

81.17

**ARTICLE 3**

81.18

**CONFORMING CHANGES**

81.19 Section 1. Minnesota Statutes 2023 Supplement, section 256B.0625, subdivision 17, is  
81.20 amended to read:

81.21 Subd. 17. **Transportation costs.** (a) "Nonemergency medical transportation service"  
81.22 means motor vehicle transportation provided by a public or private person that serves  
81.23 Minnesota health care program beneficiaries who do not require emergency ambulance  
81.24 service, as defined in section 144E.001, subdivision 3, to obtain covered medical services.

81.25 (b) For purposes of this subdivision, "rural urban commuting area" or "RUCA" means  
81.26 a census-tract based classification system under which a geographical area is determined  
81.27 to be urban, rural, or super rural.

81.28 (c) Medical assistance covers medical transportation costs incurred solely for obtaining  
81.29 emergency medical care or transportation costs incurred by eligible persons in obtaining  
81.30 emergency or nonemergency medical care when paid directly to an ambulance company,  
81.31 nonemergency medical transportation company, or other recognized providers of  
81.32 transportation services. Medical transportation must be provided by:

82.1 (1) nonemergency medical transportation providers who meet the requirements of this  
82.2 subdivision;

82.3 (2) ambulances, as defined in section 144E.001, subdivision 2;

82.4 (3) taxicabs that meet the requirements of this subdivision;

82.5 (4) public transit, within the meaning of "public transportation" as defined in section  
82.6 174.22, subdivision 7; or

82.7 (5) not-for-hire vehicles, including volunteer drivers, as defined in section 65B.472,  
82.8 subdivision 1, paragraph (h).

82.9 (d) Medical assistance covers nonemergency medical transportation provided by  
82.10 nonemergency medical transportation providers enrolled in the Minnesota health care  
82.11 programs. All nonemergency medical transportation providers must comply with the  
82.12 operating standards for special transportation service as defined in sections 174.29 to 174.30  
82.13 and Minnesota Rules, chapter 8840, and all drivers must be individually enrolled with the  
82.14 commissioner and reported on the claim as the individual who provided the service. All  
82.15 nonemergency medical transportation providers shall bill for nonemergency medical  
82.16 transportation services in accordance with Minnesota health care programs criteria. Publicly  
82.17 operated transit systems, volunteers, and not-for-hire vehicles are exempt from the  
82.18 requirements outlined in this paragraph.

82.19 (e) An organization may be terminated, denied, or suspended from enrollment if:

61.12

**ARTICLE 3**

61.13

**GREATER MINNESOTA TRANSIT**

67.4 Sec. 12. Minnesota Statutes 2023 Supplement, section 256B.0625, subdivision 17, is  
67.5 amended to read:

67.6 Subd. 17. **Transportation costs.** (a) "Nonemergency medical transportation service"  
67.7 means motor vehicle transportation provided by a public or private person that serves  
67.8 Minnesota health care program beneficiaries who do not require emergency ambulance  
67.9 service, as defined in section 144E.001, subdivision 3, to obtain covered medical services.

67.10 (b) For purposes of this subdivision, "rural urban commuting area" or "RUCA" means  
67.11 a census-tract based classification system under which a geographical area is determined  
67.12 to be urban, rural, or super rural.

67.13 (c) Medical assistance covers medical transportation costs incurred solely for obtaining  
67.14 emergency medical care or transportation costs incurred by eligible persons in obtaining  
67.15 emergency or nonemergency medical care when paid directly to an ambulance company,  
67.16 nonemergency medical transportation company, or other recognized providers of  
67.17 transportation services. Medical transportation must be provided by:

67.18 (1) nonemergency medical transportation providers who meet the requirements of this  
67.19 subdivision;

67.20 (2) ambulances, as defined in section 144E.001, subdivision 2;

67.21 (3) taxicabs that meet the requirements of this subdivision;

67.22 (4) public transit, within the meaning of "public transportation" as defined in section  
67.23 174.22, subdivision 7; or

67.24 (5) not-for-hire vehicles, including volunteer drivers, as defined in section 65B.472,  
67.25 subdivision 1, paragraph (h).

