does not apply to an audiologist, certified dispenser, or company that repairs a prescription hearing aid pursuant to an express warranty covering the entire prescription hearing aid and the warranty covers the entire cost, both parts and labor, of the repair.

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

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

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

Subd. 6. Estimates. Upon the request of the owner of a prescription hearing aid or the owner's representative for a written estimate and prior to the commencement of repairs, a repairing audiologist, certified dispenser, or company shall provide the customer with a written estimate of the price of repairs. If a repairing audiologist, certified dispenser, or company provides a written estimate of the price of repairs, it must not charge more than
the total price stated in the estimate for the repairs. If the repairing audiologist, certified
dispenser, or company after commencing repairs determines that additional work is necessary
to accomplish repairs that are the subject of a written estimate and if the repairing audiologist,
certified dispenser, or company did not unreasonably fail to disclose the possible need for
the additional work when the estimate was made, the repairing audiologist, certified
dispenser, or company may charge more than the estimate for the repairs if the repairing
audiologist, certified dispenser, or company immediately provides the owner or owner's
representative a revised written estimate pursuant to this section and receives authorization
to continue with the repairs. If continuation of the repairs is not authorized, the repairing
audiologist, certified dispenser, or company shall return the prescription hearing aid as close
as possible to its former condition and shall release the prescription hearing aid to the owner
or owner's representative upon payment of charges for repairs actually performed and not
in excess of the original estimate.

Sec. 40. Minnesota Statutes 2022, section 151.37, subdivision 12, is amended to read:
Subd. 12. Administration of opiate antagonists for drug overdose. (a) A licensed
physician, a licensed advanced practice registered nurse authorized to prescribe drugs
pursuant to section 148.235, or a licensed physician assistant may authorize the following
individuals to administer opiate antagonists, as defined in section 604A.04, subdivision 1:
(1) an emergency medical responder registered pursuant to section 144E.27;
(2) a peace officer as defined in section 626.84, subdivision 1, paragraphs (c) and (d);
(3) correctional employees of a state or local political subdivision;
(4) staff of community-based health disease prevention or social service programs;
(5) a volunteer firefighter; and
(6) a licensed school nurse or certified public health nurse, any other personnel employed
by, or under contract with, a school board, under section 121A.24, charter, public, or private
school.
(b) For the purposes of this subdivision, opiate antagonists may be administered by one
of these individuals only if:
(1) the licensed physician, licensed physician assistant, or licensed advanced practice
registered nurse has issued a standing order to, or entered into a protocol with, the individual;
and
(2) the individual has training in the recognition of signs of opiate overdose and the use
of opiate antagonists as part of the emergency response to opiate overdose.
(c) Nothing in this section prohibits the possession and administration of naloxone
pursuant to section 604A.04.

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

Sec. 42. Minnesota Statutes 2022, section 151.37, subdivision 12, is amended to read:
Subd. 12. Administration of opiate antagonists for drug overdose. (a) A licensed
physician, a licensed advanced practice registered nurse authorized to prescribe drugs
pursuant to section 148.235, or a licensed physician assistant may authorize the following
individuals to administer opiate antagonists, as defined in section 604A.04, subdivision 1:
(1) an emergency medical responder registered pursuant to section 144E.27;
(2) a peace officer as defined in section 626.84, subdivision 1, paragraphs (c) and (d);
(3) correctional employees of a state or local political subdivision;
(4) staff of community-based health disease prevention or social service programs;
(5) a volunteer firefighter; and
(6) a licensed school nurse or certified public health nurse, any other personnel employed
by, or under contract with, a school board, under section 121A.24, charter, public, or private
school.
(b) For the purposes of this subdivision, opiate antagonists may be administered by one
of these individuals only if:
(1) the licensed physician, licensed physician assistant, or licensed advanced practice
registered nurse has issued a standing order to, or entered into a protocol with, the individual;
and
(2) the individual has training in the recognition of signs of opiate overdose and the use
of opiate antagonists as part of the emergency response to opiate overdose.
(c) Nothing in this section prohibits the possession and administration of naloxone
pursuant to section 604A.04.
28.1 (d) Notwithstanding section 148.235, subdivisions 8 and 9, a licensed practical nurse is authorized to possess and administer according to this subdivision an opiate antagonist in a school setting.

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

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

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

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

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

Sec. 143. Minnesota Statutes 2022, section 153A.13, subdivision 4, is amended to read:

Subd. 4. Hearing instrument aid dispensing. "Hearing instrument aid dispensing" means making ear mold impressions, prescribing, or recommending a hearing instrument, assisting the consumer in instrument selection, selling hearing instruments at retail, or testing hearing instruments at retail.
Subd. 7.  Sec. 48. Minnesota Statutes 2022, section 153A.13, subdivision 10, is amended to read:

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

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

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

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

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

Subd. 6. Advisory council. "Advisory council" means the Minnesota Hearing Instrument Aid Dispenser Advisory Council, or a committee of the council, established under section 75A.20.

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

Subd. 7. ANSI. "ANSI" means ANSI S3.6-1989, American National Standard Specification for Audiotimeters from the American National Standards Institute. This document is available through the Minnesota Interlibrary Loan System as defined in the United States Food and Drug Administration, Code of Federal Regulations, title 21, section 874.1050.

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

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

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

Subd. 10. Direct supervision or directly supervised. "Direct supervision" or "directly supervised" means the on-site and contemporaneous location of a supervisor and trainee,
when the supervisor observes the trainee engaging in prescription hearing aid dispensing with a consumer.

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

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

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

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

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


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

Subdivision 1. Application for certificate. An applicant must:

1. be 21 years of age or older;
2. apply to the commissioner for a certificate to dispense prescription hearing aids on application forms provided by the commissioner;
3. at a minimum, provide the applicant's name, Social Security number, business address and phone number, employer, and information about the applicant's education, training, and experience in testing human hearing and fitting prescription hearing aids;
4. include with the application a statement that the statements in the application are true and correct to the best of the applicant's knowledge and belief;
5. include with the application a written and signed authorization that authorizes the commissioner to make inquiries to appropriate regulatory agencies in this or any other state where the applicant has sold prescription hearing aids;
6. submit certification to the commissioner that the applicant's audiometric equipment has been calibrated to meet current ANSI standards within 12 months of the date of the application;
7. submit evidence of continuing education credits, if required;
8. submit all fees as required under section 153A.17; and

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

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

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

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

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

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


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

Subdivision 1. Application for certificate. An applicant must:

1. be 21 years of age or older;
2. apply to the commissioner for a certificate to dispense prescription hearing aids on application forms provided by the commissioner;
3. at a minimum, provide the applicant's name, Social Security number, business address and phone number, employer, and information about the applicant's education, training, and experience in testing human hearing and fitting prescription hearing aids;
4. include with the application a statement that the statements in the application are true and correct to the best of the applicant's knowledge and belief;
5. include with the application a written and signed authorization that authorizes the commissioner to make inquiries to appropriate regulatory agencies in this or any other state where the applicant has sold prescription hearing aids;
6. submit certification to the commissioner that the applicant's audiometric equipment has been calibrated to meet current ANSI standards within 12 months of the date of the application;
7. submit evidence of continuing education credits, if required;
8. submit all fees as required under section 153A.17; and
(9) consent to a fingerprint-based criminal history records check required under section 32.20, pay all required fees, and cooperate with all requests for information. An applicant must complete a new criminal background check if more than one year has elapsed since the applicant last applied for a license.

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

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

(1) The commissioner shall issue a certificate to an applicant who refuses to consent to a criminal history background check as required by section 144.0572 within 90 days after submission of an application or fails to submit fingerprints to the Department of Human Services. Any fees paid by the applicant to the Department of Health shall be forfeited if the applicant refuses to consent to the background study.

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

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

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

(1) A written examination approved by the commissioner covering the following areas as they pertain to prescription hearing instrument aid selling:

(i) basic physics of sound;

(ii) the anatomy and physiology of the ear;

(iii) the function of prescription hearing instrument aids; and

(iv) the principles of prescription hearing instrument aid selection.

