

2.8                                   **ARTICLE 1**  
2.9                                   **DEPARTMENT OF HEALTH FINANCE**

3.28                                   **ARTICLE 1**  
3.29                                   **DEPARTMENT OF HEALTH FINANCE**  
3.30                                   Section 1. Minnesota Statutes 2024, section 62D.21, is amended to read:  
3.31                                   **62D.21 FEES.**  
3.32                                   Every health maintenance organization subject to sections 62D.01 to 62D.30 shall pay  
3.33                                   to the commissioner of health the following fees ~~as prescribed by the commissioner of health~~  
3.34                                   ~~pursuant to section 144.122 for the following:~~  
3.35                                   (1) filing an application for a certificate of authority: \$10,000;  
3.36                                   (2) filing an amendment to a certificate of authority: \$125;  
3.37                                   (3) filing each annual report: \$400; ~~and~~  
3.38                                   ~~(4) other filings, as specified by rule.~~  
3.39                                   (4) filing each quarterly report: \$200; and  
3.40                                   (5) filing annual plan review documents, amendments to plan documents, and quality  
3.41                                   plans: \$125.  
4.1                                   **EFFECTIVE DATE.** This section is effective January 1, 2026.  
4.2                                   Sec. 2. Minnesota Statutes 2024, section 62D.211, is amended to read:  
4.3                                   **62D.211 RENEWAL FEE.**  
4.4                                   Each health maintenance organization subject to sections 62D.01 to 62D.30 shall submit  
4.5                                   to the commissioner of health each year before June 15 a certificate of authority renewal  
4.6                                   fee in the amount of ~~\$10,000~~ \$30,000 each plus 20 88 cents per person enrolled in the health  
4.7                                   maintenance organization on December 31 of the preceding year. ~~The commissioner may~~  
4.8                                   ~~adjust the renewal fee in rule under the provisions of chapter 14.~~  
4.9                                   **EFFECTIVE DATE.** This section is effective January 1, 2026.  
4.10                                  Sec. 3. **[62J.8241] FACILITY FEES PROHIBITED.**  
4.11                                  Subdivision 1. **Definitions.** (a) For purposes of this section, the following terms have  
4.12                                  the meanings given.  
4.13                                  (b) "Control" has the meaning given in section 145D.01.  
4.14                                  (c) "Facility fee" means any separate charge or billing by a provider-based clinic in  
4.15                                  addition to a professional fee for physicians' services that is intended to cover building,  
4.16                                  electronic medical records systems, billing, and other administrative and operational  
4.17                                  expenses.

- 4.18 (d) "Health care clearinghouse" has the meaning given in Code of Federal Regulations,  
4.19 title 45, section 160.103.
- 4.20 (e) "Health care provider" has the meaning given in section 145B.02. Health care provider  
4.21 does not include any hospital that:
- 4.22 (1) is certified by the Centers for Medicare and Medicaid Services as a Medicare critical  
4.23 access hospital; and
- 4.24 (2) is not affiliated, by governance or control, with a health system or other hospital.
- 4.25 (f) "NPI" means the standard, unique health identifier for health care providers that is  
4.26 issued by the national provider system in accordance with Code of Federal Regulations,  
4.27 title 45, section 162.
- 4.28 (g) "Provider-based clinic" means the site of an off-campus clinic or provider office,  
4.29 located at least 250 yards from the main hospital buildings or as determined by the Centers  
4.30 for Medicare and Medicaid Services, that is owned by a hospital licensed under chapter 144  
5.1 or a health system that operates one or more hospitals licensed under chapter 144 and is  
5.2 primarily engaged in providing diagnostic and therapeutic care, including medical history,  
5.3 physical examinations, assessment of health status, and treatment monitoring. This definition  
5.4 does not include clinics that are exclusively providing laboratory, x-ray, testing, therapy,  
5.5 pharmacy, or educational services and does not include facilities designated as rural health  
5.6 clinics.
- 5.7 Subd. 2. **Provider-based clinic prohibition.** (a) Health care providers are prohibited  
5.8 from charging, billing, or collecting a facility fee for the following when provided at a  
5.9 provider-based clinic: (1) services provided by telehealth as defined in section 62A.673,  
5.10 subdivision 2, paragraph (h), when the patient is located outside the facility; and (2) the  
5.11 provision of preventive items and services, as defined in section 62Q.46, subdivision 1.
- 5.12 (b) Health care providers are prohibited from charging, billing, or collecting a facility  
5.13 fee directly from a patient for those services set forth in paragraph (a), clause (2).
- 5.14 Subd. 3. **Unique NPI.** (a) Provider-based clinics must apply for, obtain, and use on all  
5.15 claims for reimbursement or payment for health services provided at the provider-based  
5.16 clinic, a unique NPI that is distinct from the hospital's NPI.
- 5.17 (b) The provider-based clinic's unique NPI must be included on any claim for  
5.18 reimbursement or payment for health services provided at the provider-based clinic,  
5.19 regardless of whether the claim is filed or submitted by or through a central office of the  
5.20 hospital or a health care clearinghouse.
- 5.21 Subd. 4. **Notification.** (a) If a hospital or health system charges a facility fee utilizing  
5.22 a CPT evaluation and management code or assessment and management code for outpatient  
5.23 services provided at a provider-based clinic where a professional fee is also expected to be

- 5.24 charged, the hospital or health system must provide the patient with a written notice that  
5.25 includes the following information:
- 5.26 (1) that the provider-based clinic is part of a hospital or health system and that the hospital  
5.27 or health system charges a facility fee that is in addition to and separate from the professional  
5.28 fee charged by the provider;
- 5.29 (2) the amount of the patient's potential financial liability, including any facility fee  
5.30 likely to be charged, and, where professional medical services are provided by an affiliated  
5.31 provider, any professional fee likely to be charged, or, if the exact type and extent of the  
5.32 professional medical services needed are not known or the terms of a patient's health  
5.33 insurance coverage are not known with reasonable certainty, an estimate of the patient's  
6.1 financial liability based on typical or average charges for visits to the provider-based clinic,  
6.2 including the facility fee;
- 6.3 (3) a statement that the patient's actual financial liability will depend on the professional  
6.4 medical services actually provided to the patient;
- 6.5 (4) an explanation that the patient may incur financial liability that is greater than the  
6.6 patient would incur if the professional medical services were not provided by a  
6.7 provider-based clinic;
- 6.8 (5) a telephone number the patient may call for additional information regarding the  
6.9 patient's potential financial liability, including an estimate of the facility fee likely to be  
6.10 charged based on the scheduled professional medical services; and
- 6.11 (6) that a patient covered by a health insurance policy should contact the health insurer  
6.12 for additional information regarding the hospital's or health system's charges and fees,  
6.13 including the patient's potential financial liability, if any, for the charges and fees.
- 6.14 (b) If a hospital or health system charges a facility fee without utilizing a CPT evaluation  
6.15 and management code for outpatient services provided at a provider-based clinic, the hospital  
6.16 or health system must provide the patient with a written notice that includes the following  
6.17 information:
- 6.18 (1) that the provider-based clinic is part of a hospital or health system and that the hospital  
6.19 or health system charges a facility fee that may be in addition to and separate from the  
6.20 professional fee charged by a provider;
- 6.21 (2) a statement that the patient's actual financial liability will depend on the professional  
6.22 medical services actually provided to the patient;
- 6.23 (3) an explanation that the patient may incur financial liability that is greater than the  
6.24 patient would incur if the provider-based clinic was not hospital-based;

- 6.25 (4) a telephone number the patient may call for additional information regarding the  
6.26 patient's potential financial liability, including an estimate of the facility fee likely to be  
6.27 charged based on the scheduled professional medical services; and
- 6.28 (5) that a patient covered by a health insurance policy should contact the health insurer  
6.29 for additional information regarding the hospital's or health system's charges and fees,  
6.30 including the patient's potential financial liability, if any, for the charges and fees.
- 6.31 (c) Each initial billing statement that includes a facility fee must:
- 7.1 (1) clearly identify the fee as a facility fee that is billed in addition to, or separately from,  
7.2 any professional fee billed by the provider;
- 7.3 (2) provide the corresponding Medicare facility fee reimbursement rate for the same  
7.4 service as a comparison or, if there is no corresponding Medicare facility fee for the service:
- 7.5 (i) the approximate amount Medicare would have paid the hospital for the facility fee  
7.6 on the billing statement; or
- 7.7 (ii) the percentage of the hospital's charges that Medicare would have paid the hospital  
7.8 for the facility fee;
- 7.9 (3) include a statement that the facility fee is intended to cover the hospital's or health  
7.10 system's operational expenses;
- 7.11 (4) inform the patient that the patient's financial liability may have been less if the services  
7.12 had been provided at a facility not owned or operated by the hospital or health system; and
- 7.13 (5) include written notice of the patient's right to request a reduction in the facility fee  
7.14 or any other portion of the bill and a telephone number that the patient may use to request  
7.15 such a reduction without regard to whether the patient qualifies for, or is likely to be granted,  
7.16 any reduction.
- 7.17 No later than October 15, 2025, and annually thereafter, each hospital, health system, and  
7.18 provider-based clinic must submit to the commissioner of health a sample of a billing  
7.19 statement issued by the hospital, health system, or provider-based clinic that complies with  
7.20 the provisions of this paragraph and which represents the format of billing statements  
7.21 received by patients. The billing statement must not contain patient identifying information.
- 7.22 (d) The written notices described in paragraphs (a) to (c) and (g) to (i) must be in plain  
7.23 language and in a form that may be reasonably understood by a patient who does not possess  
7.24 special knowledge regarding hospital or health system facility fee charges. On and after  
7.25 October 1, 2025, the notices must include tag lines in at least the top 15 languages spoken  
7.26 in Minnesota indicating that the notice is available in each of those top 15 languages. The  
7.27 15 languages must be either the languages in the list published by the Department of Health  
7.28 and Human Services in connection with section 1557 of the Patient Protection and Affordable

7.29 Care Act, P.L. 111-148, or, as determined by the hospital or health system, the top 15  
7.30 languages in the geographic area of the provider-based clinic.

7.31 (e) For nonemergency care, if a patient's appointment is scheduled to occur ten or more  
7.32 days after the appointment is made, such written notice must be sent to the patient by first  
7.33 class mail, encrypted electronic mail, or a secure patient Internet portal not more than three  
8.1 days after the appointment is made. If an appointment is scheduled to occur less than ten  
8.2 days after the appointment is made or if the patient arrives without an appointment, such  
8.3 notice must be hand-delivered to the patient when the patient arrives at the provider-based  
8.4 clinic. For emergency care, such written notice must be provided to the patient as soon as  
8.5 practicable after the patient is stabilized in accordance with the federal Emergency Medical  
8.6 Treatment and Active Labor Act, United States Code, title 42, section 1395dd, as amended  
8.7 from time to time, or is determined not to have an emergency medical condition and before  
8.8 the patient leaves the provider-based clinic. If the patient is unconscious, under great duress,  
8.9 or for any other reason unable to read the notice and understand and act on the patient's  
8.10 rights, the notice must be provided to the patient's representative as soon as practicable.

8.11 (f) Paragraphs (a) to (e) do not apply if a patient is insured by Medicare or the medical  
8.12 assistance program under chapter 256B or is receiving services under a workers'  
8.13 compensation plan established to provide medical services.

8.14 (g) A provider-based clinic must prominently display written notice in locations that are  
8.15 readily accessible to and visible by patients, including patient waiting or appointment  
8.16 check-in areas, stating the following:

8.17 (1) that the provider-based clinic is part of a hospital or health system;

8.18 (2) the name of the hospital or health system; and

8.19 (3) that if the provider-based clinic charges a facility fee, the patient may incur a financial  
8.20 liability greater than the patient would incur if the provider-based clinic was not  
8.21 hospital-based.

8.22 On and after October 1, 2025, such notices must include tag lines in at least the top 15  
8.23 languages spoken in Minnesota indicating that the notice is available in each of those top  
8.24 15 languages. The 15 languages must be either the languages in the list published by the  
8.25 Department of Health and Human Services in connection with section 1557 of the Patient  
8.26 Protection and Affordable Care Act, P.L. 111-148, or, as determined by the hospital or  
8.27 health system, the top 15 languages in the geographic area of the provider-based clinic. No  
8.28 later than October 1, 2025, and annually thereafter, each provider-based clinic must submit  
8.29 a copy of the written notice required by this paragraph to the commissioner of health.

8.30 (h) A provider-based clinic must identify itself to the public and payers as being  
8.31 hospital-based, including, at a minimum, by stating the name of the hospital or health system  
8.32 in its signage, marketing materials, websites, and stationery.

- 9.1 (i) A provider-based clinic must, when scheduling services for which a facility fee may  
9.2 be charged, inform the patient:
- 9.3 (1) that the provider-based clinic is part of a hospital or health system;
- 9.4 (2) of the name of the hospital or health system;
- 9.5 (3) that the hospital or health system may charge a facility fee in addition to and separate  
9.6 from the professional fee charged by the provider; and
- 9.7 (4) of the telephone number the patient may call for additional information regarding  
9.8 such patient's potential financial liability.
- 9.9 (j) If any transaction described in section 145D.01, subdivision 2, results in the  
9.10 establishment of a provider-based clinic where facility fees may be billed, the hospital or  
9.11 health system that is the purchaser in the transaction must, no later than 30 days after the  
9.12 transaction, provide written notice by first class mail of the transaction to each patient served  
9.13 within the three years preceding the date of the transaction by the health care facility that  
9.14 has been purchased as part of the transaction. The notice must include the following  
9.15 information:
- 9.16 (1) a statement that the health care facility is now a provider-based clinic and is part of  
9.17 a hospital or health system, the health care facility's full legal and business name, and the  
9.18 date of the facility's acquisition by a hospital or health system;
- 9.19 (2) the name, business address, and telephone number of the hospital or health system  
9.20 that is the purchaser of the health care facility;
- 9.21 (3) a statement that the provider-based clinic bills, or is likely to bill, patients a facility  
9.22 fee that may be in addition to, and separate from, any professional fee billed by a health  
9.23 care provider at the provider-based clinic;
- 9.24 (4) a statement that the patient's actual financial liability will depend on the professional  
9.25 medical services actually provided to the patient and an explanation that the patient may  
9.26 incur financial liability that is greater than the patient would incur if the provider-based  
9.27 clinic were not a provider-based clinic;
- 9.28 (5) the estimated amount or range of amounts the provider-based clinic may bill for a  
9.29 facility fee or an example of the average facility fee billed at the provider-based clinic for  
9.30 the most common services provided at the provider-based clinic; and
- 9.31 (6) a statement that, before seeking services at the provider-based clinic, a patient covered  
9.32 by a health insurance policy should contact the patient's health insurer for additional  
10.1 information regarding the provider-based clinic fees, including the patient's potential financial  
10.2 liability, if any, for the fees.
- 10.3 A copy of the written notice provided to patients in accordance with this subdivision must  
10.4 be filed with the commissioner of health. The Department of Health must post a link to the

10.5 notice on its website. A hospital, health system, or provider-based clinic must not collect a  
10.6 facility fee for services provided at a provider-based clinic that is subject to the provisions  
10.7 of this subdivision from the date of the transaction until at least 30 days after the written  
10.8 notice required pursuant to this subdivision is mailed to the patient or a copy of the notice  
10.9 is filed with the commissioner of health, whichever is later. By July 1, 2026, and annually  
10.10 thereafter, each provider-based clinic that was the subject of a transaction, as described in  
10.11 section 145D.01, subdivision 2, during the preceding calendar year must report to the  
10.12 commissioner of health the number of patients served by the provider-based clinic in the  
10.13 preceding three years.

10.14 Subd. 5. **Reporting.** (a) By January 15, 2027, and each year thereafter, hospitals licensed  
10.15 under chapter 144 and health systems operating one or more hospitals licensed under chapter  
10.16 144 must submit a report to the commissioner of health identifying facility fees charged,  
10.17 billed, and collected during the preceding calendar year. The commissioner must publish  
10.18 the information reported on a publicly accessible website. The report shall be in the format  
10.19 prescribed by the commissioner of health.

10.20 (b) The report under this subdivision must include the following information for each  
10.21 facility owned or operated by the hospital or health system providing services for which a  
10.22 facility fee is charged, billed, or collected:

10.23 (1) the name and full address of each facility;

10.24 (2) the number of patient visits at each facility; and

10.25 (3) the number, total amount, and range of allowable facility fees paid at each facility  
10.26 by Medicare, medical assistance, MinnesotaCare, and private insurance.

10.27 (c) The report under this subdivision must include the following information for the  
10.28 entire hospital or health system:

10.29 (1) the total amount charged and billed for facility fees;

10.30 (2) the total amount collected from facility fees;

10.31 (3) the top ten procedures or services provided by the hospital or health system that  
10.32 generated the greatest amount of facility fee gross revenue, the volume of each of these ten  
10.33 procedures or services and the gross and net revenue totals for each procedure or service,  
11.1 and the total net amount of revenue received by the hospital or health system derived from  
11.2 facility fees;

11.3 (4) the top ten procedures or services, based on patient volume, provided by the hospital  
11.4 or health system for which facility fees are charged, billed, or collected, based on patient  
11.5 volume, including the gross and net revenue totals received for each such procedure or  
11.6 service; and

11.7 (5) any other information related to facility fees that the commissioner of health may  
11.8 require.

11.9 Subd. 6. **Interaction with medical assistance.** The medical assistance program in chapter  
11.10 256B is not required to comply with any provision of this section if compliance with the  
11.11 provision would:

11.12 (1) prevent the state from receiving federal financial participation for medical assistance  
11.13 coverage; or

11.14 (2) result in a lower level of coverage or reduced access to coverage for medical assistance  
11.15 enrollees.

11.16 Subd. 7. **Enforcement.** (a) A violation of this section is an unlawful business practice  
11.17 for purposes of section 8.31. The attorney general may enforce this section pursuant to  
11.18 section 8.31.

11.19 (b) In addition to penalties provided in paragraph (a), the commissioner of health may,  
11.20 pursuant to the procedures in sections 144.99 and 144.991, impose an administrative penalty  
11.21 on a health care provider for failure to comply with subdivision 6. The penalty must not  
11.22 exceed \$1,000 per occurrence.

11.23 (c) The commissioner of health or the commissioner's designee may audit any health  
11.24 care provider for compliance with the requirements of this section. A health care provider  
11.25 must make available, upon written request of the commissioner or the commissioner's  
11.26 designee, copies of any books, documents, records, or data that are necessary for the purposes  
11.27 of completing the audit for four years after the furnishing of any services for which a facility  
11.28 fee was charged, billed, or collected.

11.29 **EFFECTIVE DATE.** This section is effective January 1, 2026, except that subdivision  
11.30 2 is effective January 1, 2027.

12.1 Sec. 4. Minnesota Statutes 2024, section 62U.04, is amended by adding a subdivision to  
12.2 read:

12.3 Subd. 14. **Unique NPI.** Data submitted under this section relating to a provider-based  
12.4 clinic, as defined in section 62J.8241, and that includes an NPI, as defined in section  
12.5 62J.8241, must include the provider-based clinic's unique NPI that is distinct from the  
12.6 hospital's NPI.

12.7 **EFFECTIVE DATE.** This section is effective January 1, 2026.

12.8 Sec. 5. Minnesota Statutes 2024, section 103I.101, subdivision 6, is amended to read:

12.9 Subd. 6. **Fees for variances.** The commissioner shall charge a nonrefundable application  
12.10 fee of ~~\$275~~ \$325 to cover the administrative cost of processing a request for a variance or  
12.11 modification of rules adopted by the commissioner under this chapter.



- 12.12 Sec. 6. Minnesota Statutes 2024, section 103I.208, subdivision 1, is amended to read:
- 12.13 Subdivision 1. **Well notification fee.** The well notification fee to be paid by a property
- 12.14 owner is:
- 12.15 (1) for construction of a water supply well, ~~\$275~~ \$325, which includes the state core
- 12.16 function fee;
- 12.17 (2) for a well sealing, ~~\$75~~ \$125 for each well or temporary boring, which includes the
- 12.18 state core function fee, except that: (i) a single notification and fee of ~~\$75~~ \$125 is required
- 12.19 for all temporary borings on a single property and sealed within 72 hours of start of
- 12.20 construction; and (ii) temporary borings less than 25 feet in depth are exempt from the
- 12.21 notification and fee requirements in this chapter;
- 12.22 (3) for construction of a dewatering well, ~~\$275~~ \$330, which includes the state core
- 12.23 function fee, for each dewatering well, except a dewatering project comprising five or more
- 12.24 dewatering wells shall be assessed a single fee of ~~\$1,375~~ \$1,620 for the dewatering wells
- 12.25 recorded on the notification; and
- 12.26 (4) for construction of an environmental well, ~~\$275~~ \$330, which includes the state core
- 12.27 function fee, ~~except that a single fee of \$275 is required for all environmental wells recorded~~
- 12.28 ~~on the notification that are located on a single property, and except that no fee is required~~
- 12.29 ~~for construction of a temporary boring for each environmental well, except an environmental~~
- 12.30 ~~well site project comprising five or more environmental wells shall be assessed a single fee~~
- 12.31 ~~of \$1,620 for the environmental wells recorded on the notification.~~
- 13.1 Sec. 7. Minnesota Statutes 2024, section 103I.208, subdivision 1a, is amended to read:
- 13.2 Subd. 1a. **State core function fee.** The state core function fee to be collected by the
- 13.3 state and delegated community health boards and used to support state core functions is:
- 13.4 (1) for a new well, ~~\$20~~ \$40; and
- 13.5 (2) for a well sealing, ~~\$5~~ \$15.
- 13.6 Sec. 8. Minnesota Statutes 2024, section 103I.208, subdivision 2, is amended to read:
- 13.7 Subd. 2. **Permit fee.** (a) The permit fee to be paid by a property owner is:
- 13.8 (1) for a water supply well that is not in use under a maintenance permit, ~~\$175~~ \$225
- 13.9 annually;
- 13.10 (2) for an environmental well that is unsealed under a maintenance permit, ~~\$175 annually~~
- 13.11 ~~except~~ no fee is required for an environmental well owned by a federal agency, state agency,
- 13.12 or local unit of government that is unsealed under a maintenance permit. "Local unit of
- 13.13 government" means a statutory or home rule charter city, town, county, or soil and water
- 13.14 conservation district, a watershed district, an organization formed for the joint exercise of
- 13.15 powers under section 471.59, a community health board, or other special purpose district
- 13.16 or authority with local jurisdiction in water and related land resources management;

- 13.17 (3) for environmental wells on an environmental well site that are unsealed under a  
13.18 maintenance permit;
- 13.19 ~~\$175~~ (i) ~~\$225~~ annually for one to ten environmental wells per site regardless of the  
13.20 number of environmental wells located on site;
- 13.21 (ii) ~~\$325~~ annually for 11 to 20 environmental wells per site; and
- 13.22 (iii) ~~\$425~~ annually for 21 or more environmental wells per site;
- 13.23 (4) for a groundwater thermal exchange device, in addition to the notification fee for  
13.24 water supply wells, ~~\$275~~ \$350 for systems using 20 gallons per minute or less and ~~\$590~~  
13.25 for systems using over 20 gallons per minute, which includes the state core function fee;
- 13.26 (5) for a bored geothermal heat exchanger with less than ten tons of heating/cooling  
13.27 capacity, ~~\$275~~ \$350;
- 13.28 (6) for a bored geothermal heat exchanger with ten to 50 tons of heating/cooling capacity,  
13.29 ~~\$515~~ \$590;
- 13.30 (7) for a bored geothermal heat exchanger with greater than 50 tons of heating/cooling  
13.31 capacity, ~~\$740~~ \$815;
- 14.1 (8) for a dewatering well that is unsealed under a maintenance permit, ~~\$175~~ \$330 annually  
14.2 for each dewatering well, except a dewatering project comprising more than five or more  
14.3 dewatering wells shall be issued a single permit for ~~\$875~~ \$1,620 annually for dewatering  
14.4 wells recorded on the permit;
- 14.5 (9) for an elevator boring, ~~\$275~~ \$325 for each boring; and
- 14.6 (10) for a submerged closed loop heat exchanger system, in addition to the notification  
14.7 fee for water supply wells, \$3,250, which includes the state core function fee.
- 14.8 (b) For purposes of this subdivision, an environmental well site includes all of the  
14.9 environmental wells on a single property. A single property is considered one tax parcel or  
14.10 multiple contiguous parcels with the same owner.
- 14.11 Sec. 9. Minnesota Statutes 2024, section 103I.235, subdivision 1, is amended to read:
- 14.12 Subdivision 1. **Disclosure of wells to buyer.** (a) Before signing an agreement to sell or  
14.13 transfer real property, the seller must disclose in writing to the buyer information about the  
14.14 status and location of all known wells on the property, by delivering to the buyer either a  
14.15 statement by the seller that the seller does not know of any wells on the property, or a  
14.16 disclosure statement indicating the legal description and county, and a map drawn from  
14.17 available information showing the location of each well to the extent practicable. In the  
14.18 disclosure statement, the seller must indicate, for each well, whether the well is in use, not  
14.19 in use, or sealed.