67.26 (d) Medical assistance covers nonemergency medical transportation provided by  
67.27 nonemergency medical transportation providers enrolled in the Minnesota health care  
67.28 programs. All nonemergency medical transportation providers must comply with the  
67.29 operating standards for special transportation service as defined in sections 174.29 to 174.30  
67.30 and Minnesota Rules, chapter 8840, and all drivers must be individually enrolled with the  
67.31 commissioner and reported on the claim as the individual who provided the service. All  
67.32 nonemergency medical transportation providers shall bill for nonemergency medical  
68.1 transportation services in accordance with Minnesota health care programs criteria. Publicly  
68.2 operated transit systems, volunteers, and not-for-hire vehicles are exempt from the  
68.3 requirements outlined in this paragraph.

68.4 (e) An organization may be terminated, denied, or suspended from enrollment if:

82.20 (1) the provider has not initiated background studies on the individuals specified in  
82.21 section 174.30, subdivision 10, paragraph (a), clauses (1) to (3); or

82.22 (2) the provider has initiated background studies on the individuals specified in section  
82.23 174.30, subdivision 10, paragraph (a), clauses (1) to (3), and:

82.24 (i) the commissioner has sent the provider a notice that the individual has been  
82.25 disqualified under section 245C.14; and

82.26 (ii) the individual has not received a disqualification set-aside specific to the special  
82.27 transportation services provider under sections 245C.22 and 245C.23.

82.28 (f) The administrative agency of nonemergency medical transportation must:

82.29 (1) adhere to the policies defined by the commissioner;

82.30 (2) pay nonemergency medical transportation providers for services provided to  
82.31 Minnesota health care programs beneficiaries to obtain covered medical services;

83.1 (3) provide data monthly to the commissioner on appeals, complaints, no-shows, canceled  
83.2 trips, and number of trips by mode; and

83.3 (4) by July 1, 2016, in accordance with subdivision 18e, utilize a web-based single  
83.4 administrative structure assessment tool that meets the technical requirements established  
83.5 by the commissioner, reconciles trip information with claims being submitted by providers,  
83.6 and ensures prompt payment for nonemergency medical transportation services.

83.7 (g) Until the commissioner implements the single administrative structure and delivery  
83.8 system under subdivision 18e, clients shall obtain their level-of-service certificate from the  
83.9 commissioner or an entity approved by the commissioner that does not dispatch rides for  
83.10 clients using modes of transportation under paragraph (l), clauses (4), (5), (6), and (7).

83.11 (h) The commissioner may use an order by the recipient's attending physician, advanced  
83.12 practice registered nurse, physician assistant, or a medical or mental health professional to  
83.13 certify that the recipient requires nonemergency medical transportation services.  
83.14 Nonemergency medical transportation providers shall perform driver-assisted services for  
83.15 eligible individuals, when appropriate. Driver-assisted service includes passenger pickup  
83.16 at and return to the individual's residence or place of business, assistance with admittance  
83.17 of the individual to the medical facility, and assistance in passenger securement or in securing  
83.18 of wheelchairs, child seats, or stretchers in the vehicle.

83.19 (i) Nonemergency medical transportation providers must take clients to the health care  
83.20 provider using the most direct route, and must not exceed 30 miles for a trip to a primary  
83.21 care provider or 60 miles for a trip to a specialty care provider, unless the client receives  
83.22 authorization from the local agency.

83.23 (j) Nonemergency medical transportation providers may not bill for separate base rates  
83.24 for the continuation of a trip beyond the original destination. Nonemergency medical

68.5 (1) the provider has not initiated background studies on the individuals specified in  
68.6 section 174.30, subdivision 10, paragraph (a), clauses (1) to (3); or

68.7 (2) the provider has initiated background studies on the individuals specified in section  
68.8 174.30, subdivision 10, paragraph (a), clauses (1) to (3), and:

68.9 (i) the commissioner has sent the provider a notice that the individual has been  
68.10 disqualified under section 245C.14; and

68.11 (ii) the individual has not received a disqualification set-aside specific to the special  
68.12 transportation services provider under sections 245C.22 and 245C.23.