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

(i) pure tone audiometry, including air conduction testing and bone conduction testing;

(ii) live voice or recorded voice speech audiometry including speech recognition (discrimination) testing, most comfortable loudness level, and uncomfortable loudness measurements of tolerance thresholds;

(iii) masking when indicated;

(iv) the principles of prescription hearing instrument aid selection.

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

(i) pure tone audiometry, including air conduction testing and bone conduction testing;

(ii) live voice or recorded voice speech audiometry including speech recognition (discrimination) testing, most comfortable loudness level, and uncomfortable loudness measurements of tolerance thresholds;

(iii) masking when indicated;
(iv) recording and evaluation of audiograms and speech audiometry to determine proper selection and fitting of a prescription hearing instrument aid;

(v) taking ear mold impressions;

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

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

The certification holder must use the certificate number on all contracts, bills of sale, and receipts used in the sale of prescription hearing instruments.

Subd. 4. Dispensing of prescription hearing instrument aid without certificate. Except as provided in subdivisions 4a and 4c, and in sections 148.312 to 148.5198, it is unlawful for any person not holding a valid certificate to dispense a prescription hearing instrument aid as defined in section 153A.13, subdivision 3. A person who dispenses a prescription hearing instrument aid without the certificate required by this section is guilty of a gross misdemeanor.
Sec. 159. Minnesota Statutes 2022, section 153A.14, subdivision 4a, is amended to read:

(1) submits an application on forms provided by the commissioner;

(2) is under the supervision of a certified dispenser meeting the requirements of this subdivision;

(3) meets all requirements for certification except passage of the examination required
by this section; and

(4) uses the title "dispenser trainee" in contacts with the patients, clients, or consumers.

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

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

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

Subd. 4b. Prescription hearing testing protocol. A dispenser when conducting a hearing test for the purpose of prescription hearing aids dispensing must:

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

(2) complete a case history of the client's hearing;

(3) inspect the client's ears with an otoscope; and

(4) conduct the following tests on both ears of the client and document the results, and if for any reason one of the following tests cannot be performed pursuant to the United

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

(1) submits an application on forms provided by the commissioner;

(2) is under the supervision of a certified dispenser meeting the requirements of this subdivision;

(3) meets all requirements for certification except passage of the examination required by this section; and

(4) uses the title "dispenser trainee" in contacts with the patients, clients, or consumers.

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

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

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

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

(1) submits an application on forms provided by the commissioner;

(2) is under the supervision of a certified dispenser meeting the requirements of this subdivision;

(3) meets all requirements for certification except passage of the examination required by this section; and

(4) uses the title "dispenser trainee" in contacts with the patients, clients, or consumers.

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

Subd. 4b. Prescription hearing testing protocol. A dispenser when conducting a hearing test for the purpose of prescription hearing aids dispensing must:

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

(2) complete a case history of the client's hearing;

(3) inspect the client's ears with an otoscope; and

(4) conduct the following tests on both ears of the client and document the results, and if for any reason one of the following tests cannot be performed pursuant to the United

Page 29995-2

May 05, 2023 01:35 PM

House Language UES2995-2

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

(1) submits an application on forms provided by the commissioner;

(2) is under the supervision of a certified dispenser meeting the requirements of this subdivision;

(3) meets all requirements for certification except passage of the examination required by this section; and

(4) uses the title "dispenser trainee" in contacts with the patients, clients, or consumers.

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

Subd. 4b. Prescription hearing testing protocol. A dispenser when conducting a hearing test for the purpose of prescription hearing aids dispensing must:

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

(2) complete a case history of the client's hearing;

(3) inspect the client's ears with an otoscope; and

(4) conduct the following tests on both ears of the client and document the results, and if for any reason one of the following tests cannot be performed pursuant to the United
States Food and Drug Administration guidelines, an audiologist shall evaluate the hearing and the need for a prescription hearing aid:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Subd. 6. Prescription hearing aids to comply with federal and state requirements. The commissioner shall ensure that prescription hearing aids are dispensed in compliance with state requirements and the requirements of the United States.
States Food and Drug Administration. Failure to comply with state or federal regulations

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

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

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

(1) a change of name, address, home or business telephone number, or business name;
(2) the occurrence of conduct prohibited by section 153A.15;
(3) a settlement, conciliation court judgment, or award based on negligence, intentional acts, or contractual violations committed in the dispensing of prescription hearing instruments aids by the dispenser; and
(4) the cessation of prescription hearing instrument aid dispensing activities as an individual or a business.

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

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

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

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

(1) dispensing a prescription hearing instrument aid to a minor person 18 years or younger unless evaluated by an audiologist for hearing evaluation and prescription hearing aid evaluation;
(2) being disciplined through a revocation, suspension, restriction, or limitation by another state for conduct subject to action under this chapter;
(3) presenting advertising that is false or misleading;
(4) providing the commissioner with false or misleading statements of credentials, training, or experience;
(5) engaging in conduct likely to deceive, defraud, or harm the public; or demonstrating a willful or careless disregard for the health, welfare, or safety of a consumer;

States Food and Drug Administration. Failure to comply with state or federal regulations

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

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

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

(1) a change of name, address, home or business telephone number, or business name;
(2) the occurrence of conduct prohibited by section 153A.15;
(3) a settlement, conciliation court judgment, or award based on negligence, intentional acts, or contractual violations committed in the dispensing of prescription hearing instruments aids by the dispenser; and
(4) the cessation of prescription hearing instrument aid dispensing activities as an individual or a business.

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

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

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

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

(1) dispensing a prescription hearing instrument aid to a minor person 18 years or younger unless evaluated by an audiologist for hearing evaluation and prescription hearing aid evaluation;
(2) being disciplined through a revocation, suspension, restriction, or limitation by another state for conduct subject to action under this chapter;
(3) presenting advertising that is false or misleading;
(4) providing the commissioner with false or misleading statements of credentials, training, or experience;
(5) engaging in conduct likely to deceive, defraud, or harm the public; or demonstrating a willful or careless disregard for the health, welfare, or safety of a consumer;
(6) splitting fees or promising to pay a portion of a fee to any other professional other than a fee for services rendered by the other professional to the client;

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

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

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

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

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

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

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

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

(15) failing to fully disclose actions taken against the applicant or the applicant's legal representative or any state or federal court order or judgment, including a conciliation court decision, relating to the activities of the applicant in prescription hearing aid dispensing;

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

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

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

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

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

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

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

(1) deny or reject the application for a certificate;
(2) revoke the certificate;
(3) suspend the certificate;
(4) impose, for each violation, a civil penalty that deprives the dispenser of any economic advantage gained by the violation and that reimburses the Department of Health for costs of the investigation and proceeding resulting in disciplinary action, including the amount paid for services of the Office of the Attorney General, attorney fees, court reporters, witnesses, reproduction of records, advisory council members' per diem compensation, department staff time, and expenses incurred by advisory council members and department staff;
(5) censure or reprimand the dispenser;
(6) revoke or suspend the right to supervise trainees;
(7) revoke or suspend the right to be a trainee;
(8) impose a civil penalty not to exceed $10,000 for each separate violation; or
(9) any other action reasonably justified by the individual case.

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

Subd. 4. Penalties. Except as provided in section 153A.14, subdivision 4, a person violating this chapter is guilty of a misdemeanor. The commissioner may impose an automatic civil penalty equal to one-fourth the renewal fee on each prescription hearing aid dispenser who fails to renew the certificate required in section 153A.14 by the renewal deadline.
Sec. 170. Minnesota Statutes 2022, section 153A.17, is amended to read:

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

(b) The fees are as follows:

(1) the initial certification application fee is $772.50;
(2) the annual renewal certification application fee is $750;
(3) the initial examination fee for the practical portion is $1,200, and $600 for each time it is taken, thereafter; for individuals meeting the requirements of section 148.515, subdivision 2, the fee for the practical portion of the prescription hearing instrument dispensing examination is $600 each time it is taken;
(4) the trainee application fee is $230;
(5) the penalty fee for late submission of a renewal application is $260; and
(6) the fee for verification of certification to other jurisdictions or entities is $25.

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

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

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

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

153A.175 PENALTY FEES.