14.20 (b) At the time of closing of the sale, the disclosure statement information, name and  
14.21 mailing address of the buyer, and the quartile, section, township, and range in which each  
14.22 well is located must be provided on a well disclosure certificate signed by the seller or a  
14.23 person authorized to act on behalf of the seller.

14.24 (c) A well disclosure certificate need not be provided if the seller does not know of any  
14.25 wells on the property and the deed or other instrument of conveyance contains the statement:  
14.26 "The Seller certifies that the Seller does not know of any wells on the described real  
14.27 property."

14.28 (d) If a deed is given pursuant to a contract for deed, the well disclosure certificate  
14.29 required by this subdivision shall be signed by the buyer or a person authorized to act on  
14.30 behalf of the buyer. If the buyer knows of no wells on the property, a well disclosure  
14.31 certificate is not required if the following statement appears on the deed followed by the  
14.32 signature of the grantee or, if there is more than one grantee, the signature of at least one  
14.33 of the grantees: "The Grantee certifies that the Grantee does not know of any wells on the  
15.1 described real property." The statement and signature of the grantee may be on the front or  
15.2 back of the deed or on an attached sheet and an acknowledgment of the statement by the  
15.3 grantee is not required for the deed to be recordable.

15.4 (e) This subdivision does not apply to the sale, exchange, or transfer of real property:

15.5 (1) that consists solely of a sale or transfer of severed mineral interests; or

15.6 (2) that consists of an individual condominium unit as described in chapters 515 and  
15.7 515B.

15.8 (f) For an area owned in common under chapter 515 or 515B the association or other  
15.9 responsible person must report to the commissioner by July 1, 1992, the location and status  
15.10 of all wells in the common area. The association or other responsible person must notify  
15.11 the commissioner within 30 days of any change in the reported status of wells.

15.12 (g) If the seller fails to provide a required well disclosure certificate, the buyer, or a  
15.13 person authorized to act on behalf of the buyer, may sign a well disclosure certificate based  
15.14 on the information provided on the disclosure statement required by this section or based  
15.15 on other available information.

15.16 (h) A county recorder or registrar of titles may not record a deed or other instrument of  
15.17 conveyance dated after October 31, 1990, for which a certificate of value is required under  
15.18 section 272.115, or any deed or other instrument of conveyance dated after October 31,  
15.19 1990, from a governmental body exempt from the payment of state deed tax, unless the  
15.20 deed or other instrument of conveyance contains the statement made in accordance with  
15.21 paragraph (c) or (d) or is accompanied by the well disclosure certificate containing all the  
15.22 information required by paragraph (b) or (d). The county recorder or registrar of titles must  
15.23 not accept a certificate unless it contains all the required information. The county recorder  
15.24 or registrar of titles shall note on each deed or other instrument of conveyance accompanied  
15.25 by a well disclosure certificate that the well disclosure certificate was received. The notation

15.26 must include the statement "No wells on property" if the disclosure certificate states there  
15.27 are no wells on the property. The well disclosure certificate shall not be filed or recorded  
15.28 in the records maintained by the county recorder or registrar of titles. After noting "No wells  
15.29 on property" on the deed or other instrument of conveyance, the county recorder or registrar  
15.30 of titles shall destroy or return to the buyer the well disclosure certificate. The county  
15.31 recorder or registrar of titles shall collect from the buyer or the person seeking to record a  
15.32 deed or other instrument of conveyance, a fee of ~~\$50~~ \$54 for receipt of a completed well  
15.33 disclosure certificate. By the tenth day of each month, the county recorder or registrar of  
15.34 titles shall transmit the well disclosure certificates to the commissioner of health. By the  
16.1 tenth day after the end of each calendar quarter, the county recorder or registrar of titles  
16.2 shall transmit to the commissioner of health ~~\$42.50~~ \$46.50 of the fee for each well disclosure  
16.3 certificate received during the quarter. The commissioner shall maintain the well disclosure  
16.4 certificate for at least six years. The commissioner may store the certificate as an electronic  
16.5 image. A copy of that image shall be as valid as the original.

16.6 (i) No new well disclosure certificate is required under this subdivision if the buyer or  
16.7 seller, or a person authorized to act on behalf of the buyer or seller, certifies on the deed or  
16.8 other instrument of conveyance that the status and number of wells on the property have  
16.9 not changed since the last previously filed well disclosure certificate. The following  
16.10 statement, if followed by the signature of the person making the statement, is sufficient to  
16.11 comply with the certification requirement of this paragraph: "I am familiar with the property  
16.12 described in this instrument and I certify that the status and number of wells on the described  
16.13 real property have not changed since the last previously filed well disclosure certificate."  
16.14 The certification and signature may be on the front or back of the deed or on an attached  
16.15 sheet and an acknowledgment of the statement is not required for the deed or other instrument  
16.16 of conveyance to be recordable.

16.17 (j) The commissioner in consultation with county recorders shall prescribe the form for  
16.18 a well disclosure certificate and provide well disclosure certificate forms to county recorders  
16.19 and registrars of titles and other interested persons.

16.20 (k) Failure to comply with a requirement of this subdivision does not impair:

16.21 (1) the validity of a deed or other instrument of conveyance as between the parties to  
16.22 the deed or instrument or as to any other person who otherwise would be bound by the deed  
16.23 or instrument; or

16.24 (2) the record, as notice, of any deed or other instrument of conveyance accepted for  
16.25 filing or recording contrary to the provisions of this subdivision.

16.26 Sec. 10. Minnesota Statutes 2024, section 103I.525, subdivision 2, is amended to read:

16.27 Subd. 2. **Certification fee.** (a) The application fee for certification as a representative  
16.28 of a well contractor is ~~\$75~~ \$100. The commissioner may not act on an application until the  
16.29 application fee is paid.

16.30 (b) The renewal fee for certification as a representative of a well contractor is ~~\$75~~ \$100.  
16.31 The commissioner may not renew a certification until the renewal fee is paid.

16.32 (c) A certified representative must file an application and a renewal application fee to  
16.33 renew the certification by the date stated in the certification. The renewal application must  
17.1 include information that the certified representative has met continuing education  
17.2 requirements established by the commissioner by rule.

17.3 Sec. 11. Minnesota Statutes 2024, section 103I.525, subdivision 6, is amended to read:

17.4 Subd. 6. **License fee.** The fee for a well contractor's license is ~~\$250~~ \$300.

17.5 Sec. 12. Minnesota Statutes 2024, section 103I.525, subdivision 8, is amended to read:

17.6 Subd. 8. **Renewal.** (a) A licensee must file an application and a renewal application fee  
17.7 to renew the license by the date stated in the license.

17.8 (b) The renewal application fee for a well contractor's license is ~~\$250~~ \$300.

17.9 (c) The renewal application must include information that the certified representative  
17.10 of the applicant has met continuing education requirements established by the commissioner  
17.11 by rule.

17.12 (d) At the time of the renewal, the commissioner must have on file all properly completed  
17.13 well and boring construction reports, well and boring sealing reports, reports of elevator  
17.14 borings, water sample analysis reports, well and boring permits, and well notifications for  
17.15 work conducted by the licensee since the last license renewal.

17.16 Sec. 13. Minnesota Statutes 2024, section 103I.531, subdivision 2, is amended to read:

17.17 Subd. 2. **Certification fee.** (a) The application fee for certification as a representative  
17.18 of a limited well/boring contractor is ~~\$75~~ \$100. The commissioner may not act on an  
17.19 application until the application fee is paid.

17.20 (b) The renewal fee for certification as a representative of a limited well/boring contractor  
17.21 is ~~\$75~~ \$100. The commissioner may not renew a certification until the renewal fee is paid.

17.22 (c) The fee for three or more limited well/boring contractor certifications is ~~\$225~~ \$275.

17.23 (d) A certified representative must file an application and a renewal application fee to  
17.24 renew the certification by the date stated in the certification. The renewal application must  
17.25 include information that the certified representative has met continuing education  
17.26 requirements established by the commissioner by rule.

17.27 Sec. 14. Minnesota Statutes 2024, section 103I.531, subdivision 6, is amended to read:

17.28 Subd. 6. **License fee.** The fee for a limited well/boring contractor's license is ~~\$75~~ \$100.  
17.29 The fee for three or more limited well/boring contractor licenses is ~~\$225~~ \$275.

- 18.1 Sec. 15. Minnesota Statutes 2024, section 103I.531, subdivision 8, is amended to read:
- 18.2 Subd. 8. **Renewal.** (a) A person must file an application and a renewal application fee
- 18.3 to renew the limited well/boring contractor's license by the date stated in the license.
- 18.4 (b) The renewal application fee for a limited well/boring contractor's license is ~~\$75~~ \$100.
- 18.5 (c) The renewal application must include information that the certified representative
- 18.6 of the applicant has met continuing education requirements established by the commissioner
- 18.7 by rule.
- 18.8 (d) At the time of the renewal, the commissioner must have on file all properly completed
- 18.9 well and boring construction reports, well and boring sealing reports, well and boring
- 18.10 permits, water quality sample reports, and well notifications for work conducted by the
- 18.11 licensee since the last license renewal.
- 18.12 Sec. 16. Minnesota Statutes 2024, section 103I.535, subdivision 2, is amended to read:
- 18.13 Subd. 2. **Certification fee.** (a) The application fee for certification as a representative
- 18.14 of an elevator boring contractor is ~~\$75~~ \$100. The commissioner may not act on an application
- 18.15 until the application fee is paid.
- 18.16 (b) The renewal fee for certification as a representative of an elevator boring contractor
- 18.17 is ~~\$75~~ \$100. The commissioner may not renew a certification until the renewal fee is paid.
- 18.18 (c) A certified representative must file an application and a renewal application fee to
- 18.19 renew the certification by the date stated in the certification. The renewal application must
- 18.20 include information that the certified representative has met continuing education
- 18.21 requirements established by the commissioner by rule.
- 18.22 Sec. 17. Minnesota Statutes 2024, section 103I.535, subdivision 6, is amended to read:
- 18.23 Subd. 6. **License fee.** The fee for an elevator boring contractor's license is ~~\$75~~ \$100.
- 18.24 Sec. 18. Minnesota Statutes 2024, section 103I.535, subdivision 8, is amended to read:
- 18.25 Subd. 8. **Renewal.** (a) A person must file an application and a renewal application fee
- 18.26 to renew the license by the date stated in the license.
- 18.27 (b) The renewal application fee for an elevator boring contractor's license is ~~\$75~~ \$100.
- 18.28 (c) The renewal application must include information that the certified representative
- 18.29 of the applicant has met continuing education requirements established by the commissioner
- 18.30 by rule.
- 19.1 (d) At the time of renewal, the commissioner must have on file all reports and permits
- 19.2 for elevator boring work conducted by the licensee since the last license renewal.

19.3 Sec. 19. Minnesota Statutes 2024, section 103I.541, subdivision 2b, is amended to read:

19.4 Subd. 2b. **Issuance of license.** If a person employs a certified representative, submits  
19.5 the bond under subdivision 3, and pays the license fee of ~~\$75~~ \$100 for an environmental  
19.6 well contractor license, the commissioner shall issue an environmental well contractor  
19.7 license to the applicant. The fee for an individual registration is ~~\$75~~ \$100. The commissioner  
19.8 may not act on an application until the application fee is paid.

19.9 Sec. 20. Minnesota Statutes 2024, section 103I.541, subdivision 2c, is amended to read:

19.10 Subd. 2c. **Certification fee.** (a) The application fee for certification as a representative  
19.11 of an environmental well contractor is ~~\$75~~ \$100. The commissioner may not act on an  
19.12 application until the application fee is paid.

19.13 (b) The renewal fee for certification as a representative of an environmental well  
19.14 contractor is ~~\$75~~ \$100. The commissioner may not renew a certification until the renewal  
19.15 fee is paid.

19.16 (c) A certified representative must file an application and a renewal application fee to  
19.17 renew the certification by the date stated in the certification. The renewal application must  
19.18 include information that the certified representative has met continuing education  
19.19 requirements established by the commissioner by rule.

19.20 Sec. 21. Minnesota Statutes 2024, section 103I.541, subdivision 4, is amended to read:

19.21 Subd. 4. **License renewal.** (a) A person must file an application and a renewal application  
19.22 fee to renew the license by the date stated in the license.

19.23 (b) The renewal application fee for an environmental well contractor's license is ~~\$75~~  
19.24 \$100.

19.25 (c) The renewal application must include information that the certified representative  
19.26 of the applicant has met continuing education requirements established by the commissioner  
19.27 by rule.

19.28 (d) At the time of the renewal, the commissioner must have on file all well and boring  
19.29 construction reports, well and boring sealing reports, well permits, and notifications for  
19.30 work conducted by the licensed person since the last license renewal.

20.1 Sec. 22. Minnesota Statutes 2024, section 103I.545, subdivision 1, is amended to read:

20.2 Subdivision 1. **Drilling machine.** (a) A person may not use a drilling machine such as  
20.3 a cable tool, rotary tool, hollow rod tool, or auger for a drilling activity requiring a license  
20.4 under this chapter unless the drilling machine is registered with the commissioner.

20.5 (b) A person must apply for the registration on forms prescribed by the commissioner  
20.6 and submit a ~~\$75~~ \$125 registration fee.

20.7 (c) A registration is valid for one year.

20.8        Sec. 23. Minnesota Statutes 2024, section 103I.545, subdivision 2, is amended to read:

20.9                Subd. 2. **Hoist.** (a) A person may not use a machine such as a hoist for an activity

20.10        requiring a license under this chapter to repair wells or borings, seal wells or borings, or

20.11        install pumps unless the machine is registered with the commissioner.

20.12                (b) A person must apply for the registration on forms prescribed by the commissioner

20.13        and submit a ~~\$75~~ \$125 registration fee.

20.14                (c) A registration is valid for one year.

20.15        Sec. 24. Minnesota Statutes 2024, section 103I.601, subdivision 2, is amended to read:

20.16                Subd. 2. **License required to make borings.** (a) Except as provided in paragraph (d),

20.17        a person must not make an exploratory boring without an explorer's license. The fee for an

20.18        explorer's license is ~~\$75~~ \$100. The explorer's license is valid until the date prescribed in the

20.19        license by the commissioner.

20.20                (b) A person must file an application and renewal application fee to renew the explorer's

20.21        license by the date stated in the license. The renewal application fee is ~~\$75~~ \$100.

20.22                (c) If the licensee submits an application fee after the required renewal date, the licensee:

20.23                (1) must include a late fee of \$75; and

20.24                (2) may not conduct activities authorized by an explorer's license until the renewal

20.25        application, renewal application fee, late fee, and sealing reports required in subdivision 9

20.26        are submitted.

20.27                (d) An explorer must designate a responsible individual to supervise and oversee the

20.28        making of exploratory borings.

21.1                (1) Before an individual supervises or oversees an exploratory boring, the individual

21.2        must file an application and application fee of ~~\$75~~ \$100 to qualify as a certified responsible

21.3        individual.

21.4                (2) The individual must take and pass an examination relating to construction, location,

21.5        and sealing of exploratory borings. A professional engineer or geoscientist licensed under

21.6        sections 326.02 to 326.15 or a professional geologist certified by the American Institute of

21.7        Professional Geologists is not required to take the examination required in this subdivision,

21.8        but must be certified as a responsible individual to supervise an exploratory boring.

21.9                (3) The individual must file an application and a renewal fee of ~~\$75~~ \$100 to renew the

21.10        responsible individual's certification by the date stated in the certification. If the certified

21.11        responsible individual submits an application fee after the renewal date, the certified

21.12        responsible individual must include a late fee of \$75 and may not supervise or oversee

21.13        exploratory borings until the renewal application, application fee, and late fee are submitted.



2.10 Section 1. **[144.063] DEMENTIA SERVICES PROGRAM ESTABLISHED.**  
2.11 The commissioner of health shall establish the dementia services program to:  
2.12 (1) facilitate the coordination and support of:  
2.13 (i) state-funded policies and programs that relate to Alzheimer's disease ~~or~~ related forms  
2.14 of dementia;  
2.15 (ii) outreach programs and services between state agencies, local public health  
2.16 departments, Tribal Nations, educational institutions, and community groups for the purpose  
2.17 of fostering public awareness and education regarding Alzheimer's disease and related forms  
2.18 of dementia; and  
2.19 (iii) services and activities between groups that are interested in dementia research,  
2.20 programs, and services, including area agencies on aging, service providers, advocacy  
2.21 groups, legal services, emergency personnel, law enforcement, local public health  
2.22 departments, Tribal Nations, and state colleges and universities;  
2.23 (2) facilitate the coordination, review, publication, and implementation of and updates  
2.24 to the ~~Alzheimer's Disease State~~ Plan;  
2.25 (3) ~~collect and analyze~~ data related to the impact of Alzheimer's disease in Minnesota;  
2.26 and  
2.27 (4) incorporate early detection and risk reduction strategies into existing department-led  
2.28 public health programs.

21.14 Sec. 25. Minnesota Statutes 2024, section 103I.601, subdivision 4, is amended to read:  
21.15 Subd. 4. **Notification and map of borings.** (a) By ten days before beginning exploratory  
21.16 boring, an explorer must submit to the commissioner of health a notification of the proposed  
21.17 boring map and a fee of ~~\$275~~ \$325 for each boring constructed.  
21.18 (b) By ten days before beginning exploratory boring, an explorer must submit to the  
21.19 commissioners of health and natural resources a county road map on a single sheet of paper  
21.20 that is 8-1/2 by 11 inches in size and having a scale of one-half inch equal to one mile, as  
21.21 prepared by the Department of Transportation, or a 7.5 minute series topographic map  
21.22 (1:24,000 scale), as prepared by the United States Geological Survey, showing the location  
21.23 of each proposed exploratory boring to the nearest estimated 40 acre parcel. Exploratory  
21.24 boring that is proposed on the map may not be commenced later than 180 days after  
21.25 submission of the map, unless a new map is submitted.  
21.26 Sec. 26. **[144.063] DEMENTIA SERVICES PROGRAM ESTABLISHED.**  
21.27 The commissioner of health shall establish the dementia services program to:  
21.28 (1) facilitate the coordination and support of:  
21.29 (i) state-funded policies and programs that relate to Alzheimer's disease ~~and~~ related  
21.30 forms of dementia;  
21.31 (ii) outreach programs and services between state agencies, local public health  
21.32 departments, Tribal Nations, educational institutions, and community groups for the purpose  
22.1 of fostering public awareness and education regarding Alzheimer's disease and related forms  
22.2 of dementia; and  
22.3 (iii) services and activities between groups that are interested in dementia research,  
22.4 programs, and services, including area agencies on aging, service providers, advocacy  
22.5 groups, legal services, emergency personnel, law enforcement, local public health  
22.6 departments, Tribal Nations, and state colleges and universities;  
22.7 (2) facilitate the coordination, review, publication, and implementation of and updates  
22.8 to the ~~Minnesota Dementia Strategic~~ Plan;  
22.9 (3) ~~use and share~~ data related to the impact of Alzheimer's disease ~~and related forms of~~  
22.10 dementia in Minnesota ~~to guide statewide action;~~ and  
22.11 (4) incorporate early detection and risk reduction strategies into existing department-led  
22.12 public health programs.  
22.13 Sec. 27. Minnesota Statutes 2024, section 144.064, subdivision 3, is amended to read:  
22.14 Subd. 3. **Commissioner duties.** (a) The commissioner shall make available to health  
22.15 care practitioners, women who may become pregnant, expectant parents, and parents of  
22.16 infants up-to-date and evidence-based information about congenital CMV that has been

2.29       Sec. 2. Minnesota Statutes 2024, section 144.0758, subdivision 3, is amended to read:

2.30           Subd. 3. **Eligible grantees.** (a) Organizations eligible to receive grant funding under

2.31       this section are Minnesota's Tribal Nations in accordance with paragraph (b) and urban

2.32       American Indian community-based organizations in accordance with paragraph (c).

3.1           (b) Minnesota's Tribal Nations may choose to receive funding under this section according

3.2       to a noncompetitive funding formula specified by the commissioner.