68.13 (f) The administrative agency of nonemergency medical transportation must:

68.14 (1) adhere to the policies defined by the commissioner;

68.15 (2) pay nonemergency medical transportation providers for services provided to  
68.16 Minnesota health care programs beneficiaries to obtain covered medical services;

68.17 (3) provide data monthly to the commissioner on appeals, complaints, no-shows, canceled  
68.18 trips, and number of trips by mode; and

68.19 (4) by July 1, 2016, in accordance with subdivision 18e, utilize a web-based single  
68.20 administrative structure assessment tool that meets the technical requirements established  
68.21 by the commissioner, reconciles trip information with claims being submitted by providers,  
68.22 and ensures prompt payment for nonemergency medical transportation services.

68.23 (g) Until the commissioner implements the single administrative structure and delivery  
68.24 system under subdivision 18e, clients shall obtain their level-of-service certificate from the  
68.25 commissioner or an entity approved by the commissioner that does not dispatch rides for  
68.26 clients using modes of transportation under paragraph (l), clauses (4), (5), (6), and (7).

68.27 (h) The commissioner may use an order by the recipient's attending physician, advanced  
68.28 practice registered nurse, physician assistant, or a medical or mental health professional to  
68.29 certify that the recipient requires nonemergency medical transportation services.  
68.30 Nonemergency medical transportation providers shall perform driver-assisted services for  
68.31 eligible individuals, when appropriate. Driver-assisted service includes passenger pickup  
68.32 at and return to the individual's residence or place of business, assistance with admittance  
69.1 of the individual to the medical facility, and assistance in passenger securement or in securing  
69.2 of wheelchairs, child seats, or stretchers in the vehicle.

69.3 (i) Nonemergency medical transportation providers must take clients to the health care  
69.4 provider using the most direct route, and must not exceed 30 miles for a trip to a primary  
69.5 care provider or 60 miles for a trip to a specialty care provider, unless the client receives  
69.6 authorization from the local agency.

69.7 (j) Nonemergency medical transportation providers may not bill for separate base rates  
69.8 for the continuation of a trip beyond the original destination. Nonemergency medical

83.25 transportation providers must maintain trip logs, which include pickup and drop-off times,  
83.26 signed by the medical provider or client, whichever is deemed most appropriate, attesting  
83.27 to mileage traveled to obtain covered medical services. Clients requesting client mileage  
83.28 reimbursement must sign the trip log attesting mileage traveled to obtain covered medical  
83.29 services.

83.30 (k) The administrative agency shall use the level of service process established by the  
83.31 commissioner to determine the client's most appropriate mode of transportation. If public  
83.32 transit or a certified transportation provider is not available to provide the appropriate service  
83.33 mode for the client, the client may receive a onetime service upgrade.

83.34 (l) The covered modes of transportation are:

84.1 (1) client reimbursement, which includes client mileage reimbursement provided to  
84.2 clients who have their own transportation, or to family or an acquaintance who provides  
84.3 transportation to the client;

84.4 (2) volunteer transport, which includes transportation by volunteers using their own  
84.5 vehicle;

84.6 (3) unassisted transport, which includes transportation provided to a client by a taxicab  
84.7 or public transit. If a taxicab or public transit is not available, the client can receive  
84.8 transportation from another nonemergency medical transportation provider;

84.9 (4) assisted transport, which includes transport provided to clients who require assistance  
84.10 by a nonemergency medical transportation provider;

84.11 (5) lift-equipped/ramp transport, which includes transport provided to a client who is  
84.12 dependent on a device and requires a nonemergency medical transportation provider with  
84.13 a vehicle containing a lift or ramp;

84.14 (6) protected transport, which includes transport provided to a client who has received  
84.15 a prescreening that has deemed other forms of transportation inappropriate and who requires  
84.16 a provider: (i) with a protected vehicle that is not an ambulance or police car and has safety  
84.17 locks, a video recorder, and a transparent thermoplastic partition between the passenger and  
84.18 the vehicle driver; and (ii) who is certified as a protected transport provider; and

84.19 (7) stretcher transport, which includes transport for a client in a prone or supine position  
84.20 and requires a nonemergency medical transportation provider with a vehicle that can transport  
84.21 a client in a prone or supine position.