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

(b) The fees are as follows:

(1) the initial certification application fee is $772.50;
(2) the annual renewal certification application fee is $750;
(3) the initial examination fee for the practical portion is $1,200, and $600 for each time it is taken, thereafter; for individuals meeting the requirements of section 148.515, subdivision 2, the fee for the practical portion of the prescription hearing instrument dispensing examination is $600 each time it is taken;
(4) the trainee application fee is $230;
(5) the penalty fee for late submission of a renewal application is $260; and
(6) the fee for verification of certification to other jurisdictions or entities is $25.

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

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

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

Sec. 171. Minnesota Statutes 2022, section 153A.17, is amended to read:

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

(b) The fees are as follows:

(1) the initial certification application fee is $772.50;
(2) the annual renewal certification application fee is $750;
(3) the initial examination fee for the practical portion is $1,200, and $600 for each time it is taken, thereafter; for individuals meeting the requirements of section 148.515, subdivision 2, the fee for the practical portion of the prescription hearing instrument dispensing examination is $600 each time it is taken;
(4) the trainee application fee is $230;
(5) the penalty fee for late submission of a renewal application is $260; and
(6) the fee for verification of certification to other jurisdictions or entities is $25.

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

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

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

Sec. 71. Minnesota Statutes 2022, section 153A.175, is amended to read:

(a) The penalty fee for holding oneself out as a hearing instrument dispenser without a current certificate after the credential has expired and before it is renewed is one-half the amount of the certificate renewal fee for any part of the first day, plus one-half the certificate renewal fee for any part of any subsequent days up to 30 days.
(b) The penalty fee for applicants who hold themselves out as hearing instrument aid dispensers after expiration of the trainee period and before being issued a certificate is one-half the amount of the certificate application fee for any part of the first day, plus one-half the certificate application fee for any part of any subsequent days up to 30 days. This paragraph does not apply to applicants not qualifying for a certificate who hold themselves out as hearing instrument aid dispensers.

(c) The penalty fee for practicing prescription hearing instrument aid dispensing and failing to submit a continuing education report by the due date with the correct number or type of hours in the correct time period is $200 plus $200 for each missing clock hour.

"Missing" means not obtained between the effective and expiration dates of the certificate, the one-month period following the certificate expiration date, or the 30 days following notice of a penalty fee for failing to report all continuing education hours. The certificate holder must obtain the missing number of continuing education hours by the next reporting due date.

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

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

153A.18 CONSUMER INFORMATION CENTER.

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

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

(b) The seven persons must include:

(1) three public members, as defined in section 214.02. At least one of the public members shall be a prescription hearing instrument aid user or an advocate of one;
In addition, the following are eligible for grant funds:

Subd. 3.
who represent the occupation of hearing instrument dispensing and who are not audiologists; and

(3) one audiologist licensed as an audiologist under chapter 148 who dispenses hearing aids, recommended by a professional association representing audiologists and speech-language pathologists.

(c) The factors the commissioner may consider when appointing advisory council members include, but are not limited to, professional affiliation, geographical location, and type of practice.

(4) No two members of the advisory council shall be employees of, or have binding contracts requiring sales exclusively for, the same manufacturer or the same employer.

Subd. 2.
Organization. The advisory council shall be organized and administered according to section 15.059. The council may form committees to carry out its duties.

Subd. 3.
Duties. At the commissioner's request, the advisory council shall:

(1) advise the commissioner regarding hearing instrument aid dispenser certification standards;

(2) provide for distribution of information regarding hearing instrument aid dispenser certification standards;

(3) review investigation summaries of competency violations and make recommendations to the commissioner as to whether the allegations of incompetency are substantiated; and

(4) perform other duties as directed by the commissioner.

Sec. 73. Minnesota Statutes 2022, section 245.4661, subdivision 9, is amended to read:

Subd. 9.
Services and programs. (a) The following three distinct grant programs are funded under this section:

(1) mental health crisis services;

(2) housing with supports for adults with serious mental illness; and

(3) projects for assistance in transitioning from homelessness (PATH program).

(b) In addition, the following are eligible for grant funds:

(1) community education and prevention;

(2) housing with supports for adults with serious mental illness; and

(3) projects for assistance in transitioning from homelessness (PATH program).

(b) In addition, the following are eligible for grant funds:

(1) mental health crisis services;

(2) housing with supports for adults with serious mental illness; and

(3) projects for assistance in transitioning from homelessness (PATH program).

(b) In addition, the following are eligible for grant funds:

(1) community education and prevention;
(2) client outreach;
(3) early identification and intervention;
(4) adult outpatient diagnostic assessment and psychological testing;
(5) peer support services;
(6) community support program services (CSP);
(7) adult residential crisis stabilization;
(8) supported employment;
(9) assertive community treatment (ACT);
(10) housing subsidies;
(11) basic living, social skills, and community intervention;
(12) emergency response services;
(13) adult outpatient psychotherapy;
(14) adult outpatient medication management;
(15) adult mobile crisis services;
(16) adult day treatment;
(17) partial hospitalization;
(18) adult residential treatment;
(19) adult mental health targeted case management; and
(20) intensive community rehabilitative services (ICRS); and
transportation.

Sec. 74. Minnesota Statutes 2022, section 245.469, subdivision 3, is amended to read: Subd. 3. 
Mental health crisis services. The commissioner of human services shall increase access to mental health crisis services for children and adults. In order to increase access, the commissioner must:
(1) develop a central phone number where calls can be routed to the appropriate crisis services;
(2) provide telephone consultation 24 hours a day to mobile crisis teams who are serving people with traumatic brain injury or intellectual disabilities who are experiencing a mental health crisis;
expand crisis services across the state, including rural areas of the state and examining

(3) expand crisis services across the state, including rural areas of the state and examining

establish and implement state standards and requirements for crisis services as outlined

(4) establish and implement state standards and requirements for crisis services as outlined

in section 256B.0624; and

(5) provide grants to adult mental health initiatives, counties, tribes, or community mental

health providers to establish new mental health crisis residential service capacity.

Priority will be given to regions that do not have a mental health crisis residential services

program, do not have an inpatient psychiatric unit within the region, do not have an inpatient

psychiatric unit within 90 miles, or have a demonstrated need based on the number of crisis

residential or intensive residential treatment beds available to meet the needs of the residents

in the region. At least 50 percent of the funds must be distributed to programs in rural

Minnesota. Grant funds may be used for start-up costs, including but not limited to

renovations, furnishings, and staff training. Grant applications shall provide details on how

the intended service will address identified needs and shall demonstrate collaboration with

crisis teams, other mental health providers, hospitals, and police.

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

Sec. 7. [245.4903] CULTURAL AND ETHNIC MINORITY INFRASTRUCTURE GRANT PROGRAM.

Subdivision 1. Establishment. The commissioner of human services must establish a
cultural and ethnic minority infrastructure grant program to ensure that mental health and

substance use disorder treatment services and supports are culturally specific and culturally

responsive to meet the cultural needs of communities served.

Subd. 2. Eligible applicants. An eligible applicant is a licensed entity or provider from

a cultural or ethnic minority population who:

(1) provides mental health or substance use disorder treatment services and supports to

individuals from cultural and ethnic minority populations, including individuals who are

lesbian, gay, bisexual, transgender, or queer; and from cultural and ethnic minority

populations;

(2) provides or is qualified and has the capacity to provide clinical supervision and

support to members of culturally diverse and ethnic minority communities so they may

become qualified mental health and substance use disorder treatment providers; or

(3) has the capacity and experience to provide training for mental health and substance

use disorder treatment providers on cultural competency and cultural humility.

Subdivision 1. Establishment. The commissioner of human services shall establish a
cultural and ethnic minority infrastructure grant program to ensure that mental health and

substance use disorder treatment supports and services are culturally specific and culturally

responsive to meet the cultural needs of the communities served.