22.17       reviewed by experts with knowledge of the disease. The information shall include the

22.18       following:

22.19           (1) the recommendation to consider testing for congenital CMV if the parent or legal

22.20       guardian of the infant elected not to have newborn screening performed under section

22.21       144.125, the infant failed a newborn hearing screening, or pregnancy history suggests

22.22       increased risk for congenital CMV infection;

22.23           (2) the incidence of CMV;

22.24           (3) the transmission of CMV to pregnant women and women who may become pregnant;

22.25           (4) birth defects caused by congenital CMV;

22.26           (5) available preventative measures to avoid the infection of women who are pregnant

22.27       or may become pregnant; and

22.28           (6) resources available for families of children born with congenital CMV.

22.29           (b) The commissioner shall follow existing department practice, inclusive of community

22.30       engagement, to ensure that the information in paragraph (a) is culturally and linguistically

22.31       appropriate for all recipients.

23.1           (c) The commissioner shall establish an outreach program to:

23.2           (1) educate women who may become pregnant, expectant parents, and parents of infants

23.3       about CMV; and

23.4           (2) raise awareness for CMV among health care practitioners.

23.5           (d) The Advisory Committee on Heritable and Congenital Disorders established under

23.6       section 144.1255 shall review congenital CMV for inclusion on the list of tests to be

23.7       performed under section 144.125. If the committee recommends and the commissioner

23.8       approves the recommendation of adding congenital CMV to the newborn screening panel,

23.9       the commissioner shall publish the addition in the State Register and the per specimen fee

23.10      for screening under section 144.125, subdivision 1, paragraph (c), shall be increased by

23.11      \$43, ~~for a total of \$220 per specimen,~~ effective upon publication in the State Register.

THE FOLLOWING SECTION IS FROM UEH2435-1 ARTICLE 2

89.15       Sec. 27. Minnesota Statutes 2024, section 144.0758, subdivision 3, is amended to read:

89.16           Subd. 3. **Eligible grantees.** (a) Organizations eligible to receive grant funding under

89.17       this section are Minnesota's Tribal Nations in accordance with paragraph (b) and urban

89.18       American Indian community-based organizations in accordance with paragraph (c).

89.19           (b) Minnesota's Tribal Nations may choose to receive funding under this section according

89.20       to a noncompetitive funding formula specified by the commissioner.

3.3 (c) Urban American Indian community-based organizations are eligible to apply for  
3.4 funding under this section by submitting a proposal for consideration by the commissioner.

89.21	(c) Urban American Indian community-based organizations are eligible to apply for	
89.22	<u>funding under this section by submitting a proposal for consideration by the commissioner.</u>	
23.12	Sec. 28. <u>Minnesota Statutes 2024, section 144.1205, subdivision 2, is amended to read:</u>	
23.13	Subd. 2. <b>Initial and annual fee.</b> (a) A licensee must pay an initial fee that is equivalent	
23.14	<u>to the annual fee upon issuance of the initial license.</u>	
23.15	(b) A licensee must pay an annual fee at least 60 days before the anniversary date of the	
23.16	<u>issuance of the license. The annual fee is as follows:</u>	
23.17	TYPE	LICENSE FEE
23.18		<u>\$25,896</u>
23.19	Academic broad scope - type A, B, or C	<u>\$34,500</u>
23.20		<u>\$31,075</u>
23.21	Academic broad scope - type A, B, or C (4-8 locations)	<u>\$41,400</u>
23.22		<u>\$36,254</u>
23.23	Academic broad scope - type A, B, or C (9 or more locations)	<u>\$48,300</u>
23.24		<u>\$25,896</u>
23.25	Medical broad scope - type A	<u>\$34,500</u>
23.26		<u>\$31,075</u>
23.27	Medical broad scope - type A (4-8 locations)	<u>\$41,400</u>
23.28		<u>\$36,254</u>
23.29	Medical broad scope - type A (9 or more locations)	<u>\$48,300</u>
23.30	Medical - diagnostic, diagnostic and therapeutic, mobile nuclear	
23.31	medicine, eye applicators, high dose rate afterloaders, and	<u>\$4,784</u>
23.32	medical therapy emerging technologies	<u>\$6,600</u>
23.33	Medical - diagnostic, diagnostic and therapeutic, mobile nuclear	
23.34	medicine, eye applicators, high dose rate afterloaders, and	<u>\$5,740</u>
23.35	medical therapy emerging technologies (4-8 locations)	<u>\$7,900</u>
23.36	Medical - diagnostic, diagnostic and therapeutic, mobile nuclear	
23.37	medicine, eye applicators, high dose rate afterloaders, and	<u>\$6,697</u>
23.38	medical therapy emerging technologies (9 or more locations)	<u>\$9,200</u>
24.1		<u>\$11,648</u>
24.2	Teletherapy	<u>\$15,500</u>

24.3		<u>\$11,648</u>
24.4	Gamma knife	<u>\$15,500</u>
24.5		<u>\$2,600</u>
24.6	Veterinary medicine	<u>\$3,500</u>
24.7		<u>\$2,600</u>
24.8	In vitro testing lab	<u>\$3,500</u>
24.9		<u>\$11,440</u>
24.10	Nuclear pharmacy	<u>\$15,300</u>
24.11		<u>\$13,728</u>
24.12	Nuclear pharmacy (5 or more locations)	<u>\$18,300</u>
24.13		<u>\$4,992</u>
24.14	Radiopharmaceutical distribution (10 CFR 32.72)	<u>\$6,700</u>
24.15	Radiopharmaceutical processing and distribution (10 CFR 32.72)	<u>\$11,440</u>
24.16		<u>\$15,300</u>
24.17	Radiopharmaceutical processing and distribution (10 CFR 32.72) (5 or more locations)	<u>\$13,728</u>
24.18		<u>\$18,300</u>
24.19		<u>\$4,992</u>
24.20	Medical sealed sources - distribution (10 CFR 32.74)	<u>\$6,700</u>
24.21	Medical sealed sources - processing and distribution (10 CFR 32.74)	<u>\$11,440</u>
24.22		<u>\$15,300</u>
24.23	Medical sealed sources - processing and distribution (10 CFR 32.74) (5 or more locations)	<u>\$13,728</u>
24.24		<u>\$18,300</u>
24.25		<u>\$4,888</u>
24.26	Well logging - sealed sources	<u>\$6,600</u>
24.27	Measuring systems - (fixed gauge, portable gauge, gas chromatograph, other)	<u>\$2,600</u>
24.28		<u>\$3,800</u>
24.29	Measuring systems - (fixed gauge, portable gauge, gas chromatograph, other) (4-8 locations)	<u>\$3,120</u>
24.30		<u>\$4,500</u>
24.31	Measuring systems - (fixed gauge, portable gauge, gas chromatograph, other) (9 or more locations)	<u>\$3,640</u>
24.32		<u>\$5,200</u>

24.33		<del>\$1,976</del>
24.34	X-ray fluorescent analyzer	<del>\$2,700</del>
24.35		<del>\$25,896</del>
24.36	Manufacturing and distribution - type A broad scope	<del>\$34,500</del>
24.37	Manufacturing and distribution - type A broad scope (4-8	<del>\$31,075</del>
24.38	locations)	<del>\$41,400</del>
24.39	Manufacturing and distribution - type A broad scope (9 or more	<del>\$36,254</del>
24.40	locations)	<del>\$48,300</del>
24.41		<del>\$22,880</del>
24.42	Manufacturing and distribution - type B or C broad scope	<del>\$30,500</del>
24.43	Manufacturing and distribution - type B or C broad scope (4-8	<del>\$27,456</del>
24.44	locations)	<del>\$36,600</del>
24.45	Manufacturing and distribution - type B or C broad scope (9	<del>\$32,032</del>
24.46	or more locations)	<del>\$42,700</del>
25.1		<del>\$6,864</del>
25.2	Manufacturing and distribution - other	<del>\$9,200</del>
25.3		<del>\$8,236</del>
25.4	Manufacturing and distribution - other (4-8 locations)	<del>\$11,000</del>
25.5		<del>\$9,609</del>
25.6	Manufacturing and distribution - other (9 or more locations)	<del>\$12,800</del>
25.7		<del>\$24,232</del>
25.8	Nuclear laundry	<del>\$32,300</del>
25.9		<del>\$6,448</del>
25.10	Decontamination services	<del>\$8,600</del>
25.11		<del>\$2,600</del>
25.12	Leak test services only	<del>\$3,500</del>
25.13		<del>\$2,600</del>
25.14	Instrument calibration service only	<del>\$3,500</del>
25.15		<del>\$6,448</del>
25.16	Service, maintenance, installation, source changes, etc.	<del>\$8,600</del>

25.17		<del>\$7,800</del>
25.18	Waste disposal service, prepackaged only	<u>\$10,400</u>
25.19		<del>\$10,816</del>
25.20	Waste disposal	<u>\$14,400</u>
25.21		<del>\$2,288</del>
25.22	Distribution - general licensed devices (sealed sources)	<u>\$3,100</u>
25.23		<del>\$1,456</del>
25.24	Distribution - general licensed material (unsealed sources)	<u>\$2,000</u>
25.25		<del>\$12,792</del>
25.26	Industrial radiography - fixed or temporary location	<u>\$17,200</u>
25.27	Industrial radiography - fixed or temporary location (5 or more	<del>\$16,629</del>
25.28	locations)	<u>\$22,300</u>
25.29		<del>\$3,744</del>
25.30	Irradiators, self-shielding	<u>\$5,000</u>
25.31		<del>\$6,968</del>
25.32	Irradiators, other, less than 10,000 curies	<u>\$9,300</u>
25.33		<del>\$12,376</del>
25.34	Research and development - type A, B, or C broad scope	<u>\$16,500</u>
25.35	Research and development - type A, B, or C broad scope (4-8	<del>\$14,851</del>
25.36	locations)	<u>\$19,800</u>
25.37	Research and development - type A, B, or C broad scope (9 or	<del>\$17,326</del>
25.38	more locations)	<u>\$23,100</u>
25.39		<del>\$5,824</del>
25.40	Research and development - other	<u>\$7,800</u>
25.41		<del>\$2,600</del>
25.42	Storage - no operations	<u>\$3,500</u>
25.43		<del>\$759</del>
25.44	Source material - shielding	<u>\$1,100</u>
25.45		<del>\$4,784</del>
25.46	Special nuclear material plutonium - neutron source in device	<u>\$6,400</u>

26.1	Pacemaker by-product and/or special nuclear material - medical	<del>\$4,784</del>
26.2	(institution)	<del>\$6,400</del>
26.3	Pacemaker by-product and/or special nuclear material -	<del>\$6,864</del>
26.4	manufacturing and distribution	<del>\$9,200</del>
26.5		<del>\$4,992</del>
26.6	Accelerator-produced radioactive material	<del>\$6,700</del>
26.7		<del>\$500</del>
26.8	Nonprofit educational institutions	<del>\$700</del>
26.9	Sec. 29. Minnesota Statutes 2024, section 144.1205, subdivision 4, is amended to read:	
26.10	Subd. 4. <b>Initial and renewal application fee.</b> A licensee must pay an initial and a	
26.11	renewal application fee according to this subdivision.	
26.12	TYPE	APPLICATION FEE
26.13		<del>\$6,808</del>
26.14	Academic broad scope - type A, B, or C	<del>\$9,100</del>
26.15		<del>\$4,508</del>
26.16	Medical broad scope - type A	<del>\$6,000</del>
26.17	Medical - diagnostic, diagnostic and therapeutic, mobile nuclear	
26.18	medicine, eye applicators, high dose rate afterloaders, and	<del>\$1,748</del>
26.19	medical therapy emerging technologies	<del>\$2,350</del>
26.20		<del>\$6,348</del>
26.21	Teletherapy	<del>\$8,450</del>
26.22		<del>\$6,348</del>
26.23	Gamma knife	<del>\$8,450</del>
26.24		<del>\$1,104</del>
26.25	Veterinary medicine	<del>\$1,500</del>
26.26		<del>\$1,104</del>
26.27	In vitro testing lab	<del>\$1,500</del>
26.28		<del>\$5,612</del>
26.29	Nuclear pharmacy	<del>\$7,500</del>

26.30		<u>\$2,484</u>
26.31	Radiopharmaceutical distribution (10 CFR 32.72)	<u>\$3,350</u>
26.32	Radiopharmaceutical processing and distribution (10 CFR	<u>\$5,612</u>
26.33	32.72)	<u>\$7,500</u>
26.34		<u>\$2,484</u>
26.35	Medical sealed sources - distribution (10 CFR 32.74)	<u>\$3,350</u>
26.36	Medical sealed sources - processing and distribution (10 CFR	<u>\$5,612</u>
26.37	32.74)	<u>\$7,500</u>
26.38		<u>\$1,840</u>
26.39	Well logging - sealed sources	<u>\$2,450</u>
26.40	Measuring systems - (fixed gauge, portable gauge, gas	<u>\$1,104</u>
26.41	chromatograph, other)	<u>\$1,500</u>
26.42		<u>\$671</u>
26.43	X-ray fluorescent analyzer	<u>\$900</u>
27.1		<u>\$6,854</u>
27.2	Manufacturing and distribution - type A, B, and C broad scope	<u>\$9,150</u>
27.3		<u>\$2,668</u>
27.4	Manufacturing and distribution - other	<u>\$3,550</u>
27.5		<u>\$11,592</u>
27.6	Nuclear laundry	<u>\$15,450</u>
27.7		<u>\$3,036</u>
27.8	Decontamination services	<u>\$4,050</u>
27.9		<u>\$1,104</u>
27.10	Leak test services only	<u>\$1,500</u>
27.11		<u>\$1,104</u>
27.12	Instrument calibration service only	<u>\$1,500</u>
27.13		<u>\$3,036</u>
27.14	Service, maintenance, installation, source changes, etc.	<u>\$4,050</u>
27.15		<u>\$2,576</u>
27.16	Waste disposal service, prepackaged only	<u>\$3,450</u>



27.17		<u>\$1,748</u>
27.18	Waste disposal	<u>\$2,350</u>
27.19		<u>\$1,012</u>
27.20	Distribution - general licensed devices (sealed sources)	<u>\$1,350</u>
27.21		<u>\$598</u>
27.22	Distribution - general licensed material (unsealed sources)	<u>\$800</u>
27.23		<u>\$3,036</u>
27.24	Industrial radiography - fixed or temporary location	<u>\$4,050</u>
27.25		<u>\$1,656</u>
27.26	Irradiators, self-shielding	<u>\$2,250</u>
27.27		<u>\$3,404</u>
27.28	Irradiators, other, less than 10,000 curies	<u>\$4,550</u>
27.29		<u>\$5,704</u>
27.30	Research and development - type A, B, or C broad scope	<u>\$7,600</u>
27.31		<u>\$2,760</u>
27.32	Research and development - other	<u>\$3,700</u>
27.33		<u>\$1,104</u>
27.34	Storage - no operations	<u>\$1,500</u>
27.35		<u>\$156</u>
27.36	Source material - shielding	<u>\$250</u>
27.37		<u>\$1,380</u>
27.38	Special nuclear material plutonium - neutron source in device	<u>\$1,850</u>
27.39	Pacemaker by-product and/or special nuclear material - medical	<u>\$1,380</u>
27.40	(institution)	<u>\$1,850</u>
27.41	Pacemaker by-product and/or special nuclear material -	<u>\$2,668</u>
27.42	manufacturing and distribution	<u>\$3,550</u>
27.43		<u>\$4,715</u>
27.44	Accelerator-produced radioactive material	<u>\$6,300</u>
27.45		<u>\$345</u>
27.46	Nonprofit educational institutions	<u>\$500</u>

- 28.1        Sec. 30. Minnesota Statutes 2024, section 144.1205, subdivision 8, is amended to read:
- 28.2                Subd. 8. **Reciprocity fee.** A licensee submitting an application for reciprocal recognition
- 28.3 of a materials license issued by another agreement state or the United States Nuclear
- 28.4 Regulatory Commission for a period of 180 days or less during a calendar year must pay
- 28.5 ~~\$2,400~~ \$3,200. For a period of 181 days or more, the licensee must obtain a license under
- 28.6 subdivision 4.
- 28.7        Sec. 31. Minnesota Statutes 2024, section 144.1205, subdivision 9, is amended to read:
- 28.8                Subd. 9. **Fees for license amendments.** A licensee must pay a fee of ~~\$600~~ \$800 to
- 28.9 amend a license as follows:
- 28.10                (1) to amend a license requiring review including, but not limited to, addition of isotopes,
- 28.11 procedure changes, new authorized users, or a new radiation safety officer; or
- 28.12                (2) to amend a license requiring review and a site visit including, but not limited to,
- 28.13 facility move or addition of processes.
- 28.14        Sec. 32. Minnesota Statutes 2024, section 144.1205, subdivision 10, is amended to read:
- 28.15                Subd. 10. **Fees for general license registrations.** A person required to register generally
- 28.16 licensed devices according to Minnesota Rules, part 4731.3215, must pay an annual
- 28.17 registration fee of ~~\$450~~ \$600.
- 28.18        Sec. 33. Minnesota Statutes 2024, section 144.121, subdivision 1a, is amended to read:
- 28.19                Subd. 1a. **Fees for ionizing radiation-producing equipment.** (a) A facility with ionizing
- 28.20 radiation-producing equipment and other sources of ionizing radiation must pay an initial
- 28.21 or annual renewal registration fee consisting of a base facility fee of ~~\$100~~ \$155 and an
- 28.22 additional fee for each x-ray tube, as follows:
- |  |    |                |
|--|----|----------------|
| 28.23                (1) medical or veterinary equipment     | \$ | <del>100</del> |
| 28.24  |    | <u>130</u>     |
| 28.25                (2) dental x-ray equipment              | \$ | <del>40</del>  |
| 28.26  |    | <u>60</u>      |
| 28.27                (3) x-ray equipment not used on         | \$ | <del>100</del> |
| 28.28                        humans or animals               |    | <u>130</u>     |
| 28.29                (4) devices with sources of ionizing    | \$ | <del>100</del> |
| 28.30                        radiation not used on humans or |    | <u>130</u>     |
| 28.31                        animals                         |    |                |

28.32	(5) security screening system	\$ 100
28.33		160
29.1	(6) radiation therapy and accelerator	\$ 1,000
29.2	x-ray equipment	
29.3	(7) industrial accelerator x-ray	\$ 300
29.4	equipment	
29.5	(b) A facility with radiation therapy and accelerator equipment must pay an initial or	
29.6	annual registration fee of \$500. A facility with an industrial accelerator must pay an initial	
29.7	or annual registration fee of \$150.	
29.8	(e) (b) Electron microscopy equipment is exempt from the registration fee requirements	
29.9	of this section.	
29.10	(c) For purposes of this section, a security screening system means ionizing	
29.11	radiation-producing equipment designed and used for security screening of humans who	
29.12	are in the custody of a correctional or detention facility, and used by the facility to image	
29.13	and identify contraband items concealed within or on all sides of a human body. For purposes	
29.14	of this section, a correctional or detention facility is a facility licensed under section 241.021	
29.15	and operated by a state agency or political subdivision charged with detection, enforcement,	
29.16	or incarceration in respect to state criminal and traffic laws. The commissioner shall adopt	
29.17	rules to establish requirements for the use of security screening systems. Notwithstanding	
29.18	section 14.125, the authority to adopt these rules does not expire.	
29.19	Sec. 34. Minnesota Statutes 2024, section 144.121, is amended by adding a subdivision	
29.20	to read:	
29.21	Subd. 1e. Fee for service provider of ionizing radiation-producing equipment. A	
29.22	service provider of ionizing radiation-producing equipment and other sources of ionizing	
29.23	radiation must pay an initial or annual renewal fee of \$115.	
29.24	Sec. 35. Minnesota Statutes 2024, section 144.121, subdivision 2, is amended to read:	
29.25	Subd. 2. Inspections. Periodic radiation safety inspections of the x-ray equipment and	
29.26	other sources of ionizing radiation shall be made by the commissioner of health. The	
29.27	frequency of safety inspections shall be prescribed by the commissioner on the basis of	
29.28	based on the frequency of radiation exposure risk to occupational and public health from	
29.29	use of the x-ray equipment and other source of ionizing radiation, provided that each source	
29.30	shall be inspected at least once every four years.	
30.1	Sec. 36. Minnesota Statutes 2024, section 144.121, subdivision 5, is amended to read:	
30.2	Subd. 5. Examination for individual operating x-ray systems. (a) An individual in a	
30.3	facility with x-ray systems for use on living humans that is registered under subdivision 1	

- 30.4 may not operate, nor may the facility allow the individual to operate, x-ray systems unless  
30.5 the individual has passed a national or state examination.
- 30.6 (b) Individuals who may operate x-ray systems include:
- 30.7 (1) an individual who has passed the American Registry of Radiologic Technologists  
30.8 (ARRT) registry for radiography examination;
- 30.9 (2) an individual who has passed the American Chiropractic Registry of Radiologic  
30.10 Technologists (ACRRT) registry examination and is limited to radiography of spines and  
30.11 extremities;
- 30.12 (3) a registered limited scope x-ray operator and a registered bone densitometry equipment  
30.13 operator who passed the examination requirements in paragraphs (d) and (e) and practices  
30.14 according to subdivision 5a;
- 30.15 (4) an x-ray operator who has the original certificate or the original letter of passing the  
30.16 examination that was required before January 1, 2008, under Minnesota Statutes 2008,  
30.17 section 144.121, subdivision 5a, paragraph (b), clause (1);
- 30.18 (5) an individual who has passed the American Registry of Radiologic Technologists  
30.19 (ARRT) registry for radiation therapy examination according to subdivision 5c;
- 30.20 (6) a cardiovascular technologist according to subdivision 5c;
- 30.21 (7) a nuclear medicine technologist according to subdivision 5d;
- 30.22 (8) an individual who has passed the examination for a dental hygienist under section  
30.23 150A.06 and only operates dental x-ray systems;
- 30.24 (9) an individual who has passed the examination for a dental therapist under section  
30.25 150A.06 and only operates dental x-ray systems;
- 30.26 (10) an individual who has passed the examination for a dental assistant under section  
30.27 150A.06 and only operates dental x-ray systems;
- 30.28 (11) an individual who has passed the examination under Minnesota Rules, part  
30.29 ~~3100.8500, subpart 3~~ 3100.1320, and only operates dental x-ray systems; and
- 30.30 (12) a qualified practitioner who is licensed by a health-related licensing board with  
30.31 active practice authority and is working within the practitioner's scope of practice.
- 31.1 (c) Except for individuals under clauses (3) and (4), an individual who is participating  
31.2 in a training or educational program in any of the occupations listed in paragraph (b) is  
31.3 exempt from the examination requirement within the scope and for the duration of the  
31.4 training or educational program.
- 31.5 (d) The Minnesota examination for limited scope x-ray operators must include:

- 31.6 (1) radiation protection, radiation physics and radiobiology, equipment operation and  
31.7 quality assurance, image acquisition and technical evaluation, and patient interactions and  
31.8 management; and
- 31.9 (2) at least one of the following regions of the human anatomy: chest, extremities, skull  
31.10 and sinus, spine, or podiatry. The examinations must include the anatomy of, and radiographic  
31.11 positions and projections for, the specific regions.
- 31.12 (e) The examination for bone densitometry equipment operators must include:
- 31.13 (1) osteoporosis, bone physiology, bone health and patient education, patient preparation,  
31.14 fundamental principals, biological effects of radiation, units of measurements, radiation  
31.15 protection in bone densitometry, fundamentals of x-ray production, quality control, measuring  
31.16 bone mineral testing, determining quality in bone mineral testing, file and database  
31.17 management; and
- 31.18 (2) dual x-ray absorptiometry scanning of the lumbar spine, proximal femur, and forearm.  
31.19 The examination must include the anatomy, scan acquisition, and scan analysis for these  
31.20 three procedures.
- 31.21 (f) A limited scope x-ray operator, and a bone densitometry equipment operator, who  
31.22 are required to take an examination under this subdivision must submit to the commissioner  
31.23 a registration application for the examination and a \$25 processing fee. The processing fee  
31.24 shall be deposited in the state treasury and credited to the state government special revenue  
31.25 fund.
- 31.26 Sec. 37. Minnesota Statutes 2024, section 144.121, is amended by adding a subdivision  
31.27 to read:
- 31.28 Subd. 10. **Service provider practice; service technician.** (a) A service technician is a  
31.29 service provider who performs one or more of the following, including but not limited to:  
31.30 assembly, installation, calibration, equipment performance evaluation, preventive  
31.31 maintenance, repair, replacement, or disabling of ionizing radiation-producing equipment  
31.32 and other sources of ionizing radiation. A service technician may not perform an equipment  
32.1 performance evaluation on computed tomography, medical cone beam computed tomography,  
32.2 and fluoroscopy equipment.
- 32.3 (b) In order to provide service technician services, a service provider must register with  
32.4 the commissioner as a service technician, meet the applicable requirements in Minnesota  
32.5 Rules, chapter 4732, and pay the fee in subdivision 1e.
- 32.6 Sec. 38. Minnesota Statutes 2024, section 144.121, is amended by adding a subdivision  
32.7 to read:
- 32.8 Subd. 11. **Service provider practice; vendor.** (a) A vendor is a service provider who  
32.9 performs one or more of the following services, including but not limited to: sales, leasing,

32.10 lending, transferring, disposal, or demonstration of ionizing radiation-producing equipment  
32.11 and other sources of ionizing radiation.