84.22 (m) The local agency shall be the single administrative agency and shall administer and  
84.23 reimburse for modes defined in paragraph (l) according to paragraphs (p) and (q) when the  
84.24 commissioner has developed, made available, and funded the web-based single administrative  
84.25 structure, assessment tool, and level of need assessment under subdivision 18e. The local  
84.26 agency's financial obligation is limited to funds provided by the state or federal government.

84.27 (n) The commissioner shall:

69.9 transportation providers must maintain trip logs, which include pickup and drop-off times,  
69.10 signed by the medical provider or client, whichever is deemed most appropriate, attesting  
69.11 to mileage traveled to obtain covered medical services. Clients requesting client mileage  
69.12 reimbursement must sign the trip log attesting mileage traveled to obtain covered medical  
69.13 services.

69.14 (k) The administrative agency shall use the level of service process established by the  
69.15 commissioner to determine the client's most appropriate mode of transportation. If public  
69.16 transit or a certified transportation provider is not available to provide the appropriate service  
69.17 mode for the client, the client may receive a onetime service upgrade.

69.18 (l) The covered modes of transportation are:

69.19 (1) client reimbursement, which includes client mileage reimbursement provided to  
69.20 clients who have their own transportation, or to family or an acquaintance who provides  
69.21 transportation to the client;

69.22 (2) volunteer transport, which includes transportation by volunteers using their own  
69.23 vehicle;

69.24 (3) unassisted transport, which includes transportation provided to a client by a taxicab  
69.25 or public transit. If a taxicab or public transit is not available, the client can receive  
69.26 transportation from another nonemergency medical transportation provider;

69.27 (4) assisted transport, which includes transport provided to clients who require assistance  
69.28 by a nonemergency medical transportation provider;

69.29 (5) lift-equipped/ramp transport, which includes transport provided to a client who is  
69.30 dependent on a device and requires a nonemergency medical transportation provider with  
69.31 a vehicle containing a lift or ramp;

69.32 (6) protected transport, which includes transport provided to a client who has received  
69.33 a prescreening that has deemed other forms of transportation inappropriate and who requires  
70.1 a provider: (i) with a protected vehicle that is not an ambulance or police car and has safety  
70.2 locks, a video recorder, and a transparent thermoplastic partition between the passenger and  
70.3 the vehicle driver; and (ii) who is certified as a protected transport provider; and

70.4 (7) stretcher transport, which includes transport for a client in a prone or supine position  
70.5 and requires a nonemergency medical transportation provider with a vehicle that can transport  
70.6 a client in a prone or supine position.

70.7 (m) The local agency shall be the single administrative agency and shall administer and  
70.8 reimburse for modes defined in paragraph (l) according to paragraphs (p) and (q) when the  
70.9 commissioner has developed, made available, and funded the web-based single administrative  
70.10 structure, assessment tool, and level of need assessment under subdivision 18e. The local  
70.11 agency's financial obligation is limited to funds provided by the state or federal government.

70.12 (n) The commissioner shall:

84.28 (1) verify that the mode and use of nonemergency medical transportation is appropriate;  
84.29 (2) verify that the client is going to an approved medical appointment; and  
84.30 (3) investigate all complaints and appeals.

84.31 (o) The administrative agency shall pay for the services provided in this subdivision and  
84.32 seek reimbursement from the commissioner, if appropriate. As vendors of medical care,  
85.1 local agencies are subject to the provisions in section 256B.041, the sanctions and monetary  
85.2 recovery actions in section 256B.064, and Minnesota Rules, parts 9505.2160 to 9505.2245.