Subd. 2. Eligible applicants. An eligible applicant is a licensed entity or provider from

a cultural or ethnic minority population who:

(1) provides mental health or substance use disorder treatment services and supports to

individuals from cultural and ethnic minority populations, including individuals who are

lesbian, gay, bisexual, transgender, or queer; and from cultural and ethnic minority

populations;

(2) provides or is qualified and has the capacity to provide clinical supervision and

support to members of culturally diverse and ethnic minority communities to qualify as

mental health and substance use disorder treatment providers; or

(3) has the capacity and experience to provide training for mental health and substance

use disorder treatment providers on cultural competency and cultural humility.
Subd. 3. Allowable grant activities. (a) Grantees must engage in activities and provide
supportive services to ensure and increase equitable access to culturally specific and
responsive care and build organizational and professional capacity for licensure and
certification for the communities served. Allowable grant activities include but are not
limited to:

1) providing workforce development activities focused on recruiting, supporting,
training, and supervising mental health and substance use disorder practitioners and
professionals from diverse racial, cultural, and ethnic communities;

2) helping members of culturally diverse and ethnic minority communities become
qualified mental health and substance use disorder professionals, practitioners, clinical
supervisors, recovery peer specialists, mental health certified peer specialists, and mental
health certified family peer specialists;

3) providing culturally specific outreach, early intervention, trauma-informed services,
and recovery support in mental health and substance use disorder services;

4) providing trauma-informed and culturally responsive mental health and substance
use disorder supports and services to children and families, youth, or adults who are from
cultural and ethnic minority backgrounds and are uninsured or underinsured;

5) expanding mental health and substance use disorder services, particularly in greater
Minnesota;

6) training for mental health and substance use disorder treatment providers on cultural
competency and cultural humility; and

7) providing activities that increase the availability of culturally responsive mental
health and substance use disorder services for children and families, youth, or adults, or
that increase the availability of substance use disorder services for individuals from cultural
and ethnic minorities in the state;

(b) The commissioner must assist grantees with meeting third-party credentialing
requirements, and grantees must obtain all available third-party reimbursement sources as
a condition of receiving grant funds. Grantees must serve individuals from cultural and
ethnic minority communities regardless of health coverage status or ability to pay.
Subd. 4. Data collection and outcomes. (a) Grantees must provide monthly data summaries to the commissioner for the purposes of evaluating the effectiveness of the grant program. The commissioner will evaluate program activities by analyzing whether the program:

1. increased access to culturally specific services for individuals from cultural and ethnic minority communities across the state;
2. increased the number of individuals from cultural and ethnic minority communities served by grantees;
3. increased cultural responsiveness and cultural competency of mental health and substance use disorder treatment providers;
4. increased the number of mental health and substance use disorder treatment providers and clinical supervisors from cultural and ethnic minority communities;
5. increased the number of mental health and substance use disorder treatment organizations owned, managed, or led by individuals who are Black, Indigenous, or People of Color;
6. reduced health disparities through improved clinical and functional outcomes for those accessing services; and
7. led to an overall increase in culturally specific mental health and substance use disorder service availability.

(b) The commissioner must submit the results of the evaluation to the chairs and ranking minority members of the legislative committees with jurisdiction over mental health.

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

Sec. 76. [245.4906] MENTAL HEALTH CERTIFIED PEER SPECIALIST GRANT PROGRAM.

Subdivision 1. Establishment. The commissioner of human services shall establish a mental health certified peer specialist grant program to provide funding for the training of mental health certified peer specialists who provide services to support individuals with lived experience of mental illness under section 256B.0615.

Subd. 2. Eligible applicants. An eligible applicant is a licensed entity or provider who employs a mental health certified peer specialist qualified under section 245I.04, subdivision 10, and who provides services to individuals receiving assertive community treatment or mental health certified peer specialist grant program.

Subd. 4. Data collection and outcomes. Grantees must provide regular data summaries to the commissioner for purposes of evaluating the effectiveness of the cultural and ethnic minority infrastructure grant program. The commissioner must use identified culturally appropriate outcome measures instruments to evaluate outcomes and must evaluate program activities by analyzing whether the program:

1. increased access to culturally specific services for individuals from cultural and ethnic minority communities across the state;
2. increased the number of individuals from cultural and ethnic minority communities served by grantees;
3. increased cultural responsiveness and cultural competency of mental health and substance use disorder treatment providers;
4. increased the number of mental health and substance use disorder treatment providers and clinical supervisors from cultural and ethnic minority communities;
5. increased the number of mental health and substance use disorder treatment organizations owned, managed, or led by individuals who are Black, Indigenous, or People of Color;
6. reduced health disparities through improved clinical and functional outcomes for those accessing services; and
7. led to an overall increase in culturally specific mental health and substance use disorder service availability.

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.
intensive residential treatment services under section 256B.0622, adult rehabilitative mental health services under section 256B.0623, or crisis response services under section 256B.0624.

Subd. 3. Allowable grant activities. Grantees must use grant funding to provide training for mental health certified peer specialists as specified in section 256B.0615, subdivision 5.

Subd. 4. Outcomes. (a) Grantees must provide an annual report to the commissioner for mental health certified peer family specialists who provide services to support individuals receiving inpatient hospitalization under section 256B.0625, subdivision 1; children's intensive behavioral health services under section 256B.0946; or crisis response services under section 256B.0624.

(b) The commissioner must submit the results of the evaluation to the chairs and ranking minority members of the legislative committees with jurisdiction over mental health. The effectiveness of the grant program. The report must include:

1. the number of mental health certified peer specialists who received training using the grant funds under this section; and
2. the extent to which individuals receiving peer services experienced progress on achieving treatment goals and experienced a reduction in hospital admissions.

The commissioner must submit the results of the evaluation to the chairs and ranking minority members of the legislative committees with jurisdiction over mental health.

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

Sec. 77. [245.4907] MENTAL HEALTH CERTIFIED FAMILY PEER SPECIALIST GRANT PROGRAM.

Subdivision 1. Establishment. The commissioner of human services must establish a mental health certified peer family specialist grant program to provide funding for training for mental health certified peer family specialists who provide services to support individuals with lived experience of mental illness under section 256B.0616.

Subd. 2. Eligible applicants. An eligible applicant is a licensed entity or provider who employs a mental health certified peer family specialist qualified under section 245I.04, subdivision 12, and who provides services to families who have a child:

1. with an emotional disturbance or severe emotional disturbance under chapter 245;
2. receiving inpatient hospitalization under section 256B.0625, subdivision 1;
3. admitted to a residential treatment facility under section 245.4882;
4. receiving children's intensive behavioral health services under section 256B.0946;
5. receiving day treatment or children's therapeutic services and supports under section 256I.0943; or
6. receiving crisis response services under section 256B.0624.

Subd. 3. Activities. Grant funding may be used to provide training for mental health certified peer specialists as specified in section 256B.0615, subdivision 5.

Subd. 4. Allowable grant activities. Grantees must use grant funding to provide training for mental health certified peer specialists as specified in section 256B.0615, subdivision 5.

Subd. 2. Activities. Grant funding may be used to provide training for mental health certified peer specialists as specified in section 256B.0615, subdivision 5.

Subd. 3. Outcomes. Evaluation includes the extent to which individuals receiving peer services:

1. experience progress on achieving treatment goals and
2. experience a reduction in hospital admissions.

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

Sec. 78. [245.4907] MENTAL HEALTH CERTIFIED FAMILY PEER SPECIALIST GRANT PROGRAM.

Subdivision 1. Establishment. The mental health certified peer family specialist grant program is established in the Department of Human Services to provide funding for training for mental health certified peer family specialists who provide services to support individuals with lived experience of mental illness under section 256B.0616. Certified family peer specialists provide services to families who have a child with an emotional disturbance or severe emotional disturbance under chapter 245. Certified family peer specialists provide services to families whose children are receiving inpatient hospitalization under section 256B.0625, subdivision 1, partial hospitalization under Minnesota Rules, parts 9505.0370, subdivision 24, and 9505.0372, subdivision 9; residential treatment under section 245.4882; children's intensive behavioral health services under section 256B.0946; and day treatment, children's therapeutic services and supports, or crisis response services under section 256B.0624.

Mental health certified family peer specialist qualifications are defined in section 245I.04, subdivision 12, and mental health certified family peer specialists' scope of practice is defined in section 245I.04, subdivision 13.
Subd. 2. Allowable grant activities. Grantees must use grant funding to provide training for mental health certified family peer specialists as specified in section 256B.0616, subdivision 5.

Subd. 3. Eligible applicants. An applicant for a grant under this section must be a nonprofit organization, county, or other entity who provides services to help individuals transition from homelessness.