32.12 (b) In order to provide vendor services, a service provider must register with the  
32.13 commissioner as a vendor, meet the applicable requirements in Minnesota Rules, chapter  
32.14 4732, and pay the fee in subdivision 1e.

32.15 Sec. 39. Minnesota Statutes 2024, section 144.121, is amended by adding a subdivision  
32.16 to read:

32.17 Subd. 12. **Service provider practice; qualified medical physicist.** (a) A qualified  
32.18 medical physicist is a service provider who provides medical physics services and must be  
32.19 certified in diagnostic medical physics, diagnostic radiological physics, radiological physics,  
32.20 diagnostic imaging physics, or diagnostic radiology physics by the American Board of  
32.21 Radiology, the American Board of Medical Physics, or the Canadian College of Physicists  
32.22 in Medicine.

32.23 (b) In order to provide medical physics services a service provider must register with  
32.24 the commissioner as a qualified medical physicist, meet the applicable requirements in  
32.25 Minnesota Rules, chapter 4732, and pay the fee in subdivision 1e.

32.26 Sec. 40. Minnesota Statutes 2024, section 144.121, is amended by adding a subdivision  
32.27 to read:

32.28 Subd. 13. **Service provider practice; qualified expert.** (a) A qualified expert is a service  
32.29 provider who provides expert physics services, and must be certified in the appropriate  
32.30 fields or specialties in which physics services are provided by the American Board of Health  
32.31 Physics, the American Board of Medical Physics, the American Board of Radiology, the  
33.1 American Board of Science in Nuclear Medicine, or the Canadian College of Physicists in  
33.2 Medicine.

33.3 (b) In order to provide health physics services, a service provider must register with the  
33.4 commissioner as a qualified expert, meet the applicable requirements in Minnesota Rules,  
33.5 chapter 4732, and pay the fee in subdivision 1e.

33.6 Sec. 41. Minnesota Statutes 2024, section 144.121, is amended by adding a subdivision  
33.7 to read:

33.8 Subd. 14. **Service provider practice; physicist assistant.** (a) A physicist assistant is a  
33.9 service provider who provides expert physics or medical physics services under the  
33.10 supervision of a qualified expert or a qualified medical physicist and must be deemed  
33.11 competent by a qualified expert or a qualified medical physicist in the appropriate fields or  
33.12 specialties in which services are provided.

33.13 (b) In order to provide health physics or medical physics services under the supervision  
33.14 of a qualified expert or a qualified medical physicist, a physicist assistant must register with

33.15 the commissioner as a physicist assistant, meet the applicable requirements in Minnesota  
33.16 Rules, chapter 4732, and pay the fee under subdivision 1e.

33.17 (c) Supervision as used in this subdivision refers to either personal or general supervision  
33.18 of a physicist assistant by a qualified expert or a qualified medical physicist according to  
33.19 Minnesota Rules, chapter 4732.

33.20 Sec. 42. Minnesota Statutes 2024, section 144.121, is amended by adding a subdivision  
33.21 to read:

33.22 Subd. 15. **Service provider compliance.** A service provider registered with the  
33.23 commissioner under Minnesota Rules, chapter 4732, must, upon renewal of registration,  
33.24 comply with the applicable requirements under this section and submit the fee under  
33.25 subdivision 1e.

33.26 Sec. 43. Minnesota Statutes 2024, section 144.1215, is amended by adding a subdivision  
33.27 to read:

33.28 Subd. 5. **Rulemaking authority.** The commissioner shall adopt rules to implement this  
33.29 section. Notwithstanding section 14.125, the authority to adopt these rules does not expire.

34.1 Sec. 44. Minnesota Statutes 2024, section 144.1222, subdivision 1a, is amended to read:

34.2 Subd. 1a. **Fees.** All plans and specifications for public pool and spa construction,  
34.3 installation, or alteration or requests for a variance that are submitted to the commissioner  
34.4 according to Minnesota Rules, part 4717.3975, shall be accompanied by the appropriate  
34.5 fees. All public pool construction plans submitted for review after January 1, 2009, must  
34.6 be certified by a professional engineer registered in the state of Minnesota. If the  
34.7 commissioner determines, upon review of the plans, that inadequate fees were paid, the  
34.8 necessary additional fees shall be paid before plan approval. For purposes of determining  
34.9 fees, a project is defined as a proposal to construct or install a public pool, spa, special  
34.10 purpose pool, or wading pool and all associated water treatment equipment and drains,  
34.11 gutters, decks, water recreation features, spray pads, and those design and safety features  
34.12 that are within five feet of any pool or spa. Plans submitted less than 30 days prior to  
34.13 construction are subject to 50 percent of the original plan review fee. The commissioner  
34.14 shall charge the following fees for plan review and inspection of public pools and spas and  
34.15 for requests for variance from the public pool and spa rules:

34.16 (1) each pool, ~~\$1,500~~ \$1,600;

34.17 (2) each spa pool, ~~\$800~~ \$900;

34.18 (3) each slide, ~~\$600~~ \$650;

34.19 (4) projects valued at \$250,000 or more, the greater of the sum of the fees in clauses (1),  
34.20 (2), and (3) or 0.5 percent of the documented estimated project cost to a maximum fee of  
34.21 \$15,000;

3.5 Sec. 3. Minnesota Statutes 2024, section 144.1222, subdivision 2d, is amended to read:

3.6 Subd. 2d. ~~Hot tubs~~ **Spa pools on rental houseboats property.** (a) For purposes of this  
3.7 subdivision, "spa pool" has the meaning given in Minnesota Rules, part 4717.0250, subpart  
3.8 9.

3.9 (b) Except as provided in paragraph (c), a hot water spa pool intended for seated  
3.10 recreational use, including a hot tub or whirlpool, that is located on a houseboat that is rented  
3.11 to the public the property of a stand-alone, single-unit rental property, offered for rent by  
3.12 the property owner or through a resort, and that is only intended to be used by the occupants  
3.13 of the rental property:

3.14 (1) is not a public pool and;

3.15 (2) is exempt from the requirements for public pools under subdivisions 1 to 2c, 4, and  
3.16 5 and Minnesota Rules, chapter 4717, except as otherwise provided in this paragraph; and

3.17 (3) may be used by renters so long as:

3.18 (i) the water temperature in the spa pool does not exceed 106 degrees Fahrenheit;

3.19 (ii) prior to check-in by each new rental party, the resort or property owner tests the  
3.20 water in the spa pool for the concentration of chlorine or bromine, pH, and alkalinity and  
3.21 the water in the spa pool meets the requirements for disinfection residual, pH, and alkalinity  
3.22 in Minnesota Rules, part 4717.1750, subparts 4 to 6; and

3.23 (iii) at check-in, the resort or property owner provides each rental party with a notice  
3.24 that there is a spa pool on the property and that the spa pool is not subject to all of the  
3.25 requirements in state law and rules for public pools.

3.26 ~~(b)~~ (c) A spa pool intended for seated recreational use, including a hot tub or whirlpool,  
3.27 that is located on a houseboat that is rented to the public:

3.28 (1) is not a public pool;

3.29 (2) is exempt from the requirements for public pools under subdivisions 1 to 2c, 4, and  
3.30 5 and Minnesota Rules, chapter 4717; and

3.31 (3) is exempt from the requirements under paragraph (b), clause (3).

34.22 (5) alterations to an existing pool without changing the size or configuration of the pool,  
34.23 \$600 \$700;

34.24 (6) removal or replacement of pool disinfection equipment only, \$100 \$200; and

34.25 (7) request for variance from the public pool and spa rules, \$500 \$550.

THE FOLLOWING SECTION IS FROM UEH2435-1 ARTICLE 2

89.23 Sec. 28. Minnesota Statutes 2024, section 144.1222, subdivision 2d, is amended to read:

89.24 Subd. 2d. ~~Hot tubs~~ **Spa pools on rental houseboats property.** (a) For the purposes of  
89.25 this subdivision, "spa pool" has the meaning given in Minnesota Rules, part 4717.0250,  
89.26 subpart 9.

89.27 ~~(a)~~ (b) Except as provided in paragraph (c), a hot water spa pool intended for seated  
89.28 recreational use, including a hot tub or whirlpool, that is located on a houseboat that is rented  
89.29 to the public the property of a stand-alone, single-unit rental property, offered for rent by  
90.1 the property owner or through a resort, and only intended to be used by the occupants of  
90.2 the rental property:

90.3 (1) is not a public pool and;

90.4 (2) is exempt from the requirements for public pools under subdivisions 1 to 2c, 4, and  
90.5 5 and Minnesota Rules, chapter 4717, except as otherwise provided in this paragraph; and

90.6 (3) may be used by renters so long as:

90.7 (i) the water temperature in the spa pool does not exceed 106 degrees Fahrenheit; and

90.8 (ii) prior to check-in by each new rental party, the resort or property owner tests the  
90.9 water in the spa pool for the concentration of chlorine or bromine, pH, and alkalinity; and  
90.10 the water in the spa pool meets the requirements for disinfection residue, pH, and alkalinity  
90.11 in Minnesota Rules, part 4717.1750, subparts 4, 5, and 6.

90.12 ~~(b)~~ (c) A spa pool intended for seated recreational use, including a hot tub or whirlpool,  
90.13 that is located on a houseboat that is rented to the public:

90.14 (1) is not a public pool;

90.15 (2) is exempt from the requirements for public pools under subdivisions 1 to 2c, 4, and  
90.16 5 and Minnesota Rules, chapter 4717; and

90.17 (3) is exempt from the requirements under paragraph (b), clause (3).



4.1 (d) A political subdivision must not adopt a local law, rule, or ordinance that prohibits  
4.2 the operation of, or establishes additional requirements for, a spa pool that meets the criteria  
4.3 in paragraph (b) or (c).

4.4 (e) A ~~hot water~~ spa pool under this subdivision must be conspicuously posted with the  
4.5 following notice to renters:

4.6 "NOTICE

4.7 This spa is exempt from certain state and local sanitary requirements that prevent disease  
4.8 transmission.

4.9 USE AT YOUR OWN RISK

4.10 This notice is required under Minnesota Statutes, section 144.1222, subdivision 2d."

4.11 Sec. 4. **[144.124] EDUCATION ON RECOGNIZING SIGNS OF PHYSICAL ABUSE**  
4.12 **IN INFANTS.**

4.13 Subdivision 1. **Education by health care providers.** Family practice physicians,  
4.14 pediatricians, and other pediatric primary care providers must provide parents and primary  
4.15 caregivers of infants up to six months of age with materials on how to recognize the signs  
4.16 of physical abuse in infants and how to report suspected physical abuse of infants. These  
4.17 materials must be identified and approved by the commissioner of health according to  
4.18 subdivision 2 and must be provided to an infant's parents or primary caregivers at the infant's  
4.19 first well-baby visit after birth.

4.20 Subd. 2. **Materials.** The commissioner of health, in consultation with the commissioner  
4.21 of children, youth, and families, must identify, approve, and make available to pediatric  
4.22 primary care providers materials for pediatric primary care providers to use at well-baby  
4.23 visits to educate parents and primary caregivers of infants up to six months of age on  
4.24 recognizing the signs of physical abuse in infants and how to report suspected physical

90.18 (d) A political subdivision must not adopt a local law, rule, or ordinance that prohibits  
90.19 the operation of, or establishes additional requirements for, a spa pool that meets the criteria  
90.20 in paragraph (b) or (c).

90.21 (e) A ~~hot water~~ spa pool under this subdivision must be conspicuously posted with the  
90.22 following notice and must be provided to renters upon check in:

90.23 "NOTICE

90.24 This spa is exempt from state and local anti-entrapment and sanitary requirements that  
90.25 prevent disease transmission waterborne diseases such as Legionnaires' disease, Pseudomonas  
90.26 folliculitis (hot tub rash), and chemical burns and is not subject to inspection.

90.27 USE AT YOUR OWN RISK

90.28 This notice is required under Minnesota Statutes, section 144.1222, subdivision 2d."

34.26 Sec. 45. **[144.1223] REGISTERED SANITARIANS AND REGISTERED**  
34.27 **ENVIRONMENTAL HEALTH SPECIALIST APPLICATION FEES.**

34.28 (a) Fees to be submitted with initial or renewal applications are as follows:

34.29 (1) initial application fee, \$55;

34.30 (2) biennial renewal application fee, \$55; and

35.1 (3) penalty for late submission of renewal application, \$20, if not renewed by designated  
35.2 renewal date.

35.3 (b) Additionally, a \$5 technology fee must be paid with the initial registration or  
35.4 registration renewal.

4.25 abuse of infants. The commissioner must make these materials available on the Department  
4.26 of Health website.

4.27 Sec. 5. Minnesota Statutes 2024, section 144.125, subdivision 1, is amended to read:

4.28 Subdivision 1. **Duty to perform testing.** (a) It is the duty of (1) the administrative officer  
4.29 or other person in charge of each institution caring for infants 28 days or less of age, (2) the  
4.30 person required in pursuance of the provisions of section 144.215, to register the birth of a  
4.31 child, or (3) the nurse midwife or midwife in attendance at the birth, to arrange to have  
5.1 administered to every infant or child in its care tests for heritable and congenital disorders  
5.2 according to subdivision 2 and rules prescribed by the state commissioner of health.

5.3 (b) Testing, recording of test results, reporting of test results, and follow-up of infants  
5.4 with heritable congenital disorders, including hearing loss detected through the early hearing  
5.5 detection and intervention program in section 144.966, shall be performed at the times and  
5.6 in the manner prescribed by the commissioner of health.

5.7 (c) The fee to support the newborn screening program, including tests administered  
5.8 under this section and section 144.966, shall be ~~\$177~~ \$184 per specimen. This fee amount  
5.9 shall be deposited in the state treasury and credited to the state government special revenue  
5.10 fund.

5.11 (d) The fee to offset the cost of the support services provided under section 144.966,  
5.12 subdivision 3a, shall be \$15 per specimen. This fee shall be deposited in the state treasury  
5.13 and credited to the general fund.

5.14 Sec. 6. Minnesota Statutes 2024, section 144.125, subdivision 2, is amended to read:

5.15 Subd. 2. **Determination of tests to be administered.** (a) The commissioner shall  
5.16 periodically revise the list of tests to be administered for determining the presence of a  
5.17 heritable or congenital disorder. Revisions to the list shall reflect advances in medical  
5.18 science, new and improved testing methods, or other factors that will improve the public  
5.19 health. In determining whether a test must be administered, the commissioner shall take  
5.20 into consideration the adequacy of analytical methods to detect the heritable or congenital  
5.21 disorder, the ability to treat or prevent medical conditions caused by the heritable or  
5.22 congenital disorder, and the severity of the medical conditions caused by the heritable or  
5.23 congenital disorder. The list of tests to be performed may be revised if the changes are  
5.24 recommended by the advisory committee established under section 144.1255, approved by  
5.25 the commissioner, and published in the State Register. The revision is exempt from the  
5.26 rulemaking requirements in chapter 14, and sections 14.385 and 14.386 do not apply.

5.27 (b) The commissioner shall revise the list of tests to be administered for determining  
5.28 the presence of a heritable or congenital disorder to include metachromatic leukodystrophy  
5.29 (MLD).

35.5 Sec. 46. Minnesota Statutes 2024, section 144.125, subdivision 1, is amended to read:

35.6 Subdivision 1. **Duty to perform testing.** (a) It is the duty of (1) the administrative officer  
35.7 or other person in charge of each institution caring for infants 28 days or less of age, (2) the  
35.8 person required in pursuance of the provisions of section 144.215, to register the birth of a  
35.9 child, or (3) the nurse midwife or midwife in attendance at the birth, to arrange to have  
35.10 administered to every infant or child in its care tests for heritable and congenital disorders  
35.11 according to subdivision 2 and rules prescribed by the state commissioner of health.

35.12 (b) Testing, recording of test results, reporting of test results, and follow-up of infants  
35.13 with heritable congenital disorders, including hearing loss detected through the early hearing  
35.14 detection and intervention program in section 144.966, shall be performed at the times and  
35.15 in the manner prescribed by the commissioner of health.

35.16 (c) The fee to support the newborn screening program, including tests administered  
35.17 under this section and section 144.966, shall be ~~\$177~~ \$184 per specimen. This fee amount  
35.18 shall be deposited in the state treasury and credited to the state government special revenue  
35.19 fund.

35.20 (d) The fee to offset the cost of the support services provided under section 144.966,  
35.21 subdivision 3a, shall be \$15 per specimen. This fee shall be deposited in the state treasury  
35.22 and credited to the general fund.

35.23 Sec. 47. Minnesota Statutes 2024, section 144.125, subdivision 2, is amended to read:

35.24 Subd. 2. **Determination of tests to be administered.** (a) The commissioner shall  
35.25 periodically revise the list of tests to be administered for determining the presence of a  
35.26 heritable or congenital disorder. Revisions to the list shall reflect advances in medical  
35.27 science, new and improved testing methods, or other factors that will improve the public  
35.28 health. In determining whether a test must be administered, the commissioner shall take  
35.29 into consideration the adequacy of analytical methods to detect the heritable or congenital  
35.30 disorder, the ability to treat or prevent medical conditions caused by the heritable or  
35.31 congenital disorder, and the severity of the medical conditions caused by the heritable or  
35.32 congenital disorder. The list of tests to be performed may be revised if the changes are  
36.1 recommended by the advisory committee established under section 144.1255, approved by  
36.2 the commissioner, and published in the State Register. The revision is exempt from the  
36.3 rulemaking requirements in chapter 14, and sections 14.385 and 14.386 do not apply.

36.4 (b) The commissioner shall revise the list of tests to be administered for determining  
36.5 the presence of a heritable or congenital disorder to include metachromatic leukodystrophy  
36.6 (MLD).

36.7        Sec. 48. Minnesota Statutes 2024, section 144.3831, subdivision 1, is amended to read:

36.8                Subdivision 1. **Fee setting.** The commissioner of health may assess an annual fee of

36.9        ~~\$9.72~~ **\$15.22** for every service connection to a public water supply that is owned or operated

36.10        by a home rule charter city, a statutory city, a city of the first class, or a town. The

36.11        commissioner of health may also assess an annual fee for every service connection served

36.12        by a water user district defined in section 110A.02.