85.3 (p) Payments for nonemergency medical transportation must be paid based on the client's  
85.4 assessed mode under paragraph (k), not the type of vehicle used to provide the service. The  
85.5 medical assistance reimbursement rates for nonemergency medical transportation services  
85.6 that are payable by or on behalf of the commissioner for nonemergency medical  
85.7 transportation services are:

85.8 (1) \$0.22 per mile for client reimbursement;  
85.9 (2) up to 100 percent of the Internal Revenue Service business deduction rate for volunteer  
85.10 transport;

85.11 (3) equivalent to the standard fare for unassisted transport when provided by public  
85.12 transit, and \$12.10 for the base rate and \$1.43 per mile when provided by a nonemergency  
85.13 medical transportation provider;

85.14 (4) \$14.30 for the base rate and \$1.43 per mile for assisted transport;  
85.15 (5) \$19.80 for the base rate and \$1.70 per mile for lift-equipped/ramp transport;  
85.16 (6) \$75 for the base rate and \$2.40 per mile for protected transport; and  
85.17 (7) \$60 for the base rate and \$2.40 per mile for stretcher transport, and \$9 per trip for  
85.18 an additional attendant if deemed medically necessary.

85.19 (q) The base rate for nonemergency medical transportation services in areas defined  
85.20 under RUCA to be super rural is equal to 111.3 percent of the respective base rate in  
85.21 paragraph (p), clauses (1) to (7). The mileage rate for nonemergency medical transportation  
85.22 services in areas defined under RUCA to be rural or super rural areas is:

85.23 (1) for a trip equal to 17 miles or less, equal to 125 percent of the respective mileage  
85.24 rate in paragraph (p), clauses (1) to (7); and

85.25 (2) for a trip between 18 and 50 miles, equal to 112.5 percent of the respective mileage  
85.26 rate in paragraph (p), clauses (1) to (7).

85.27 (r) For purposes of reimbursement rates for nonemergency medical transportation services  
85.28 under paragraphs (p) and (q), the zip code of the recipient's place of residence shall determine  
85.29 whether the urban, rural, or super rural reimbursement rate applies.

70.13 (1) verify that the mode and use of nonemergency medical transportation is appropriate;  
70.14 (2) verify that the client is going to an approved medical appointment; and  
70.15 (3) investigate all complaints and appeals.

70.16 (o) The administrative agency shall pay for the services provided in this subdivision and  
70.17 seek reimbursement from the commissioner, if appropriate. As vendors of medical care,  
70.18 local agencies are subject to the provisions in section 256B.041, the sanctions and monetary  
70.19 recovery actions in section 256B.064, and Minnesota Rules, parts 9505.2160 to 9505.2245.

70.20 (p) Payments for nonemergency medical transportation must be paid based on the client's  
70.21 assessed mode under paragraph (k), not the type of vehicle used to provide the service. The  
70.22 medical assistance reimbursement rates for nonemergency medical transportation services  
70.23 that are payable by or on behalf of the commissioner for nonemergency medical  
70.24 transportation services are:

70.25 (1) \$0.22 per mile for client reimbursement;  
70.26 (2) up to 100 percent of the Internal Revenue Service business deduction rate for volunteer  
70.27 transport;

70.28 (3) equivalent to the standard fare for unassisted transport when provided by public  
70.29 transit, and \$12.10 for the base rate and \$1.43 per mile when provided by a nonemergency  
70.30 medical transportation provider;

70.31 (4) \$14.30 for the base rate and \$1.43 per mile for assisted transport;  
70.32 (5) \$19.80 for the base rate and \$1.70 per mile for lift-equipped/ramp transport;  
71.1 (6) \$75 for the base rate and \$2.40 per mile for protected transport; and  
71.2 (7) \$60 for the base rate and \$2.40 per mile for stretcher transport, and \$9 per trip for  
71.3 an additional attendant if deemed medically necessary.

71.4 (q) The base rate for nonemergency medical transportation services in areas defined  
71.5 under RUCA to be super rural is equal to 111.3 percent of the respective base rate in  
71.6 paragraph (p), clauses (1) to (7). The mileage rate for nonemergency medical transportation  
71.7 services in areas defined under RUCA to be rural or super rural areas is:

71.8 (1) for a trip equal to 17 miles or less, equal to 125 percent of the respective mileage  
71.9 rate in paragraph (p), clauses (1) to (7); and

71.10 (2) for a trip between 18 and 50 miles, equal to 112.5 percent of the respective mileage  
71.11 rate in paragraph (p), clauses (1) to (7).