Subd. 4. Outcomes. (a) Grantees must provide an annual report to the commissioner for the purposes of evaluating the effectiveness of the grant program. The report must include:

1. the number of mental health certified peer specialists who received training using the grant funds under this section; and
2. the extent to which individuals receiving family peer services experienced progress on achieving treatment goals and experienced a reduction in hospital admissions.

(b) The commissioner must submit the results of the evaluation to the chairs and ranking minority members of the legislative committees with jurisdiction over mental health.

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

Sec. 78. HOMELESSNESS PROGRAM. (a) Grantees must provide homeless outreach services; habilitation and rehabilitation services, community mental health services, substance use disorder treatment, housing transition and sustaining services, or direct assistance funding. Services must be provided to individuals with a serious mental illness, or with a co-occurring substance use disorder, who are homeless or at imminent risk of homelessness. Individuals receiving homeless outreach services may be presumed eligible until a serious mental illness can be verified.

Subd. 3. Allowable grant activities. Grantees must use grant funding to provide training for mental health certified family peer specialists as specified in section 256B.0616, subdivision 5.

Subd. 4. Outcomes. (a) Grantees must submit an annual report to the commissioner for the purposes of evaluating the effectiveness of the grant program. The report must include:

1. the number of individuals to whom the grantee provided homeless outreach services;
The housing with support for adults with serious mental illness transition and sustaining services, outreach services, community support services, direct assistance funding. Program activities may include case management, site-based housing services, housing transition and sustaining services, outreach services, community support services, direct assistance funding, and other activities as determined by the commissioner.

Subd. 4. Outcomes. (a) Grantees must submit an annual report to the commissioner for the purposes of evaluating the effectiveness of the grant program. The report must include:

(1) whether the grantee’s housing and activities utilized evidence-based practices;
(2) the number of individuals that were able to transition from homelessness to housing;
(3) the number of individuals that were able to retain housing; and
(4) whether the individuals were satisfied with their housing.

Subd. 5. Federal aid or grants. The commissioner of human services must comply with all conditions and requirements necessary to receive federal aid or grants with respect to homeless services or programs as specified in section 245.70.

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

Section 79. Establishment of the housing and activities to assure that people
satisfied with their housing. This section is effective the day following final enactment.

Program activities may include case management, site-based housing services, housing transition and sustaining services, outreach services, community support services, direct assistance funding, and other activities as determined by the commissioner.

Subd. 4. Outcomes. Evaluation of program activities must utilize evidence-based practices and must include the extent to which:

(1) grantees' housing and activities utilize evidence-based practices;
(2) individuals transition from homelessness to housing;
(3) individuals retain housing; and
(4) individuals are satisfied with their housing.
(b) The commissioner must submit the results of the evaluation to the chairs and ranking minority members of the legislative committees with jurisdiction over mental health and homelessness:

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

Sec. 80. Minnesota Statutes 2022, section 256.478, is amended by adding a subdivision to read:

**Subd. 3. Authorized uses of grant funds.** Grant funds may be used for but are not limited to the following:

1. increasing access to home and community-based services for an individual;
2. improving caregiver-child relationships and aiding progress toward treatment goals; and
3. reducing emergency department visits.

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

Sec. 81. Minnesota Statutes 2022, section 256.478, is amended by adding a subdivision to read:

**Subd. 4. Outcomes.** Program evaluation is based on but not limited to the following criteria:

1. expediting discharges for individuals who no longer need hospital level of care;
2. individuals obtaining and retaining housing;
3. individuals maintaining community living by diverting admission to Anoka Metro Regional Treatment Center and Forensic Mental Health Program;
4. reducing recidivism rates of individuals returning to state institutions; and
5. individuals' ability to live in the least restrictive community setting.

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

Sec. 82. Minnesota Statutes 2022, section 256B.056, is amended by adding a subdivision to read:

**Subd. 5d. Medical assistance room and board rate.** "Medical assistance room and board rate" means an amount equal to 81 percent of the federal poverty guideline for a single individual living alone in the community less the medical assistance personal needs allowance under section 256I.03, subdivision 2, that exceeds the medical assistance room and board rate is considered a remedial care cost. A remedial care cost may be used to meet a spenddown obligation under

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

Sec. 8. Minnesota Statutes 2022, section 256.478, is amended by adding a subdivision to read:

**Subd. 3. Authorized uses of grant funds.** Grant funds may be used for but are not limited to the following:

1. increasing access to home and community-based services for an individual;
2. improving caregiver-child relationships and aiding progress toward treatment goals; and
3. reducing emergency department visits.

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

Sec. 9. Minnesota Statutes 2022, section 256.478, is amended by adding a subdivision to read:

**Subd. 4. Outcomes.** Program evaluation is based on but not limited to the following criteria:

1. expediting discharges for individuals who no longer need hospital level of care;
2. individuals obtaining and retaining housing;
3. individuals maintaining community living by diverting admission to Anoka Metro Regional Treatment Center and Forensic Mental Health Program;
4. reducing recidivism rates of individuals returning to state institutions; and
5. individuals' ability to live in the least restrictive community setting.

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

Sec. 10. Minnesota Statutes 2022, section 256B.056, is amended by adding a subdivision to read:

**Subd. 5d. Medical assistance room and board rate.** "Medical assistance room and board rate" means an amount equal to 81 percent of the federal poverty guideline for a single individual living alone in the community less the medical assistance personal needs allowance under section 256I.03, subdivision 2, that exceeds the medical assistance room and board rate is considered a remedial care cost. A remedial care cost may be used to meet a spenddown obligation under
this section. The medical assistance room and board rate is to be adjusted on January 1 of each year.

Sec. 83. Minnesota Statutes 2022, section 256B.0622, subdivision 8, is amended to read:

Subd. 8. Medical assistance payment for assertive community treatment and intensive residential treatment services. (a) Payment for intensive residential treatment services and assertive community treatment in this section shall be based on one daily rate per provider inclusive of the following services received by an eligible client in a given calendar day: all rehabilitative services under this section, staff travel time to provide rehabilitative services under this section, and nonresidential crisis stabilization services under section 256B.0624.

(b) Except as indicated in paragraph (c), payment will not be made to more than one entity for each client for services provided under this section on a given day. If services under this section are provided by a team that includes staff from more than one entity, the team must determine how to distribute the payment among the members.

(c) The commissioner shall determine one rate for each provider that will bill medical assistance for residential services under this section and one rate for each assertive community treatment provider. If a single entity provides both services, one rate is established for the entity's residential services and another rate for the entity's nonresidential services under this section. A provider is not eligible for payment under this section without authorization from the commissioner. The commissioner shall develop rates using the following criteria:

(1) the provider's cost for services shall include direct services costs, other program costs, and other costs determined as follows:

(i) the direct services costs must be determined using actual costs of salaries, benefits, payroll taxes, and training of direct service staff and service-related transportation;

(ii) other program costs not included in item (i) must be determined as a specified percentage of the direct services costs as determined by item (i). The percentage used shall be determined by the commissioner based upon the average of percentages that represent the relationship of other program costs to direct services costs among the entities that provide similar services;

(iii) physical plant costs calculated based on the percentage of space within the program that is entirely devoted to treatment and programming. This does not include administrative or residential space;

(iv) assertive community treatment physical plant costs must be reimbursed as part of the costs described in item (ii); and

percentage of the direct services costs as determined by item (i). The percentage used shall be determined by the commissioner based upon the average of percentages that represent the relationship of other program costs to direct services costs among the entities that provide similar services;

physical plant costs calculated based on the percentage of space within the program that is entirely devoted to treatment and programming. This does not include administrative or residential space;

assertive community treatment physical plant costs must be reimbursed as part of the costs described in item (ii); and
(v) subject to federal approval, up to an additional five percent of the total rate may be added to the program rate as a quality incentive based upon the entity meeting performance criteria specified by the commissioner;

(2) actual cost is defined as costs which are allowable, allocable, and reasonable, and consistent with federal reimbursement requirements under Code of Federal Regulations, title 48, chapter 1, part 31, relating to for-profit entities, and Office of Management and Budget Circular Number A-122, relating to nonprofit entities;

(3) the number of service units;

(4) the degree to which clients will receive services other than services under this section;

(5) the costs of other services that will be separately reimbursed.