36.13        Sec. 49. Minnesota Statutes 2024, section 144.55, subdivision 1a, is amended to read:

36.14                Subd. 1a. **License fee.** The annual license fee for outpatient surgical centers is ~~\$1,512~~

36.15        **\$1,966.**

36.16        Sec. 50. Minnesota Statutes 2024, section 144.554, is amended to read:

36.17                **144.554 HEALTH FACILITIES CONSTRUCTION PLAN SUBMITTAL AND**

36.18        **FEES.**

36.19                For hospitals, nursing homes, assisted living facilities, boarding care homes, residential

36.20        hospices, supervised living facilities, freestanding outpatient surgical centers, and end-stage

36.21        renal disease facilities, the commissioner shall collect a fee for the review and approval of

36.22        architectural, mechanical, and electrical plans and specifications submitted before

36.23        construction begins for each project relative to construction of new buildings, additions to

36.24        existing buildings, or remodeling or alterations of existing buildings. All fees collected in

36.25        this section shall be deposited in the state treasury and credited to the state government

36.26        special revenue fund. Fees must be paid at the time of submission of final plans for review

36.27        and are not refundable. The fee is calculated as follows:

36.28	Construction project total estimated cost	Fee
36.29	<del>\$0 - \$10,000</del>	<del>\$30</del> <b>\$45</b>
36.30	<del>\$10,001 - \$50,000</del>	<del>\$150</del> <b>\$225</b>
36.31	<del>\$50,001 - \$100,000</del>	<del>\$300</del> <b>\$450</b>
36.32	<del>\$100,001 - \$150,000</del>	<del>\$450</del> <b>\$675</b>
37.1	<del>\$150,001 - \$200,000</del>	<del>\$600</del> <b>\$900</b>
37.2	<del>\$200,001 - \$250,000</del>	<del>\$750</del> <b>\$1,125</b>
37.3	<del>\$250,001 - \$300,000</del>	<del>\$900</del> <b>\$1,350</b>
37.4	<del>\$300,001 - \$350,000</del>	<del>\$1,050</del> <b>\$1,575</b>
37.5	<del>\$350,001 - \$400,000</del>	<del>\$1,200</del> <b>\$1,800</b>

37.6	<u>\$400,001 - \$450,000</u>	<u>\$1,350</u> <u>\$2,025</u>
37.7	<u>\$450,001 - \$500,000</u>	<u>\$1,500</u> <u>\$2,250</u>
37.8	<u>\$500,001 - \$550,000</u>	<u>\$1,650</u> <u>\$2,475</u>
37.9	<u>\$550,001 - \$600,000</u>	<u>\$1,800</u> <u>\$2,700</u>
37.10	<u>\$600,001 - \$650,000</u>	<u>\$1,950</u> <u>\$2,925</u>
37.11	<u>\$650,001 - \$700,000</u>	<u>\$2,100</u> <u>\$3,150</u>
37.12	<u>\$700,001 - \$750,000</u>	<u>\$2,250</u> <u>\$3,375</u>
37.13	<u>\$750,001 - \$800,000</u>	<u>\$2,400</u> <u>\$3,600</u>
37.14	<u>\$800,001 - \$850,000</u>	<u>\$2,550</u> <u>\$3,825</u>
37.15	<u>\$850,001 - \$900,000</u>	<u>\$2,700</u> <u>\$4,050</u>
37.16	<u>\$900,001 - \$950,000</u>	<u>\$2,850</u> <u>\$4,275</u>
37.17	<u>\$950,001 - \$1,000,000</u>	<u>\$3,000</u> <u>\$4,500</u>
37.18	<u>\$1,000,001 - \$1,050,000</u>	<u>\$3,150</u> <u>\$4,725</u>
37.19	<u>\$1,050,001 - \$1,100,000</u>	<u>\$3,300</u> <u>\$4,950</u>
37.20	<u>\$1,100,001 - \$1,150,000</u>	<u>\$3,450</u> <u>\$5,175</u>
37.21	<u>\$1,150,001 - \$1,200,000</u>	<u>\$3,600</u> <u>\$5,400</u>
37.22	<u>\$1,200,001 - \$1,250,000</u>	<u>\$3,750</u> <u>\$5,625</u>
37.23	<u>\$1,250,001 - \$1,300,000</u>	<u>\$3,900</u> <u>\$5,850</u>
37.24	<u>\$1,300,001 - \$1,350,000</u>	<u>\$4,050</u> <u>\$6,075</u>
37.25	<u>\$1,350,001 - \$1,400,000</u>	<u>\$4,200</u> <u>\$6,300</u>
37.26	<u>\$1,400,001 - \$1,450,000</u>	<u>\$4,350</u> <u>\$6,525</u>
37.27	<u>\$1,450,001 - \$1,500,000</u>	<u>\$4,500</u> <u>\$6,750</u>
37.28	<u>\$1,500,001 <del>and over</del> - \$2,000,000</u>	<u>\$4,800</u> <u>\$7,200</u>
37.29	<u>\$2,000,001 - \$3,000,000</u>	<u>\$7,650</u>

5.30	Sec. 7. Minnesota Statutes 2024, section 144.562, subdivision 2, is amended to read:	37.30	<u>\$3,000,001 - \$4,000,000</u>	<u>\$8,100</u>
5.31	Subd. 2. <b>Eligibility for license condition.</b> (a) A hospital is not eligible to receive a	37.31	<u>\$4,000,001 - \$7,000,000</u>	<u>\$8,550</u>
5.32	license condition for swing beds unless (1) it either has a licensed bed capacity of less than	37.32	<u>\$7,000,001 - \$15,000,000</u>	<u>\$9,000</u>
6.1	50 beds defined in the federal Medicare regulations, Code of Federal Regulations, title 42,	37.33	<u>\$15,000,001 - \$50,000,000</u>	<u>\$9,450</u>
6.2	section 482.66, or it has a licensed bed capacity of 50 beds or more and has swing beds that	37.34	<u>\$50,000,001 and over</u>	<u>\$9,900</u>
6.3	were approved for Medicare reimbursement before May 1, 1985, or it has a licensed bed			
6.4	capacity of less than 65 beds and the available nursing homes within 50 miles have had, in			
6.5	the aggregate, an average occupancy rate of 96 percent or higher in the most recent two			
6.6	years as documented on the statistical reports to the Department of Health; and (2) it is			
6.7	located in a rural area as defined in the federal Medicare regulations, Code of Federal			
6.8	Regulations, title 42, section 482.66.			
6.9	(b) Except for those critical access hospitals established under section 144.1483, clause	38.1	Sec. 51. Minnesota Statutes 2024, section 144.562, subdivision 2, is amended to read:	
6.10	(9), and section 1820 of the federal Social Security Act, United States Code, title 42, section	38.2	Subd. 2. <b>Eligibility for license condition.</b> (a) A hospital is not eligible to receive a	
6.11	1395i-4, that have an attached nursing home or that owned a nursing home located in the	38.3	license condition for swing beds unless (1) it either has a licensed bed capacity of less than	
6.12	same municipality as of May 1, 2005, eligible hospitals are allowed a total number of days	38.4	50 beds defined in the federal Medicare regulations, Code of Federal Regulations, title 42,	
6.13	of swing bed use per year as provided in paragraph (c). Critical access hospitals that have	38.5	section 482.66, or it has a licensed bed capacity of 50 beds or more and has swing beds that	
6.14	an attached nursing home or that owned a nursing home located in the same municipality	38.6	were approved for Medicare reimbursement before May 1, 1985, or it has a licensed bed	
6.15	as of May 1, 2005, are allowed swing bed use as provided in federal law. <u>A critical access</u>	38.7	capacity of less than 65 beds and the available nursing homes within 50 miles have had, in	
6.16	<u>hospital described in section 144.5621 is allowed an unlimited number of days of swing</u>	38.8	the aggregate, an average occupancy rate of 96 percent or higher in the most recent two	
6.17	<u>bed use per year.</u>	38.9	years as documented on the statistical reports to the Department of Health; and (2) it is	
6.18	(c) An eligible hospital is allowed a total of 3,000 days of swing bed use in calendar	38.10	located in a rural area as defined in the federal Medicare regulations, Code of Federal	
6.19	year 2020. Beginning in calendar year 2021, and for each subsequent calendar year until	38.11	Regulations, title 42, section 482.66.	
6.20	calendar year 2027, the total number of days of swing bed use per year is increased by 200	38.12	(b) Except for those critical access hospitals established under section 144.1483, clause	
6.21	swing bed use days. Beginning in calendar year 2028, an eligible hospital is allowed a total	38.13	(9), and section 1820 of the federal Social Security Act, United States Code, title 42, section	
6.22	of 4,500 days of swing bed use per year.	38.14	1395i-4, that have an attached nursing home or that owned a nursing home located in the	
6.23	(d) Days of swing bed use for medical care that an eligible hospital has determined are	38.15	same municipality as of May 1, 2005, eligible hospitals are allowed a total number of days	
6.24	charity care shall not count toward the applicable limit in paragraph (b) or (c). For purposes	38.16	of swing bed use per year as provided in paragraph (c). Critical access hospitals that have	
6.25	of this paragraph, "charity care" means care that an eligible hospital provided for free or at	38.17	an attached nursing home or that owned a nursing home located in the same municipality	
6.26	a discount to persons who cannot afford to pay and for which the eligible hospital did not	38.18	as of May 1, 2005, are allowed swing bed use as provided in federal law. <u>A critical access</u>	
6.27	expect payment.	38.19	<u>hospital described in section 144.5621 is allowed an unlimited number of days of swing</u>	
		38.20	<u>bed use per year.</u>	
		38.21	(c) An eligible hospital is allowed a total of 3,000 days of swing bed use in calendar	
		38.22	year 2020. Beginning in calendar year 2021, and for each subsequent calendar year until	
		38.23	calendar year 2027, the total number of days of swing bed use per year is increased by 200	
		38.24	swing bed use days. Beginning in calendar year 2028, an eligible hospital is allowed a total	
		38.25	of 4,500 days of swing bed use per year.	
		38.26	(d) Days of swing bed use for medical care that an eligible hospital has determined are	
		38.27	charity care shall not count toward the applicable limit in paragraph (b) or (c). For purposes	
		38.28	of this paragraph, "charity care" means care that an eligible hospital provided for free or at	
		38.29	a discount to persons who cannot afford to pay and for which the eligible hospital did not	
		38.30	expect payment.	

6.28 (e) Days of swing bed use for care of a person who has been denied admission to every  
6.29 Medicare-certified skilled nursing facility within 25 miles of the eligible hospital shall not  
6.30 count toward the applicable limit in paragraphs (b) and (c). Eligible hospitals must maintain  
6.31 documentation that they have contacted each skilled nursing facility within 25 miles to  
6.32 determine if any skilled nursing facility beds are available and if the skilled nursing facilities  
6.33 are willing to admit the patient. Skilled nursing facilities that are contacted must admit the  
6.34 patient or deny admission within 24 hours of being contacted by the eligible hospital. Failure  
6.35 to respond within 24 hours is deemed a denial of admission.

7.1 ~~(f) Except for critical access hospitals that have an attached nursing home or that owned~~  
7.2 ~~a nursing home located in the same municipality as of May 1, 2005, the commissioner of~~  
7.3 ~~health may approve swing bed use beyond 2,000 days as long as there are no Medicare~~  
7.4 ~~certified skilled nursing facility beds available within 25 miles of that hospital that are~~  
7.5 ~~willing to admit the patient and the patient agrees to the referral being sent to the skilled~~  
7.6 ~~nursing facility. Critical access hospitals exceeding 2,000 swing bed days must maintain~~  
7.7 ~~documentation that they have contacted skilled nursing facilities within 25 miles to determine~~  
7.8 ~~if any skilled nursing facility beds are available that are willing to admit the patient and the~~  
7.9 ~~patient agrees to the referral being sent to the skilled nursing facility. This paragraph expires~~  
7.10 ~~January 1, 2020.~~

7.11 (g) After reaching 2,000 days of swing bed use in a year, an eligible hospital to which  
7.12 this limit applies may admit six additional patients to swing beds each year without seeking  
7.13 approval from the commissioner or being in violation of this subdivision. These six swing  
7.14 bed admissions are exempt from the limit of 2,000 annual swing bed days for hospitals  
7.15 subject to this limit. This paragraph expires January 1, 2020.

7.16 ~~(h) A health care system that is in full compliance with this subdivision may allocate its~~  
7.17 ~~total limit of swing bed days among the hospitals within the system, provided that no hospital~~  
7.18 ~~in the system without an attached nursing home may exceed 2,000 swing bed days per year.~~  
7.19 ~~This paragraph expires January 1, 2020.~~

7.20 EFFECTIVE DATE. This section is effective January 1, 2026, or upon federal approval,  
7.21 whichever is later. The commissioners of health and human services shall inform the revisor  
7.22 of statutes when federal approval is obtained.

7.23 Sec. 8. Minnesota Statutes 2024, section 144.562, subdivision 3, is amended to read:

7.24 Subd. 3. **Approval of license condition.** (a) The commissioner of health shall approve  
7.25 a license condition for swing beds if the hospital meets all of the criteria of this subdivision.

7.26 (b) The hospital must meet the eligibility criteria in subdivision 2.

7.27 (c) The hospital must be in compliance with the Medicare conditions of participation  
7.28 for swing beds under Code of Federal Regulations, title 42, section 482.66.

7.29 (d) Except as provided in section 144.5621, the hospital must agree, in writing, to limit  
7.30 the length of stay of a patient receiving services in a swing bed to not more than 40 days,

38.31 (e) Days of swing bed use for care of a person who has been denied admission to every  
38.32 Medicare-certified skilled nursing facility within 25 miles of the eligible hospital shall not  
38.33 count toward the applicable limit in paragraphs (b) and (c). Eligible hospitals must maintain  
38.34 documentation that they have contacted each skilled nursing facility within 25 miles to  
39.1 determine if any skilled nursing facility beds are available and if the skilled nursing facilities  
39.2 are willing to admit the patient. Skilled nursing facilities that are contacted must admit the  
39.3 patient or deny admission within 24 hours of being contacted by the eligible hospital. Failure  
39.4 to respond within 24 hours is deemed a denial of admission.

39.5 ~~(f) Except for critical access hospitals that have an attached nursing home or that owned~~  
39.6 ~~a nursing home located in the same municipality as of May 1, 2005, the commissioner of~~  
39.7 ~~health may approve swing bed use beyond 2,000 days as long as there are no Medicare~~  
39.8 ~~certified skilled nursing facility beds available within 25 miles of that hospital that are~~  
39.9 ~~willing to admit the patient and the patient agrees to the referral being sent to the skilled~~  
39.10 ~~nursing facility. Critical access hospitals exceeding 2,000 swing bed days must maintain~~  
39.11 ~~documentation that they have contacted skilled nursing facilities within 25 miles to determine~~  
39.12 ~~if any skilled nursing facility beds are available that are willing to admit the patient and the~~  
39.13 ~~patient agrees to the referral being sent to the skilled nursing facility. This paragraph expires~~  
39.14 ~~January 1, 2020.~~

39.15 (g) After reaching 2,000 days of swing bed use in a year, an eligible hospital to which  
39.16 this limit applies may admit six additional patients to swing beds each year without seeking  
39.17 approval from the commissioner or being in violation of this subdivision. These six swing  
39.18 bed admissions are exempt from the limit of 2,000 annual swing bed days for hospitals  
39.19 subject to this limit. This paragraph expires January 1, 2020.

39.20 ~~(h) A health care system that is in full compliance with this subdivision may allocate its~~  
39.21 ~~total limit of swing bed days among the hospitals within the system, provided that no hospital~~  
39.22 ~~in the system without an attached nursing home may exceed 2,000 swing bed days per year.~~  
39.23 ~~This paragraph expires January 1, 2020.~~

39.24 EFFECTIVE DATE. This section is effective January 1, 2026, or upon federal approval,  
39.25 whichever is later. The commissioners of health and human services shall inform the revisor  
39.26 of statutes when federal approval is obtained.

39.27 Sec. 52. Minnesota Statutes 2024, section 144.562, subdivision 3, is amended to read:

39.28 Subd. 3. **Approval of license condition.** (a) The commissioner of health shall approve  
39.29 a license condition for swing beds if the hospital meets all of the criteria of this subdivision.

39.30 (b) The hospital must meet the eligibility criteria in subdivision 2.

39.31 (c) The hospital must be in compliance with the Medicare conditions of participation  
39.32 for swing beds under Code of Federal Regulations, title 42, section 482.66.

40.1 (d) Except as provided in section 144.5621, the hospital must agree, in writing, to limit  
40.2 the length of stay of a patient receiving services in a swing bed to not more than 40 days,

7.31 or the duration of Medicare eligibility, unless the commissioner of health approves a greater  
7.32 length of stay in an emergency situation. To determine whether an emergency situation  
7.33 exists, the commissioner shall require the hospital to provide documentation that continued  
8.1 services in the swing bed are required by the patient; that no skilled nursing facility beds  
8.2 are available within 25 miles from the patient's home, or in some more remote facility of  
8.3 the resident's choice, that can provide the appropriate level of services required by the  
8.4 patient; and that other alternative services are not available to meet the needs of the patient.  
8.5 If the commissioner approves a greater length of stay, the hospital shall develop a plan  
8.6 providing for the discharge of the patient upon the availability of a nursing home bed or  
8.7 other services that meet the needs of the patient. Permission to extend a patient's length of  
8.8 stay must be requested by the hospital at least ten days prior to the end of the maximum  
8.9 length of stay.

8.10 (e) Except as provided in section 144.5621, the hospital must agree, in writing, to limit  
8.11 admission to a swing bed only to (1) patients who have been hospitalized and not yet  
8.12 discharged from the facility, or (2) patients who are transferred directly from an acute care  
8.13 hospital.

8.14 (f) The hospital must agree, in writing, to report to the commissioner of health by  
8.15 December 1, 1985, and annually thereafter, in a manner required by the commissioner (1)  
8.16 the number of patients readmitted to a swing bed within 60 days of a patient's discharge  
8.17 from the facility, (2) the hospital's charges for care in a swing bed during the reporting  
8.18 period with a description of the care provided for the rate charged, and (3) the number of  
8.19 beds used by the hospital for transitional care and similar subacute inpatient care.

8.20 (g) The hospital must agree, in writing, to report statistical data on the utilization of the  
8.21 swing beds on forms supplied by the commissioner. The data must include the number of  
8.22 swing beds, the number of admissions to and discharges from swing beds, Medicare  
8.23 reimbursed patient days, total patient days, and other information required by the  
8.24 commissioner to assess the utilization of swing beds.

8.25 EFFECTIVE DATE. This section is effective January 1, 2026, or upon federal approval,  
8.26 whichever is later. The commissioners of health and human services shall inform the revisor  
8.27 of statutes when federal approval is obtained.

8.28 Sec. 9. [144.5621] SWING BED APPROVAL; EXCEPTIONS.

8.29 Subdivision 1. Swing bed exemption. (a) The conditions and limitations in section  
8.30 144.562, paragraphs (d) and (e), do not apply to any hospital located in Cook County that:

8.31 (1) is designated as a critical access hospital under section 144.1483, clause (9), and  
8.32 United States Code, title 42, section 1395i-4; and

8.33 (2) has an attached nursing home.

40.3 or the duration of Medicare eligibility, unless the commissioner of health approves a greater  
40.4 length of stay in an emergency situation. To determine whether an emergency situation  
40.5 exists, the commissioner shall require the hospital to provide documentation that continued  
40.6 services in the swing bed are required by the patient; that no skilled nursing facility beds  
40.7 are available within 25 miles from the patient's home, or in some more remote facility of  
40.8 the resident's choice, that can provide the appropriate level of services required by the  
40.9 patient; and that other alternative services are not available to meet the needs of the patient.  
40.10 If the commissioner approves a greater length of stay, the hospital shall develop a plan  
40.11 providing for the discharge of the patient upon the availability of a nursing home bed or  
40.12 other services that meet the needs of the patient. Permission to extend a patient's length of  
40.13 stay must be requested by the hospital at least ten days prior to the end of the maximum  
40.14 length of stay.

40.15 (e) Except as provided in section 144.5621, the hospital must agree, in writing, to limit  
40.16 admission to a swing bed only to (1) patients who have been hospitalized and not yet  
40.17 discharged from the facility, or (2) patients who are transferred directly from an acute care  
40.18 hospital.

40.19 (f) The hospital must agree, in writing, to report to the commissioner of health by  
40.20 December 1, 1985, and annually thereafter, in a manner required by the commissioner (1)  
40.21 the number of patients readmitted to a swing bed within 60 days of a patient's discharge  
40.22 from the facility, (2) the hospital's charges for care in a swing bed during the reporting  
40.23 period with a description of the care provided for the rate charged, and (3) the number of  
40.24 beds used by the hospital for transitional care and similar subacute inpatient care.

40.25 (g) The hospital must agree, in writing, to report statistical data on the utilization of the  
40.26 swing beds on forms supplied by the commissioner. The data must include the number of  
40.27 swing beds, the number of admissions to and discharges from swing beds, Medicare  
40.28 reimbursed patient days, total patient days, and other information required by the  
40.29 commissioner to assess the utilization of swing beds.

40.30 EFFECTIVE DATE. This section is effective January 1, 2026, or upon federal approval,  
40.31 whichever is later. The commissioners of health and human services shall inform the revisor  
40.32 of statutes when federal approval is obtained.

41.1 Sec. 53. [144.5621] SWING BED APPROVAL; EXCEPTIONS.

41.2 The conditions and limitations in section 144.562, paragraphs (d) and (e), do not apply  
41.3 to any hospital located in Cook County that:

41.4 (1) is designated as a critical access hospital under section 144.1483, clause (9), and  
41.5 United States Code, title 42, section 1395i-4; and

41.6 (2) has an attached nursing home.

9.1 (b) Any swing bed located in a hospital described in this section may be used to provide  
9.2 nursing care without requiring a prior hospital stay.

9.3 (c) The nursing care provided to a patient in a swing bed is a covered medical assistance  
9.4 service under section 256B.0625, subdivision 2b.

9.5 Subd. 2. **Application of the health care bill of rights.** A patient in a swing bed located  
9.6 in a hospital described in this section is a resident of a nursing home for the purposes of  
9.7 section 144.651.

9.8 Subd. 3. **Comprehensive resident assessment.** A patient in a swing bed located in a  
9.9 hospital described in this section is a resident of a nursing home for the purposes of Minnesota  
9.10 Rules, part 4658.0400.

9.11 **EFFECTIVE DATE.** This section is effective January 1, 2026, or upon federal approval,  
9.12 whichever is later. The commissioners of health and human services shall inform the revisor  
9.13 of statutes when federal approval is obtained.

9.14 Sec. 10. Minnesota Statutes 2024, section 144.563, is amended to read:

9.15 **144.563 NURSING SERVICES PROVIDED IN A HOSPITAL; PROHIBITED**  
9.16 **PRACTICES.**

9.17 A hospital that has been granted a license condition under section 144.562 or 144.5621  
9.18 must not provide to patients not reimbursed by Medicare or medical assistance the types of  
9.19 services that would be usually and customarily provided and reimbursed under medical  
9.20 assistance or Medicare as services of a skilled nursing facility or intermediate care facility  
9.21 for more than 42 days and only for patients who have been hospitalized and no longer require  
9.22 an acute level of care. Permission to extend a patient's length of stay may be granted by the  
9.23 commissioner if requested by the physician at least ten days prior to the end of the maximum  
9.24 length of stay.

9.25 **EFFECTIVE DATE.** This section is effective January 1, 2026, or upon federal approval,  
9.26 whichever is later. The commissioners of health and human services shall inform the revisor  
9.27 of statutes when federal approval is obtained.

9.28 Sec. 11. Minnesota Statutes 2024, section 144.608, subdivision 2, is amended to read:

9.29 Subd. 2. **Council administration.** (a) The council must meet at least twice a year but  
9.30 may meet more frequently at the call of the chair, a majority of the council members, or the  
9.31 commissioner.

10.1 (b) The terms, compensation, and removal of members of the council are governed by  
10.2 section 15.059. The council expires June 30, ~~2025~~ 2035.

41.7 Any swing bed located in a hospital described in this section may be used to provide nursing  
41.8 care without requiring a prior hospital stay. The nursing care provided to a patient in a swing  
41.9 bed is a covered medical assistance service under section 256B.0625, subdivision 2b.