71.12 (r) For purposes of reimbursement rates for nonemergency medical transportation services  
71.13 under paragraphs (p) and (q), the zip code of the recipient's place of residence shall determine  
71.14 whether the urban, rural, or super rural reimbursement rate applies.

85.30 (s) The commissioner, when determining reimbursement rates for nonemergency medical  
85.31 transportation under paragraphs (p) and (q), shall exempt all modes of transportation listed  
85.32 under paragraph (l) from Minnesota Rules, part 9505.0445, item R, subitem (2).

86.1 (t) Effective for the first day of each calendar quarter in which the price of gasoline as  
86.2 posted publicly by the United States Energy Information Administration exceeds \$3.00 per  
86.3 gallon, the commissioner shall adjust the rate paid per mile in paragraph (p) by one percent  
86.4 up or down for every increase or decrease of ten cents for the price of gasoline. The increase  
86.5 or decrease must be calculated using a base gasoline price of \$3.00. The percentage increase  
86.6 or decrease must be calculated using the average of the most recently available price of all  
86.7 grades of gasoline for Minnesota as posted publicly by the United States Energy Information  
86.8 Administration.

86.9 Sec. 2. Minnesota Statutes 2022, section 473.121, subdivision 19, is amended to read:

86.10 Subd. 19. **Public transit or transit.** "Public transit" or "transit" has the meaning given  
86.11 to "public transportation" in section 174.22, subdivision 7.

86.12 Sec. 3. Minnesota Statutes 2023 Supplement, section 609.855, subdivision 7, is amended  
86.13 to read:

86.14 Subd. 7. **Definitions.** (a) The definitions in this subdivision apply in this section.

86.15 (b) "Public transit" or "transit" has the meaning given to "public transportation" in section  
86.16 174.22, subdivision 7.

86.17 (c) "Public transit vehicle" or "transit vehicle" means any vehicle used for the purpose  
86.18 of providing public transit, whether or not the vehicle is owned or operated by a public  
86.19 entity.

86.20 (d) "Public transit facilities" or "transit facilities" means any vehicles, equipment,  
86.21 property, structures, stations, improvements, plants, parking or other facilities, or rights that  
86.22 are owned, leased, held, or used for the purpose of providing public transit, whether or not  
86.23 the facility is owned or operated by a public entity.

86.24 (e) "Fare medium" means a ticket, smart card, pass, coupon, token, transfer, or other  
86.25 medium sold or distributed by a public transit provider, or its authorized agents, for use in  
86.26 gaining entry to or use of the public transit facilities or vehicles of the provider.

86.27 (f) "Proof of fare payment" means a fare medium valid for the place or time at, or the  
86.28 manner in, which it is used. If using a reduced-fare medium, proof of fare payment also  
86.29 includes proper identification demonstrating a person's eligibility for the reduced fare. If  
86.30 using a fare medium issued solely for the use of a particular individual, proof of fare payment  
86.31 also includes an identification document bearing a photographic likeness of the individual  
86.32 and demonstrating that the individual is the person to whom the fare medium is issued.

87.1 (g) "Authorized transit representative" means the person authorized by the transit provider  
87.2 to operate the transit vehicle, a peace officer, a transit official under section 473.4075,

71.15 (s) The commissioner, when determining reimbursement rates for nonemergency medical  
71.16 transportation under paragraphs (p) and (q), shall exempt all modes of transportation listed  
71.17 under paragraph (l) from Minnesota Rules, part 9505.0445, item R, subitem (2).

71.18 (t) Effective for the first day of each calendar quarter in which the price of gasoline as  
71.19 posted publicly by the United States Energy Information Administration exceeds \$3.00 per  
71.20 gallon, the commissioner shall adjust the rate paid per mile in paragraph (p) by one percent  
71.21 up or down for every increase or decrease of ten cents for the price of gasoline. The increase  
71.22 or decrease must be calculated using a base gasoline price of \$3.00. The percentage increase  
71.23 or decrease must be calculated using the average of the most recently available price of all  
71.24 grades of gasoline for Minnesota as posted publicly by the United States Energy Information  
71.25 Administration.