(d) The rate for intensive residential treatment services and assertive community treatment treatment team. Physician services, whether billed separately or included in the rate, may be delivered by telehealth. For purposes of this paragraph, "telehealth" has the meaning given to "mental health telehealth" in section 256B.056, subdivision 5d, and services not covered under this section, such as partial hospitalization, home care, and inpatient services.

(e) Physician services that are not separately billed may be included in the rate to the extent that a psychiatrist, or other health care professional providing physician services within their scope of practice, is a member of the intensive residential treatment services team. Physician services, whether billed separately or included in the rate, may be delivered by telehealth. For purposes of this paragraph, "telehealth" has the meaning given to "mental health telehealth" in section 256B.0625, subdivision 46, when telehealth is used to provide intensive residential treatment services.

(f) When services under this section are provided by an assertive community treatment team, case management functions must be an integral part of the team.

(g) The rate for a provider must not exceed the rate charged by that provider for the same service to other payors.

(h) The rates for existing programs must be established prospectively based upon the expenditures and utilization over a prior 12-month period using the criteria established in paragraph (c). The rates for new programs must be established based upon estimated expenditures and estimated utilization using the criteria established in paragraph (c).

(i) Entities who discontinue providing services must be subject to a settle-up process whereby actual costs and reimbursement for the previous 12 months are compared. In the event that the entity was paid more than the entity's actual costs plus any applicable performance-related funding due the provider, the excess payment must be reimbursed to the department. If a provider's revenue is less than actual allowed costs due to lower utilization than projected, the commissioner may reimburse the provider to recover its actual allowable costs. The resulting adjustments by the commissioner must be proportional to the
percent of total units of service reimbursed by the commissioner and must reflect a difference
of greater than five percent.

(j) A provider may request of the commissioner a review of any rate-setting decision
made under this subdivision.

Sec. 84. Minnesota Statutes 2022, section 256B.0946, subdivision 6, is amended to read:

Sec. 12. Minnesota Statutes 2022, section 256B.0946, subdivision 6, is amended to read:

(1) inpatient psychiatric hospital treatment;
(2) mental health targeted case management;
(3) partial hospitalization;
(4) medication management;
(5) children's mental health day treatment services;
(6) crisis response services under section 256B.0624;
(7) transportation; and
(8) mental health certified family peer specialist services under section 256B.0616.

(b) Children receiving intensive behavioral health services are not eligible for medical
assistance reimbursement for the following services while receiving children's intensive
behavioral health services:

(1) psychotherapy and skills training components of children's therapeutic services and
supports under section 256B.0943;
(2) mental health behavioral aide services as defined in section 256B.0943, subdivision
1, paragraph (f);
(3) home and community-based waiver services;
(4) mental health residential treatment; and

May 05, 2023 01:35 PM
House Language UES2995-2

percent of total units of service reimbursed by the commissioner and must reflect a difference
of greater than five percent.

(j) A provider may request of the commissioner a review of any rate-setting decision
made under this subdivision.

THE FOLLOWING SECTION IS FROM UES2995-2, ARTICLE 1, AND
APPEARS IN THE ARTICLE 1 SIDE-BY-SIDE

Sec. 11. Minnesota Statutes 2022, section 256B.0625, subdivision 3a, is amended to read:

Subd. 3a. Sex reassignment 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

Sec. 12. Minnesota Statutes 2022, section 256B.0946, subdivision 6, is amended to read:

Subd. 6. Excluded services. (a) Services in clauses (1) to (7) are not covered under this
section and are not eligible for medical assistance payment as components of children's
intensive behavioral health services, but may be billed separately:

(1) inpatient psychiatric hospital treatment;
(2) mental health targeted case management;
(3) partial hospitalization;
(4) medication management;
(5) children's mental health day treatment services;
(6) crisis response services under section 256B.0624;
(7) transportation; and
(8) mental health certified family peer specialist services under section 256B.0616.

(b) Children receiving intensive behavioral health services are not eligible for medical
assistance reimbursement for the following services while receiving children's intensive
behavioral health services:

(1) psychotherapy and skills training components of children's therapeutic services and
supports under section 256B.0943;
(2) mental health behavioral aide services as defined in section 256B.0943, subdivision
1, paragraph (f);
(3) home and community-based waiver services;
(4) mental health residential treatment; and

PAGE R47DHP
Sec. 15. Minnesota Statutes 2022, section 256D.07, is amended to read:

256P.01, subdivision 2b.

(a) The rate for intensive rehabilitative mental health physician services outside of care provided by a psychiatrist serving as a member of the treatment team; (b) The following services are not covered under this section and are not eligible for medical assistance payment while youth are receiving intensive rehabilitative mental health services:

(1) inpatient psychiatric hospital treatment; (2) partial hospitalization; (3) children's mental health day treatment services; (4) physician services outside of care provided by a psychiatrist serving as a member of the treatment team; (5) medical assistance room and board costs, as defined in section 256I.03, subdivision 6; (6) home and community-based waiver services; and (7) other mental health services identified in the child's individualized education program.

(b) The following services are not covered under this section and are not eligible for medical assistance payment while youth are receiving intensive rehabilitative mental health services:

(1) mental health residential treatment; and (2) mental health behavioral aide services, as defined in section 256B.0943, subdivision 1, paragraph (l).

Sec. 16. Minnesota Statutes 2022, section 256D.07, is amended to read:

Subd. 7a. Noncovered services. (a) The rate for intensive rehabilitative mental health services does not include medical assistance payment for services in clauses (1) to (7). Services not covered under this paragraph may be billed separately:

(1) inpatient psychiatric hospital treatment; (2) partial hospitalization; (3) children's mental health day treatment services; (4) physician services outside of care provided by a psychiatrist serving as a member of the treatment team; (5) medical assistance room and board costs, as defined in section 256I.03; (6) home and community-based waiver services; and (7) other mental health services identified in the child's individualized education program.

(b) The following services are not covered under this section and are not eligible for medical assistance payment while youth are receiving intensive rehabilitative mental health services:

(1) mental health residential treatment; and (2) mental health behavioral aide services, as defined in section 256B.0943, subdivision 1, paragraph (l).

Sec. 17. Minnesota Statutes 2022, section 256D.07, is amended to read:

Subd. 20. Date of application. "Date of application" has the meaning given in section 250F.01, subdivision 2b.

Sec. 18. Minnesota Statutes 2022, section 256D.07, is amended to read:

256D.07 TIME OF PAYMENT OF ASSISTANCE.

An applicant for general assistance shall be deemed eligible if the application and the verification of the statement on that application demonstrate that the applicant is within the eligibility criteria established by sections 256D.01 to 256D.21 and any applicable rules of the commissioner. Any person requesting general assistance shall be permitted by the county agency to make an application for assistance as soon as administratively possible and in no event later than the fourth day following the date on which assistance is first requested, and no county agency shall require that a person requesting assistance appear at the offices of the commissioner.

SEC. 86. Minnesota Statutes 2022, section 256B.0947, subdivision 7a, is amended to read:

Sec. 13. Minnesota Statutes 2022, section 256B.0947, subdivision 7a, is amended to read:

Subd. 20. An applicant for general assistance shall be deemed eligible if the application and the verification of the statement on that application demonstrate that the applicant is within the eligibility criteria established by sections 256D.01 to 256D.21 and any applicable rules of the commissioner. Any person requesting general assistance shall be permitted by the county agency to make an application for assistance as soon as administratively possible and in no event later than the fourth day following the date on which assistance is first requested, and no county agency shall require that a person requesting assistance appear at the offices of
the county agency more than once prior to the date on which the person is permitted to make
the application. The application shall be in writing in the manner and upon the form
prescribed by the commissioner and attested to by the oath of the applicant or in lieu thereof
shall contain the following declaration which shall be signed by the applicant: "I declare
that this application has been examined by me and to the best of my knowledge and belief
it is a true and correct statement of every material point." Applications must be submitted
according to section 256P.04, subdivision 1a. On the date that general assistance is first
requested, the county agency shall inquire and determine whether the person requesting
assistance is in immediate need of food, shelter, clothing, assistance for necessary
transportation, or other emergency assistance pursuant to section 256D.06, subdivision 2.
A person in need of emergency assistance shall be granted emergency assistance immediately,
and necessary emergency assistance shall continue for up to 30 days following the date of
application. A determination of an applicant's eligibility for general assistance shall be made
by the county agency as soon as the required verifications are received by the county agency
and in no event later than 30 days following the date that the application is made. Any
verifications required of the applicant shall be reasonable, and the commissioner shall by
rule establish reasonable verifications. General assistance shall be granted to an eligible
applicant without the necessity of first securing action by the board of the county agency.
The first month's grant must be computed to cover the time period starting with the date
a signed application form is received by the county agency of application, as defined by
section 256P.01, subdivision 2b, or from the date that the applicant meets all eligibility
factors, whichever occurs later.