41.10 **EFFECTIVE DATE.** This section is effective January 1, 2026, or upon federal approval,  
41.11 whichever is later. The commissioners of health and human services shall inform the revisor  
41.12 of statutes when federal approval is obtained.

41.13 Sec. 54. Minnesota Statutes 2024, section 144.563, is amended to read:

41.14 **144.563 NURSING SERVICES PROVIDED IN A HOSPITAL; PROHIBITED**  
41.15 **PRACTICES.**

41.16 A hospital that has been granted a license condition under section 144.562 or 144.5621  
41.17 must not provide to patients not reimbursed by Medicare or medical assistance the types of  
41.18 services that would be usually and customarily provided and reimbursed under medical  
41.19 assistance or Medicare as services of a skilled nursing facility or intermediate care facility  
41.20 for more than 42 days and only for patients who have been hospitalized and no longer require  
41.21 an acute level of care. Permission to extend a patient's length of stay may be granted by the  
41.22 commissioner if requested by the physician at least ten days prior to the end of the maximum  
41.23 length of stay.

41.24 **EFFECTIVE DATE.** This section is effective January 1, 2026, or upon federal approval,  
41.25 whichever is later. The commissioners of health and human services shall inform the revisor  
41.26 of statutes when federal approval is obtained.

THE FOLLOWING TWO SECTIONS ARE FROM UEH2435-1 ARTICLE 2

93.14 Sec. 32. Minnesota Statutes 2024, section 144.608, subdivision 2, is amended to read:

93.15 Subd. 2. **Council administration.** (a) The council must meet at least twice a year but  
93.16 may meet more frequently at the call of the chair, a majority of the council members, or the  
93.17 commissioner.

93.18 (b) The terms, compensation, and removal of members of the council are governed by  
93.19 section 15.059. The council expires June 30, ~~2025~~ 2035.



10.3 (c) The council may appoint subcommittees and work groups. Subcommittees shall  
10.4 consist of council members. Work groups may include noncouncil members. Noncouncil  
10.5 members shall be compensated for work group activities under section 15.059, subdivision  
10.6 3, but shall receive expenses only.

10.7 Sec. 12. Minnesota Statutes 2024, section 144.966, subdivision 2, is amended to read:

10.8 Subd. 2. **Newborn Hearing Screening Advisory Committee.** (a) The commissioner  
10.9 of health shall establish a Newborn Hearing Screening Advisory Committee to advise and  
10.10 assist the Department of Health; Department of Children, Youth, and Families; and the  
10.11 Department of Education in:

10.12 (1) developing protocols and timelines for screening, rescreening, and diagnostic  
10.13 audiological assessment and early medical, audiological, and educational intervention  
10.14 services for children who are deaf or hard-of-hearing;

10.15 (2) designing protocols for tracking children from birth through age three that may have  
10.16 passed newborn screening but are at risk for delayed or late onset of permanent hearing  
10.17 loss;

10.18 (3) designing a technical assistance program to support facilities implementing the  
10.19 screening program and facilities conducting rescreening and diagnostic audiological  
10.20 assessment;

10.21 (4) designing implementation and evaluation of a system of follow-up and tracking; and

10.22 (5) evaluating program outcomes to increase effectiveness and efficiency and ensure  
10.23 culturally appropriate services for children with a confirmed hearing loss and their families.

10.24 (b) The commissioner of health shall appoint at least one member from each of the  
10.25 following groups with no less than two of the members being deaf or hard-of-hearing:

10.26 (1) a representative from a consumer organization representing culturally deaf persons;

10.27 (2) a parent with a child with hearing loss representing a parent organization;

10.28 (3) a consumer from an organization representing oral communication options;

10.29 (4) a consumer from an organization representing cued speech communication options;

10.30 (5) an audiologist who has experience in evaluation and intervention of infants and  
10.31 young children;

11.1 (6) a speech-language pathologist who has experience in evaluation and intervention of  
11.2 infants and young children;

11.3 (7) two primary care providers who have experience in the care of infants and young  
11.4 children, one of which shall be a pediatrician;

11.5 (8) a representative from the early hearing detection intervention teams;

93.20 (c) The council may appoint subcommittees and work groups. Subcommittees shall  
93.21 consist of council members. Work groups may include noncouncil members. Noncouncil  
93.22 members shall be compensated for work group activities under section 15.059, subdivision  
93.23 3, but shall receive expenses only.

93.24 Sec. 33. Minnesota Statutes 2024, section 144.966, subdivision 2, is amended to read:

93.25 Subd. 2. **Newborn Hearing Screening Advisory Committee.** (a) The commissioner  
93.26 of health shall establish a Newborn Hearing Screening Advisory Committee to advise and  
93.27 assist the Department of Health; Department of Children, Youth, and Families; and the  
93.28 Department of Education in:

93.29 (1) developing protocols and timelines for screening, rescreening, and diagnostic  
93.30 audiological assessment and early medical, audiological, and educational intervention  
93.31 services for children who are deaf or hard-of-hearing;

94.1 (2) designing protocols for tracking children from birth through age three that may have  
94.2 passed newborn screening but are at risk for delayed or late onset of permanent hearing  
94.3 loss;

94.4 (3) designing a technical assistance program to support facilities implementing the  
94.5 screening program and facilities conducting rescreening and diagnostic audiological  
94.6 assessment;

94.7 (4) designing implementation and evaluation of a system of follow-up and tracking; and

94.8 (5) evaluating program outcomes to increase effectiveness and efficiency and ensure  
94.9 culturally appropriate services for children with a confirmed hearing loss and their families.

94.10 (b) The commissioner of health shall appoint at least one member from each of the  
94.11 following groups with no less than two of the members being deaf or hard-of-hearing:

94.12 (1) a representative from a consumer organization representing culturally deaf persons;

94.13 (2) a parent with a child with hearing loss representing a parent organization;

94.14 (3) a consumer from an organization representing oral communication options;

94.15 (4) a consumer from an organization representing cued speech communication options;

94.16 (5) an audiologist who has experience in evaluation and intervention of infants and  
94.17 young children;

94.18 (6) a speech-language pathologist who has experience in evaluation and intervention of  
94.19 infants and young children;

94.20 (7) two primary care providers who have experience in the care of infants and young  
94.21 children, one of which shall be a pediatrician;

94.22 (8) a representative from the early hearing detection intervention teams;

11.6 (9) a representative from the Department of Education resource center for the deaf and  
11.7 hard-of-hearing or the representative's designee;

11.8 (10) a representative of the Commission of the Deaf, DeafBlind and Hard of Hearing;

11.9 (11) a representative from the Department of Human Services Deaf and Hard-of-Hearing  
11.10 Services Division;

11.11 (12) one or more of the Part C coordinators from the Department of Education; the  
11.12 Department of Health; the Department of Children, Youth, and Families; or the Department  
11.13 of Human Services or the department's designees;

11.14 (13) the Department of Health early hearing detection and intervention coordinators;

11.15 (14) two birth hospital representatives from one rural and one urban hospital;

11.16 (15) a pediatric geneticist;

11.17 (16) an otolaryngologist;

11.18 (17) a representative from the Newborn Screening Advisory Committee under this  
11.19 subdivision;

11.20 (18) a representative of the Department of Education regional low-incidence facilitators;

11.21 (19) a representative from the deaf mentor program; and

11.22 (20) a representative of the Minnesota State Academy for the Deaf from the Minnesota  
11.23 State Academies staff.

11.24 The commissioner must complete the initial appointments required under this subdivision  
11.25 by September 1, 2007, and the initial appointments under clauses (19) and (20) by September  
11.26 1, 2019.

11.27 (c) The Department of Health member shall chair the first meeting of the committee. At  
11.28 the first meeting, the committee shall elect a chair from its membership. The committee  
11.29 shall meet at the call of the chair, at least four times a year. The committee shall adopt  
11.30 written bylaws to govern its activities. The Department of Health shall provide technical  
11.31 and administrative support services as required by the committee. These services shall  
12.1 include technical support from individuals qualified to administer infant hearing screening,  
12.2 rescreening, and diagnostic audiological assessments.

12.3 Members of the committee shall receive no compensation for their service, but shall be  
12.4 reimbursed as provided in section 15.059 for expenses incurred as a result of their duties  
12.5 as members of the committee.

12.6 (d) By February 15, 2015, and by February 15 of the odd-numbered years after that date,  
12.7 the commissioner shall report to the chairs and ranking minority members of the legislative  
12.8 committees with jurisdiction over health and data privacy on the activities of the committee  
12.9 that have occurred during the past two years.

94.23 (9) a representative from the Department of Education resource center for the deaf and  
94.24 hard-of-hearing or the representative's designee;

94.25 (10) a representative of the Commission of the Deaf, DeafBlind and Hard of Hearing;

94.26 (11) a representative from the Department of Human Services Deaf and Hard-of-Hearing  
94.27 Services Division;

94.28 (12) one or more of the Part C coordinators from the Department of Education; the  
94.29 Department of Health; the Department of Children, Youth, and Families; or the Department  
94.30 of Human Services or the department's designees;

95.1 (13) the Department of Health early hearing detection and intervention coordinators;

95.2 (14) two birth hospital representatives from one rural and one urban hospital;

95.3 (15) a pediatric geneticist;

95.4 (16) an otolaryngologist;

95.5 (17) a representative from the Newborn Screening Advisory Committee under this  
95.6 subdivision;

95.7 (18) a representative of the Department of Education regional low-incidence facilitators;

95.8 (19) a representative from the deaf mentor program; and

95.9 (20) a representative of the Minnesota State Academy for the Deaf from the Minnesota  
95.10 State Academies staff.

95.11 The commissioner must complete the initial appointments required under this subdivision  
95.12 by September 1, 2007, and the initial appointments under clauses (19) and (20) by September  
95.13 1, 2019.

95.14 (c) The Department of Health member shall chair the first meeting of the committee. At  
95.15 the first meeting, the committee shall elect a chair from its membership. The committee  
95.16 shall meet at the call of the chair, at least four times a year. The committee shall adopt  
95.17 written bylaws to govern its activities. The Department of Health shall provide technical  
95.18 and administrative support services as required by the committee. These services shall  
95.19 include technical support from individuals qualified to administer infant hearing screening,  
95.20 rescreening, and diagnostic audiological assessments.

95.21 Members of the committee shall receive no compensation for their service, but shall be  
95.22 reimbursed as provided in section 15.059 for expenses incurred as a result of their duties  
95.23 as members of the committee.

95.24 (d) By February 15, 2015, and by February 15 of the odd-numbered years after that date,  
95.25 the commissioner shall report to the chairs and ranking minority members of the legislative  
95.26 committees with jurisdiction over health and data privacy on the activities of the committee  
95.27 that have occurred during the past two years.

- 12.10 ~~(e) This subdivision expires June 30, 2025.~~
- 12.11 **EFFECTIVE DATE.** This section is effective the day following final enactment or
- 12.12 June 30, 2025, whichever is earlier.

- 95.28 ~~(e) This subdivision expires June 30, 2025.~~
- 95.29 **EFFECTIVE DATE.** This section is effective the day following final enactment or
- 95.30 June 30, 2025, whichever is earlier.
- SECTIONS 55 AND 56 WERE REMOVED TO THE H2435-3 ARTICLE 6 SIDE BY SIDE.
- 44.24 Sec. 57. Minnesota Statutes 2024, section 144G.45, subdivision 6, is amended to read:
- 44.25 Subd. 6. **New construction; plans.** (a) For all new licensure and construction beginning
- 44.26 on or after August 1, 2021, the following must be provided to the commissioner:
- 44.27 (1) architectural and engineering plans and specifications for new construction must be
- 44.28 prepared and signed by architects and engineers who are registered in Minnesota. Final
- 44.29 working drawings and specifications for proposed construction must be submitted to the
- 44.30 commissioner for review and approval;
- 45.1 (2) final architectural plans and specifications must include elevations and sections
- 45.2 through the building showing types of construction, and must indicate dimensions and
- 45.3 assignments of rooms and areas, room finishes, door types and hardware, elevations and
- 45.4 details of nurses' work areas, utility rooms, toilet and bathing areas, and large-scale layouts
- 45.5 of dietary and laundry areas. Plans must show the location of fixed equipment and sections
- 45.6 and details of elevators, chutes, and other conveying systems. Fire walls and smoke partitions
- 45.7 must be indicated. The roof plan must show all mechanical installations. The site plan must
- 45.8 indicate the proposed and existing buildings, topography, roadways, walks and utility service
- 45.9 lines; and
- 45.10 (3) final mechanical and electrical plans and specifications must address the complete
- 45.11 layout and type of all installations, systems, and equipment to be provided. Heating plans
- 45.12 must include heating elements, piping, thermostatic controls, pumps, tanks, heat exchangers,
- 45.13 boilers, breeching, and accessories. Ventilation plans must include room air quantities,
- 45.14 ducts, fire and smoke dampers, exhaust fans, humidifiers, and air handling units. Plumbing
- 45.15 plans must include the fixtures and equipment fixture schedule; water supply and circulating
- 45.16 piping, pumps, tanks, riser diagrams, and building drains; the size, location, and elevation
- 45.17 of water and sewer services; and the building fire protection systems. Electrical plans must
- 45.18 include fixtures and equipment, receptacles, switches, power outlets, circuits, power and
- 45.19 light panels, transformers, and service feeders. Plans must show location of nurse call signals,
- 45.20 cable lines, fire alarm stations, and fire detectors and emergency lighting.
- 45.21 (b) Unless construction is begun within one year after approval of the final working
- 45.22 drawing and specifications, the drawings must be resubmitted for review and approval.
- 45.23 (c) The commissioner must be notified within 30 days before completion of construction
- 45.24 so that the commissioner can make arrangements for a final inspection by the commissioner.
- 45.25 (d) At least one set of complete life safety plans, including changes resulting from
- 45.26 remodeling or alterations, must be kept on file in the facility.

12.13 Sec. 13. Minnesota Statutes 2024, section 145.8811, is amended to read:

12.14 **145.8811 MATERNAL AND CHILD HEALTH ADVISORY ~~TASK FORCE~~**  
12.15 **COMMITTEE.**

12.16 Subdivision 1. **Composition of ~~task force~~ committee.** The commissioner shall establish  
12.17 and appoint a Maternal and Child Health Advisory ~~Task Force~~ Committee consisting of 15  
12.18 members who will provide equal representation from:

12.19 (1) professionals with expertise in maternal and child health services;

12.20 (2) representatives of community health boards as defined in section 145A.02, subdivision  
12.21 5; and

12.22 (3) consumer representatives interested in the health of mothers and children.

12.23 No members shall be employees of the Minnesota Department of Health. Section 15.059  
12.24 governs the Maternal and Child Health Advisory ~~Task Force~~ Committee. Notwithstanding  
12.25 section 15.059, the Maternal and Child Health Advisory ~~Task Force~~ Committee does not  
12.26 expire.

12.27 Subd. 2. **Duties.** The advisory ~~task force~~ committee shall meet on a regular basis to  
12.28 perform the following duties:

12.29 (1) review and report on the health care needs of mothers and children throughout the  
12.30 state of Minnesota;

13.1 (2) review and report on the type, frequency, and impact of maternal and child health  
13.2 care services provided to mothers and children under existing maternal and child health  
13.3 care programs, including programs administered by the commissioner of health;

13.4 (3) establish, review, and report to the commissioner a list of program guidelines and  
13.5 criteria ~~which~~ the advisory ~~task force~~ committee considers essential to providing an effective  
13.6 maternal and child health care program to low-income populations and high-risk persons  
13.7 and fulfilling the purposes defined in section 145.88;

13.8 (4) make recommendations to the commissioner for the use of other federal and state  
13.9 funds available to meet maternal and child health needs;

13.10 (5) make recommendations to the commissioner of health on priorities for funding the  
13.11 following maternal and child health services:

13.12 (i) prenatal, delivery, and postpartum care;

45.27 (e) For new construction beginning on or after July 1, 2025, the licensee must comply  
45.28 with section 144.554 to submit applicable construction plans and fees to the commissioner.

THE FOLLOWING SECTION IS FROM UEH2435-1 ARTICLE 2

97.7 Sec. 36. Minnesota Statutes 2024, section 145.8811, is amended to read:

97.8 **145.8811 MATERNAL AND CHILD HEALTH ADVISORY ~~TASK FORCE~~**  
97.9 **COMMITTEE.**

97.10 Subdivision 1. **Composition of ~~task force~~ committee.** The commissioner shall establish  
97.11 and appoint a Maternal and Child Health Advisory ~~Task Force~~ Committee consisting of 15  
97.12 members who will provide equal representation from:

97.13 (1) professionals with expertise in maternal and child health services;

97.14 (2) representatives of community health boards as defined in section 145A.02, subdivision  
97.15 5; and

97.16 (3) consumer representatives interested in the health of mothers and children.

97.17 No members shall be employees of the Minnesota Department of Health. Section 15.059  
97.18 governs the Maternal and Child Health Advisory ~~Task Force~~ Committee. Notwithstanding  
97.19 section 15.059, the Maternal and Child Health Advisory ~~Task Force~~ Committee does not  
97.20 expire.

97.21 Subd. 2. **Duties.** The advisory ~~task force~~ committee shall meet on a regular basis to  
97.22 perform the following duties:

97.23 (1) review and report on the health care needs of mothers and children throughout the  
97.24 state of Minnesota;

97.25 (2) review and report on the type, frequency, and impact of maternal and child health  
97.26 care services provided to mothers and children under existing maternal and child health  
97.27 care programs, including programs administered by the commissioner of health;

97.28 (3) establish, review, and report to the commissioner a list of program guidelines and  
97.29 criteria ~~which~~ the advisory ~~task force~~ committee considers essential to providing an effective  
97.30 maternal and child health care program to low-income populations and high-risk persons  
97.31 and fulfilling the purposes defined in section 145.88;

98.1 (4) make recommendations to the commissioner for the use of other federal and state  
98.2 funds available to meet maternal and child health needs;

98.3 (5) make recommendations to the commissioner of health on priorities for funding the  
98.4 following maternal and child health services:

98.5 (i) prenatal, delivery, and postpartum care;

13.13 (ii) comprehensive health care for children, especially from birth through five years of  
13.14 age;  
13.15 (iii) adolescent health services;  
13.16 (iv) family planning services;  
13.17 (v) preventive dental care;  
13.18 (vi) special services for chronically ill and disabled children; and  
13.19 (vii) any other services that promote the health of mothers and children; and  
13.20 (6) establish in consultation with the commissioner statewide outcomes that will improve  
13.21 the health status of mothers and children.

98.6 (ii) comprehensive health care for children, especially from birth through five years of  
98.7 age;  
98.8 (iii) adolescent health services;  
98.9 (iv) family planning services;  
98.10 (v) preventive dental care;  
98.11 (vi) special services for chronically ill and disabled children; and  
98.12 (vii) any other services that promote the health of mothers and children; and  
98.13 (6) establish in consultation with the commissioner statewide outcomes that will improve  
98.14 the health status of mothers and children.

98.15 **EFFECTIVE DATE.** This section is effective July 1, 2025.

45.29 Sec. 58. **[145.9231] EPILEPSY AND RELATED SEIZURE DISORDERS; DATA**  
45.30 **COLLECTION AND STATE COORDINATION PLAN.**

45.31 Subdivision 1. **Data collection.** The commissioner of health must collect, analyze, and  
45.32 report data on epilepsy and related seizure disorders in Minnesota. The data must include  
46.1 number of diagnoses, clinical outcomes, mortality rates, and related population health data  
46.2 for each calendar year. Deidentified data must be made publicly available.

46.3 Subd. 2. **State coordination plan.** The commissioner of health must use the data on  
46.4 epilepsy and seizure disorders to inform statewide efforts and build coordinated systems  
46.5 and partnerships to support community-led and culturally responsive strategies to ensure  
46.6 that Minnesotans at risk for or living with epilepsy and seizure disorders and their caregivers  
46.7 have equitable access to opportunities and resources to support their well-being and quality  
46.8 of life. The commissioner of health must use the data to identify areas of need and  
46.9 recommend strategies to address gaps.

SECTIONS 59 AND 60 WERE REMOVED TO MATCH WITH H2435-3  
ARTICLE 3 SECTIONS 4 AND 5, RESPECTIVELY.

48.19 Sec. 61. **Minnesota Statutes 2024, section 157.16, subdivision 2, is amended to read:**

48.20 Subd. 2. **License renewal.** Initial and renewal licenses for all food and beverage service  
48.21 establishments, youth camps, hotels, motels, lodging establishments, public pools, and  
48.22 resorts shall be issued on an annual basis. Any person who operates a place of business after  
48.23 the expiration date of a license or without having submitted an application and paid the fee  
48.24 shall be deemed to have violated the provisions of this chapter and shall be subject to  
48.25 enforcement action, as provided in the Health Enforcement Consolidation Act, sections  
48.26 144.989 to 144.993. In addition, a penalty of ~~\$60~~ **\$100** shall be added to the total of the  
48.27 license fee for any food and beverage service establishment operating without a license as  
48.28 a mobile food unit, a seasonal temporary or seasonal permanent food stand, or a special  
48.29 event food stand, and a penalty of ~~\$120~~ **\$200** shall be added to the total of the license fee

48.30 for all restaurants, food carts, hotels, motels, lodging establishments, youth camps, public  
48.31 pools, and resorts operating without a license for a period of up to 30 days. A late fee of  
48.32 ~~\$360~~ \$450 shall be added to the license fee for establishments operating more than 30 days  
48.33 without a license.

49.1 Sec. 62. Minnesota Statutes 2024, section 157.16, subdivision 2a, is amended to read:

49.2 Subd. 2a. **Food manager certification.** An applicant for certification or certification  
49.3 renewal as a food manager must submit to the commissioner a ~~\$35~~ \$45 nonrefundable  
49.4 certification fee payable to the Department of Health. The commissioner shall issue a  
49.5 duplicate certificate to replace a lost, destroyed, or mutilated certificate if the applicant  
49.6 submits a completed application on a form provided by the commissioner for a duplicate  
49.7 certificate and pays ~~\$20~~ \$25 to the department for the cost of duplication. In addition, a \$5  
49.8 technology fee must be paid with the initial certification, certification renewal, or duplicate  
49.9 certificate application.

49.10 Sec. 63. Minnesota Statutes 2024, section 157.16, subdivision 3, is amended to read:

49.11 Subd. 3. **Establishment fees; definitions.** (a) The following fees are required for food  
49.12 and beverage service establishments, youth camps, hotels, motels, lodging establishments,  
49.13 public pools, and resorts licensed under this chapter. Food and beverage service  
49.14 establishments must pay the highest applicable fee under paragraph (d), clause (1), (2), (3),  
49.15 or (4). The license fee for new operators previously licensed under this chapter for the same  
49.16 calendar year is one-half of the appropriate annual license fee, plus any penalty that may  
49.17 be required. The license fee for operators opening on or after October 1 is one-half of the  
49.18 appropriate annual license fee, plus any penalty that may be required.