71.26 Sec. 13. Minnesota Statutes 2022, section 473.121, subdivision 19, is amended to read:

71.27 Subd. 19. **Public transit or transit.** "Public transit" or "transit" has the meaning given  
71.28 to "public transportation" in section 174.22, subdivision 7.

71.29 Sec. 14. Minnesota Statutes 2023 Supplement, section 609.855, subdivision 7, is amended  
71.30 to read:

71.31 Subd. 7. **Definitions.** (a) The definitions in this subdivision apply in this section.

72.1 (b) "Public transit" or "transit" has the meaning given to "public transportation" in section  
72.2 174.22, subdivision 7.

72.3 (c) "Public transit vehicle" or "transit vehicle" means any vehicle used for the purpose  
72.4 of providing public transit, whether or not the vehicle is owned or operated by a public  
72.5 entity.

72.6 (d) "Public transit facilities" or "transit facilities" means any vehicles, equipment,  
72.7 property, structures, stations, improvements, plants, parking or other facilities, or rights that  
72.8 are owned, leased, held, or used for the purpose of providing public transit, whether or not  
72.9 the facility is owned or operated by a public entity.

72.10 (e) "Fare medium" means a ticket, smart card, pass, coupon, token, transfer, or other  
72.11 medium sold or distributed by a public transit provider, or its authorized agents, for use in  
72.12 gaining entry to or use of the public transit facilities or vehicles of the provider.

72.13 (f) "Proof of fare payment" means a fare medium valid for the place or time at, or the  
72.14 manner in, which it is used. If using a reduced-fare medium, proof of fare payment also  
72.15 includes proper identification demonstrating a person's eligibility for the reduced fare. If  
72.16 using a fare medium issued solely for the use of a particular individual, proof of fare payment  
72.17 also includes an identification document bearing a photographic likeness of the individual  
72.18 and demonstrating that the individual is the person to whom the fare medium is issued.

72.19 (g) "Authorized transit representative" means the person authorized by the transit provider  
72.20 to operate the transit vehicle, a peace officer, a transit official under section 473.4075,

87.3 subdivision 1, or any other person designated by the transit provider as an authorized transit  
87.4 representative under this section.

87.5 Sec. 4. **REVISOR INSTRUCTION.**

87.6 (a) The revisor of statutes must renumber the subdivisions in Minnesota Statutes, section  
87.7 174.22, in alphabetical order and correct any cross-reference changes that result.

87.8 (b) The revisor of statutes must change the term "public transit" to "public transportation"  
87.9 wherever the term appears in Minnesota Statutes, sections 174.21 to 174.27.

87.10 (c) Except as otherwise provided in this article, the revisor of statutes must change the  
87.11 term "public transit" to "public transportation" wherever the term appears in Minnesota  
87.12 Statutes in conjunction with a specific reference to Minnesota Statutes, section 174.22,  
87.13 subdivision 7.

72.21 subdivision 1, or any other person designated by the transit provider as an authorized transit  
72.22 representative under this section.

72.23 Sec. 15. **REVISOR INSTRUCTION.**

72.24 (a) The revisor of statutes must renumber the subdivisions in Minnesota Statutes, section  
72.25 174.22, in alphabetical order by their headnotes and correct any cross-reference changes  
72.26 that result.

72.27 (b) In Minnesota Statutes, the revisor of statutes must change the term "public transit"  
72.28 to "public transportation" wherever the term appears in Minnesota Statutes, sections 174.21  
72.29 to 174.27.

72.30 (c) Except as otherwise provided in this article, in Minnesota Statutes, the revisor of  
72.31 statutes must change the term "public transit" to "public transportation" wherever the term  
72.32 appears in statutes in conjunction with a specific reference to Minnesota Statutes, section  
72.33 174.22, subdivision 7.