If upon verification and due investigation it appears that the applicant provided false
information and the false information materially affected the applicant's eligibility for general
assistance or the amount of the applicant's general assistance grant, the county agency may
refer the matter to the county attorney. The county attorney may commence a criminal
prosecution or a civil action for the recovery of any general assistance wrongfully received,
or both.

Sec. 89. Minnesota Statutes 2022, section 256L.03, subdivision 15, is amended to read:

Subd. 15. Supportive housing. "Supportive housing" means housing that is not
time-limited and provides or coordinates services necessary for a resident to maintain
housing stability and is not assisted living licensed under chapter 144G.

Sec. 90. Minnesota Statutes 2022, section 256L.03, is amended by adding a subdivision
to read:

Subd. 16. Date of application. "Date of application" has the meaning given in section
256P.01, subdivision 20.

Sec. 91. Minnesota Statutes 2022, section 256L.04, subdivision 2, is amended to read:

Subd. 2. Date of eligibility. An individual who has met the eligibility requirements of
subdivision 1, shall have a housing support payment made on the individual's behalf from
the county agency more than once prior to the date on which the person is permitted to make
the application. The application shall be in writing in the manner and upon the form
prescribed by the commissioner and attested to by the oath of the applicant or in lieu thereof
shall contain the following declaration which shall be signed by the applicant: "I declare
that this application has been examined by me and to the best of my knowledge and belief
it is a true and correct statement of every material point." Applications must be submitted
according to section 256P.04, subdivision 1a. On the date that general assistance is first
requested, the county agency shall inquire and determine whether the person requesting
assistance is in immediate need of food, shelter, clothing, assistance for necessary
transportation, or other emergency assistance pursuant to section 256D.06, subdivision 2.
A person in need of emergency assistance shall be granted emergency assistance immediately,
and necessary emergency assistance shall continue for up to 30 days following the date of
application. A determination of an applicant's eligibility for general assistance shall be made
by the county agency as soon as the required verifications are received by the county agency
and in no event later than 30 days following the date that the application is made. Any
verifications required of the applicant shall be reasonable, and the commissioner shall by
rule establish reasonable verifications. General assistance shall be granted to an eligible
applicant without the necessity of first securing action by the board of the county agency.
The first month's grant must be computed to cover the time period starting with the date
a signed application form is received by the county agency of application, as defined by
section 256P.01, subdivision 2b, or from the date that the applicant meets all eligibility
factors, whichever occurs later.

If upon verification and due investigation it appears that the applicant provided false
information and the false information materially affected the applicant's eligibility for general
assistance or the amount of the applicant's general assistance grant, the county agency may
refer the matter to the county attorney. The county attorney may commence a criminal
prosecution or a civil action for the recovery of any general assistance wrongfully received,
or both.

Sec. 16. Minnesota Statutes 2022, section 256L.03, subdivision 15, is amended to read:

Subd. 15. Supportive housing. "Supportive housing" means housing that is not
time-limited and provides or coordinates services necessary for a resident to maintain
housing stability and is not assisted living licensed under chapter 144G.

Sec. 17. Minnesota Statutes 2022, section 256L.03, is amended by adding a subdivision
to read:

Subd. 16. Date of application. "Date of application" has the meaning given in section
256P.01, subdivision 20.
the first day of the month in which a signed of the date of application form is received by a county agency, as defined by section 256P.01, subdivision 2b, or the first day of the month in which all eligibility factors have been met, whichever is later.

Sec. 92. Minnesota Statutes 2022, section 256I.06, subdivision 3, is amended to read:

Subd. 3. Filing of application. The county agency must immediately provide an application form to any person requesting housing support. Application for housing support must be in writing on a form prescribed by the commissioner. Applications must be submitted according to section 256P.04, subdivision 1a. The county agency must determine an applicant's eligibility for housing support as soon as the required verifications are received by the county agency and within 30 days after a signed application is received by the county agency for the aged or blind or within 60 days for people with a disability.

Sec. 93. Minnesota Statutes 2022, section 256I.09, is amended to read:

256I.09 COMMUNITY LIVING INFRASTRUCTURE.

The commissioner shall award grants to agencies and multi-Tribal collaboratives through an annual competitive process. Grants awarded under this section may be used for: (1) outreach to locate and engage people who are homeless or residing in segregated settings to screen for basic needs and assist with referral to community living resources; (2) building capacity to provide technical assistance and consultation on housing and related support service resources for persons with both disabilities and low income; or (3) streamlining the administration and monitoring activities related to housing support funds. Agencies may collaborate and submit a joint application for funding under this section.

Sec. 94. Minnesota Statutes 2022, section 256I.08, subdivision 21, is amended to read:

Subd. 21. Date of application. "Date of application" means the date on which the county agency receives an applicant's application, an application submitted by telephone, or an application submitted through Internet telepresence has the meaning given in section 256P.01, subdivision 2b.

Sec. 95. Minnesota Statutes 2022, section 256I.09, subdivision 3, is amended to read:

Subd. 3. Submitting application form. (a) A county agency must offer, in person or by mail, the application forms prescribed by the commissioner as soon as a person makes a written or oral inquiry. At that time, the county agency must:

(1) inform the person that assistance begins on the date that the application is received by the county agency, either as a signed written application, an application submitted by telephone, or an application submitted through Internet telepresence, as defined in section 256P.01, subdivision 2b, or on the date that all eligibility criteria are met, whichever is later;

(2) inform a person that the person may submit the application by telephone or through Internet telepresence;

the first day of the month in which a signed of the date of application form is received by a county agency, as defined by section 256P.01, subdivision 2b, or the first day of the month in which all eligibility factors have been met, whichever is later.

Sec. 19. Minnesota Statutes 2022, section 256I.06, subdivision 3, is amended to read:

Subd. 3. Filing of application. The county agency must immediately provide an application form to any person requesting housing support. Application for housing support must be in writing on a form prescribed by the commissioner. Applications must be submitted according to section 256P.04, subdivision 1a. The county agency must determine an applicant's eligibility for housing support as soon as the required verifications are received by the county agency and within 30 days after a signed application is received by the county agency for the aged or blind or within 60 days for people with a disability.

Sec. 20. Minnesota Statutes 2022, section 256I.09, is amended to read:

256I.09 COMMUNITY LIVING INFRASTRUCTURE.

The commissioner shall award grants to agencies and multi-Tribal collaboratives through an annual competitive process. Grants awarded under this section may be used for: (1) outreach to locate and engage people who are homeless or residing in segregated settings to screen for basic needs and assist with referral to community living resources; (2) building capacity to provide technical assistance and consultation on housing and related support service resources for persons with both disabilities and low income; or (3) streamlining the administration and monitoring activities related to housing support funds. Agencies may collaborate and submit a joint application for funding under this section.

Sec. 21. Minnesota Statutes 2022, section 256I.08, subdivision 21, is amended to read:

Subd. 21. Date of application. "Date of application" means the date on which the county agency receives an applicant's application, an application submitted by telephone, or an application submitted through Internet telepresence has the meaning given in section 256P.01, subdivision 2b.

Sec. 22. Minnesota Statutes 2022, section 256I.09, subdivision 3, is amended to read:

Subd. 3. Submitting application form. (a) A county agency must offer, in person or by mail, the application forms prescribed by the commissioner as soon as a person makes a written or oral inquiry. At that time, the county agency must:

(1) inform the person that assistance begins on the date that the application is received by the county agency, either as a signed written application, an application submitted by telephone, or an application submitted through Internet telepresence, as defined in section 256P.01, subdivision 2b, or on the date that all eligibility criteria are met, whichever is later;

(2) inform a person that the person may submit the application by telephone or through Internet telepresence;
(3) inform a person that when the person submits the application by telephone or through Internet telepresence, the county agency must receive a signed written application within 58 days of the date that the person submitted the application by telephone or through Internet telepresence of the application submission requirements in section 256P.04, subdivision 4.