49.19 (b) All food and beverage service establishments, except special event food stands, and  
49.20 all hotels, motels, lodging establishments, public pools, and resorts shall pay an annual base  
49.21 fee of ~~\$165~~ \$300.

49.22 (c) A special event food stand shall pay a flat fee of ~~\$55~~ \$75 annually. "Special event  
49.23 food stand" means a fee category where food is prepared or served in conjunction with  
49.24 celebrations, county fairs, or special events from a special event food stand as defined in  
49.25 section 157.15.

49.26 (d) In addition to the base fee in paragraph (b), each food and beverage service  
49.27 establishment, other than a special event food stand and a school concession stand, and each  
49.28 hotel, motel, lodging establishment, public pool, and resort shall pay an additional annual  
49.29 fee for each fee category, additional food service, or required additional inspection specified  
49.30 in this paragraph:

49.31 (1) Category 1 establishment, ~~\$110~~ \$185. "Category 1 establishment" means a fee  
49.32 category that provides one or more of the following items or is one of the listed  
49.33 establishments or facilities:

50.1 (i) serves prepackaged food that is served in the package;

- 50.2 (ii) serves a continental breakfast such as rolls, coffee, juice, milk, and cold cereal;
- 50.3 (iii) serves soft drinks, coffee, or nonalcoholic beverages;
- 50.4 (iv) provides cleaning for eating, drinking, or cooking utensils, when the only food  
50.5 served is prepared off site;
- 50.6 (v) a food establishment where the method of food preparation meets the definition of  
50.7 a low-risk establishment in section 157.20; or
- 50.8 (vi) operates as a child care facility licensed under section 142B.05 and Minnesota Rules,  
50.9 chapter 9503.
- 50.10 (2) Category 2 establishment, ~~\$245~~ \$430. "Category 2 establishment" means an  
50.11 establishment that is not a Category 1 establishment and is either:
- 50.12 (i) a food establishment where the method of food preparation meets the definition of a  
50.13 medium-risk establishment in section 157.20; or
- 50.14 (ii) an elementary or secondary school as defined in section 120A.05.
- 50.15 (3) Category 3 establishment, ~~\$385~~ \$670. "Category 3 establishment" means an  
50.16 establishment that is not a Category 1 or Category 2 establishment and is either:
- 50.17 (i) a food establishment where the method of food preparation meets the definition of a  
50.18 high-risk establishment in section 157.20; or
- 50.19 (ii) an establishment where 500 or more meals are prepared per day and served at one  
50.20 or more separate locations.
- 50.21 (4) Other food and beverage service, including food carts, mobile food units, seasonal  
50.22 temporary food stands, and seasonal permanent food stands, ~~\$85~~ \$150.
- 50.23 (5) Lodging per sleeping accommodation unit, ~~\$11~~ \$15, including hotels, motels, lodging  
50.24 establishments, and resorts, up to a maximum of ~~\$1,100~~ \$1,500. "Lodging per sleeping  
50.25 accommodation unit" means a fee category including the number of guest rooms, cottages,  
50.26 or other rental units of a hotel, motel, lodging establishment, or resort; or the number of  
50.27 beds in a dormitory.
- 50.28 (6) First public pool, ~~\$355~~ \$455; each additional public pool, ~~\$200~~ \$300. "Public pool"  
50.29 means a fee category that has the meaning given in section 144.1222, subdivision 4.
- 50.30 (7) First spa, ~~\$200~~ \$300; each additional spa, ~~\$110~~ \$200. "Spa pool" means a fee category  
50.31 that has the meaning given in Minnesota Rules, part 4717.0250, subpart 9.
- 51.1 (8) Private sewer or water, ~~\$60~~ \$85. "Individual private water" means a fee category  
51.2 with a water supply other than a community public water supply as defined in Minnesota  
51.3 Rules, chapter 4720. "Individual private sewer" means a fee category with an individual  
51.4 sewage treatment system which uses subsurface treatment and disposal.

51.5 (9) Additional food service, ~~\$175~~ \$250. "Additional food service" means a location at  
51.6 a food service establishment, other than the primary food preparation and service area, used  
51.7 to prepare or serve beverages or food to the public. Additional food service does not apply  
51.8 to school concession stands.

51.9 (10) Additional inspection fee, ~~\$250~~ \$350. "Additional inspection fee" means a fee to  
51.10 conduct the second inspection each year for elementary and secondary education facility  
51.11 school lunch programs when required by the Richard B. Russell National School Lunch  
51.12 Act.

51.13 (11) HACCP verification, ~~\$175~~ \$225. "HACCP verification" means an annual fee  
51.14 category for a business that performs one or more specialized process that requires an  
51.15 HACCP plan as required in chapter 31 and Minnesota Rules, chapter 4626.

51.16 (e) A fee for review of construction plans must accompany the initial license application  
51.17 for restaurants, hotels, motels, lodging establishments, resorts, seasonal food stands, and  
51.18 mobile food units. Plans submitted less than 30 days prior to construction are subject to 50  
51.19 percent of the original plan review fee. A fee for review of an HACCP plan for specialized  
51.20 processing must be submitted and approved prior to preparing and serving the specialized  
51.21 processed food for human consumption. The fees for construction plan reviews and HACCP  
51.22 plan reviews are as follows:

51.23	Service Area	Type	Fee
51.24			<del>\$400</del>
51.25	Food	category 1 establishment	<del>\$550</del>
51.26			<del>\$450</del>
51.27		category 2 establishment	<del>\$750</del>
51.28			<del>\$500</del>
51.29		category 3 food establishment	<del>\$800</del>
51.30			<del>\$250</del>
51.31		additional food service	<del>\$400</del>
51.32			<del>\$500</del>
51.33		HACCP Plan Review	<del>\$600</del>
51.34			<del>\$250</del>
51.35	Transient food service	food cart	<del>\$500</del>
51.36			<del>\$250</del>
51.37		seasonal permanent food stand	<del>\$500</del>



52.1			<del>\$250</del>
52.2		seasonal temporary food stand	<del>\$500</del>
52.3			<del>\$350</del>
52.4		mobile food unit	<del>\$700</del>
52.5			<del>\$375</del>
52.6	Lodging	less than 25 rooms	<del>\$450</del>
52.7			<del>\$400</del>
52.8		25 to less than 100 rooms	<del>\$500</del>
52.9			<del>\$500</del>
52.10		100 rooms or more	<del>\$600</del>
52.11			<del>\$350</del>
52.12		less than five cabins	<del>\$400</del>
52.13			<del>\$400</del>
52.14		five to less than ten cabins	<del>\$450</del>
52.15			<del>\$450</del>
52.16		ten cabins or more	<del>\$500</del>
52.17	(f) When existing food and beverage service establishments, hotels, motels, lodging		
52.18	establishments, resorts, seasonal food stands, and mobile food units are extensively		
52.19	remodeled, a fee must be submitted with the remodeling plans. The fee for this construction		
52.20	plan review is as follows:		
52.21	Service Area	Type	Fee
52.22			<del>\$300</del>
52.23	Food	category 1 establishment	<del>\$450</del>
52.24			<del>\$350</del>
52.25		category 2 establishment	<del>\$500</del>
52.26			<del>\$400</del>
52.27		category 3 establishment	<del>\$550</del>
52.28			<del>\$250</del>
52.29		additional food service	<del>\$400</del>

52.30			<del>\$250</del>
52.31	Transient food service	food cart	<del>\$400</del>
52.32			<del>\$250</del>
52.33		seasonal permanent food stand	<del>\$400</del>
52.34			<del>\$250</del>
52.35		seasonal temporary food stand	<del>\$400</del>
52.36			<del>\$250</del>
52.37		mobile food unit	<del>\$400</del>
52.38			<del>\$250</del>
52.39	Lodging	less than 25 rooms	<del>\$300</del>
52.40			<del>\$300</del>
52.41		25 to less than 100 rooms	<del>\$350</del>
52.42			<del>\$450</del>
52.43		100 rooms or more	<del>\$500</del>
53.1			<del>\$250</del>
53.2		less than five cabins	<del>\$300</del>
53.3			<del>\$350</del>
53.4		five to less than ten cabins	<del>\$400</del>
53.5			<del>\$400</del>
53.6		ten cabins or more	<del>\$450</del>
53.7	(g) Special event food stands are not required to submit construction or remodeling plans		
53.8	for review.		
53.9	(h) Youth camps shall pay an annual single fee for food and lodging as follows:		
53.10	(1) camps with up to 99 campers, <del>\$325</del> \$375;		
53.11	(2) camps with 100 to 199 campers, <del>\$550</del> \$600; and		
53.12	(3) camps with 200 or more campers, <del>\$750</del> \$800.		
53.13	(i) A youth camp which pays fees under paragraph (d) is not required to pay fees under		
53.14	paragraph (h).		
53.15	Sec. 64. Minnesota Statutes 2024, section 157.16, subdivision 3a, is amended to read:		
53.16	Subd. 3a. <b>Statewide hospitality fee.</b> Every person, firm, or corporation that operates a		
53.17	licensed boarding establishment, food and beverage service establishment, seasonal temporary		

13.22 Sec. 14. Minnesota Statutes 2024, section 256B.0625, subdivision 2, is amended to read:

13.23 Subd. 2. **Skilled and intermediate nursing care.** ~~(a)~~ Medical assistance covers skilled  
13.24 nursing home services and services of intermediate care facilities, including training and  
13.25 habilitation services, as defined in section 252.41, subdivision 3, for persons with  
13.26 developmental disabilities who are residing in intermediate care facilities for persons with  
13.27 developmental disabilities. ~~Medical assistance must not be used to pay the costs of nursing~~  
13.28 ~~care provided to a patient in a swing bed as defined in section 144.562, unless (1) the facility~~  
13.29 ~~in which the swing bed is located is eligible as a sole community provider, as defined in~~  
13.30 ~~Code of Federal Regulations, title 42, section 412.92, or the facility is a public hospital~~  
13.31 ~~owned by a governmental entity with 15 or fewer licensed acute care beds; (2) the Centers~~  
14.1 ~~for Medicare and Medicaid Services approves the necessary state plan amendments; (3) the~~  
14.2 ~~patient was screened as provided by law; (4) the patient no longer requires acute care~~  
14.3 ~~services; and (5) no nursing home beds are available within 25 miles of the facility. The~~  
14.4 ~~commissioner shall exempt a facility from compliance with the sole community provider~~  
14.5 ~~requirement in clause (1) if, as of January 1, 2004, the facility had an agreement with the~~  
14.6 ~~commissioner to provide medical assistance swing bed services.~~

14.7 (b) Medical assistance also covers up to ten days of nursing care provided to a patient  
14.8 in a swing bed if: (1) the patient's physician, advanced practice registered nurse, or physician  
14.9 assistant certifies that the patient has a terminal illness or condition that is likely to result  
14.10 in death within 30 days and that moving the patient would not be in the best interests of the  
14.11 patient and patient's family; (2) no open nursing home beds are available within 25 miles  
14.12 of the facility; and (3) no open beds are available in any Medicare hospice program within  
14.13 50 miles of the facility. The daily medical assistance payment for nursing care for the patient  
14.14 in the swing bed is the statewide average medical assistance skilled nursing care per diem  
14.15 as computed annually by the commissioner on July 1 of each year.

14.16 EFFECTIVE DATE. This section is effective January 1, 2026, or upon federal approval,  
14.17 whichever is later. The commissioners of health and human services shall inform the revisor  
14.18 of statutes when federal approval is obtained.

53.18 or permanent food stand, special event food stand, mobile food unit, food cart, resort, hotel,  
53.19 motel, or lodging establishment in Minnesota must submit to the commissioner a ~~\$40~~ \$50  
53.20 annual statewide hospitality fee for each licensed activity. The fee for establishments licensed  
53.21 by the Department of Health is required at the same time the licensure fee is due. For  
53.22 establishments licensed by local governments, the fee is due by July 1 of each year.

53.23 Sec. 65. Minnesota Statutes 2024, section 157.16, is amended by adding a subdivision to  
53.24 read:

53.25 Subd. 3b. **Technology fee.** Every food and beverage service establishment, youth camp,  
53.26 hotel, motel, lodging establishment, public pool, and resort licensed under this chapter must  
53.27 pay a \$5 technology fee for each licensed activity for the initial license and with each  
53.28 renewal.

53.29 Sec. 66. Minnesota Statutes 2024, section 256B.0625, subdivision 2, is amended to read:

53.30 Subd. 2. **Skilled and intermediate nursing care.** ~~(a)~~ Medical assistance covers skilled  
53.31 nursing home services and services of intermediate care facilities, including training and  
53.32 habilitation services, as defined in section 252.41, subdivision 3, for persons with  
54.1 developmental disabilities who are residing in intermediate care facilities for persons with  
54.2 developmental disabilities. ~~Medical assistance must not be used to pay the costs of nursing~~  
54.3 ~~care provided to a patient in a swing bed as defined in section 144.562, unless (1) the facility~~  
54.4 ~~in which the swing bed is located is eligible as a sole community provider, as defined in~~  
54.5 ~~Code of Federal Regulations, title 42, section 412.92, or the facility is a public hospital~~  
54.6 ~~owned by a governmental entity with 15 or fewer licensed acute care beds; (2) the Centers~~  
54.7 ~~for Medicare and Medicaid Services approves the necessary state plan amendments; (3) the~~  
54.8 ~~patient was screened as provided by law; (4) the patient no longer requires acute care~~  
54.9 ~~services; and (5) no nursing home beds are available within 25 miles of the facility. The~~  
54.10 ~~commissioner shall exempt a facility from compliance with the sole community provider~~  
54.11 ~~requirement in clause (1) if, as of January 1, 2004, the facility had an agreement with the~~  
54.12 ~~commissioner to provide medical assistance swing bed services.~~

54.13 (b) Medical assistance also covers up to ten days of nursing care provided to a patient  
54.14 in a swing bed if: (1) the patient's physician, advanced practice registered nurse, or physician  
54.15 assistant certifies that the patient has a terminal illness or condition that is likely to result  
54.16 in death within 30 days and that moving the patient would not be in the best interests of the  
54.17 patient and patient's family; (2) no open nursing home beds are available within 25 miles  
54.18 of the facility; and (3) no open beds are available in any Medicare hospice program within  
54.19 50 miles of the facility. The daily medical assistance payment for nursing care for the patient  
54.20 in the swing bed is the statewide average medical assistance skilled nursing care per diem  
54.21 as computed annually by the commissioner on July 1 of each year.

54.22 EFFECTIVE DATE. This section is effective January 1, 2026, or upon federal approval,  
54.23 whichever is later. The commissioners of health and human services shall inform the revisor  
54.24 of statutes when federal approval is obtained.

14.19 Sec. 15. Minnesota Statutes 2024, section 256B.0625, is amended by adding a subdivision  
14.20 to read:

14.21 Subd. 2b. **Nursing care provided to a patient in a swing bed.** (a) Medical assistance  
14.22 must not be used to pay the costs of nursing care provided to a patient in a swing bed as  
14.23 defined in section 144.562, unless:

14.24 (1) the facility in which the swing bed is located is eligible as a sole community provider,  
14.25 as defined in Code of Federal Regulations, title 42, section 412.92, or the facility is a public  
14.26 hospital owned by a governmental entity with 25 or fewer licensed acute care beds;

14.27 (2) the Centers for Medicare and Medicaid Services approves the necessary state plan  
14.28 amendments;

14.29 (3) the patient was screened as provided by law;

14.30 (4) the patient no longer requires acute care services; and

14.31 (5) no nursing home beds are available within 25 miles of the facility.

15.1 (b) The commissioner shall exempt a facility from compliance with the sole community  
15.2 provider requirement in paragraph (a), clause (1), if, as of January 1, 2004, the facility had  
15.3 an agreement with the commissioner to provide medical assistance swing bed services.

15.4 (c) Medical assistance also covers up to ten days of nursing care provided to a patient  
15.5 in a swing bed if:

15.6 (1) the patient's physician, advanced practice registered nurse, or physician assistant  
15.7 certifies that the patient has a terminal illness or condition that is likely to result in death  
15.8 within 30 days and that moving the patient would not be in the best interests of the patient  
15.9 and patient's family;

15.10 (2) no open nursing home beds are available within 25 miles of the facility; and

15.11 (3) no open beds are available in any Medicare hospice program within 50 miles of the  
15.12 facility.

15.13 (d) The commissioner shall exempt any facility described under section 144.5621 from  
15.14 compliance with the requirements of paragraph (a), clauses (3) and (5), and paragraph (c),  
15.15 and medical assistance covers an unlimited number of days of nursing care provided to a  
15.16 patient in a swing bed at a facility described under section 144.5621.

15.17 (e) The daily medical assistance payment for nursing care for the patient in the swing  
15.18 bed is the statewide average medical assistance skilled nursing care per diem as computed  
15.19 annually by the commissioner on July 1 of each year.

54.25 Sec. 67. Minnesota Statutes 2024, section 256B.0625, is amended by adding a subdivision  
54.26 to read:

54.27 Subd. 2b. **Nursing care provided to a patient in a swing bed.** (a) Medical assistance  
54.28 must not be used to pay the costs of nursing care provided to a patient in a swing bed as  
54.29 defined in section 144.562, unless:

54.30 (1) the facility where the swing bed is located is eligible as a sole community provider,  
54.31 as defined in Code of Federal Regulations, title 42, section 412.92, or the facility is a public  
54.32 hospital owned by a governmental entity with 15 or fewer licensed acute care beds;

54.33 (2) the Centers for Medicare and Medicaid Services approves the necessary state plan  
54.34 amendments;

55.1 (3) the patient was screened as provided by law;

55.2 (4) the patient no longer requires acute care services; and

55.3 (5) no nursing home beds are available within 25 miles of the facility.

55.4 (b) The commissioner shall exempt a facility from compliance with the sole community  
55.5 provider requirement in paragraph (a), clause (1), if, as of January 1, 2004, the facility had  
55.6 an agreement with the commissioner to provide medical assistance swing bed services.

55.7 (c) Medical assistance also covers up to ten days of nursing care provided to a patient  
55.8 in a swing bed if:

55.9 (1) the patient's physician, advanced practice registered nurse, or physician assistant  
55.10 certifies that the patient has a terminal illness or condition that is likely to result in death  
55.11 within 30 days and that moving the patient would not be in the best interests of the patient  
55.12 and patient's family;

55.13 (2) no open nursing home beds are available within 25 miles of the facility; and

55.14 (3) no open beds are available in any Medicare hospice program within 50 miles of the  
55.15 facility.

55.16 (d) The commissioner shall exempt any facility described under section 144.5621 from  
55.17 compliance with the requirements of paragraph (a), clauses (3) and (5), and paragraph (c),  
55.18 and medical assistance covers an unlimited number of days of nursing care provided to a  
55.19 patient in a swing bed at a facility described under section 144.5621.

55.20 (e) The daily medical assistance payment for nursing care for the patient in the swing  
55.21 bed is the statewide average medical assistance skilled nursing care per diem as computed  
55.22 annually by the commissioner on July 1 of each year.

15.20 **EFFECTIVE DATE.** This section is effective January 1, 2026, or upon federal approval,  
15.21 whichever is later. The commissioners of health and human services shall inform the revisor  
15.22 of statutes when federal approval is obtained.

55.23 **EFFECTIVE DATE.** This section is effective January 1, 2026, or upon federal approval,  
55.24 whichever is later. The commissioners of health and human services shall inform the revisor  
55.25 of statutes when federal approval is obtained.

55.26 Sec. 68. Minnesota Statutes 2024, section 256B.692, subdivision 2, is amended to read:

55.27 Subd. 2. **Duties of commissioner of health.** (a) Notwithstanding chapters 62D and 62N,  
55.28 a county that elects to purchase medical assistance in return for a fixed sum without regard  
55.29 to the frequency or extent of services furnished to any particular enrollee is not required to  
55.30 obtain a certificate of authority under chapter 62D or 62N. The county board of  
55.31 commissioners is the governing body of a county-based purchasing program. In a multicounty  
55.32 arrangement, the governing body is a joint powers board established under section 471.59.

56.1 (b) A county that elects to purchase medical assistance services under this section must  
56.2 satisfy the commissioner of health that the requirements for assurance of consumer protection,  
56.3 provider protection, and fiscal solvency of chapter 62D, applicable to health maintenance  
56.4 organizations will be met according to the following schedule:

56.5 (1) for a county-based purchasing plan approved on or before June 30, 2008, the plan  
56.6 must have in reserve:

56.7 (i) at least 50 percent of the minimum amount required under chapter 62D as of January  
56.8 1, 2010;

56.9 (ii) at least 75 percent of the minimum amount required under chapter 62D as of January  
56.10 1, 2011;

56.11 (iii) at least 87.5 percent of the minimum amount required under chapter 62D as of  
56.12 January 1, 2012; and

56.13 (iv) at least 100 percent of the minimum amount required under chapter 62D as of January  
56.14 1, 2013; and

56.15 (2) for a county-based purchasing plan first approved after June 30, 2008, the plan must  
56.16 have in reserve:

56.17 (i) at least 50 percent of the minimum amount required under chapter 62D at the time  
56.18 the plan begins enrolling enrollees;

56.19 (ii) at least 75 percent of the minimum amount required under chapter 62D after the first  
56.20 full calendar year;

56.21 (iii) at least 87.5 percent of the minimum amount required under chapter 62D after the  
56.22 second full calendar year; and

56.23 (iv) at least 100 percent of the minimum amount required under chapter 62D after the  
56.24 third full calendar year.

15.23       Sec. 16. Minnesota Statutes 2024, section 256R.01, is amended by adding a subdivision  
15.24   to read:

15.25       Subd. 1a. **Payment rates for nursing care provided to a patient in a swing**  
15.26   **bed.** Payment rates paid to any hospital for nursing care provided to a patient in a swing  
15.27   bed must be those rates established pursuant section 256B.0625, subdivision 2b.

15.28       **EFFECTIVE DATE.** This section is effective January 1, 2026, or upon federal approval,  
15.29   whichever is later. The commissioners of health and human services shall inform the revisor  
15.30   of statutes when federal approval is obtained.

56.25       (c) Until a plan is required to have reserves equaling at least 100 percent of the minimum  
56.26   amount required under chapter 62D, the plan may demonstrate its ability to cover any losses  
56.27   by satisfying the requirements of chapter 62N. A county-based purchasing plan must also  
56.28   assure the commissioner of health that the requirements of sections 62J.041; 62J.48; 62J.71  
56.29   to 62J.73; all applicable provisions of chapter 62Q, including sections 62Q.075; 62Q.1055;  
56.30   62Q.106; 62Q.12; 62Q.135; 62Q.14; 62Q.19; 62Q.23, paragraph (c); 62Q.43; 62Q.47;  
56.31   62Q.50; 62Q.52 to 62Q.56; 62Q.58; 62Q.68 to 62Q.72; and 72A.201 will be met.