(4) inform a person that any delay in submitting the application will reduce the amount of assistance paid for the month of application;

(5) inform a person that the person may submit the application before an interview;

(6) explain the information that will be verified during the application process by the county agency as provided in section 256J.32;

(7) inform a person about the county agency's average application processing time and explain how the application will be processed under subdivision 5;

(8) explain how to contact the county agency if a person's application information changes and how to withdraw the application;

(9) inform a person that the next step in the application process is an interview and what a person must do if the application is approved including, but not limited to, attending orientation under section 256J.45 and complying with employment and training services requirements in sections 256J.515 to 256J.57;

(10) inform the person that an interview must be conducted. The interview may be conducted face-to-face in the county office or at a location mutually agreed upon, through Internet telepresence, or by telephone;

(11) explain the child care and transportation services that are available under paragraph (c) to enable caregivers to attend the interview, screening, and orientation; and

(12) identify any language barriers and arrange for translation assistance during appointments, including, but not limited to, screening under subdivision 3a, orientation under section 256J.45, and assessment under section 256J.521.

(b) Upon receipt of a signed application, the county agency must stamp the date of receipt on the face of the application. The county agency must process the application within the required time period required under subdivision 5. An applicant may withdraw the application at any time by giving written or oral notice to the county agency. The county agency must issue a written notice confirming the withdrawal. The notice must inform the applicant of the county agency's understanding that the applicant has withdrawn the application and no longer wants to pursue it. When, within ten days of the date of the agency's notice, an applicant informs a county agency, in writing, that the applicant does not wish to withdraw the application, the county agency must reinstate the application and finish processing the application.

(3) inform a person that when the person submits the application by telephone or through Internet telepresence, the county agency must receive a signed written application within 58 days of the date that the person submitted the application by telephone or through Internet telepresence of the application submission requirements in section 256P.04, subdivision 4.

(4) inform a person that any delay in submitting the application will reduce the amount of assistance paid for the month of application;

(5) inform a person that the person may submit the application before an interview;

(6) explain the information that will be verified during the application process by the county agency as provided in section 256J.32;

(7) inform a person about the county agency's average application processing time and explain how the application will be processed under subdivision 5;

(8) explain how to contact the county agency if a person's application information changes and how to withdraw the application;

(9) inform a person that the next step in the application process is an interview and what a person must do if the application is approved including, but not limited to, attending orientation under section 256J.45 and complying with employment and training services requirements in sections 256J.515 to 256J.57;

(10) inform the person that an interview must be conducted. The interview may be conducted face-to-face in the county office or at a location mutually agreed upon, through Internet telepresence, or by telephone;

(11) explain the child care and transportation services that are available under paragraph (c) to enable caregivers to attend the interview, screening, and orientation; and

(12) identify any language barriers and arrange for translation assistance during appointments, including, but not limited to, screening under subdivision 3a, orientation under section 256J.45, and assessment under section 256J.521.

(b) Upon receipt of a signed application, the county agency must stamp the date of receipt on the face of the application. The county agency must process the application within the required time period required under subdivision 5. An applicant may withdraw the application at any time by giving written or oral notice to the county agency. The county agency must issue a written notice confirming the withdrawal. The notice must inform the applicant of the county agency's understanding that the applicant has withdrawn the application and no longer wants to pursue it. When, within ten days of the date of the agency's notice, an applicant informs a county agency, in writing, that the applicant does not wish to withdraw the application, the county agency must reinstate the application and finish processing the application.
Upon a participant's request, the county agency must arrange for transportation and
child care or reimburse the participant for transportation and child care expenses necessary
to enable participants to attend the screening under subdivision 3a and orientation under
section 256J.45.

Sec. 96. Minnesota Statutes 2022, section 256J.95, subdivision 5, is amended to read:

Subd. 5. Submitting application form. The eligibility date for the diversionary work
program begins on the date that the combined application form (CAF) is received by the
agency, either as a written application, an application submitted by telephone, or an application submitted through Internet telepresence, as defined in section 256P.01.

Sec. 97. Minnesota Statutes 2022, section 256P.01, is amended by adding a subdivision
to read:

Subd. 2b. Date of application. "Date of application" means the date on which the agency
receives an applicant's application as a written application, an application submitted
by telephone, or an application submitted through Internet telepresence. The child care
assistance program under chapter 119B is exempt from this definition.

Sec. 98. Minnesota Statutes 2022, section 256P.04, is amended by adding a subdivision
to read:

Subd. 1a. Application submission. An agency must offer, in person or by mail, the
application forms prescribed by the commissioner as soon as a person makes a written or
oral inquiry about assistance. Applications must be received by the agency as a signed
written application, an application submitted by telephone, or an application submitted through Internet telepresence. When a person submits an application by telephone through
Internet telepresence, the agency must receive a signed written application within 30 days
of the date that the person submitted the application by telephone or through Internet
telepresence.

Sec. 24. Minnesota Statutes 2022, section 256P.01, is amended by adding a subdivision
to read:

Subd. 2b. Date of application. "Date of application" means the date on which the agency
receives an applicant's application as a signed written application, an application submitted
by telephone, or an application submitted through Internet telepresence. The child care
assistance program under chapter 119B is exempt from this definition.

Sec. 25. Minnesota Statutes 2022, section 256P.04, is amended by adding a subdivision
to read:

Subd. 1a. Application submission. An agency must offer, in person or by mail, the
application forms prescribed by the commissioner as soon as a person makes a written or
oral inquiry about assistance. Applications must be received by the agency as a signed
written application, an application submitted by telephone, or an application submitted through Internet telepresence. When a person submits an application by telephone through
Internet telepresence, the agency must receive a signed written application within 30 days
of the date that the person submitted the application by telephone or through Internet
telepresence.
Sec. 26. REVISOR INSTRUCTION.

The revisor of statutes shall renumber the subdivisions in Minnesota Statutes, sections 256D.02 and 256I.03, in alphabetical order, excluding the first subdivision in each section, and correct any cross-reference changes that result.

Sec. 99. REVISOR INSTRUCTION.

The revisor of statutes shall renumber the subdivisions in Minnesota Statutes, sections 256D.02 and 256I.03, in alphabetical order, excluding the first subdivision in each section, 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. Both sections with overlapping repealers appear below.

Sec. 203. REPEALER.

(a) Minnesota Statutes 2022, section 144.9505, subdivision 3, is repealed.

(b) Minnesota Statutes 2022, section 153A.14, subdivision 5, is repealed.

(c) Minnesota Rules, parts 4640.1500; 4640.1600; 4640.1700; 4640.1800; 4640.1900; 4640.2000; 4640.2100; 4640.2200; 4640.2300; 4640.2400; 4640.2500; 4640.2600; 4645.0300; 4645.0400; 4645.0500; 4645.0600; 4645.0700; 4645.0800; 4645.0900; 4645.1000; 4645.1100; 4645.1200; 4645.1300; 4645.1400; 4645.1500; 4645.1600; 4645.1700; 4645.1800; 4645.1900; 4645.2000; 4645.2100; 4645.2200; 4645.2300; 4645.2400; 4645.2500; 4645.2600; 4645.2700; 4645.2800; 4645.2900; 4645.3000; 4645.3100; 4645.3200; 4645.3300; 4645.3400; 4645.3500; 4645.3600; 4645.3700; 4645.3800; 4645.3805; 4645.3900; 4645.4000; 4645.4100; 4645.4200; 4645.4300; 4645.4400; 4645.4500; 4645.4600; 4645.4700; 4645.4800; 4645.4900; 4645.5000; and 4645.5200, are repealed effective August 1, 2023.

(d) Minnesota Statutes 2022, section 256I.03, subdivision 6, is repealed.
Sec. 27. REPEALER.

436.25 Minnesota Statutes 2022, section 256L.03, subdivision 6, is repealed.