57.1       (d) All enforcement and rulemaking powers available under chapters 62D, 62J, 62N,  
57.2   and 62Q are hereby granted to the commissioner of health with respect to counties that  
57.3   purchase medical assistance services under this section.

57.4       (e) The commissioner, in consultation with county government, shall develop  
57.5   administrative and financial reporting requirements for county-based purchasing programs  
57.6   relating to sections 62D.041, 62D.042, 62D.045, 62D.08, 62N.28, 62N.29, and 62N.31,  
57.7   and other sections as necessary, that are specific to county administrative, accounting, and  
57.8   reporting systems and consistent with other statutory requirements of counties.

57.9       (f) The commissioner shall collect from a county-based purchasing plan under this  
57.10   section the following fees:

57.11       (1) fees attributable to the costs of audits and other examinations of plan financial  
57.12   operations. These fees are subject to the provisions of Minnesota Rules, part 4685.2800,  
57.13   subpart 1, item F; and

57.14       (2) an annual fee of ~~\$21,500~~ \$30,000, to be paid by June 15 of each calendar year.

57.15   All fees collected under this paragraph shall be deposited in the state government special  
57.16   revenue fund.

57.17       Sec. 69. Minnesota Statutes 2024, section 256R.01, is amended by adding a subdivision  
57.18   to read:

57.19       Subd. 1a. **Payment rates for nursing care provided to a patient in a swing**  
57.20   **bed.** Payment rates paid to any hospital for nursing care provided to a patient in a swing  
57.21   bed must be those rates established pursuant to section 256B.0625, subdivision 2b.

57.22       **EFFECTIVE DATE.** This section is effective January 1, 2026, or upon federal approval,  
57.23   whichever is later. The commissioners of health and human services shall inform the revisor  
57.24   of statutes when federal approval is obtained.

57.25       Sec. 70. Minnesota Statutes 2024, section 326.72, subdivision 1, is amended to read:

57.26       Subdivision 1. **When license required.** ~~A person within the state intending to directly~~  
57.27   ~~perform or cause to be performed through subcontracting or similar delegation any~~  
57.28   ~~asbestos-related work either for financial gain or with respect to the person's own property~~  
57.29   ~~shall first apply for and obtain a license from the commissioner. The license shall be in~~

57.30 ~~writing, be dated when issued, contain an expiration date, be signed by the commissioner,~~  
57.31 ~~and give the name and address of the person to whom it is issued.~~

58.1 The domiciled owner of a single family residence is not required to hold a license or  
58.2 pay a project permit fee to conduct asbestos-related work in the domiciled residence.

58.3 Any person performing any asbestos-related work within the state must be licensed by  
58.4 the commissioner, whether directly performing asbestos work or causing it to be performed  
58.5 through subcontracting or similar delegation. A domiciled owner of a single-family residence  
58.6 is not required to hold a license or pay a project permit fee to conduct asbestos-related work  
58.7 in the domiciled residence.

58.8 Sec. 71. Minnesota Statutes 2024, section 326.75, subdivision 3, is amended to read:

58.9 Subd. 3. **Permit fee.** Five calendar days before beginning asbestos-related work, a person  
58.10 shall pay a project permit fee to the commissioner equal to ~~two~~ three percent of the total  
58.11 costs of the asbestos-related work. For asbestos-related work performed in single or  
58.12 multifamily residences, of greater than ten but less than 260 linear feet of asbestos-containing  
58.13 material on pipes, or greater than six but less than 160 square feet of asbestos-containing  
58.14 material on other facility components, a person shall pay a project permit fee of \$35 to the  
58.15 commissioner.

58.16 Sec. 72. Minnesota Statutes 2024, section 326.75, subdivision 3a, is amended to read:

58.17 Subd. 3a. **Asbestos-related training course permit fee.** ~~The commissioner shall establish~~  
58.18 ~~by rule a permit fee to be paid by~~ A training course provider shall pay the commissioner a  
58.19 fee of \$500 on application for a training course permit ~~or~~ and \$250 for the renewal of a  
58.20 permit of each asbestos-related training course required for certification or registration.

58.21 Sec. 73. Minnesota Statutes 2024, section 327.15, subdivision 2, is amended to read:

58.22 Subd. 2. **License renewal.** Initial and renewal licenses for all manufactured home parks  
58.23 and recreational camping areas shall be issued annually and shall have an expiration date  
58.24 included on the license. Any person who operates a manufactured home park or recreational  
58.25 camping area after the expiration date of a license or without having submitted an application  
58.26 and paid the fee shall be deemed to have violated the provisions of this chapter and shall  
58.27 be subject to enforcement action, as provided in the Health Enforcement Consolidation Act,  
58.28 sections 144.989 to 144.993. In addition, a penalty of ~~\$120~~ \$200 shall be added to the total  
58.29 of the license fee for any manufactured home park or recreational camping area operating  
58.30 without a license for a period of up to 30 days. A late fee of ~~\$360~~ \$450 shall be added to  
58.31 the license fee for any manufactured home park or recreational camping area operating  
58.32 more than 30 days without a license.

59.1 Sec. 74. Minnesota Statutes 2024, section 327.15, subdivision 3, is amended to read:

59.2 Subd. 3. **Fees, manufactured home parks and recreational camping areas.** (a) The  
59.3 following fees are required for manufactured home parks and recreational camping areas  
59.4 licensed under this chapter. Fees collected under this section shall be deposited in the state

- 59.5 government special revenue fund. Recreational camping areas and manufactured home  
59.6 parks shall pay the highest applicable base fee under paragraph (b). The license fee for new  
59.7 operators of a manufactured home park or recreational camping area previously licensed  
59.8 under this chapter for the same calendar year is one-half of the appropriate annual license  
59.9 fee, plus any penalty that may be required. The license fee for operators opening on or after  
59.10 October 1 is one-half of the appropriate annual license fee, plus any penalty that may be  
59.11 required.
- 59.12 (b) All manufactured home parks and recreational camping areas shall pay the following  
59.13 annual base fee:
- 59.14 (1) a manufactured home park, ~~\$165~~ \$280; and
- 59.15 (2) a recreational camping area with:
- 59.16 (i) 24 or less sites, ~~\$55~~ \$100;
- 59.17 (ii) 25 to 99 sites, ~~\$230~~ \$410; and
- 59.18 (iii) 100 or more sites, ~~\$330~~ \$610.
- 59.19 In addition to the base fee, manufactured home parks and recreational camping areas shall  
59.20 pay ~~\$5~~ \$8 for each licensed site. This paragraph does not apply to special event recreational  
59.21 camping areas. Operators of a manufactured home park or a recreational camping area also  
59.22 licensed under section 157.16 for the same location shall pay only one base fee, whichever  
59.23 is the highest of the base fees found in this section or section 157.16.
- 59.24 (c) In addition to the fee in paragraph (b), each manufactured home park or recreational  
59.25 camping area shall pay an additional annual fee for each fee category specified in this  
59.26 paragraph:
- 59.27 (1) Manufactured home parks and recreational camping areas with public swimming  
59.28 pools and spas shall pay the appropriate fees specified in section 157.16.
- 59.29 (2) Individual private sewer or water, ~~\$60~~ \$85. "Individual private water" means a fee  
59.30 category with a water supply other than a community public water supply as defined in  
59.31 Minnesota Rules, chapter 4720. "Individual private sewer" means a fee category with a  
59.32 subsurface sewage treatment system which uses subsurface treatment and disposal.
- 60.1 (d) The following fees must accompany a plan review application for initial construction  
60.2 of a manufactured home park or recreational camping area:
- 60.3 (1) for initial construction of less than 25 sites, ~~\$375~~ \$400;
- 60.4 (2) for initial construction of 25 to 99 sites, ~~\$400~~ \$425; and
- 60.5 (3) for initial construction of 100 or more sites, ~~\$500~~ \$525.
- 60.6 (e) The following fees must accompany a plan review application when an existing  
60.7 manufactured home park or recreational camping area is expanded:



16.1       Sec. 17. **SPOKEN LANGUAGE HEALTH CARE INTERPRETER WORK GROUP.**  
16.2           Subdivision 1. **Definitions.** (a) For purposes of this section, the following terms have  
16.3       the meanings given.  
16.4           (b) "Commissioner" means the commissioner of health.

60.8           (1) for expansion of less than 25 sites, ~~\$250~~ \$300;  
60.9           (2) for expansion of 25 to 99 sites, ~~\$300~~ \$350; and  
60.10          (3) for expansion of 100 or more sites, ~~\$450~~ \$500.  
60.11       Sec. 75. Minnesota Statutes 2024, section 327.15, subdivision 4, is amended to read:  
60.12           Subd. 4. **Fees, special event recreational camping areas.** (a) The following fees are  
60.13       required for special event recreational camping areas licensed under this chapter.  
60.14           (b) All special event recreational camping areas shall pay an annual fee of ~~\$150~~ \$250  
60.15       plus \$1 \$4 for each licensed site.  
60.16           (c) A special event recreational camping area shall pay a late fee of ~~\$360~~ \$450 for failing  
60.17       to obtain a license prior to operating.  
60.18           (d) The following fees must accompany a plan review application for initial construction  
60.19       of a special event recreational camping area:  
60.20           (1) for initial construction of less than 25 special event recreational camping sites, ~~\$375~~  
60.21       \$475;  
60.22           (2) for initial construction of 25 to 99 sites, ~~\$400~~ \$500; and  
60.23           (3) for initial construction of 100 or more sites, ~~\$500~~ \$600.  
60.24           (e) The following fees must accompany a plan review application for expansion of a  
60.25       special event recreational camping area:  
60.26           (1) for expansion of less than 25 sites, ~~\$250~~ \$300;  
60.27           (2) for expansion of 25 to 99 sites, ~~\$300~~ \$350; and  
60.28           (3) for expansion of 100 or more sites, ~~\$450~~ \$500.  
61.1       Sec. 76. Minnesota Statutes 2024, section 327.15, is amended by adding a subdivision to  
61.2       read:  
61.3           Subd. 5. **Technology fee.** All manufactured home parks, recreational camping areas,  
61.4       and special event camping areas must pay a \$5 technology fee at initial licensing and upon  
61.5       each renewal.  
61.6       Sec. 77. **SPOKEN LANGUAGE HEALTH CARE INTERPRETER WORK GROUP.**  
61.7           Subdivision 1. **Definitions.** (a) For purposes of this section, the following terms have  
61.8       the meanings given.  
61.9           (b) "Commissioner" means the commissioner of health.

16.5 (c) "Common languages" means the 15 most common languages without regard to dialect  
16.6 in Minnesota.

16.7 (d) "Registered interpreter" means a spoken language interpreter who is listed on the  
16.8 Department of Health's spoken language health care interpreter roster.

16.9 (e) "Work group" means the spoken language health care interpreter work group  
16.10 established in this section.

16.11 Subd. 2. **Composition.** The commissioner, after receiving work group candidate  
16.12 applications, must appoint 15 members to the work group consisting of the following  
16.13 members:

16.14 (1) three members who are interpreters listed on the Department of Health's spoken  
16.15 language health care interpreter roster and who are Minnesota residents. Of these members:

16.16 (i) each must be an interpreter for a different language;

16.17 (ii) at least one must have a national certification credential; and

16.18 (iii) at least one must have been listed on the roster as an interpreter in a language other  
16.19 than the common languages and must have completed a nationally recognized training  
16.20 program for health care interpreters that is, at a minimum, 40 hours in length;

16.21 (2) three members representing limited English proficiency (LEP) individuals. Of these  
16.22 members, two must represent LEP individuals who are proficient in a common language  
16.23 other than English and one must represent LEP individuals who are proficient in a language  
16.24 that is not one of the common languages;

16.25 (3) one member representing a health plan company;

16.26 (4) one member who is not an interpreter and who is representing a Minnesota health  
16.27 system;

16.28 (5) two members representing interpreter agencies, including one member representing  
16.29 agencies whose main office is located outside the seven-county metropolitan area and one  
16.30 member representing agencies whose main office is located within the seven-county  
16.31 metropolitan area;

17.1 (6) one member representing the Department of Health;

17.2 (7) one member representing the Department of Human Services;

61.10 (c) "Common languages" means the 15 most frequent languages without regard to dialect  
61.11 in Minnesota.

61.12 (d) "Registered interpreter" means a spoken language interpreter who is listed on the  
61.13 Department of Health's spoken language health care interpreter roster.

61.14 (e) "Work group" means the spoken language health care interpreter work group  
61.15 established in subdivision 2.

61.16 Subd. 2. **Composition.** The commissioner shall, after receiving work group candidate  
61.17 applications, appoint 15 members to the work group consisting of the following members:

61.18 (1) three members who are interpreters listed on the Department of Health's spoken  
61.19 language health care interpreter roster and who are Minnesota residents. Of these members:  
61.20 (i) each must be an interpreter for a different language; (ii) at least one must have a national  
61.21 certification credential; and (iii) at least one must have been listed on the roster as an  
61.22 interpreter in a language other than the common languages and must have completed a  
61.23 nationally recognized training program for health care interpreters that is, at a minimum,  
61.24 40 hours in length;

61.25 (2) three members representing limited English proficiency (LEP) individuals. Of these  
61.26 members, two must represent LEP individuals who are not proficient in a common language  
61.27 and one must represent LEP individuals who are proficient in a language that is not one of  
61.28 the common languages;

61.29 (3) one member representing a health plan company;

61.30 (4) one member representing a Minnesota health system who is not an interpreter;

62.1 (5) two members representing interpreter agencies, including one member representing  
62.2 agencies whose main office is located outside the seven-county metropolitan area and one  
62.3 member representing agencies whose main office is located within the seven-county  
62.4 metropolitan area;

62.5 (6) one member representing the Department of Health;

62.6 (7) one member representing the Department of Human Services;

17.3 (8) one member representing an interpreter training program or postsecondary educational  
17.4 institution program providing interpreter courses or skills assessment;

17.5 (9) one member who is affiliated with a Minnesota-based or Minnesota chapter of a  
17.6 national or international organization representing interpreters; and

17.7 (10) one member who is a licensed health care provider.

17.8 Subd. 3. **Duties.** The work group must compile a list of recommendations to support  
17.9 and improve access to the critical health care interpreting services provided across the state,  
17.10 including but not limited to:

17.11 (1) changing requirements for registered and certified interpreters to reflect changing  
17.12 needs of the Minnesota health care community and emerging national standards of training,  
17.13 competency, and testing;

17.14 (2) addressing barriers for interpreters to gain access to the roster, including barriers for  
17.15 interpreters of languages other than common languages and interpreters in rural areas;

17.16 (3) reimbursing spoken language health care interpreting;

17.17 (4) identifying gaps in interpreter services in rural areas and recommending ways to  
17.18 address interpreter training and funding needs;

17.19 (5) training, certification, and continuing education programs;

17.20 (6) convening a meeting of public and private sector representatives of the spoken  
17.21 language health care interpreter community to identify ongoing sources of financial assistance  
17.22 to aid individual interpreters in meeting interpreter training and testing requirements;

17.23 (7) conducting surveys of people receiving and providing interpreter services to  
17.24 understand changing needs and consumer quality of care; and

17.25 (8) suggesting changes in requirements and qualifications on telehealth or remote  
17.26 interpreting.

17.27 Subd. 4. **Compensation; expense reimbursement.** Compensation shall be offered to  
17.28 work group members not being compensated for their participation in work group activities  
17.29 as part of their existing job duties. Work group members shall be compensated and  
17.30 reimbursed for expenses for work group activities under Minnesota Statutes, section 15.059,  
17.31 subdivision 3.

18.1 Subd. 5. **Administrative support; meeting space; meeting facilitation.** The  
18.2 commissioner must provide meeting space and administrative support for the work group.  
18.3 The commissioner may contract with a neutral independent consultant to provide this  
18.4 administrative support and to facilitate and lead the meetings of the work group.

62.7 (8) one member representing an interpreter training program or postsecondary educational  
62.8 institution program providing interpreter courses or skills assessment;

62.9 (9) one member who is affiliated with a Minnesota-based or Minnesota chapter of a  
62.10 national or international organization representing interpreters; and

62.11 (10) one member who is a licensed direct care health provider.

62.12 Subd. 3. **Duties.** The work group must compile a list of recommendations to support  
62.13 and improve access to the critical health care interpreting services provided across the state,  
62.14 including but not limited to:

62.15 (1) changing requirements for registered and certified interpreters to reflect changing  
62.16 needs of the Minnesota health care community and emerging national standards of training,  
62.17 competency, and testing;

62.18 (2) addressing barriers for interpreters to gain access to the roster, including barriers to  
62.19 interpreters of uncommon languages and interpreters in rural areas;

62.20 (3) reimbursing spoken language health care interpreting;

62.21 (4) identifying gaps in interpreter services in rural areas and recommending ways to  
62.22 address interpreter training and funding needs;

62.23 (5) providing training, certification, and continuing education programs;

62.24 (6) convening a meeting of public and private sector representatives of the spoken  
62.25 language health care interpreters community to identify ongoing sources of financial  
62.26 assistance to aid individual interpreters in meeting interpreter training and testing registry  
62.27 requirements;

62.28 (7) conducting surveys of people receiving and providing interpreter services to  
62.29 understand changing needs and consumer quality care; and

62.30 (8) suggesting changes in requirements and qualifications on telehealth or remote  
62.31 interpreting.

63.1 Subd. 4. **Compensation; expense reimbursement.** Compensation shall be offered to  
63.2 work group members not being compensated for their participation in work group activities  
63.3 as part of their existing job duties. Work group members shall be compensated and  
63.4 reimbursed for expenses for work group activities under section 15.059, subdivision 3.

63.5 Subd. 5. **Administrative support; meeting space; meeting facilitation.** The  
63.6 commissioner must provide meeting space and administrative support for the work group.  
63.7 The commissioner may contract with a neutral independent consultant to provide this  
63.8 administrative support and to facilitate and lead the meetings of the work group.

18.5 Subd. 6. **Deadline for appointments.** The commissioner must appoint members to the  
18.6 work group by August 15, 2025.

18.7 Subd. 7. **Expiration.** The work group and this section expire on November 2, 2026, or  
18.8 upon submission of the report required under subdivision 9, whichever is earlier.

18.9 Subd. 8. **Initial work group meetings.** The commissioner must convene the first meeting  
18.10 of the work group by October 1, 2025. Prior to the first meeting, work group members must  
18.11 receive survey results and evidence-based research on interpreter services in Minnesota.  
18.12 During the first meetings, work group members must receive survey results and consult  
18.13 with subject matter experts, including but not limited to signed language interpreting experts,  
18.14 academic experts with knowledge of interpreting research, and academic health experts to  
18.15 address specific gaps in spoken language health care interpreting. The work group must  
18.16 provide a minimum of two opportunities for public comment. These opportunities shall be  
18.17 announced with at least four weeks' notice, with publicity in the five most common languages  
18.18 in Minnesota. Interpreters for those same languages shall be provided during the public  
18.19 comment opportunities.

18.20 Subd. 9. **Report.** By November 1, 2026, the commissioner must provide the chairs and  
18.21 ranking minority members of the legislative committees with jurisdiction over health care  
18.22 interpreter services with recommendations, including draft legislation and any statutory  
18.23 changes needed to implement the recommendations, to improve and support access to health  
18.24 care interpreting services statewide.

18.25 Sec. 18. **TITLE.**

18.26 The amendments to Minnesota Statutes, section 144.1222, subdivision 2d, in this act  
18.27 may be cited as the "Free the Hot Tub Act."

63.9 Subd. 6. **Deadline for appointments.** The commissioner must appoint members to the  
63.10 work group by August 15, 2025.

63.11 Subd. 7. **Expiration.** This section expires on November 2, 2026, or upon submission  
63.12 of the report required under subdivision 9, whichever is earlier.

63.13 Subd. 8. **Initial spoken language health care interpreter work group meetings.** The  
63.14 commissioner shall convene the first meeting of the work group by October 1, 2025. Prior  
63.15 to the first meeting, work group members must receive results from previously conducted  
63.16 surveys and gather evidence-based research on interpreter services in Minnesota. During  
63.17 the first meetings, work group members may consult with subject matter experts, including  
63.18 but not limited to signed language interpreting experts, academic experts with knowledge  
63.19 of interpreting research, and academic health experts to address specific gaps in spoken  
63.20 language health care interpreting. The work group shall provide a minimum of two  
63.21 opportunities for public comment. These opportunities shall be announced with at least four  
63.22 weeks' notice, with publicity in the five most common languages in Minnesota. Interpreters  
63.23 for those same languages shall be provided during the public comment opportunities.

63.24 Subd. 9. **Report.** The commissioner must provide the chairs and ranking minority  
63.25 members of the legislative committees with jurisdiction over health care interpreter services  
63.26 with recommendations, including draft legislation and any statutory changes needed to  
63.27 implement the recommendations, to improve and support access to health care interpreting  
63.28 services statewide by November 1, 2026.

63.29 Sec. 78. **AFRICAN AMERICAN-FOCUSED HOMEPLACE GRANT PROGRAM.**

63.30 (a) The commissioner of health must establish a grant program to strengthen and  
63.31 implement the current model of the African American-focused Homeplace in Hennepin  
63.32 County. The purpose of the model is to improve access to culturally centered healing and  
64.1 care during pregnancy and the postpartum period, with the goal of improving maternal and  
64.2 child health outcomes.

64.3 (b) By December 15, 2026, the grantee must submit a report to the commissioner of  
64.4 health on the implementation and progress of Homeplace in Hennepin County. The report  
64.5 must outline outcomes achieved and recommendations for future funding and program  
64.6 expansion.

SECTION 79 WAS REMOVED TO THE H2435-3 ARTICLE 6 SIDE BY SIDE.

18.28    Sec. 19. REPEALER.  
18.29       Minnesota Statutes 2024, section 145.361, is repealed.

68.4       Sec. 80. RULEMAKING.  
68.5           The Department of Health must adopt rules using the expedited process under Minnesota  
68.6 Statutes, section 14.389, to amend certain parts in Minnesota Rules, chapter 4695, to conform  
68.7 with the changes made in this act.  
68.8       Sec. 81. REPEALER.  
68.9           (a) Minnesota Statutes 2024, sections 62J.824; and 103I.550, are repealed.  
68.10       (b) Minnesota Rules, part 4695.2900, is repealed.